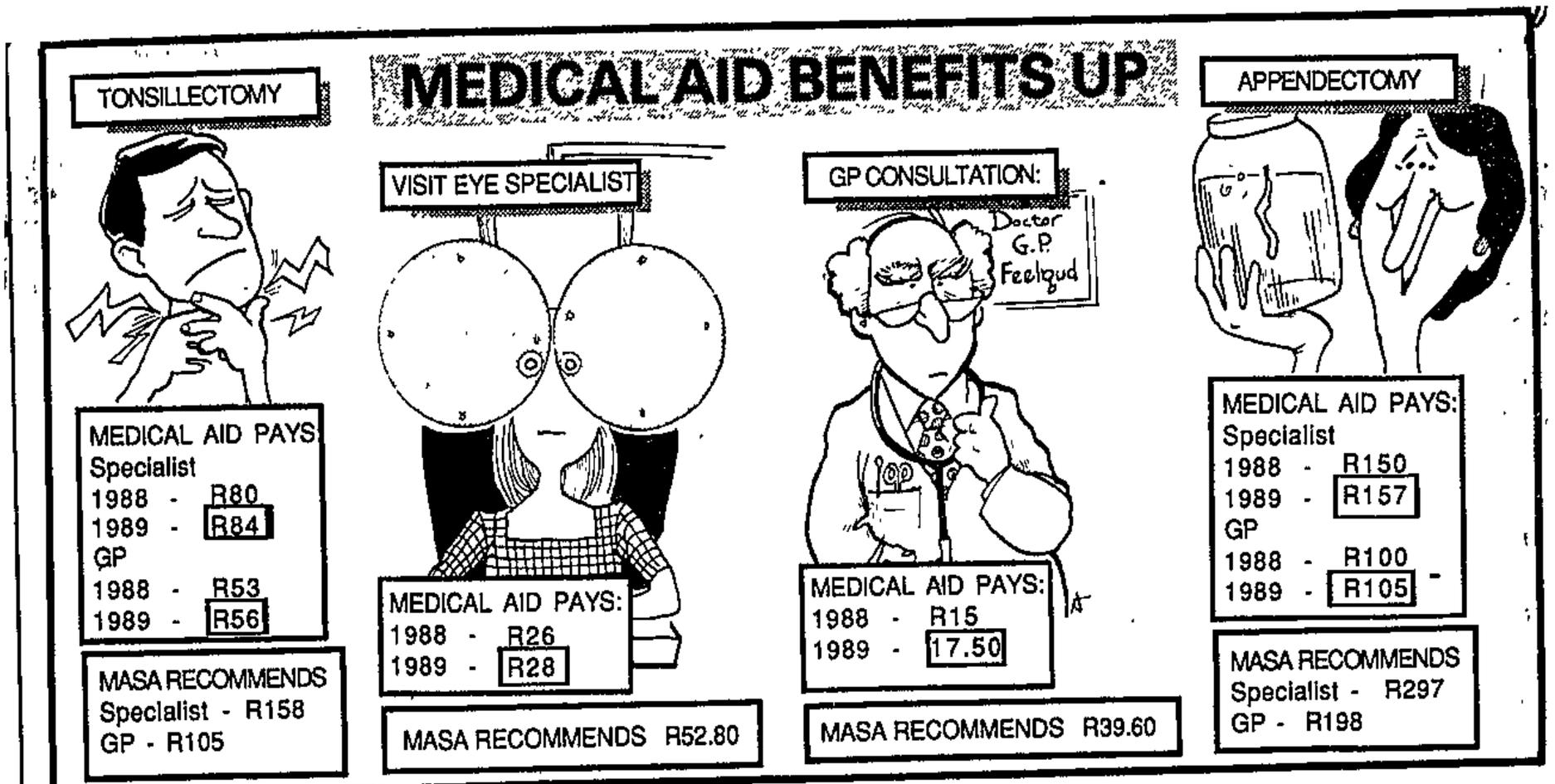
HEALTH & DISEASE — DOCTORS

1989



Masa unhappy with 10 pc increase

Star 9/1/89

By Toni Younghusband,
Medical Reporter

Medical aid schemes have increased their overall payouts for doctors' services by 10 percent.

The increase, which was announced by the Representative Association of Medical Aid Schemes in October last year, came into effect on New Year's Day.

The overall increase means benefits for general practitioner consultations will go up by more than 16 percent but for most other services the increase will be less than five percent.

Last year, medical aid schemes paid out R15 for a general practitioner's consultation. This year, they have increased their payout to R17,50.

A tonsillectomy performed by a specialist has gone up from R80,20 to R84 and by a GP from R53,40 to R56.

Despite the increase, the Medical Association of South Africa (Masa) says there will be no meaningful improvement in the remuneration position of the vast majority of doctors.

Dr Bernard Mandell, chairman of the Federal Council of Masa, said the increase would be a major disappointment to those doctors who charged medical aid rates. The Association believes doctors should be paid out a lot more.

"It is anticipated that more doctors will have to consider charging the recommended Masa fees in order to maintain viable practices," Dr Mandell said.

Masa has recommended that general practitioners charge a maximum of R39,60 per consulation.

As a result of the increased benefit payouts, membership fees are also expected to rise, possibly by as much as 20 percent.

Doctors conduct questioned

(93) WMML 20-26/1/89

By THAMI MKHWANAZI

SOUTH Africa's medical profession will again come under the spotlight next week when a Boksburg court will establish whether district surgeons who treated student leader Simon Matanzima Marule before his death in detention two years ago contributed to his death.

The former vice-chairman of the banned Congress of South African Students (Cosas) died in the Boksburg-Benoni Hospital of a rare kidney disease on December 23 1986 after collapsing in the Modderbee Prison.

At earlier inquest hearings held in the Boksburg Magistrate's Court in November 1987 and January last year, the court heard that 4 600 detainees admitted to Modderbee Prison received unsatisfactory, superficial medical examinations, based on limited sessions involving district surgeons.

Two former Emergency detainees told the court how Marule, their cellmate, was refused proper medication and left in pain, despite repeated requests for medical attention.

Washington Sithole testified that Marule's body was swollen for two to three weeks before he died.

Histopathologist Dr Daniel Ninin told the court that "if the problems with the deceased's kidneys had been detected within one or two weeks of his collapse, then preventive measures such as dietary control, control of blood pressure by drugs and dialysis" could have prevented Marule's death.

There were three central issues in the hearings:

- Allegations that Marule was assaulted by police at the Dunnottar police station before his admission to the Modderbee Prison.
- The fact that no urine tests, which would have diagnosed Marule's disease, were conducted.
- Allegations that Marule manifested symptoms of his disease which were ignored.

In January last year the inquest was postponed to allow the Marule family to ask the Supreme Court to overturn the inquest magistrate's refusal to hear the evidence of a district surgeon who examined Marule on admission to Dunnotar police station. The application was successful.

In a statement this week, the general secretary of the National Medical and Dental Association (Namda), Dr KS Chetty, said it was undisputed that "neither a urine nor a blood pressure test was carried out"

SAMJ slates Kane-Berman transfer

SAMJ Jun 15 13/1/89 93

Medical Reporter

THE transfer of Dr Jocelyn Kane-Berman — former medical superintendent of Groote Schuur Hospital — from her post displayed South African officialdom's tendency to shoot itself in the foot, an editorial in the latest issue of the South African Medical Journal has said.

Dr Kane-Berman was transferred from her post late last year after remarks she made in the press about an alternative cabinet which would include Mr Nelson Mandela as prime minister.

In the editorial, SAMJ editor Dr Nic Lee said Dr Kane-Berman was a highly respected member of the medical profession in South Africa, who together with her staff had been busy with the "herculean task" of transferring wards and departments from the old hospital to the new.

"It is therefore particularly unfortunate that she should have been transferred from her post for what at worst was an indiscretion or a misplaced sense of humour," he said.

"Any senior civil servant committing such a public gaffe might be expected to be called into the office of the departmental head for a one-sided conversation. However, with the podiatric marksmanship for which South Africa is developing an international reputation, she was summarily transferred," Dr Lee Said.

"Far from losing face, the authorities concerned would gain immeasurably in moral stature" if the decision was reversed, he said.

● The transfer was also criticised in letters to the SAMJ.

In one letter, Dr S W Sandler of Cape Town called on the dean and heads of departments at UCT Medical School "to oppose any government official from officiating" at the new Groote Schuur Hospital's opening ceremony this year.

Star 31/1/89 93

Row over black doctors snowballs

By Gien Elsa,
West Rand Burau

A Krugersdorp town councillor last nigt confirmed that he has requested a special council meeting so that "certain irregularities" concerning the debate surrounding the Medical Association of South Arica's renting of a muicipal hall for a multracial banquet can be investigated.

The Krugersdorp Town Council last week gave permission for 40 white doctors and their wives to attend a banquet in the town, but the Conservative Party-controlled management committee objected to the presence of black doctors.

UNETHICAL

Councillor Dr Lenoni van Graan said he had formally requested the meeting at the Town Clerk's office yesterday. It is possible that the full council will be called within the next day or two.

He said it would be unethical for him to discuss the matter before the special council meeting, but he said that although Masa would probably not now make use of the hall, the council had to follow the correct procedures.

Dr van Graan also confirmed that a number of Krugersdorp businessmen had offered to sponsor a private hall's rental to negate the "bad vibes the CP council had created in connection with the issue".

He said the businessmen wanted to remain anonymous, because they did not want to be singled out in any way.

Dr Hannes Grobbelar, chairman of the West Rand branch of Masa, said the search for another hall that would be suitable was narrowing down to one or two.

A strong possibility was the Witpoortjie Hall, which falls under the Roodepoort Municipality. Masa will know today which at which hall the function will take place.

...ad left the country.

Registrars' association continues its fight for 'equal' salaries

(93)

By Janet Heard

Registrars have been fighting a year-long battle to be paid salaries equal to medical officers, Dr Alan Kok, chairman of the Registrars Association of Medical Faculties of South Africa, (RAMF-SA) said yesterday.

He said registrars did not receive increases this year over and above the across-the-board 15 percent public servant increase.

Dr Kok said junior registrars received slight increases, but senior registrars, who represented 91 percent of the profession, remained on the same salary.

He said registrars, who were qualified doctors in the process of specialising, were second in the decision-making process at hospitals, after specialists, and worked a 76-hour week.

Dr Kok said in a special meeting held at the end of last month with medical representatives, the Minister of Health and Population Development, Dr W A van Niekerk, told him although he supported the proposal by RAMF(SA), the Commission of Administration was not in favour of putting registrars on a par with medical officers.

Dr van Niekerk said he would make further recommendations to the commission on registrars' behalf within two weeks.

"It is a poor situation," Dr Kok said, "people are leaving their posts as registrars as soon as they qualify and are going into private practice or emigrating."

NEGOTIATE

He said all of the 11 students in the obstetrics and gynaecology department at the University of Pretoria had gone into private practice.

Registrars formed RAMF(SA) in March 1988 in an attempt to negotiate with the authorities after they were excluded from the general salary increases for full-time hospital doctors, Dr Kok said. Previously, registrars were on a par with medical officers according to work experience.

The reasons given for the change, according to Dr Kok, were that registrars were considered student specialists in training and there were insufficient funds available.

It was also argued registrars should spend more time studying, and less time on patient care.

Dr Kok said a group at the University of Cape Town compiled a report which showed 80 percent of registrars' time was spent on patient care, and only 6 percent on studying.

RAMF(SA) submitted numerous proposals and held meetings with the Minister last year.

"We have no quarrel with the fact that medical officers have had their salaries increased, but registrars should be on a par with them," Dr Kok said.

The dilemma of doctors who bear silent testimony

Dr Paul Davis . . . epitomises the dilemma faced by doctors. Medical practitioners feel a moral responsibility to protect their patients' confidences, but doctor-patient confidentiality receives no legal protection.

A Johannesburg medical doctor may face jail tomorrow if he refuses to divulge the names of former detainees he has treated.

Dr Paul Davis was subpoenaed to appear before a magistrate in terms of section 205 of the Criminal Procedure Act and to hand over the medical records of former detainees he had treated.

Dr Davis, who must stand alone "in the witness stand with my conscience", epitomises the dilemma faced by doctors. Medical practitioners feel a moral responsibility to protect their patients' confidences, but doctor-patient confidentiality receives no legal protection.

If doctors are subpoenaed to reveal information about their patients, the law expects them to yield this confidential relationship to "the public interest". Should they refuse, they may face a jail term of up to two years.

Dr Davis's dilemma began when he was quoted as the unnamed source by reporter Jo-Anne Richards in an article in The Star in 1986. The article carried the findings of a study by a panel of six doctors who examined 47 released detainees. The doctors found 83 percent showed medical evidence of "physical abuse".

In 1987, Richards received a subpoena instructing her to reveal her source. Having given her promise to protect Dr Davis's identity, she felt she could not do so.

On April 10, she appeared before a magistrate and refused to reveal her source. The magistrate postponed the matter to enable the police to consider her sworn statement, which suggested the alleged ill-treatment of detainees could be investigated by the police without requiring her to break her ethical code.

Shortly after, she was informed the statement was unacceptable to the police and she was ordered to appear again on April 24.

The day before her proposed appearance, Dr Davis freed her from her undertaking to protect his identity. He indicated his identity was already known to the police so it would be futile for her to be placed in jeopardy by protecting him unnecessarily.

He had delivered a paper on the study at the University of the Witwatersrand Medical School, sent an article on the subject to *The Lancet* (the British medical journal), and been interviewed on the subject in a film then being screened in Johannesburg, "Witness to Apartheid".

In revealing Dr Davis's identity, Richards said in an affidavit she viewed the police action with a "degree of cynicism".

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INTIMIDATING

"The procedure of issuing section 205 subpoenas is, in my personal belief, used to intimidate journalists and inhibit them from undertaking properly their duties in the best interests of the public right to know the true facts," she said.

There had been occasions in the past where the identity of sources had been revealed to the police and these sources had then been detained, questioned and threatened, she said.

Dr Davis was originally subpoenaed to appear in November 1987. At the hearing, he challenged the validity of the subpoena and the matter was taken on review to the Supreme Court.

After hearing argument on the validity of the subpoena on October 31 last year, the Supreme Court Deputy Judge President, Mr Justice C F Eloff, dismissed the application with costs.

Dr Davis was subsequently ordered to appear before a magistrate again tomorrow.

Sequel to study of released detainees

Doctor no longer under threat of jail

Star 9/12/89

By Jo-Anne Richards and Cathy Stagg

A Johannesburg doctor was yesterday freed from the threat of jail when he appeared before a magistrate to answer a subpoena.

Dr Paul Davis was subpoenaed under section 205 of the Criminal Procedure Act to hand over medical records concerning patients — who are former detainees He faced a possible jail term of up to two years if he refused.

During nearly an hour's questioning yesterday, Dr Davis told the magistrate, Mr J B van der Merwe, he no longer had any medical files relating to the patients who had formed the basis of his study on the medical condition of 40 released detainees.

Dr Davis's subpoena followed an interview with reporter Ms Jo-Anne Richards on the study which resulted in an article in The Star in September 1986. The study revealed that 83 percent of those treated between July 26 and October 31 1985 showed medical evidence of ill-treatment.

Obligation dropped

Dr Davis was not named in the article Subsequently, Ms Richards was subpoenaed to reveal his name. Dr Davis later freed her from her obligation to protect his identity, saying the police already knew who he was.

Dr Davis told the magistrate yesterday he did not have the names, ages, addresses or occupations of the patients who had formed the basis of the study.

These patients were seen as a service by a group of doctors at Dr Davis's rooms. They were referred by the Detainees' Parents Support Committee. Their files were kept apart from those of his regular patients and were later coded and stored by the National Medical and Dental Association (NAMDA)

He said of the five patients who later became his personal patients he could remember only two — one was called Peter, the other Daphne They had specifically asked him not to record their surnames.

"I no longer have these files," he said. Asked why, Dr Davis said he had noticed on Monday that the files were missing. "I became concerned. I looked into it more deeply — I thought they may have been misfiled."

The prosecutor, Mr A van Wyk, said the police were conducting an investigation into the allegations made in the article, but this could only be successful if they had names, ages and addresses of alleged victims.

He asked Dr Davis why he did not report alleged assaults to the police Dr Davis said it was not for him to prosecute the police on behalf of his patients.

Mr van Wyk. You knew where the alleged assaults took place? — Yes.

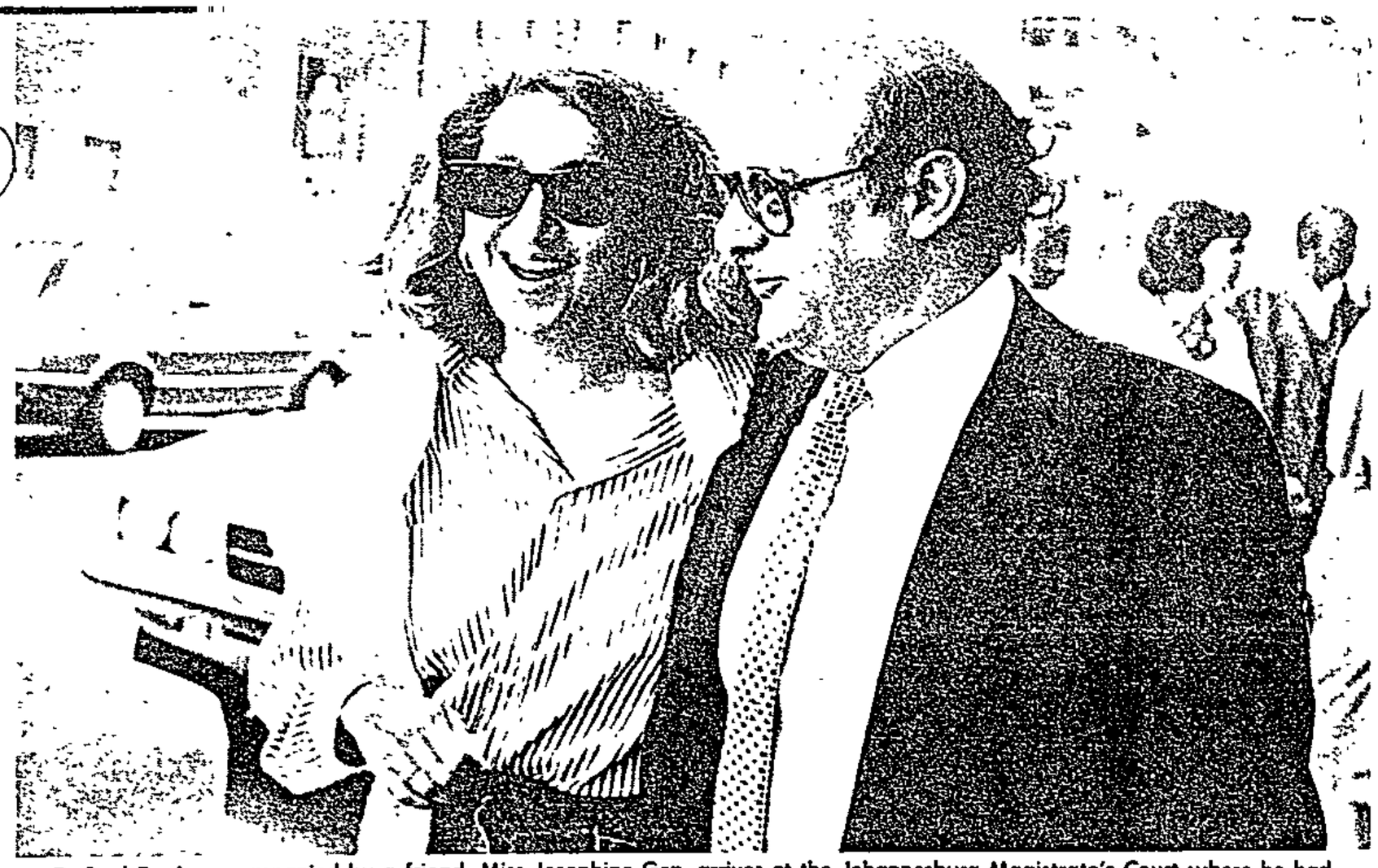
Mr van Wyk. You knew the people who were the victims? — Yes.

Mr van Wyk: Could you not have made this information available to the police?

Dr Davis: Not without the patient's permission. I cannot do it unilaterally. I strenuously subscribe to the Hippocratic Oath.

Dr Davis said his concern had been to stop what was allegedly happening in detention. "I saw people who alleged they were bashed and battered and I found plenty of evidence to support this. I didn't know where to turn."

General approaches to the police by the medical association had borne no fruit, Dr Davis said. "So I went the more public route which, if you'll forgive me, had more effect."



Dr Paul Davis, accompanied by a friend, Miss Josephine Gon, arrives at the Johannesburg Magistrate's Court where he had been subpoenaed to give evidence about patients he had treated after their release from detention.

Van Tonder loses battle over language

Star 9/12/89

By Helen Grange

The leader of the ultra-right-wing Boerestaat Party, Mr Robert van Tonder, has lost his appeal against a conviction of contempt of court following his refusal to pay a traffic summons in 1986 because it was written in English

Mr Justice Weyers yesterday dismissed the appeal, saying Mr van Tonder "wasn't entitled to a bilingual notice because it wasn't the type (of public notice) contemplated in the Constitutional Act"

Mr van Tonder launched the appeal after he had been fined R40 for a speeding offence and warned and discharged after he was found guilty of contempt of court on October 23 1986.

In what was regarded as a test case for the Afrikaans language, he said the traffic officer concerned had insisted on speaking to him in English, having ignored his request to speak in Afrikaans. Mr van Tonder returned the summons to the officer once he noticed it was written in English

Mr van Tonder failed to appear in court on the prescribed date and was later charged with contempt of court.

Mr van Tonder, known as a "taalbul" (indirectly translated as "fighter for the language"), argued to the court that the summons was invalid in terms of the Constitution, which stated that Afrikaans and English were the official languages and that all citizens had an entrenched right to use them.

COMPREHENSIBLE

It was also the obligation for all municipalities, town councils and public institutions to use both official languages.

"A public official must serve the public in the language of their choice. A State document must be comprehensible but this is not the only reason a language must be upheld.

"If comprehension is the only factor necessary, then Afrikaans must be eliminated — because most Afrikaners understand English, although this is not the case in reverse," Mr van Tonder said.

He said the municipalities of Randburg, Sandton and Johannesburg were especially guilty of "holding Afrikaans in contempt".

"Their traffic departments accept that every motorist is an English speaker because all their tickets and summonses are issued in English Even if Afrikaans is spoken to the traffic officer, he still writes everything in English."

To hold Afrikaans in contempt in such a manner affected Afrikaaners' dignity and rights. By affecting the human rights of Afrikaners, the political parties in control were in contempt of their own Constitution, the party leader said.

"The State says that if bilingualism had to be enforced, it would lead to absurdity. I say their argument is absurd," he said.

Mr van Tonder added that the Afrikaans language was being "silently eliminated" by the media and by the Constitution, the laws of which were not intended to have such an effect.

HÄGAR the Horrible ® By Dik Browne

Woman jailed for fraud

Own Correspondent

BLOEMFONTEIN — A Bloemfontein woman, Anna Susanna Gertruida Maritz (31) of Pellissier, has been jailed for an effective four years and three months after being found guilty in the Bloemfontein Regional Court of fraud and theft at three separate hearings.

She told the magistrate, Mr E T Engelbrecht, that she worked at OK Bazaars as head of the postal section from March to April 1988.

She admitted taking R4 661 from postal payments which should have gone to the company.

In the second hearing before Mr N J Theron, she was convicted on four charges of fraud and theft committed while she worked at a garage at Koffiefontein in 1987.

On December 29 last year, while awaiting sentence on the first two charges, she defrauded Boland Bank in Bloemfontein of R2 000.

Need for health services

THIS man suffered an epileptic fit in Tsakane on the East Rand but fortunately doctors had just finished running a free health project and saved his life.

Pic: MBUZENI ZULU

By MOKGADI PELA

A COMMUNITY health awareness programme organised by the Imbeleko Women's Organisation took place in Tsakane township at the weekend.

Eight doctors took time off their tight schedule to examine residents free of charge and offer health lectures. This project attracted more than 200 people who crammed the local Assembly of God church.

According to the chairperson of Imbeleko, Mrs Rose Ngwenya, there was a need for such a health service.

Imbeleko intended taking the project to outlying areas and squatter camps where the need for such a service was serious.

One of the doctors, Dr Kelello Lengane, said there was a lack of knowledge about basic health in the area and they were going to concentrate on preventive rather than curative medicine.

Imbeleko said another project would be held in that East Rand township at a date to be announced.

No jail for Davis

JOHANNESBURG doctor, Dr Paul Davis, will not go to jail.

Dr Davis was subpoenaed to hand medical records concerning patients — who are former detainees — to a magistrate yesterday. He faced a possible jail term of up to two years if he refused.

Dr Davis told magistrate Mr J B van der Merwe that he did not have the names, ages, addresses or occupations of the 40 patients who formed the basis of the study.

After hearing Dr Davis' replies, the magistrate closed the inquiry and said Dr Davis could go.

SES IN

Pressure ends for Paul Davis

Star 10/2/89

93

By Jo-Anne Richards

More than a year of pressure and suspense ended on Wednesday for Dr Paul Davis, when the threat of jail hanging over his head was finally removed.

He emerged from the Johannesburg Magistrate's Court looking drained. "But I'm very relieved," he said.

And for me, the journalist who wrote the article that placed him in this position, a huge weight was lifted.

He was caught in the dilemma of a doctor who feels he cannot break the confidence of his patients by handing their medical records to the court.

He said: "A 205 (subpoena under section 205 of the Criminal Procedure Act), particularly for a doctor, cuts into the most sacrosanct part of a doctor-patient relationship.

"Having taken the Hippocratic Oath," he continued, "meant a doctor placed himself and his profession in jeopardy if he broke that oath by betraying his patients' confidences.

"How does anyone who isn't called on to make an oath understand what it means? It's much bigger than attaching oneself to an ethic. You put yourself in the hands of all you believe — whether this is God or something else — you swear to something in the sight of God."

The law was mechanical enough not to recognise this, he said. A doctor, who had done nothing illegal and, in fact, was trying to preserve the basis of medical practice, entered a confrontation of wills with the State.

"The threat of a 205 is enormous — to one's family, work friends and, worst, to one's own integrity.

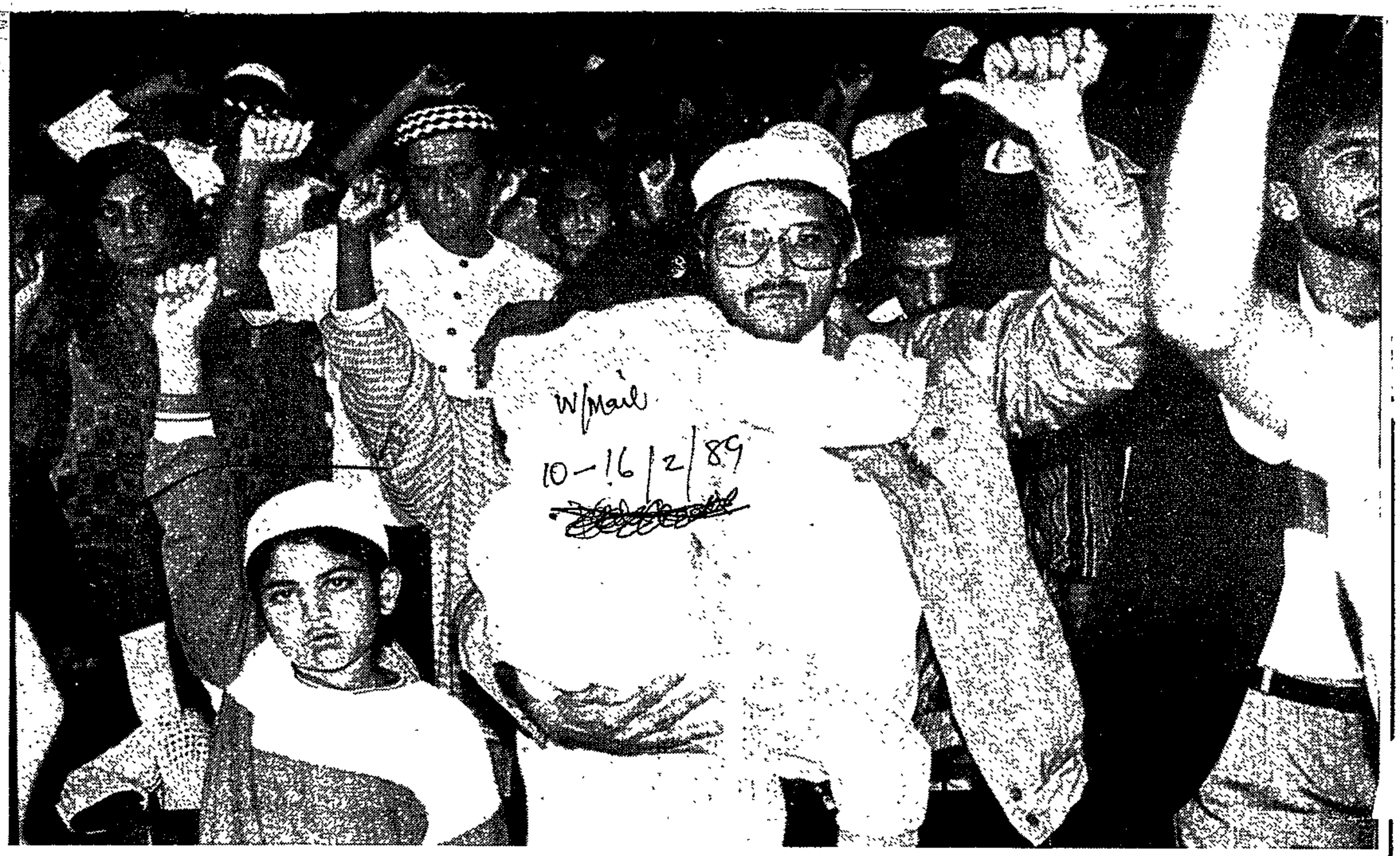
"Where would I stand in terms of myself if I gave the information — I wouldn't be Paul Davis any more."

For myself, having gone through a similar subpoena to reveal Dr Davis's identity, I understand his feelings. He released me from my promise to protect him of his own accord, as he was convinced his identity was known. A journalist, in terms of her ethics, is only required to protect an identity until freed from her promise.

Even so, revealing his name left me with a shoddy feeling.

They said it . . .

(92)



Security force vehicles stood outside Regina Mundi church when 1 000 people attended the memorial service of assassinated activist Dr Abu-Baker Asvat. Speakers demanded that police track down his killers.

Picture: MICHAEL KAHN

Bound by his Oath. Free – to serve detainees

Break the law — and go to jail for two years — or break the Hippocratic Oath — and live a life of shame. Doctor Paul Davis chose the former.

By CHARLOTTE BAUER

FOR more than two years, Johannesburg doctor Paul Davis lived with the knowledge that he would probably go to prison.

Subpoened in terms of the controversial Section 205 of the Criminal Procedures Act to reveal the names of former detainees he had treated for alleged assaults in prison, Davis faced the dilemma of breaching the Hippocratic Oath or breaking the law.

On Wednesday this week, Davis left the Johannesburg Magistrate's Court a free man — saved from an almost certain jail sentence by one small, significant fact. Two days before the inquiry, the remaining detainees' medical files were quietly removed from Davis' Napier Street consulting rooms — presumably by the patients themselves.

In an interview yesterday, an immensely relieved and unbowed Davis said he would carry on offering a free medical service to ex-detainees and described the police investigation into the affair as "pure harassment".

The inquiry began soon after the publication of an interview with Davis written by Jo-Anne Richards of *The Star* newspaper in 1986. Richards based her story on the findings of a study Davis and colleagues had made into the alleged abuse of people held in detention, people who were subsequently treated by this small group of doctors.

The study, finally delivered as a paper by Davis to a medical meeting at Wits University, found that over 80 percent of the 40 detainees examined had been assaulted in some way.

Davis, in accordance with the ethical codes governing the public identification of doctors, was not named in Richards' story. But that was not the end of it.

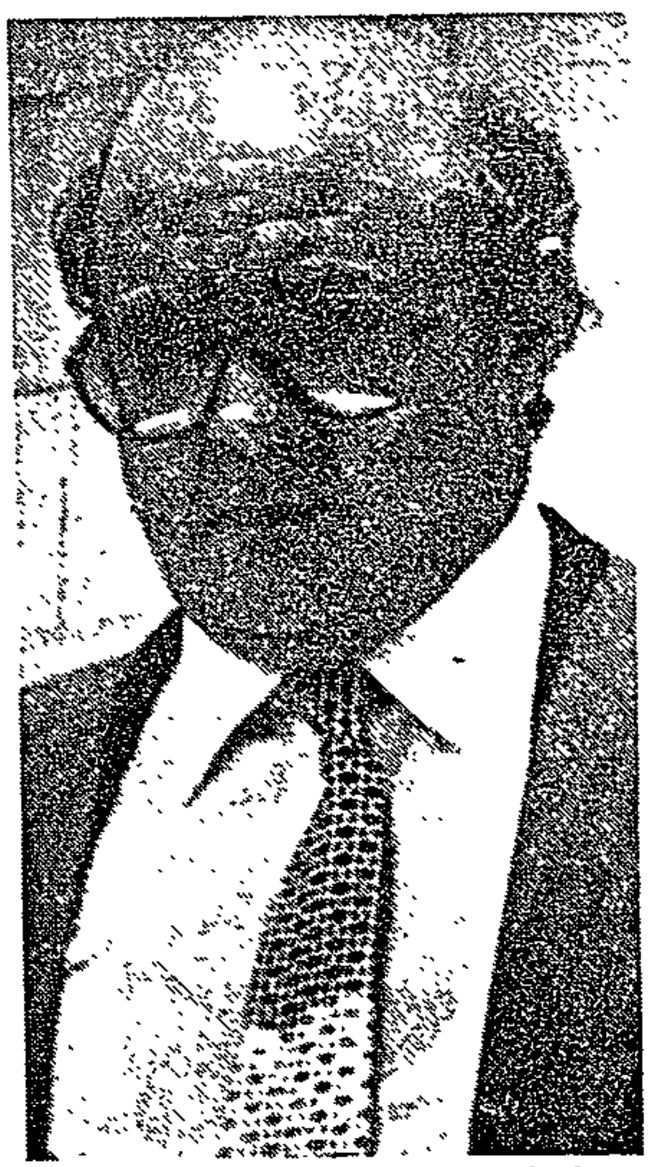
The police contacted Richards and said they were interested in locating these 40 former detainees so that their claims could be investigated, leading to possible prosecutions of police officers. They then used Section 205 to subpoena her to reveal the name of the doctor she had interviewed.

Richards, faced with a similar dilemma to that subsequently confronted by Davis, refused. She said she was bound by the ethics of journalism to protect the identity of her source.The prospect of a two-year jail term seemed inevitable.

But the day before she appeared before a magistrate on April 10 1987, Richards was released from this obligation — to break her promise of confidentiality or be jailed — by Davis. He told Richards he was sure the police already knew who he was and that it would be "madness" for her to go to jail when he would likely be subpoened anyway.

Davis believes his rooms have been under surveillance since the first State of Emergency and thinks the pressure placed on Richards was more intimidatory than genuine.

Richards agrees, but says that throughout the rest of the investigation, she could not shake off the feeling that she had done something "shabby and ignoble".



Dr Paul Davis: The oath is 'part of me'

Picture: ULLI MICHEL, Reuter

Faced in court this week with the same Hobsonesque choice, Davis felt he had no option but to go to jail.

"The Hippocratic Oath is even more extensive than an ethic," he said yesterday. "It is sacred and holy and I subscribe to it strenuously."

Davis did not go to jail only because the two remaining medical files in his possession could not be found when he went to fetch them last Monday night at the request of his defence counsel.

When asked by the prosecutor why, if he was so concerned with the state in which he found these detainees, he had not reported their injuries to the police, Davis replied that he and other doctors had often approached the police about conditions of detention, to little or no avail.

"My concern was and is the conditions and treatment of detainees," Davis said. "My concern was not to effect prosecutions of policemen."

Davis set up the free service for former detainees in 1982. During the next two years, he saw only 21 ex-detainees. After 1984 the numbers increased so alarmingly, Davis could no longer maintain his practice, so called in the help of other doctors.

"Despite approaches to the police by individuals and organisations like the National Medical and Dental Association, people were still being brought to me badly bashed and battered ... I didn't know where to turn ... the police knew about these things ... there was no channel through which we could safely report assaults and be assured of a fair investigation."

The inquiry ended and Davis was freed from the conditions of his subpoena.

Afterwards, Davis and Richards expressed scepticism about the point of the police investigation, seeing it rather as a reminder to both journalists and doctors who treat former detainees of "who's the boss".

As Davis says: "There is no secret about the work I do."

He says that thoughout the investigation he offered the police access to people who alleged they had been tortured and were prepared to come forward through organisations like the now restricted Detainees' Parents Support Comittee. Such offers, he says, were never taken up.

"How can one prevent abuse when the whole system provides the perfect recipe for it?"

His point remains that any doctor who takes the Hippocratic Oath seriously simply may not break the confidentiality code without his patient's express permission. He could suggest to patients — and did — that they lay a complaint against the police, but could not do it for them.

"Many people in this country have their own and very pertinent reasons for not wanting to reveal their names which has nothing to do with obfuscating justice ... when the state has injured them, why should they think the state is going to redress their wrongs?"

Davis now hopes to pick up where he left off at the beginning of the inquiry. Since it began he has not seen or treated a single former detainee, nor spoken to any groups about detainees ... it simply no longer seemed "safe" — for anyone.

Now Davis has many plans; plans which until two days ago he dared not make. One of them is to start up a chapter of the Boston-based Physicians for Human Rights here.

"Now that I'm free, I want again to get involved in those areas where I think I have something to offer."

That "something" is probably the same thing that put Davis in the dock. The allegiance to an oath which almost sent him to prison is, as he says, "part of me ... without it I would not be Paul Davis anymore".

UN hopes now a dream for the oppressed

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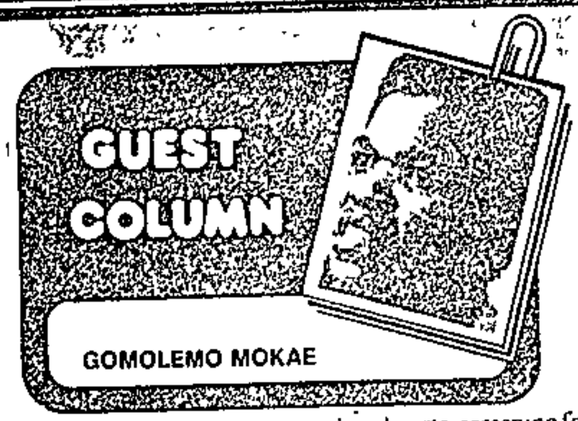


GOMOLEMO MOKAE

WE are now almost a decade away from the year 2000, the year the United Nations (UN) has targetted as a deadline for the attainment of "Health for All".

Sadly, it would appear the UN's noble dream is but an illusion.

This is primarily because the privileged classes of this world, basking in the abundant rays of excellent, exclusive health services, are far from being convinced that health, like food, clothes and shelter, is man's basic need.

Locally, the false notion that accessibility to, and availability of health services is a privilege and not a right is tenaciously upheld by the powers-that-be.

Toll gates have been installed along the path to a destiny free of physical and mental affliction, and the poor have been left destitute, unable to pay exhorbitant fees for medical attention.

For the said poor, dreams of "Health for all by the year 2000" have become nightmares with the murder of a panacea of their ailments, Dr Abu-Baker Asvat

This article is a tribute to Dr Asvat, as well as an appraisal of this country's health scenario. In my mind, the two are mutually inclusive.

It is my strong conviction that health workers should be the most committed of political activists. They, more than anyone else, are witnesses to the destructive effects of this country's racist laws on the oppressed.

They know well the prevalence of diseases of want like kwashiorkor, gastroenteritis and tuberculosis among black infants, and the high mortality therefrom.

They often hopelessly watch demises of black children from rheumatic heart disease, another disease of want whose spread is facilitated by overcrowding.

Medical practitioners annually observe astronomical budgets being allocated for the defence of apartheid when health services for the oppressed cry out for improvement.

They are conversant with the Department of Health and Population Development's obsession with an education for blacks on the merits of family planning, giving little regard to equally (if not more) important campaigns on the merits of regular "pap smears" by women to detect womb cancer early — a cancer which is ravaging hundreds of black women yearly.

They also know that breast cancer, being more common among whites, is paradoxically more fatal among blacks than whites simply because the former present themselves late for medical treatment.

As health practitioners, they need not be informed that this is because there is absolutely no vigorous national campaign educating black women on the merits of regular breast self-examination (BSE) for early detection of and hence fewer deaths from breast cancer.

In the face of all this, many medical practitioners in private practice work like bees providing curative and palliative medicine for the oppressed, enormously enriching themselves in the process

Their schedule accords them no time for *interventive medicine* — confronting the political cause of their people's ailments.

Their colleagues in hospitals, on the other hand, prioritise ascendence on the academic ladder to their people's political struggle, and hence bury themselves in books exclusively

Dr Abu-Baker Asvat, in his simple, unassuming manner, was head and shoulders above all of us.

In his blue jeans, Abu was more at home among the downtrodden than in prestigious medical congresses.

While bright sparks stayed in hospital and vigorously looked for "interesting cases" to research on and gain fame by writing in esteemed journals, Abu was in the field locking horns with the inequitable system that was a cause of such "cases".

Abu could never have been a candidate for the Nobel Prize for Medicine He could never have unearthed an esoteric medical finding that could win him the prize

Rather, Abu engaged in what any medical school graduate could do; doing "pap smears", screening poor children for rheumatic heart diseases by listening to their hearts, screening for undiagnosed high blood pressure and sugar diabetes among the poor by taking their blood pressures and testing their urines for sugar.

But then it is not every medical school graduate who *does* what Abu was doing, simply because that would thin his/her bank balance. Abu sacrificed his time and money for the downtrodden.

"If you put money as the main object in private practice, you may never have time for community work," I recall him advising me when I joined him at a free health project in Mochaeneng, during my short internship period in Johannesburg

But to me, Abu's selfless commitment to the cause of the unprivileged was more eloquent than any struggle for a socialist, worker republic of Azania, Abu, in death, deserves the oppressed's noble prize, martyrdom.

Dr ABU-BAKER Asvat gave Vlakfontein families tents after their houses were bulldozed.

Kane-Berman appointment — row resurfaces

Cape Times 15/2/89 (90) (93) (91)

By BARRY STREEK
Political Staff

THE government would approve the appointment of the former head of Groote Schuur Hospital, Dr Jocelyn Kane-Berman, as dean of the Medical Faculty of the University of Cape Town, the Minister of National Health and Population Development, Dr Willie van Niekerk, said yesterday.

But, despite strong criticisms by two Progressive Federal Party MPs, he defended the controversial decision to transfer her from Groote Schuur Hospital after she suggested in a newspaper article that Mr Nelson Mandela should become prime minister.

Dr Van Niekerk also denied that either the State President, Mr P W Botha, or the Acting State President, Mr Chris Heunis, had anything to do with the transfer.

He said this after the PFP spokesman on health, Dr Marius Barnard, asked whether it was not a fact that President Botha insisted on Dr Kane-Berman's removal because he felt insulted by the article.

Dr Van Niekerk clashed yesterday with Dr Barnard and the MP for Groote Schuur, Mr Jan van Gend, after Dr Barnard tabled questions about Dr Kane-Berman's transfer in a 15-minute 'interpellation', a new form of parliamentary questioning which allows for limited debate on a specific issue.

Dr Van Niekerk said the government would wait and see if Dr Kane-Berman was appointed dean of UCT's Medical Faculty and "if she is appointed as dean we will approve it".

Dr Barnard said he had a feeling that Dr Van Niekerk knew nothing about this affair but he appealed to the government to rescind its decision to transfer Dr Kane-Berman and reinstate her.

However, Dr Van Niekerk said her transfer to regional medical superintendent for the Western Cape was the lighest possible disciplinary step barring a reprimand and she had not lost any benefits or suffered any reduction in salary or seniority.

The decision to transfer her had followed complaints by patients and had been taken after careful consideration at senior level and consultation with the secretary of the Commission for Administration and others, who had approved the transfer.

Mr Van Gend said it was very clear Dr Kane-Berman had been demoted and although he had spent hours with the MEC in charge of health and other senior officials the only reason given for her transfer was her comments in the press.

American client, Chuck Rittenberry, whom Vermaas "recruited" to assist in buying aircraft and spares through a front company in the US.

The three deals for which Vermaas claimed the over-

In his application for the release of financial rands to conclude the sale of Shenandoah, made through his Pretoria company, Protea Trust and Finance, Vermaas claimed the over-

toria, Gerald Grieveson, in touch Paus in Geneva. The Shenandoah transaction was subsequently implemented.

Ousted doctor to sue administration — report

CAPE TOWN — Dr Jocelyn Kane-Berman had instituted legal action to force the Cape Provincial Administration to reinstate her as Groote Schuur Hospital's chief medical superintendent, a Cape newspaper reported at the weekend.

It quoted her attorneys as saying she was considering Supreme Court action against the provincial administration; the Administrator, Gene Louw; Andre van Wyk, member of the executive committee; B van der Vyver, provincial secretary; Dr George Watermeyer, executive director of hospital services; John de Beer, of the Commission for Administration; and J E du Plessis.

Kane-Berman was transferred from her post last year after being quoted on a hypothetical new Cabinet including Nelson Mandela. — Sapa.

Black surgeon's bid to specialise 'blocked'

Sbv 27/2/85

93

Own Correspondent

DURBAN — There is concern in medical circles about an apparent refusal by Natal hospital authorities to grant a training post to a top black surgeon despite a food company's decision to sponsor him.

Dr Diliza Mji, who left Durban's King Edward VIII Hospital when he completed his postgraduate general surgical training in 1987, has applied on several occasions, without success, for a training post in paediatric surgery.

Although his applications received the support of the University of Natal's Medical School, hospital authorities have so far refused his applications to specialise in his chosen field.

Dr Mji is president of the National Medical and Dental Association (Namda) and after qualifying as a general surgeon he worked for the Medical Research Council.

As part of his research programme he investigated nutritional problems of black children in the Inanda area.

Sources close to Namda said Dr Mji's commitment to the struggle for black political rights appeared to be the reason his aspirations to further his career were repeatedly being hindered.

Professor Jerry Coovadia, an executive committee member of Namda, confirmed that submissions had been made by the university to the hospital authorities on behalf of Dr Mji.

"The matter is under consideration and I hope there is a favourable outcome. Negotiations are at a delicate stage. The less said now, the better.

"All we want is for the situation to be resolved to the benefit of Dr Mji and the patients," Professor Coovadia said.

Mr Dennis Cochius, human resources manager for Kellogg's, said: "I am sorry to hear Dr Mji is having difficulties securing a training post.

"I am prepared to take the matter up, even with Cabinet Ministers, if I am supplied with all the relevant information pertaining to the case."

Launch of national health care group

By Jo-Anne Collinge

A national organisation drawing together about 2 000 professional, para-professional and lay workers in the health care field is to be launched in the Johannesburg City Hall at the weekend.

The organisation, to be called the South African Health Workers' Congress (Sahwco), is an outgrowth of the 10-year-old Health Workers' Association, which has branches in Transvaal, the Free State and the Western Cape, and Natal's Health Workers' Organisation.

Its efforts will be geared at developing health across the segregated and unequal facilities created by apartheid.

The constituent organisations have already been involved in these activities, which they have pursued by educational campaigns, community health projects and medical care in areas of political conflict.

The HWA has for some time rallied around the slogan "Health in the hands of the people". The new organisation will continue to pursue a non-elitest approach to health and to tackle the political issues this raises.

"South Africa probably has one of the most fragmented health services in the world. In the urban areas this results in confusion as to responsibility and competition between different levels (of care) for resources; in inadequate co-ordination; and in duplication or even triplication of services in a wasteful manner," a pamphlet introducing the new organisation observes.

It warns on the likely implications on the privatisation of health care, adding: "The recent increases in hospital and clinic fees have discouraged people from making use of public health facilities."

This, it adds, will have a disasterous effect on the health of working people, the unemployed, old age pensioners and the disabled.

● The launch will be a two-day event. The first day is open to delegates only. The second — Sunday — is an open day.

Boycott will effect doctors' training, warns professor

Medical Reporter

An academic boycott of South Africa will have a long-term detrimental effect on the training of doctors and ultimately on the whole health care service, warns Professor J P van Niekerk of the University of Cape Town.

Professor van Niekerk, Deputy Dean of the university's Medical Faculty, said in a recent article in the South African Medical Journal that in the long-term, any reduction in the interchange of scientific thought and ideas would have this detrimental effect.

He said there had been overseas conferences where it had been made difficult, if not outright unacceptable, for South Africans to attend.

He had encountered academics who were prepared to visit some South African universities but refused to go to others

The dilemma, he warned, took on another dimension regarding the appointment of overseas academics at local universities.

"The ultimate' boycott is reached when people just don't want to come because it is just not worth their while," he said.

Dr Philip van Heerden, president of the Medical Research Council, said the boycott had not had severe repercussions in the research field as yet.

Ruling on medical co-operation challenged

Star 9/1/8

Pretoria Correspondent

The ruling which prevents a medical practitioner from rendering services to, or co-operating with, a registered chiropractor or homeopath, was challenged in the Pretoria Supreme Court yesterday.

The application was brought by Dr Mario Milani, chairman of the South African Associated Health Service Professions Board, against the South African Medical and Dental Council and the Minister of National Health and Population Development.

APPROVED

In it, Dr Milani said the ruling should be declared null and void.

The ruling was made by the council and approved by the Minister on December 3 1976.

The board claimed the ruling frustrated its practice and was not in the public interest. A chiropractor or homeopath would not be able to fulfill his task competently if he could not obtain information from a doctor who had previously treated a patient.

In court papers, the board said it was duty-bound by statute to assist in the promotion of the health of the population and to set standards for the training of practitioners, but the effect of the rule inhibited it from attaining these objectives.

"The rule is not restricted to simply collaborating or participating with a chiropractor or homeopath in the treatment of a patient, it prohibits a medical practitioner from even telling a homeopath, whom a patient has consulted, what treatment has been administered in the past or providing any medical history," Dr Milani said.

The council, opposing the application, argued it was not in the public interest for medical practitioners to co-operate with chiropractors or homeopaths because they were not as qualified as medical practitioners.

Mr Justice Eloff, the Deputy Judge President of the Transvaal, will pass judgment today.

Warning to doctors on high medical costs

Argus 9/3/89

93

By KAREN STANDER
Medical Reporter

NEW ethical rules would have to be brought in if doctors did not act on their own initiative to cut the cost of medical care by avoiding excessive or unnecessary treatments, Professor F G Geldenhuys, president of the Medical and Dental Council, has warned.

Whether there would be more regulation or more deregulation was in the hands of the medical profession itself, he said.

Speaking at a Stellenbosch University academic prestige function last night, Professor Geldenhuys said the ethical rules controlling the medical profession would have to be re-examined to decide whether any could be dropped or new rules should be added.

Some existing rules which could be re-examined were those related to advertising, business rules, use of computer methods and group practices.

He cautioned that the undertaking to re-examine the rules did not mean that they had already been amended or that they would necessarily be changed.

There was concern over the excessive use of technological services and the rising cost of primary care, administration and insurance cover.

In 1985 there were 10 legal suits against doctors for each 100 practitioners. It was estimated that more than one third of doctors in the USA would have to defend a legal claim during his or her career. Insurance premiums for doctors in the US were on average $12 000 (R30 000) a year and in some areas some categories of doctors, such as orthopaedic surgeons, anaesthetists and obstetricians, paid premiums of more than $100 000 (R240 000) a year for litigation insurance.

Concern over litigation forced doctors to practice "defensive medicine" — more consultations, more laboratory tests and special investigations and more follow-up visits. This had become part of clinical practice in the US and had began to "show its head" in South Africa. In the US it was estimated that 15% of medical costs were due to defensive medicine.

At present, the South African Medical and Dental Council's ethical rules prevented the profession from becoming commercialised.

The tendency to over-regulation should be avoided. However, certain problems were occurring increasingly. Patients were not kept up to date on the costs of their medical treatment and received unexpectedly high accounts which they could not afford, often as a result of special or laboratory investigations.

This could lead to the necessity for an ethical rule that patients should be informed of expected costs because it was the patient's right to decide if he or she wished to have certain treatment or tests.

"Possibly other rules will also be formulated to cut costs, but it would be far better if practitioners themselved did everything in their power to avoid unnecessary visits, excessive medication and special investigations, hospitalisation and treatment.

"Otherwise, in the long term, decision-making will be increasingly taken out of the hands of the practitioner," he said.

Illegal gold: R15 000 bail

JOHANNESBURG. — Austrian Mr Frans Ferdinand Tieder, 34, has appeared in Kempton Park Regional Court in connection with possessing unwrought gold valued at R900 000. Bail of R15 000 was granted. — Sapa.

aps when a rendezvous collapsed

Star 10/3/89 (93)

Doctors can't assist natural healers, court rules

Pretoria Correspondent

Medical practitioners may not assist or co-operate with chiropractors or homeopaths, the Pretoria Supreme Court has ruled.

Mr Justice Eloff, the Deputy Judge President of the Transvaal, dismissed with costs an application to have a SA Medical and Dental Council's ruling against medical practitioners providing services to, or co-operating with, a registered chiropractor or homeopath declared invalid.

The application was brought by Dr Mario Milani, chairman of the South African Associated Health Service Professions Board, against the council and the Minister of National Health and Population Development.

Dr Milani, a chiropractor, said in court papers the ruling made by the council should be declared null and void.

TREATMENT

The rules were made by the SAMDC and approved by the Minister on December 3 1976.

The board claimed that the ruling frustrated their practice and was not in the public interest because a chiropractor or homeopath treating a patient would not be able to fulfil his task competently if he could not obtain information from a doctor who had previously treated the patient.

It said it was duty bound by statute to assist in the promotion of the health of the population and to set standards for the training of practitioners, but the effect of the rule inhibited it in attaining these objectives.

The Medical Council argued that it was not in the public interest because chiropractors or homeopaths were not as qualified as medical practitioners.

Mr Justice Eloff granted the board leave to appeal.

US medical men praise SA

Academic boycotts slated as 'stupid and immoral'

TONI YOUNGHUSBAND
Medical Reporter

A DELEGATION from the American Medical Association (AMA) has slammed academic boycotts of South Africa as "stupid, idiotic and immoral", and warns that they will do more harm to the people of the country than good.

The delegation, made up of six doctors including AMA president Dr James Davis held a press conference in Johannesburg yesterday to report back on their 10-day fact-finding mission.

The AMA, which has a membership of 300 000 doctors, is the world's largest medical representative association.

"Any efforts to interfere in the exchange of scientific information should be deplored.

"To boycott a country academically is as immoral a practice as any other in the world today," the delegation said.

The doctors had nothing but praise for South Africa's health services, despite segregation of State hospitals and gross overcrowding at Baragwanath.

During their stay they visited Baragwanath, University of Cape Town medical faculty, Khayelitsha, Rand Mutual Hospital and rural clinics.

They met Minister of National Health and Population Development Dr Willie van Niekerk, and other health authorities.

AMA executive vice-president Dr James Sammons said South Africa was doing "an absolutely incredible job" in managing to cope the way it does.

"I don't think doctors in South Africa have anything to apologise about to doctors elsewhere.

"With your shifting demographics, it is nothing short of remarkable that you are able to deliver such an excellent health service."

He said the delegation had seen the overcrowding at Baragwanath. "We have overcrowding in the US. I can take you to hospitals in Chicago which are far worse. I think they are doing a remarkable job at Baragwanath."

Dr Sammons, who visited South Africa 10 years ago, said he had seen enormous strides in the desegregation of the country's medical facilities.

"Segregation in my country did not disappear until the 1950s. You are making enormous social strides in that direction."

The doctors also praised the efforts of health authorities in the squatter areas, making particular reference to the Crossroads and Khayelitsha areas.

"The fact that you can provide clean water that is safe to drink for a (camp) population that is increasing by between 3 000 and 10 000 people a month is amazing," said Dr Alan Nelson, the AMA's president-elect.

Asked if they had criticisms, the doctors said the problem with South Africa was a lack of funds.

"You need more money. It's as simple as that. We need more money, too, as do most countries in the world. If you want a better health service, you are going to have to get more money," said Dr Sammons.

Dr John Ring, chairman of the AMA's board of trustees, said research showed that as soon as a country's economy improved, its expenditure on health care increased.

by theatre equipment during operation.
6. Injury due to inadequate supervision.
7. Contracted Aids following blood transfusions.
8. Wound sepsis caused by inadequate treatment after operation.
9. Insufficient plaster-of-Paris applied to left forearm.
10. Inadequate treatment.
11. Injured in ambulance in transit from the hospital to home.
12. Injury to right hip due to fall from ambulance trolley.
13. Fractured rib sustained from falling off ambulance stretcher.
14. Paralysed right arm due to faulty traction.

(bb) 1987

1. Case pending.
2. Case pending.
3. Case pending.
4. Case pending.
5. Case pending.
6. Case pending.
7. Court ruling in favour of Plaintiff.
8. Case pending.
9. Case pending.
10. Case pending.
11. Case pending.
12. Case pending.
13. Case pending.
14. Order in favour of Applicant — on appeal at present.
15. Case pending.
16. Case pending.
17. First case by four employees was dismissed with costs. In the second case the Supreme Court ruled that the audi alteram partem rule was not applied properly and that the workers had to be reinstated. This case is on appeal at present.
18. As the audi alteram partem rule with regard to the legitimate expectation of a pension at the age of sixty was not applied the Supreme Court ruled that the strikers belonging to a pension fund had to be reinstated. Since the ruling the audi alteram partem rule was applied and at present a further case is sub judice.

1988
1. Case settled.
2. Case pending.
3. Case settled.
4. Case pending.
5. Case pending.
6. Case pending.
7. Case pending.
8. Case pending.
9. Case pending.
10. Case pending.
11. State Attorney is of the opinion that the Town Council of Johannesburg is responsible. State Attorney regards case as closed.
12. Case pending.
13. Case settled.
14. Case pending.

(2) (a) MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(i) No money was paid out.

(ii) No money was paid out.

(b) EXECUTIVE DIRECTORS OF PROVINCIAL HOSPITAL SERVICES

CAPE PROVINCIAL ADMINISTRATION

(i) No.

(ii) Yes.
1987: 1. R20 000,00.
5. R 7 500,00.
6. R 1 000,00.
12. R 2 000,00.
1988: None.

NATAL PROVINCIAL ADMINISTRATION

(i) No.

(ii) Yes.
1988: 1. R4 500,00.

ORANGE FREE STATE PROVINCIAL ADMINISTRATION

(i) No.

(ii) Yes.
1987: 4. R392,50.

OTHER CLAIMS SETTLED OUT-OF-COURT DURING 1987

1. Plaintiff claimed during 1985 — settled in 1987 — R6 832,00.
2. Plaintiff claimed during 1986 — settled in 1987 — R5 979,20.
3. Plaintiff claimed during 1986 — settled in 1987 — R7 000,00.
4. Plaintiff claimed during 1986 — offer of R600,00 was made but has not been accepted yet.

TRANSVAAL PROVINCIAL ADMINISTRATION

(i) Yes.
1987: 7 R818,42

(ii) Yes.
1987: None.

1988: 1. R1 650,00.
3. R 266,70.
13. R1 000,00.

Other successful lawsuits brought against the Administrator of the Transvaal.

1987: R15 000,00.
1988: R 3 313,00.

Other lawsuits brought against the Administrator of the Transvaal and settled out-of-court.

1987: R1 120,00
R1 000,00
R2 750,00.

1988: R25 000,00
R40 000,00
R 4 908,17
R 1 000,00
R20 000,00.

Language Monument Fund: reserve amount

53. Mr A GERBER asked the Minister of National Education:†

(1) Whether, after the erection of the Language Monument in Paarl, there was a reserve amount in the Language Monument Fund; if so, what was this amount;

(2) whether any allocations have been made to institutions from this reserve fund; if so, (a) to which institutions, (b) what amounts, (c) for what purpose, and (d) when, in each case;

(3) whether there is a body which exercises control over this fund; if so, (a) what body, (b) who are the members of this body, (c) (i) by whom, (ii) when and (iii) for what period have they been appointed and (d) to whom do they report;

(4) what is the current position of the fund?
B146E

The MINISTER OF NATIONAL EDUCATION:

The "Afrikaanse Taalmonumentfonds", which consisted of contributions collected by a committee, was used to establish the Afrikaans Language Monument. After the handing over of the Afrikaans Language Monument and the Afrikaans Language Museum to the State in 1977, the "Afrikaanse Taalfonds" was established. The "Fonds" *inter alia* administers the remaining funds of the "Afrikaanse Taalmonumentfonds". The "Fonds" is an organisation that administers its affairs in terms of its own constitution. Particulars regarding the "Afrikaanse Taalfonds" and its activities should therefore be obtained from that organisation itself.

Medunsa: students qualified as doctors

56. Dr M S BARNARD asked the Minister of Education and Development Aid:

How many students in each race group qualified as doctors at the Medical University of Southern Africa at the end of 1988?
B155E

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

Population Group	Graduates
Blacks	53
Whites	0
Coloureds	0
Asian	0

Group Areas Act: applications for exemptions

79. Mr S S VAN DER MERWE asked the Minister of Constitutional Development and Planning:

(a) How many applications for exemptions from the provisions of the Group Areas Act, No 36 of 1966, in respect of residential premises did his Department or any provincial administration receive in 1988 and (b) how many persons from each race group applied for permission to occupy premises in areas proclaimed for (i) White, (ii) Coloured, (iii) Indian and (iv) Black occupation in each province?

B181E

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

This matter vests in the Administrators of the different provinces and they have furnished the following information:

CAPE PROVINCE

(a) None

(b) (i) 424 Coloureds; 109 Indians; 35 Blacks

(ii) 208 Whites; 130 Indians; 31 Blacks

(iii) 3 Whites; 9 Coloured;

(iv) None.

NATAL

(a) None

(b) (i) *White Proclaimed Area*
195 applications by members of the Indian population group.
45 applications by members of the Coloured population group.
210 applications in respect of members of the Black population group. (Mainly employees).

(ii) *Coloured Proclaimed Area*
8 applications by members of the White population group.
25 applications by members of the Indian population group.
9 applications by members of the Black population group.

(iii) *Indian Proclaimed Area*
46 applications by members of the White population group.
24 applications by members of the Coloured population group.
10 applications by members of the Black population group.

(iv) *Black Proclaimed Area*
None.

ORANGE FREE STATE

(a) None

(b) (i) 17 applications from Indians and 2 from Blacks were received in respect of occupation in the White controlled area.

(ii) None.

(iii) None.

(iv) None.

TRANSVAAL

(a) None

(b) (i), (ii), (iii) and (iv).

	Race group of applicant	Group character of area applied for			
		W	Col	Ind	Blk
(i)	*White	—	12	16	0
(ii)	Coloured	32	—	20	0
(iii)	Indian	145	10	—	0
(iv)	Black	239	30	6	—

*In respect of sub-paragraph (b) (i) it has to be mentioned that a further 27 applications were received from various institutions e.g. churches, private hospitals, crèches, organisations, etc. to allow persons of all race groups to occupy in the White group area.

Emergency camp

86. Mr J J WALSH asked the Minister of Constitutional Development and Planning:

(a) How many emergency camps are there in South Africa, (b) where is each situated, (c) when was each proclaimed an emergency camp and (d) what plans have been made regarding the future of each of these camps?

B188E

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

This matter rests in the Administrators of the different provinces and they have furnished the following information:

TRANSVAAL:

(a) Two namely Weiler's Farm and Brits Emergency Camp.

(b) Grassmere
Brits

(c) Weiler's Farm: On 31 December 1987
Brits: On 26 April 1988

(d) Weiler's Farm:
Squatters are settled at Orange Farm and Evaton North on a voluntary basis where 1 200 and 1 000 serviced sites respectively are available. To date 116 families have moved to Orange Farm and 31 to Evaton North.

Brits:
Squatters are settled at Letlhabile on a voluntary basis where an adequate number of serviced sites are available. Between 1985 and 1988 approximately 2 000 families moved to Letlhabile voluntarily and since the proclamation of the emergency camp 95 families consisting of 436 individuals have settled there.

ORANGE FREE STATE:

(a) None. Rest of questions falls away.

CAPE PROVINCE:

(a) In the Cape Province there are only 3 emergency camps which have been proclaimed in terms of the Prevention of Illegal Squatting Act, 1931 (Act 52 of 1951) for the accommodation of homeless Blacks.

(b) — In the Sundays River Valley: Magisterial District of Kirkwood.

— Kei Mouth: Magisterial District of Komga

— Kenton-on-Sea: Magisterial District of Bathurst.

(c) The first two areas were proclaimed as emergency camps in Government Notice R.216 of 12 February 1982 and the last in Government Notice 1142 dated 2 August 1963.

(d) Consideration is at present being given to the deproclamation of the first two areas and the designation thereof as development areas in terms of the Black Communities Development Act, 1984 (Act 4 of 1984).

Regarding the area at Kenton-on-Sea, land known as Marselle has already been acquired and proclaimed as a development area. These Blacks will eventually be resettled there.

NATAL:

(a) (i) Dannhauser

(ii) Weenen

(iii) Winterton

(iv) Rietvlei near Vryheid

(b) (i) Government Notice 1018 dated 3 July 1961

(ii) Government Notice 59 dated 19 January 1968

(iii) Government Notice 1513 dated 23 July 1982

(iv) Established December 1988 but not yet proclaimed

(c) (i) (ii) and (iii) Being converted into a Black Township in terms of Act 4 of 1984

(iv) No decision has as yet been taken in regard to its future.

Nurses resigning in course of training

103. Dr M S BARNARD asked the Minister of National Health and Population Development:

Whether any (a) White, (b) Coloured, (c) Indian and (d) Black nurses accepted for training courses at institutions for the training of nurses resigned in the course of their training in 1988; if so, how many in each case in each specified year of study?

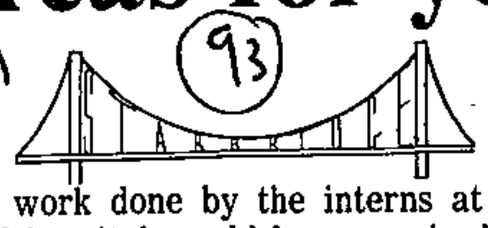
B255E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Yes,

Stint in rural areas for young doctors

By Winnie Graham Star 13/3/87



The University of Pretoria medical faculty is to use a homelands hospital to provide "more appropriate" training for its young doctors.

The faculty has accepted in principle that its fledgling doctors spend three or six months working in the rural areas, both to increase their experience, particularly in primary health care, and to provide rural communities with more specialist services.

REGULAR SUPERVISION

Other medical personnel, including nurses, physiotherapists and radiographers, will visit the hospital when specialists make their weekly rounds.

Professor Erik Glatthaar, professor of community health at the university, said work done by the interns at the rural hospital would be supervised regularly by the faculty's professors.

"We are considering using a charter service to cut down on travelling time," he added. "Most professors will make weekly visits to the hospital which, of course, is in accordance with the strict rules of the Medical Council."

During the past three years Pretoria's medical faculty has taken fourth-year students on short visits to hospitals in the homelands, but this is the first time post-graduates will be involved in a carefully monitored outreach programme designed to benefit both interns and the community.

Professor Glatthaar said doctors realised that though their training was more than adequate according to Western standards, it did not always meet the needs of developing communities.

"Often the only experience our students acquire in certain aspects of primary health care comes from textbooks," he said.

"We hope the outreach programme will give them an opportunity of improving their training. At the same time we hope our expertise will benefit patients in rural hospitals."

Hospital authorities in Lebowa have welcomed the presence of the interns.

The faculty hoped to involve the private sector as an equal partner in funding the programme.

Hansard.

HOUSE OF DELEGATES

QUESTIONS

†Indicates translated version.

For written reply:

General Affairs:

R K Khan Hospital: employees

1. Mr K CHETTY asked the Minister of National Health and Population Development:

(1) (a) How many (i) doctors, (ii) nurses, (iii) administrative officials, (iv) cleaners and (v) other specified classes of employees were attached to the R K Khan Hospital in Chatsworth as at the latest specified date for which information is available and (b) how many vacancies were there in each of these categories as at that date;

(2) (a) what is the daily average number of persons attended to in the out-patient department of this hospital and (b) in respect of what specified period is this information furnished?

D28E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Latest specified date: 28 February 1989

(1) (a) (i) 72 Doctors
(ii) 671 Nurses
(iii) 121 Administrative officials
(iv) 280 Cleaners
(v) Other specified groups:
23 Professional
21 Paramedical
18 Technical
80 General
11 Interns

(b) Vacancies as at 28 February 1989
(i) Nil
(ii) 2
(iii) 3
(iv) 1
(v) 1 Professional

(2) (a) 1 572

(b) The specific period: April 1988 to December 1988.

Own Affairs:

Matriculation examiniations

1. Mr M RAJAB asked the Minister of Education and Culture:

How many pupils at departmental schools (a)(i) wrote and (ii) passed the 1988 matriculation examinations and (b) obtained (i) A, (ii) B, (iii) C, (iv) D and (v) E aggregates in these examinations (aa) in respect of each province and (bb) in total?

D24E

The MINISTER OF EDUCATION AND CULTURE:

(1) (a)
(i) 13 221
(ii) 12 577

(b)

(aa)	*Natal*	*Transvaal*	*Cape*	*(bb) Total*
(i)	220	23	0	243
(ii)	633	114	9	756
(iii)	1 361	229	19	1 609
(iv)	2 737	417	55	3 209
(v)	4 347	519	86	4 952

Hansard.

HOUSE OF ASSEMBLY

INTERPELLATIONS

The sign * indicates a translation. The sign †, used subsequently in the same interpellation, indicates the original language.

General Affairs:

Contraventions of emergency regulations: SAP action

1. Mr F J LE ROUX asked the Minister of Law and Order:

Whether, with reference to particulars furnished to the South African Police for the purpose of the Minister's reply, he is considering taking action against persons and/or organizations contravening the provisions of the emergency regulations?

*The MINISTER OF LAW AND ORDER: Mr Chairman, the answer is yes, as far as steps fall within the sphere of responsibility of the SA Police.

The SA Police has a statutory responsibility to maintain law and order, and this task is punctiliously performed. The final decision about whether someone should be prosecuted or not does not rest with the SA Police, however, but with the public prosecutor or the Attorney-General. The task performed by the Police therefore ends with the completion of their investigation.

The implementation of security and media emergency regulations also rests with the Police. Every contravention of these regulations which is observed by the SA Police, or brought to their attention, is therefore investigated immediately, with the relevant dossier being submitted to the Attorney-General for his decision at the conclusion of the investigation.

It would appear as if the case at issue here, ie the propagation of a consumer boycott in Carletonville, constitutes a contravention of the regulations. That is why it is being investigated, together with a number of other charges arising from the consumer boycott. *Inter alia* five charges of intimidation, one of public violence, one of robbery and one of deliberate damage to property are also being investigated. A number of suspects have been taken into custody and have already appeared in court.

The SA Police do not prescribe to anyone what he should purchase, who should purchase what or where it should be purchased, but they are nevertheless not prepared to allow the maintenance of public order to be endangered by conduct of this nature. I said recently that the SA Police are impartial in carrying out their activities. When a crime is committed, it is investigated in all fairness, regardless of race, sex or the political ties of those involved.

I want to reiterate and re-emphasise this view today. People who contravene these regulations must therefore be aware that dossiers will be opened and cases against them investigated. Where the interests of the community as a whole or those of individuals must be protected, this will be done honestly and impartially.

*Mr F J LE ROUX: Mr Chairman, does the hon the Minister really wish this House to believe that when this document in connection with the investigation into the boycott came to his attention, it was the first time he became aware of it. Or had he perhaps previously taken note of the fact that something of this nature was happening? Did he not perhaps, at the beginning of November and in December, already know of activities of this nature in Boksburg, Carletonville and several other places in South Africa? [Interjections.]

I now want to make a few statements. Does the hon the Minister agree that the threat to the country, its people and their freedom today is greater in many spheres than ever before? Secondly, that the onslaught is no longer characterised merely by cross-border terrorist activities, but also, amongst other things, by sanctions and boycotts?

*Mr J P I BLANCHÉ: And CP policy too!

*Mr F J LE ROUX: Thirdly, does the hon the Minister acknowledge the fact that a boycott is a boycott is a boycott, whether incitement to do so originates in Port Elizabeth, East London, Carletonville, Boksburg or wherever? [Interjections.] Fourthly, does the hon the Minister acknowledge that the ultimate aim of these forces promoting the boycotts is a Black socialist one-party government? [Interjections.]

April 10 1989

Doctors call for race-free care

IRR GLS 10/4/89 8

Staff Reporter

TWO Johannesburg doctors have called on the South African Medical and Dental Council to state unequivocally that it is unprofessional for doctors to refuse to see black patients or to have separate facilities for them.

In a letter in the latest South African Medical Journal, Dr Trevor Jones and Dr Yosuf Veriava of the University of the Witwatersrand said: "Any doctor practising racial discrimination against a patient is surely guilty of unprofessional or disgraceful conduct."

They want the council, the statutory body that can suspend a doctor or strike him from the roll for unprofessional conduct, to issue guidelines on the subject.

The letter was written after the publication of a survey which showed that 10 percent of general practitioners in the Johannesburg area and 16 percent in the East and West Rand chose not to see black patients, and nearly 40 percent of doctors in the area had separate waiting and examination rooms for their black and white patients.

A spokesman for the Medical Association of South Africa (Masa), the doctors' professional association, then commented that doctors had the right to confine their practices to white or black patients, except in emergencies. He said when separate facilities were provided they should be of equal standard.

This reaction has angered the two Wits doctors, who have also called on Masa to repudiate their spokesman's statement and to give guidance to doctors.

"It is our view that doctors who practise racial discrimination in this way are behaving unethically.

"It is obviously contrary to the spirit of the Declaration of Geneva, which does 'not permit considerations of religion, nationality, race, party politics or social standing to intervene between duty and patient'."

The doctors said a doctor could refuse to treat a patient because he lacked the necessary competence or because of a serious personality conflict.

"But, he cannot refuse to treat because the patient belongs to a particular population group. To do so would violate the well-established duty of the doctor to care for the sick, whatever his skin colour."

One of the "soft Nats" said their guiding

Army 'biggest reason for leaving'

DIANNA GAMES

THE number of medical graduates leaving SA would drop considerably if the men were given the option of alternative service to military conscription, a survey among fourth, fifth and sixth year medical students at Wits University's medical school found.

Two students at the medical school, Eli Silber and Ian Michelow, who did the survey in conjunction with Dr Max Price of Wits' Centre for the Study of Health Policy, said of 232 white males surveyed at the school, 30% were not prepared to do military service.

However, half that number said they would stay if given the option of alternative service for an equivalent period, the three said in a paper at the National Medical and Dental Association (Namda) annual conference in Johannesburg yesterday.

Military service was the single biggest reason given by students wanting to emigrate, followed by political instability.

There was general support for rural community service as part or all of the alternative service. Half the respondents said they were prepared to do military service, which meant the army would not be short of doctors if alternative service was approved.

Liquidator denies

B1 Day 15/5/87

93

DOCTORS SPEAK OF CONCERN OVER DETAINEES

DISCHARGING detainees from hospital after they had broken a hunger strike could implicate doctors with interrogation practices, Coronation Hospital chief physician Dr Joe Variawa said yesterday.

Speaking on the ethical considerations of hunger strikes at the National Medical and Dental Association's annual conference, Variawa said the detainees' discharge meant they were fit enough to go back to jail, where their health could suffer.

He said in such circumstances it was unethical to discharge patients without their consent, and doctors

DIANNA GAMES

should be prepared to go to court if necessary.

A Wits University paper on ethical considerations of voluntary total fasting said a doctor's dilemma lay in deciding whether to intervene when a patient did not consent to treatment.

A person on a hunger strike should not be viewed as someone committing suicide where intervention could be justified, it said.

Where a doctor-patient relationship existed, it was the doctor's role to intervene on behalf of his patient if the conditions under which the detainee-patient was held were ethically or medically unacceptable, it said.

Prof John Kalk of Wits medical school said that during the recent hunger strike friction had developed between police and detainees and police and hospital staff.

He said the conflict of interest led to the introduction of an order denying the privileged status of the doctor patient-relationship, interference with nursing duties and the chaining of patients to their beds.

Govt turnabout on medical equipment deal

B1 Daily Fri 15/8/89

93

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Liquidator denies allegations of bribery

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Louw warns medics on politics

Staff Reporter

ANC supporters in the medical professions were mixing their "extremist politics" with medical principles, Administrator of the Cape Mr Gene Louw said this week.

Speaking at a congress in the city on "Labour Relations in Health Services", Mr Louw warned that health services were "by no means excluded from the intensity of the revolutionary onslaught in South Africa today".

About 300 delegates attended the two-day congress which was organised by the Department of Health Services and Welfare, Administration, House of Assembly South-West Cape Region.

"We regrettably learnt of the fact that the ANC members of the medical profession organise under the banner of 'Natural Health System' and 'Health for All', and are thus launching a strong medico-political health strategy in which extremist politics are inextricably bound with medical principles," he said.

While the health services could expect increased political attacks, several "so-called health organisations" whose main purpose was "purely political", would appear occasionally, Mr Louw said.

The National Medical and Dental Association (Namda) had, for example, subscribed to an advertisement commemorating "75 years of the ANC" and the ANC had, in turn, referred to Namda as a "front organisation", he said.

Reacting to Mr Louw's statements last night, a Namda spokesman said apartheid, besides "predetermining" an individual's political, economic and social status, had a "profound effect" on their health status.

It could not be denied that blacks in SA suffered from diseases of poverty such as TB, kwashiorkor, malnutrition, gastro-enteritis etc, whereas whites generally suffered from diseases of affluence.

"Health for All", the spokesman said, was not a "radical or jargonised concept", but a strategy initiated by the World Health Organisation and one to which the majority of the countries in the world subscribed.

Mr Louw appealed to health practitioners to elevate the health profession "far above politics and to practise it with independent and unsullied professionalism".

Doctors in wrangle over racism charge

MARITZBURG — A row erupted yesterday at the South African Medical Association "indaba", with accusations that the Medical Association of South Africa (MASA) was racialistic.

Professor T Jenkins, head of the Department of Human Genetics at the South African Institute of Medical Research, said he believed that as a medical association, MASA had a clear duty to condemn racialistic practices by the medical profession.

Professor Jenkins was dealing with the

Army call-up main reason for exodus

Star 18/4/89

93

Compulsory military service is one of the major reasons why medical graduates leave the country, says a report tabled before a meeting of the SA Medical and Dental Council yesterday.

According to research conducted by the universities of Cape Town and the Witwatersrand, military service was cited as the most important reason why medical graduates chose to emigrate.

Statistics showed South Africa lost 34 doctors in 1986, 25 in 1987 and nine in the first half of 1988.

The universities recommended community service as an alternative to military service.

Patients may now ask for cash discounts

Doctors are now permitted to offer patients discount for cash.

The South African Medical and Dental Council ruled yesterday that doctors be permitted to offer cash discounts provided they do not advertise this practice in advance.

They are not restricted in the amount of discount they may offer.

This is the first time the SAMDC has permitted discounting.

2-year 'service' stint for doctors

Capt. Times 19/4/89

Staff Reporter

DOCTORS who are not liable for national service will have to do a two-year stint of community service before they are fully registered by the South African Medical and Dental Council (SAMDC).

This is evident from a resolution adopted in Johannesburg calling on all doctors who want to register with the council to do compulsory community service.

"We initiated the move as we are concrened about the standard of health care in the country," Dr Bernard Mandell, chairman of the federal council of the South African Medical Association, said last night.

'Left the country'

Dr Mandell said that rural hospitals and health clinics were critically understaffed.

Hundreds of newly-qualified doctors left the country and only white male doctors were forced through the present conscription system to serve for two years while others who had qualified could start private practices.

Dr Mandell said that although only the principle had been adopted, it was "virtually certain that this new measure would be implemented as the SAMDC is a statutory body".

He said community service would not be offered as an alternative to national service. The new measure will affect only those doctors who do not qualify to do national service.

Doctor struck off the roll

Medical Reporter

Of the 30 doctors who have appeared before the South African Medical and Dental Council on disciplinary charges in the past six months, only one has been struck from the roll, a report released by the Council revealed yesterday.

Dr Solomon Petrus Muller, a surgeon who formerly operated at the Garden City Clinic in Johannesburg, may no longer practise as a doctor. He was found guilty on eight counts of disgraceful conduct following the death of two of his patients and the serious complications which another five developed as a result of his treatment.

Four of the doctors appearing before the Council's disciplinary committee were found not guilty and the remainder were given suspended sentences or cautioned and reprimanded.

The president of the SAMDC, Professor Frans Geldenhuys, said there were millions of patient/doctor contacts annually and 30 was a very small percentage.

He said most of the charges brought against doctors dealt with the issuing of incorrect medical certificates, accounts discrepancies and administring the wrong treatment.

Professor Geldenhuys said the council was particularly concerned about the issuing of inaccurate sick notes written by a doctor to an employer.

'Academic hospitals poor'

Health care in SA threatened, says professor

Star 20/4/89

By Toni Younghusband, Medical Reporter

Academic hospitals should serve solely as tertiary referral centres and alternative arrangements must be made for the current uncontrolled influx of patients into these institutions, a memorandum before the South African Medical and Dental Council (SAMDC) has suggested.

The memorandum, drawn up by Professor Andre Coetzee of Tygerberg Hospital in the Cape, said academic doctors were worried about their future in this country.

He said doctors were overworked and the hospitals they worked in were poorly equipped and overcrowded. He said specialists could not be expected to handle huge numbers of uncomplicated cases purely because there was a shortage of doctors in hospitals.

Professor Coetzee said the present uncontrolled flood of patients into academic hospitals had had the following effects:

- The academic hospital's training function was no longer a top priority.
- There was a severe shortage of beds.
- Patient care was below standard.

SHORTAGE

- There was a relative shortage of medical personnel on all levels, particularly nurses.

Professor Coetzee said if training conditions at academic hospitals were being adversely affected, the standard of health services throughout the country would obviously deteriorate.

He pointed out, however, that Government authorities had indicated that conditions at the hospitals were unlikely to change due to a shortage of funds.

"Because an academic hospital is responsible for the quality of health care in this country it should be seen as a unique institution separately financed from other provincial and State hospitals," he said.

OK

Should doctors be free to treat whom they please?

Medical circles debate race and ethics issue

Star 22/4/89

93

THE CHALLENGE by two Johannesburg doctors that it should be clearly stated that it is unethical for a practitioner to refuse to render service to people on the basis of their skin colour has stirred widespread debate in medical circles.

The latest response came from the South African Medical and Dental Council (SAMDC), which said it would be "entirely unbefitting" for a practitioner not to render services to any particular patient on racial grounds.

However, SAMDC's policy, that a practitioner was free to decide to whom he wants to render a service to or not, remains unchanged.

Speaking on behalf of the SAMDC, the registrar, Mr Nico Prinsloo, said: "It would be entirely impractical for a practitioner to see all patients who wish to see him or to be available continuously."

He said, however, that practitioners were obliged to render assistance to black patients in emergencies under all circumstances. Practitioners who refused to serve black patients would have to justify their action in the event of unnecessary suffering or death.

The SAMDC's response

JANET HEARD

came in the wake of a letter in a recent issue of the South African Medical Journal written by Professor Trefor Jenkins, head of human genetics at the South African Institute of Medical Research, and Dr Yosuf Veriava of the medicine department at Coronation Hospital and Wits University. The letter called for the Medical Association of South Africa (Masa) to state unequivocably that it was unprofessional for doctors to refuse to see black patients or to have separate facilities for them.

The two doctors said it would also be desirable for the SAMDC to issue guidelines which indicated that such practices were professionally unacceptable.

The Medical Association of South Africa replied that it did not discriminate between members and patients on the basis of race, colour or creed. "The Masa does not, indeed will not, accept or condone discrimination in the quality and standard of service rendered to patients, or facilities provided, on a racial basis. The same quality of medical service must be available to all patients, regardless of race or colour."

In an earlier reply this year, bediscrimination. However, it is still unclear and ambiguous and needs clarity."

He said it was the duty of the organised medical profession to give guidelines to general practitioners who may be confused as to whether they could refuse patients on the grounds of colour.

"Medical practioners have the right to refuse seeing patients on certain grounds, such as if the disease is outside the doctor's sphere of expertise, or if there is an intractable personality incompatibility. However, in South Africa, this right has made it possible for doctors to refuse treating patients on the basis of the patient's skin colour. This is unethical and unprofessional," Dr Jenkins said.

Community service for young doctors 'may backfire'

PAT DEVEREAUX

THE National Medical and Dental Association yesterday said a plan to force graduating doctors to do community service before being allowed to register with the Medical and Dental Council could backfire.

Namda was reacting to the SAMDC's adoption of a resolution this week which intends to introduce a new measure — involving student doctors doing community service in rural areas — in an attempt to stem the flow of doctors emigrating from South Africa.

At present all graduate doctors must register with the 20 000-member council before they can practise.

The new resolution adopted by the council means that before registration with the council a graduating doctor would have to complete a term of community service, according to the SAMDC registrar, Mr N Prinsloo. The length and conditions of the community service must still be discussed.

The SAMDC, at its three-day meeting this week, said it believed that community service prior to registration would at least slow a high emigration rate among doctors who leave because of the racial tension and international isolation associated with apartheid or because they seek higher salaries elsewhere.

However, Mr Prinsloo added: "This form of community service should not be seen as linked to military service, but as similar to a form of internship."

Reacting to the decision, publicity secretary for Namda, Dr Max Price said: "The SAMDC are primarily concerned with reducing the emigration of young doctors. But what they are proposing will simply defer emigration for two years and may even increase emigration — since graduates may see two years of compulsory service as a diversion from their career developments."

Mentioning recent research conducted by the Universities of Cape Town and the Witwatersrand, Dr Price said: "The main reason for emigration is compulsory conscription of white male doctors."

Research statistics given at this week's SAMDC three-day meeting showed South Africa lost 34 doctors in 1986, 25 in 1987 and nine in the first half of 1988. By last May 66 percent of medical graduates from the University of the Witwatersrand had left or were thinking of doing so.

Frustrations

Dr Price said Namda called on the Government to offer conscripts the alternative of community service instead of military service. He said this would indeed have the effect of reducing emigration and increasing the flow of doctors to rural areas.

"We believe there is a critical shortage of medical care in rural and impoverished peri-urban communities, but the frustrations of working in rural areas are the most important reasons for the lack of staff there.

"The causes of this include the more fundamental issue of apartheid which allocates too few resources to the majority of the population where finances are needed most. This is why these areas are understaffed. Other factors include the urban and specialist bias in the training of medical students and in their selection," he added.

The idea of allowing doctors to do alternative service instead of military service was apparently first raised with the SADF in July by the Academy of Family Practice which asked the SADF to credit newly qualified doctors with two years' national service if they volunteered to work in rural areas for that period.

Further support for the idea, of doctors doing alternative community service instead of military service, was expressed after the jailing of conscientious objector, Dr Ivan Toms, to 21 months' imprisonment last year for refusing to serve in the SADF. In last year's October and December issues of the *South African Medical Journal* over 50 professionals concerned with health care called upon decision-makers to find alternative options to military service.

Pill for under-age girls 'acceptable'

Karen Stander

CAPE TOWN — Prescribing the "pill" for girls under the age of consent was legally acceptable, medical law expert Professor S A Strauss said in Stellenbosch recently.

He advised doctors not to inform parents against the child's will.

Professor Strauss told a family planning congress at Stellenbosch University's medical school that the doctor was sometimes in a better position than a parent to judge what was in the child's best interests.

Young girls often consulted a doctor rather than discuss the matter with their parents because they feared the ramifications.

Professor Strauss referred to a case in Britain in which a Roman Catholic mother of 10 children, Mrs Victoria Gillick, sued the department of health in a campaign for the right of parents to be consulted before contraception was prescribed to under-age girls.

Her case was initially dismissed, then upheld on appeal, but finally overturned by the House of Lords, the country's highest court.

Professor Strauss said that in South Africa it was widely accepted that doctors could prescribe contraceptives for under-age children.

Doctors should counsel these children and encourage them to inform their parents. However, doctors should not inform the parents against the child's will as this could cause "disturbed family relationships".

The benefits derived from oral contraceptives far outweighed the possible risks, according to Dr Gerhard Lindeque, head of the oncology unit at Tygerberg Hospital's department of gynaecology and obstetrics.

He said studies indicated that while there appeared to be a slight increase in cervical cancer in women on the pill, there was no effect on the incidence of breast cancer.

Offences concerning drugs For example dealing in drugs and possession of drugs.	4 260
Other offences not yet mentioned Drunken driving, possession of fire arms and explosives without a licence, arson, offences against the security of the State, Aviation Act, etc.	21 679

Analysis of offences concerning the 11 957 prisoners who were serving sentences of more than 6 months up to 2 years on 20 January 1989.

Violent offences	3 283
Economic offences	13 086
Offences concerning drugs	1 174
Other offences	3 131

Western Cape: 1988 matriculation examination

297. Mr K M ANDREW asked the Minister of Education and Development Aid:

How many pupils (a) (i) wrote and (ii) passed the 1988 matriculation examinations, and (b) obtained (i) A, (ii) B, (iii) C, (iv) D and (v) E aggregates, in respect of each secondary school falling under the control of his Department in the Western Cape?

B637E

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

	(a) (i)	(ii)	(b) (i)	(ii)	(iii)	(iv)	(v)
Fezeka secondary	95	45	—	—	—	5	9
Intshukumo comprehensive school	56	13	—	—	—	—	3
ID Mkize secondary	74	15	—	—	—	—	2
Luhlaza secondary	83	63	—	—	4	10	11
Malizo secondary	203	87	—	—	—	4	6
Langa secondary	70	35	—	—	—	3	8
Isilimela comprehensive school	66	13	—	—	1	1	—
Crossroads No 3 secondary	53	31	—	—	1	3	7
Sizamile secondary	121	68	—	—	2	7	7
Simon Hebe secondary	67	17	—	—	—	1	2

Prisons Service: staff shortages

304. Mr D J DALLING asked the Minister of Justice:

Whether the Prisons Service is experiencing staff shortages; if so, what (a) is the extent of the shortages and (b) is being done to remedy the situation?

B644E

The MINISTER OF JUSTICE:

(a) and (b) Yes. Shortages are experienced in the following vocational groups:

— Work study officer

— Integrated information system (computer personnel)

— Agriculturist

— Agricultural technician

— Tradesmen

— Finance personnel (Accounts clerk)

— Logistics personnel (Material supporting clerk)

— Musician

— Nurse

— Pharmacist

— Psychologist

— Typist

Due to the general under-supply on the labour market, these vacancies simply cannot be filled.

There were no vacancies on the fixed establishment of the disciplinary occupational group, on 1 April 1989. However, the existing fixed establishment as on 1 April 1989 does not reflect the shortage of 5 306 posts which, due to financial realities, are being attended to on a planned and continuous basis by means of the provision of funds on the South African Prisons Service's budget.

HOUSE OF ASSEMBLY

QUESTIONS

† Indicates translated version.

For written reply:

General Affairs:

Television satellite dishes: restrictions

138. Mr R M BURROWS asked the Minister of Communications:

(1) Whether there are any restrictions on private persons and companies owning and/or using television satellite dishes; if so, what restrictions;

(2) whether any person or authority licenses the private ownership of television satellite dishes; if so, (a) what person or authority and (b) (i) how many have been so licensed and (ii) in respect of what specified period is this information furnished;

(3) whether any applications have been received for the private use of television receiving installations by private persons and/or companies; if so, how many such applications were (a) received and (b) granted;

(4) whether he will make a statement on the matter?

B337E

The MINISTER OF COMMUNICATIONS:

(1) Yes; if such dishes can be used for the transmission and/or reception of signals relayed via satellites;

(2) yes;

(a) the Postmaster General,

(b) (i) one, namely the South African Broadcasting Corporation, and

(ii) from 12 June 1986 to date;

(3) yes;

(a) approximately 45,

(b) none;

(4) not at this stage. In view of the interest displayed in privately-owned earth stations and with due regard to developments in other countries, the Department is studying the entire matter. A statement will be issued when the time is appropriate.

Ellisras: land bought for SADF

200. Mr S P VAN VUUREN asked the Minister of Public Works and Land Affairs:†

Whether the State has purchased certain land in the Ellisras district for use by the South African Defence Force; if so, (a) when, (b) for what price, (c) for what purpose (i) was this land purchased and (ii) is it being used at present (d) (i) what improvements have been made by the State since the acquisition and (ii) what is the cost of these improvements per square metre of such improvements?

B481E

The ACTING MINISTER OF PUBLIC WORKS AND LAND AFFAIRS:

Yes, Portion 1 of the farm Piquetberg No 523, Registration Division L Q, Transvaal, measuring 2,094,398 hectares.

(a) 30 March 1988

(b) R104 720,00

(c) (i) To accommodate the Logistic Element of Group 29 of the SA Army and for the use of the airfield by the SA Airforce.

(ii) The purpose for which it was purchased.

(d) (i) Five corrugated-iron stores, each measuring 18 metres × 36 metres.

(ii) R170,00 per square metre.

Hospitals: posts

207. Dr M S BARNARD asked the Minister of National Health and Population Development:

(1) How many posts had been established as at 31 December 1988 for (a) nurses, (b) paramedics, (c) medical staff, (d) administrative staff and (e) other staff at the (i) Baragwanath Hospital, (ii) Coronation Hospital, (iii) H F Verwoerd Hospital,

(iv) Johannesburg Hospital, (v) Kalafong Hospital and (vi) Paul Kruger Memorial Hospital in Rustenburg;

(2) whether any posts at these hospitals were frozen as at 31 January 1989; if so, how many in each category in respect of each hospital;

(3) (a) how many applications were made from each of these hospitals in each category for the unfreezing and filling of posts in 1988 and (b) how many applications were (i) granted and (ii) refused in each case?

B491E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) (i) Baragwanath Hospital

- (a) nurses 4 105
- (b) paramedics 417
- (c) medical staff 589
- (d) administrative staff 517
- (e) other staff 1 977

(ii) Coronation Hospital

- (a) nurses 762
- (b) paramedics 89
- (c) medical staff 166
- (d) administrative staff 111
- (e) other staff 400

(iii) H F Verwoerd Hospital

- (a) nurses 2 125
- (b) paramedics 592
- (c) medical staff 600
- (d) administrative staff 556
- (e) other staff 1 334

(iv) Johannesburg Hospital

- (a) nurses 1 932
- (b) paramedics 536
- (c) medical staff 691
- (d) administrative staff 686
- (e) other staff 2 008

(v) Kalafong Hospital

- (a) nurses 1 578
- (b) paramedics 144
- (c) medical staff 293
- (d) administrative staff 243
- (e) other staff 656

(vi) Paul Kruger Memorial Hospital

- (a) nurses 400
- (b) paramedics 21
- (c) medical staff 57
- (d) administrative staff 54
- (e) other staff 244

(2) No,

(3) (a) none,

(b) (i) falls away,

(ii) falls away.

Certain hospitals: number of commissioned beds

234.Dr M S BARNARD asked the Minister of National Health and Population Development:

(1) What was the (a) number of commissioned beds as at 31 December 1988 at the (i) J G Strijdom, (ii) Coronation, (iii) Johannesburg, (iv) Hillbrow and (v) Baragwanath Hospital, (b) average bed occupancy rate, expressed in percentage, in respect of each of the above hospitals for the 1986-87 and 1987-88 fincial years, respectively, and (c) staff establishment at each such hospital as at 31 December 1988 (i) in total and (ii) for (aa) medical, (bb) nursing,(cc) paramedical, (dd) adminsitrative and (ee) each specified other category of staff;

(2) how many vacant posts were there (a) in total and (b) in each specified category of staff at each of these hospitals as at 31 Decembr 1988?

B538E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(See table. Cols. 873 and 874.)

Hospital	(1)(a) Number of beds 31/12/88	(b) Average bed occupancy 1986/87 %	(b) 1987/88 %	(c)(i) Total staff establishment 31/12/88	(c)(ii) Detail staff establishment 31/12/88 (aa) Medical	(bb) Nursing	(cc) Paramedical	(dd) Administrative	(ee) General	Other	2(a) Total vacant posts 31/12/88	(b) Number of vacant posts in each specified category 31/12/88 (aa) Medical	(bb) Nursing	(cc) Paramedical	(dd) Administrative	(ee) General	Other
(i) J. G. Strijdom	495	62,0	55,7	1 958	133	892	98	185	650		338	16	183	18	7	114	
(ii) Coronation	558	92,1	84,1	1 528	166	762	89	111	400		187	9	95	8	13	62	
(iii) Johannesburg	897	65,7	78,2	5 853	691	1 932	536	686	2 008		1 145	114	433	176	103	319	
(iv) Hillbrow	795	94,1	88,1	2 987	254	1 165	278	327	963		145	18	0	45	35	47	
(v) Baragwanath	2 629	107,5	108,8	7 605	589	4 105	417	517	1 977		306	17	200	8	2	79	
Grandtotal				19 931	1 833	8 856	1 418	1 826	5 998		2 121	174	911	255	160	621	

CM Times 27/4/89

'Doctors earn R68 500 pa'

(93) (98)

JOHANNESBURG. — The average annual net income of a South African medical practitioner, or partner in a medical practice, amounts to R68 500, the Central Statistical Service showed in its recently published report based on the 1987 census of medical, dental and other health services.

According to the figures, the average annual income per medical practice is about R120 000, with a total annual net profit of R644 million for the 5 380 practices in the country.

There were 27 000 people working in medical practices in February 1987 and about 7 250 people working in dental practices. — Sapa

'Own affairs' status: 12 specialists quit, more likely to follow

Crisis in J G Strijdom hospital

Star 3/5/89. 93.

By Toni Younghusband,
Medical Reporter

A major crisis is developing at the J G Strijdom Hospital in Johannesburg, and there are fears some of the specialist departments may have to close following the revolt by 12 doctors and the superintendent against a Government decision to declare it a white "own affairs" hospital.

The superintendent, Dr Annette van der Merwe, and at least 12 specialists have already resigned. Further resignations are expected.

Health Minister Dr Willie van Niekerk was attending a Cabinet meeting today and was not immediately available to comment.

Dr van der Merwe said yesterday her decision had been a difficult one. "I do not agree with the own affairs policy and I cannot run a hospital where at least 12 specialist doctors have already resigned," she said.

'Don't panic'

The J G Strijdom and at least 30 other provincial hospitals were transferred to the racially segregated "own affairs" administration on April 1. However, as a teaching hospital the J G Strijdom cannot technically be administered as a segregated institution.

Dr van der Merwe confirmed that those doctors who had already resigned had been jointly appointed to the J G Strijdom by Wits University and the Transvaal Provincial Administration.

The university's vice-chancellor, Professor Robert Charlton, has urged Wits staff at the hospital not to panic and to hang on until he had "clarity on the issue". He and the dean of the medical faculty, Professor Clive Rosendorff, are due to meet with "own affairs" officials this month.

Professor Rosendorff said it was not what Wits was going to do but what the Government had done. He said political considerations had overridden all others in this issue.

"We have made it perfectly clear to the Government that 'own affairs' is incompatible

The woman who quit . . . Dr Annette van der Merwe outside J G Strijdom Hospital yesterday. © Picture by Stephen Davimes.

Three identikits released in

Bill to give

...Merwe, and at least 12 specialists have already resigned. Further resignations are expected.

Health Minister Dr Willie van Niekerk was attending a Cabinet meeting today and was not immediately available to comment.

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Professor Rosendorff said it was not what Wits was going to do but what the Government had done. He said political considerations had overridden all others in this issue.

"We have made it perfectly clear to the Government that 'own affairs' is incompatible with an academic, teaching hospital," he said.

Dr van der Merwe said she was not optimistic about the hospital's future. She said the resignation of doctors meant many of the hospital's specialist departments would close.

"We will definitely do everything in our power to continue the services the hospital has to offer. We do not want our patients to suffer."

She said she had not been informed that the hospital was to transfer to "own affairs".

"The announcement (in the *Government Gazette* of March 31) came as quite an unpleasant shock," she said.

Dr van der Merwe is to take up the post of medical administrator at the Sandton Clinic.

The superintendent and staff of the JG Strijdom Hospital have been congratulated by the Democratic Party.

Mr Pat Poovalingam, DP health spokesman said they had "established once again the hollowness of Mr F W de Klerk's claim that his party wants to lead South African away from racial discrimination.

"The fact that the Government wants to push health into an own affair proves that racism still rules.

"These 13 doctors are rejecting the hypocritical attitude of the Government in favour of the Hippocratic Oath.

"No doctor who is true to his profession can agree to working in an own affairs hospital."

The

Three
hunt fo

By Dawn

An intensive police
white men suspected
ty of Witwatersrand
apartheid activist Dr
was killed outside hi
burg on Monday.

Last night police r
the men based on info
ness. The witness has
for his protection.

Minister of Law an
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R10 000 R

The Commissioner
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and Robbery Squad un
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The Star will not be pu
Ascension Day.

We will be back on F
urday Star and Sunday
lished as usual.

Specialist services hardest hit by 'own affairs' rule

Superintendent concerned over future of J G Strijdom

Star 5/5/89 (93)

By Toni Younghusband
Medical Reporter

The superintendent of the J G Strijdom Hospital, Dr Annette van der Merwe, has expressed grave concern over the hospital's future — particularly that of its specialist services.

Dr van der Merwe and 12 specialist doctors have resigned from the hospital as a result of the hospital's new "own affairs" administration.

The J G Strijdom and at least 30 other provincial hospitals were transferred to the racially-segregated "own affairs" administration on April 1.

However, as a teaching hospital the J G Strijdom cannot technically be administered as a segregated institution.

In an interview with The Star, Dr van der Merwe said the J G Strijdom had been a very good hospital with excellent patient service. "But I am worried about the future of those patients and of the staff working here," she said.

She said if the University of the Witwatersrand decided to withdraw from the hospital as a result of the new "own affairs" status, many specialist departments might have to close.

The doctors who have resigned were jointly appointed to the J G Strijdom by Wits University and the Transvaal Provincial Administration.

"I am thinking particularly of our cardiology department. We have between 6 000 and 7 000 patients on our books who come in regularly for check-ups and treatment. Where will these people go? The Johannesburg Hospital is already overburdened as it is," Dr van der Merwe said.

Dr van der Merwe said she was not against the Government's "own affairs" policy as such, but rather what it had done to her hospital.

CANNOT AGREE

"I am not a politician and I am not interested in politics. But I am unhappy at what the 'own affairs' transition has done to this hospital and because I love this hospital I cannot agree with what has happened," she said.

The Minister of Health Services in the House of Assembly, Mr Piet Badenhorst, gave the assurance that there would be no change of existing policies at the hospital.

He said a programme of action to ensure a rendering of continuous service to patients had been drawn up and this included talks with the principal of Wits University on May 17.

Mr Badenhorst said the administration of the House of Assembly had no intention of changing existing hospital policy in regard to staffing, appointment of academic staff, patient population or any other activities carried out by the hospital.

The Medical Association of South Africa said the J G Strijdom issue was a further "undesirable result" of the continued fragmentation of health services in South Africa. "For the sake of the patients who could suffer as a result of these developments, Masa urges the doctors who have resigned, as well as the authorities, not to act rashly and to endeavour to reach an agreement."

● See Page 11.

Privatisation is not a priority — official

2000 98 STC 5/5/89

There was no question of the J G Strijdom Hospital in Johannesburg being privatised "at this point in time" despite strong rumours to the contrary, the Deputy Minister of Health Services and Welfare in the House of Assembly, Dr Michael Veldman, has said.

Dr Veldman said speculation that the hospital was earmarked for privatisation should be put down as nothing but rumours. "There is no question that the Strijdom is on the priority list," he said.

However, Dr Veldman agreed that some of the more than 30 hospitals recently transferred to "own affairs" administration, including the Kempton Park Hospital, were under consideration for privatisation.

"We are concerned about the unused beds in some so-called own affairs hospitals and we are in the process — in line with the Government's privatisation policy — of looking at the different models of privatisation.

"We have had some offers from private companies and are looking into this whole matter," said Dr Veldman.

He emphasised that the matter was not simply a question of privatising an institution.

"We will have to make provision for the State-dependent patients and the services in a privatised institution should be affordable to all patients," he said.

Dr Veldman said he was very concerned about the resignations at the J G Strijdom and his department was carefully investigating all aspects of the matter.

People

Hospital 'super' is still defiant

By TONI YOUNGHUSBAND, Medical Reporter

Her defiant stand over the J G Strijdom Hospital issue should not be seen as a political crusade but as an expression of her love for the hospital and its staff, says 36-year-old superintendent Dr Annette van der Merwe.

She vacates her post after five years on June 30, but says she hates politics and wishes only to ensure that the hospital continues to offer the excellent services it has in the past.

A graduate of the University of Pretoria, Dr van der Merwe chose a career in medicine because she loved people and pa tient contact.

But in the past 10 years her strong leadership skills have torn her away from the patients' bedside to the world of administration.

She took on the post of superintendent in 1984 — then the youngest and only woman superintendent in South Africa.

Despite a lack of business management training, she won the Barclays Businesswoman of the Year award.

"I really never expected to win, but I suppose running a hospital is a business.

"Not many people control a staff of 2 000 or a budget like mine."

During her five-year term at the hospital, she has had to deal with many major crises, including the Westdene Dam disaster.

STAFF MORALE

"We have had difficult years, especially financially. It wasn't easy keeping staff morale up. But I am proud of this hospital and we have done wonderful work here."

Her decision to resign from the hospital was not an easy one.

"If I live to 70, I will still remember these last five years as the richest in my life.

"I feel extremely sad to leave. I feel as though I am abandoning it."

Being a superintendent is a thankless task, says Dr van der Merwe, but is truly the best job in the world.

"In this job you cannot measure your success. It is a much more long-term situation, and very difficult to know whether you were successful or not".

In the past week, Dr van der Merwe has been called to Pretoria for meetings with health authorities after her disclosures to the press about her unhappiness with the current state of affairs at the hospital.

"I am not a crusader, but I feel very deeply about health services, and I am concerned about the future of health services and the future of teaching at our hospitals. I will fight for this."

A bad dose of racism

Doctors demand medical council rules on this 'disgraceful conduct'

Sowetan 10/4/89 (93)

TWO Johannesburg doctors have called on the SA Medical and Dental Council to state unequivocally that it is unprofessional for doctors to refuse to see black patients or to have separate facilities for them.

SOWETAN Correspondents

In a letter in the latest SA Medical Journal, Dr Trefor Jones and Dr Yusuf Veriana of the University of the Witwatersrand said: "Any doctor practising racial discrimination against a patient is surely guilty of unprofessional or disgraceful conduct."

They want the council, the statutory body that can suspend a doctor or strike him from the roll for unprofessional conduct, to issue guidelines on the subject.

The letter was written after the publication of a survey which showed that 10 percent of general practitioners in the Johannesburg area and 16 percent in the East and West Rand chose not to see black patients, and nearly 40 percent of doctors in the area had separate waiting and examination rooms for their black and white patients.

A spokesman for the Medical Association of South Africa then commented that doctors had the right to confine their practices to white or black patients, except in emergencies. He said when separate facilities were provided they should be of equal standard.

"This reaction has angered the two Wits doctors, who have also called on Masa to repudiate their spokesman's statement and to give guidance to doctors.

"It is our view that doctors who practice racial discrimination in this way are behaving unethically. It it obviously contrary to the spirit of the declaration of Geneva, which does not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient."

Patient

The doctors said a doctor could refuse to treat a patient because he lacked the necessary competence or because of a serious personality conflict. "He cannot, however, refuse to treat because the patient belongs to a particular population group. To do so would violate the well-established duty of the doctor to care for the sick, whatever his skin colour.

"Furthermore, separate facilities are seldom, if ever, equal and consequently the practice of separating patients on a racial basis is essentially discriminatory."

Lady sings the blues

KATE BONOKO . . . claims she was ripped off.

By KENOSI MODISANE

A RECORDING studio is in dispute with a musician over alleged overcharging in studio fees.

Miss Kate Bonoko, leader of a new disco outfit, Misty, is fuming over the studio fee she was charged by Audio Trax when she entered into a recording deal with them.

She said she booked the studio to record a six-track mix, and was promised possession of the master tape at the end.

"On completion of the recording, she asked for the master tape, but was told to pay another R240, which she did.

Other musicians advised her to seek legal advice.

"With my lawyer I approached the studio owner, Mr Klaus Wengenroth, who refused to hand over the master tape. Instead he transferred the music onto a four-track cassette," said the distraught Miss Bonoko.

Mr Wengeroth said that to his knowledge, the matter had been settled.

But Miss Bonoko denied knowledge of a settlement and still wants a refund.

"What makes matters worse is that the cassette is so badly taped it is hardly audible. And has lost us many recording deals," she added.

She produced receipts from Audio Trax, which when added together, totalled R1 329. "I shall persue this matter to the

Dirt on Swapo's Sam Nujoma

Sowetan 10/4/89

LONDON — In a book to be published next month, Sam Nujoma is accused of complicity with South African forces in the killing of a former Swapo chief-of staff.

The book is written by Andreas Shipanga, co-founder of Swapo and a former senior member of its executive committee.

Shipanga also alleges that thousands of dissidents have "disappeared" in Swapo camps in Angola and Zambia, many have been summarily executed, and women and girls have been raped by Swapo leaders. — Sapa.

PAC popularity peaking

Sowetan 10/4/89

By JOSHUA RABOROKO

THE popularity, programmes and campaigns launched by the Pan Africanist Congress are on the rise in South Africa, the special United Nations Committee against apartheid in New York was told at the weekend.

During the organisation's 30th anniversary celebrations, PAC said Africanism and the political outlook of the movement had become superior in South Africa.

PAC was founded in South Africa on April 6, 1959, but was banned shortly before its first anniversary.

PAC said that because of this, many organisations are adopting the organisation as a vehicle to liberate the masses.

It noted that even political observers, analysts and views of many people in South Africa agree that PAC is "capturing the centre stage in the African people's opposition to apartheid."

Struggle

PAC also outlined the involvement and leadership of the organisation throughout the 30 years of its existence, and "in all events which stood out as landmarks in the African people's struggle in South Africa."

It also pointed out the unconditional release last year from jail of the president, Mr Zephania Mothopeng, as another factor that continued to consolidate and stimulate the organisation's happy development.

PAC also paid tribute to Mr Mothopeng's role in opposition to the system of education in South Africa. "He is an embodiment of service, suffering and sacrifice for a noble end," it said.

PAC will mark its 30 years of "principled struggle" with other major rallies in Dar es Salaam, Zimbabwe and London.

Heart man may quit SA

CAPE TOWN — Professor Bruno Reichart, head of Groote Schuur Hospital's heart transplant unit, is considering an offer to return to West Germany as head of the Grosshadern cardio-thoracic clinic in Munich.

Professor Reichart (46), who succeeded Professor Chris Barnard as head of South Africa's only heart transplant unit in 1984, was unavailable for comment yesterday, but Professor George Dall, Dean of the University of Cape Town's medical school, said he had been told that Professor Reichart was considering the offer — but had not decided yet.

"We don't have anything on paper. He hasn't resigned," said Professor Dall.

The Munich newspaper *Abundzeitung* reported Professor Reichart's selection as first choice for the appointment had caused controversy.

Under the headline "Heart Professor Reichart comes back — as chief at Grosshadern", the newspaper claimed that his selection followed months of stalling, with his opponents resorting to intrigues and anonymous letters, and references to his "playboy-like habits", in a bid to discredit him.

His possible move follows a special visit by Bavarian Science Minister Mr Wolfgang Wild to Professor Reichart in Cape Town at Easter.

The world-renowned surgeon performed West Germany's first heart-lung transplant in 1983. In 1986 he scored another success with South Africa's first heart-lung transplant on a West-German woman, who was displayed to an audience of doctors and academics at his inaugaural lecture in a controversial move.

He visited Munich last month to launch his book, "Recent Advances in Cardio-Vascular Surgery". He returns to the city on May 22 as chairman of the International Association of Heart Transplantation to open a congress.

Professor Dall said it would be a great loss to UCT if Professor Reichart accepted the Munich appointment.

"There is always a certain amount of movement in academic circles and we must accept that."

If it came to finding a successor for Professor Reichart, a search committee would be appointed to canvass the best in the international community and locally.

The university's problem was that the value of South African currency was so low that they could not always afford the top people.

Finding a successor was a long process, and the earliest one could expect an appointment was six months to a year after starting the search.

Appeal against Bara doctors

Sowetan 10/5/89 - (93)

THE Administrator of the Transvaal, the director of hospital services and the superintendent of Baragwanath Hospital yesterday appealed to the Appeal Court in Bloemfontein against the judgment that set aside the director's decision not to approve the appointments or reappointments of six doctors as senior officers at Baragwanath Hospital from the beginning of 1988.

SA Press Association

Dr Beverley Traub and Dr Hubert Hon were senior house officers, whose appointments were for six months, while Dr Linda Jivhuho, Dr Zolela Ngcwabe, Dr Gideon Frame and Dr Mark Friedman were completing periods of internship.

The decision not to appoint the six doctors was taken because they had signed a letter addressed to the South African Medical and Dental Council by a number of doctors at the hospital.

The letter, which was seriously critical of Transvaal Provincial Hospital policy, was published in the SA Medical Journal on September 5, 1987.

In the Witwatersrand Local Supreme Court on December 14, 1987, Mr Justice R J Goldstone directed the Administrator to consider the applications himself or have them considered by a person — other than the director or superintendent — to whom he delegated the duty.

This was to be done as a matter of urgency before December 31, 1987 and the applicants were to be afforded a fair hearing.

Yesterday Chief Justice Mr Justice Corbett heard that the doctors had been granted a hearing after the lower court decision.

The majority had eventually obtained positions at Baragwanath hospital, so the practical relevance of the appeal is mainly concerned with the issue of the costs of the case.— Sapa.

Star 11/8/89

The J G Strijdom holds open days

Medical Reporter

The J G Strijdom Hospital, which hit the headlines last week with news of its superintendent's resignation, will be open to public scrutiny for the next three days.

A hospital spokesman said the three day open door programme would reveal the true "inside story" of the hospital.

The hospital will be open to the public from 9 am to 8 pm today and tomorrow and from 9 am to 2 pm on Saturday.

Its medical, paramedical, nursing and administrative departments will portray their services in the form of exhibitions while other departments will open their doors to allow members of the public to wander through.

An entertainment programme has been arranged to coincide with the inspection. This will include a drum majorette march and a 5 km fun run on Saturday.

For further information contact Mariaan van Kaam at 726-5128.

Brain drain can 'halve', say graduates

Own Correspondent

JOHANNESBURG. — The number of medical graduates leaving SA would halve if there were an option of alternative service to military conscription, a survey among fourth, fifth and sixth-year medical students at Witwatersrand University's medical school has found.

Two students at the medical school, Mr Eli Silber and Mr Ian Michelow, who did the survey in conjunction with Dr Max Price of Wits's Centre for the Study of Health Policy, said 30% of the 232 surveyed were not prepared to do military service.

However, half that number said they would stay if given the option of alternative service of an equivalent period, the three said in a paper given at the National Medical and Dental Association (Namda) conference in Johannesburg at the wekend.

Miltary service was the single biggest reason given by the students for emigrating, followed by political instability.

The report said there was general support for rural community service as part or all of the alternative service.

However, half the respondents said they were prepared to do military service which meant the army would not be short of doctors if alternative service were approved.

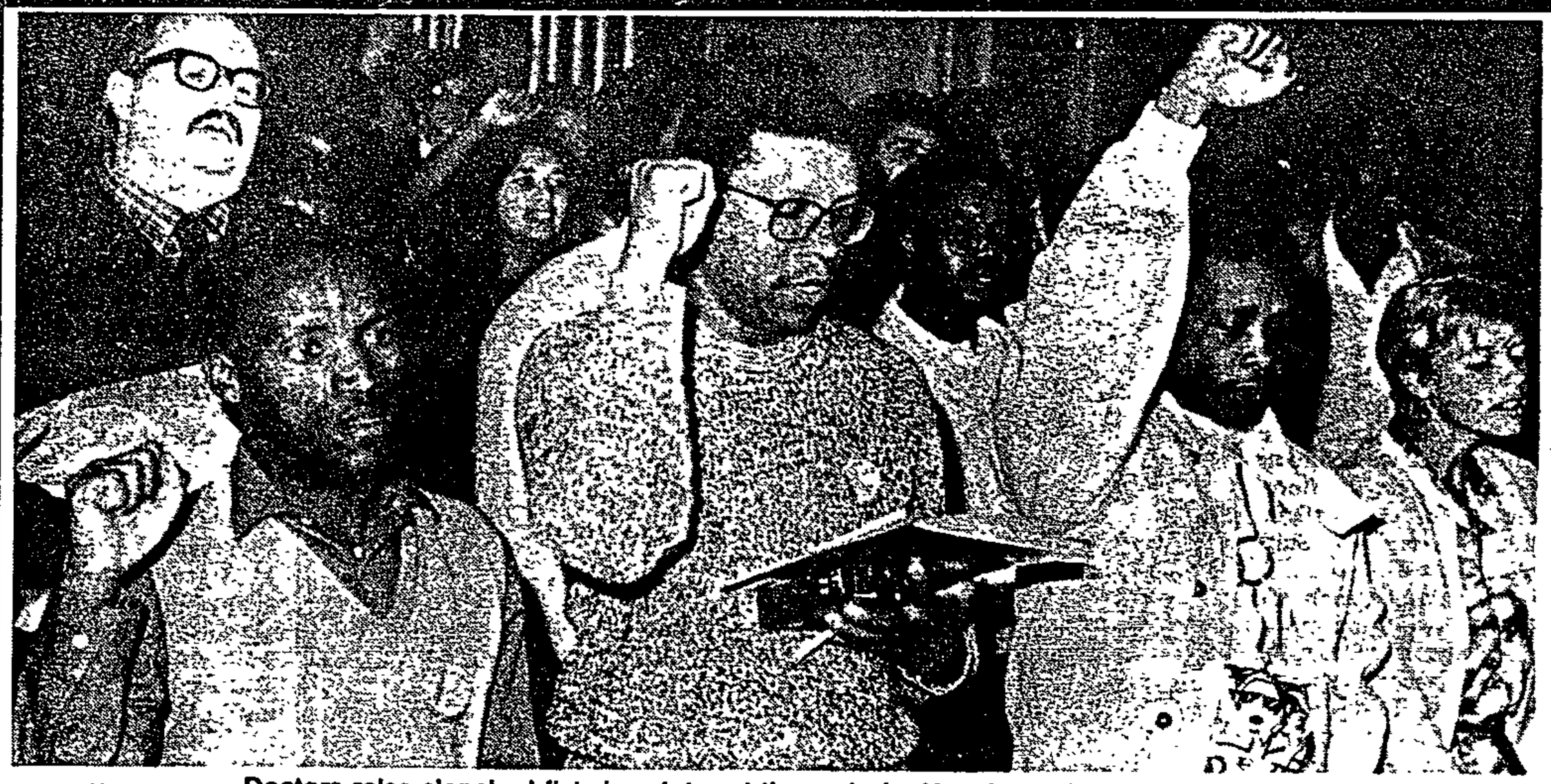
The Medical and Dental Council recently approved in principle compulsory rural community service for medical graduates.

Wits medical faculty has come out in support of alternative service.

SA had among the harshest terms of alternatives for military service, they said — six years' service for approved religious objectors and jail for conscientious objectors.

This formed the basis for the recommendation of alternative service as a feasible short-term solution to SA's health needs.

MONDAY MAY 15 1989 LATE FINAL PWV 40c (35c + 5c GST) OUTSIDE PWV 50c (44c + 6c GST)



Doctors raise clenched fists in salutes at the end of a Namda conference in Sandton.

Doctors' plea for an end to detention

By MOKGADI PELA

DELEGATES attending the sixth annual conference of the National Medical and Dental Association (Namda) signed a petition calling for the abolition of detention without trial in the wake of escalating hunger strikes in South African prisons.

This followed discussions which highlighted the doctor's dilemmas in the care of detainees who had embarked on voluntary total fasting.

According to Dr W J Kalk of the department of medicine at Wits, close monitoring by the doctor should begin as soon as a detainee embarks on a hunger strike.

"A situation is created where professional medical ethics which require a doctor to act in his patient's best interests to come into conflict with the 'security' concerns of the state.

• To Page 2

Doctors' call

• From page 1

"The role of the district surgeon, as the first doctor to care for a hunger striker, therefore assumes particular significance. These contradictions are heighted when detainees are admitted to hospitals and authorities regard the wards as extensions of prisons," Dr Kalk said.

The chaining of patients and interference with nursing duties worsened the situation. Dr Kalk said doctors were in a unique position of safeguarding the mental and physical health of detainees. The hunger-strike issue was still an issue and would continue as long as detention without trial existed, he added.

MEDICAL ADVICE MOSTLY NEEDED

'Patients ignore treatment'

THE failure by many patients to comply with medical treatment is a result of inadequate advice from doctors.

So says the Community Health Awareness Project (CHAP). Projects coordinator for CHAP, Dr Oupa Mpe said patients suffering from illnesses requiring life-long medication were being repeatedly admitted in hospitals because of "failure by health professionals to educate their patients about the importance of regularly taking treatment

"The fact that treatment is life-long means that a patient has to be psychologically prepared. Because of that we appeal to doctors to go out of their way and educate the patients to observe treatment."

Doctors

Among diseases that require life-long treatment are: asthma, hypertension, epilepsy and diabetes.

CHAP, however, acknowledged that there were some patients who ignored treatment deliberately. It pleaded with them to stick to doctors instructions.

SA doctors' ethical independence taxed

DIANNA GAMES

THE escalation of hunger strikes within SA's detention system severely taxed the ethical independence of doctors treating such patients and put the Medical Association of SA in the "glaring limelight" of possible international medical censure, Masa federal council chairman Bernard Mandell said in his annual report.

Mandell said Masa's failure to clearly state its policy on human rights, ethics and discrimination in medicine could result in academic sanctions against it.

Issues such as AIDS, adults and children in detention, hunger strikes and racial discrimination emphasised the need for a new appraisal and in-depth examination of previously accepted ethical standards.

He said Masa had approached the World Medical Association to re-examine the Declaration of Tokyo on ethics "in the light of the unfortunate personal experiences of some SA doctors".

"Racial discrimination in medicine is unacceptable but some doctors still believe they have the right to separate their consulting room facilities for socio-economic reasons," he said.

There was no doubt modern medical ethics had been neglected and there was need for further medical and legal debate on it, he said.

The report stressed Masa's grave concern for the mental and physical health of detainees in general and hunger strikers in particular.

Masa had referred ethical questions regarding hunger strikers to the WMA and it had notified branches and concerned groups of the importance of getting informed consent to treatment.

Mandell said Masa found the fragmentation of medical services in SA ethically unacceptable and continued to call on the authorities to devise a unitary health system. The present fragmentation was expensive, wasteful and discriminated in the service it offered the less affluent.

The call for a unitary health system was also made by the newly appointed dean of UCT's medical faculty, Prof J P van Niekerk, who said the development of such a system was a major priority.

In the latest SA Medical Journal, he said it was important that doctors be trained in a way to make their approach relevant to the new SA.

Hunger strikes tax 'ethics' of doctors in SA

CAPA Times 11/6/89

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JOHANNESBURG — The escalation of hunger strikes within the detention system severely taxed the ethical independence of doctors treating such patients and put the Medical Association of SA in the "glaring limelight" of possible international medical censure.

Masa federal council chairman Dr Bernard Mandell said in his chairman's report in the 1988/89 annual report that Masa's failure to clearly state its policy on human rights, ethics and discrimination in medicine could result in academic sanctions against it.

Issues such as Aids, adults and children in detention, hunger strikes and racial discrimination emphasised the need for a new appraisal and in-depth examination of previously accepted ethical standards.

Separation

He said Masa had approached the World Medical Association to re-examine the Declaration of Tokyo on medical ethics "in the light of the unfortunate personal experiences of some South African doctors".

"Racial discrimination in medicine is unacceptable but some doctors still believe they have the right to separate their consulting room facilities for socio-economic reasons," he said.

The report stressed Masa's grave concern for the mental and physical health of detainees in general and hunger strikers in particular. It had referred ethical questions regarding hunger strikers to the WMA and it had notified branches and concerned groups of the importance of getting informed consent to treatment.

Edendale doctors resign

THE KwaZulu Department of Health is to keep referrals to Pietermaritzburg's Edendale Hospital to the absolute minimum in a new strategy to reduce the work load on the institution.

The Edendale Hospital has been hit by the resignation of doctors. In future, only emergency cases will be admitted.

The KwaZulu Minister of Health, Dr Frank Mdlalose, said that as from July 1 there would be a shortage of doctors in the departments of surgery, orthopaedics, obstetrics and gynaecology.

However, he did not say how many doctors would be leaving the hospital.

"While the shortage has been brought about the normal resignations and rotation of doctors into other departments at Edendale, the number leaving the hospital has left it with a shortage of doctors.

"This shortage has also been partly due to recent frustrations experienced with the appointment procedure and prompt payment of salaries," he said.

Mdlalose said all those matters had been addressed at the highest level in the country. The streamlining of the procedures had already been implemented, but the positive effects would be seen in the next few weeks and months.

He said arrangements had been made so that a medical service would continue to be provided. These were:

- referring hospitals, both of KwaZulu and the Natal Provincial Administration, would be handling as many cases as possible locally and referring to other centres;
- ambulances from the Mpumalanga and Hammarsdale areas (halfway between Durban and Pietermaritzburg) would be transporting cases to the Prince Mshiyeni Memorial Hospital in Umlazi;
- all workmen's compensation and medical aid patients would be referred to the private sector and in particular to the Medicity Medical Centre in Pietermaritzburg which provided a 24-hour casualty service.

He said a number of applications had been received from doctors and it was hoped that with the help of relief staff the shortage would be of a temporary nature.

institution.
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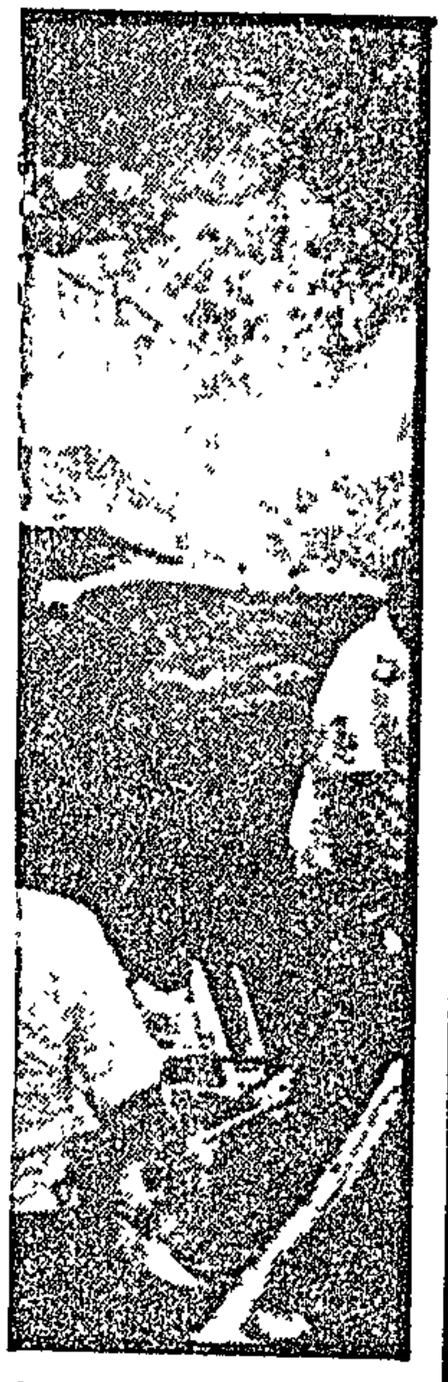
Minister M H Veldman said Strijdom Hospital's issue had been discussed and a number of options considered. He gave no further comment.



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Biko doctors hearing results in trust fund

RIAAN SMIT

THE Supreme Court case in 1984, which compelled the SA Medical and Dental Council to hold a disciplinary inquiry into the conduct of the doctors who treated Steve Biko, has led to the establishment of "The Steve Biko Medical Ethics Trust Fund" at Wits University.

Three professors, Phillip Tobias, Trefor Jenkins and Frances Amis, collected a sum of money in 1984 to cover possible legal costs against the council.

Costs were awarded to the professors, who then did not need the collected money. This has been divided between Wits and UCT.

An amount of R17 000 would be used by Wits Medical School to set up the trust fund "to promote the highest standard of professional ethics in medical practice ... in particular as they apply to the medical care of prisoners and detainees," a Wits spokesman said yesterday.

Dugard sees SA

vital areas of a hard or floppy disk.

● The Lehigh virus will also cause all the data on your hard disk to be lost.

Tax break for medics

POST-graduate education expenses for doctors are tax deductible again. They were eliminated six years ago.

The Journal of the Dental Association of SA says the Minister of Finance has ruled that doctors may deduct these expenses from March 1, 1989.

Partner Anthony Chait of Fisher Hofman Stride says the SA Medical and Dental Association is empowered to determine, with the concurrence of the Commissioner for Inland Revenue, how much of such expenses are to be allowed as a deduction.

He is at a loss, however, to explain why the Government did not heed the Margo Commission's recommendation to extend the deduction.

150% full training hospital lacks doctors

By VINCENT MASHEGO

GARANKUWA Training Hospital, like any other black hospital, is chronically overcrowded and understaffed.

The hospital superintendent, Dr L van Heerden, admitted overcrowding was a problem, "as it is common everywhere". The sleeping capacity of the hospital is 1 200, but between 1 800 and 2 000 patients — 50 percent or more — occupy the 39 wards.

Unless health authorities take steps to alleviate the situation its effects will be felt for years, according to the National Medical and Dental Association. The hospital needed consultants and registrars, the Namda representative said.

The psychiatric and occupational therapy departments have been extended to cope with the increased numbers of patients but priority, said the representative, should be given to the maternity wards. The wards were built for about 30 patients but are forced to accommodate more than 80 people. Another ward which needed attention was the intensive care unit, said a doctor at the hospital. He asked not to be named as he feared retribution.

The *Weekly Mail* spent several days at the hospital, regarded as one of the most highly specialised in the country.

In the orthopaedic and obstetric wards so many beds were in the passageway that the staff manoeuvred around them with difficulty. Some patients said they could only go into their wards at night because their beds were packed away during the day.

"Often the wards are so crowded patients have to sleep on sponge mattresses on the floor when every other space has been used," said the doctor.

In cubicles designed to sleep eight, there are often 10 beds. "In white hospitals, there are only four patients to a cubicle, so doctors easily attend to patients individually," he said.

As a referral hospital — only patients sent by their own doctors or hospitals for specialist treatment are admitted — Van Heerden said it catered for patients from 32 other hospitals throughout the country.

A Namda representative said overcrowding was heightened by the shortage of qualified staff at the hospital.

The hospital relied heavily on medical students from the Medical University of South Africa (Medunsa).

Sometimes students, who worked shifts from 7am to 6pm, had to work overtime and were still expected to write exams the next day.

"The set-up is not conducive to training of doctors," the representative said.

Van Heerden refuted claims that there was a staff shortage. There were 356 doctors — one for every five patients — and 2 700 nurses, he said.

However, the doctor said he and his colleagues had to attend to 20 to 25 patients and that the out-patients' department was particularly hard hit. Patients sometimes had to wait several hours before they were attended to, he added.

Queues are a common sight long after admission hours. Patients are not admitted after 10am, but that does not deter the 80 to 100 people who have waited since early morning. They finally consult doctors late in the afternoon.

It's Bara for sick Jo'burg staffers

By BELINDA BERESFORD

BLACK employees of the Johannesburg Hospital who need treatment during working hours are transferred to Baragwanath Hospital, according to the National Education Health and Allied Workers Union (Nehawu).

This is Nehawu's latest complaint about administration at the hospital, and follows this week's four-hour strike by over 500 workers over alleged corruption at the hospital.

Three people in the hospital's personnel department, accused by the union of "selling" jobs to applicants, were subsequently suspended. Two other staff members face suspension.

According to reports, applicants for jobs are told to pay R50. Nehawu representative Monde Mditshwa said that the price had gone up from R20 last year. One man allegedly paid R80 for his job.

According to a Johannesburg Hospital statement, all staff injured on duty receive emergency treatment at the hospital. Thereafter they are dealt with like any other patient.

(93) S/Times 13/8/89

Top SA doctor's change of heart

THE legendary South African heart-swop team founded by Professor Chris Barnard will be in a critical condition after the departure of Professor Bruno Reichart.

Experts say the chances of finding a successor of the same calibre in the country's current political and economic climate are slim.

Professor Reichart's boss has dubbed as "generous" an estimate that the number of local contenders for the job can be counted on the fingers of one hand.

The flamboyant 46-year-old transplant surgeon has accepted the top post at the prestigious Grosshadern heart clinic in Bavaria, West Germany.

By HAMISH McINDOE

This was confirmed this week by his department head at the University of Cape Town's medical school, Professor J P van Niekerk.

"Professor Reichart told me that he has accepted the Grosshadern offer, but I've not had anything in writing."

Professor Van Niekerk said Professor Reichart was among a worldwide "couple of dozen" cardiac surgeons capable of heading a heart-lung transplant team.

Boycott

However, it was unlikely that any of them would be brushing up their CVs to apply for Professor Reichart's chair of cardio-thoracic surgery at UCT.

Professor Van Niekerk said South Africa's political and economic problems, coupled with low university funding and the academic boycott, would almost certainly discourage overseas candidates from applying.

And, while South Africa boasts a clutch of exceptional cardiac surgeons, the post also requires the encumbent to make strides in research.

It is not clear whether any existing members of the transplant team — particularly Dr Susan Vosloo, South Africa's only woman heart surgeon — would be considered for the unit's top post.

Dr Vosloo assisted Professor Reichart at his most recent heart-lung transplant last week and also led the team that successfully transplanted a heart into a 41-year-old man on the same day.

DR VOSLOO
A contender?

Brilliant

While there are a few local "possibles" in private practice, it is an open question whether the prestige of leading the heart team founded by Professor Barnard outweighs a relatively low university salary.

Colleagues respected Professor Reichart for "welding together" the Groote Schuur transplant team after Professor Barnard's heavy "international commitments" resulted in a "lack of leadership and a number of defections overseas", according to a highly placed source.

PROFESSOR REICHART
Swopping jobs

Professor Reichart's reputation as a brilliant transplant surgeon has sometimes been eclipsed by his fiery temper and flair for showmanship.

He arrived in South Africa in September 1984 embroiled in a scandal after he allegedly punched a newspaper photographer outside the Munich divorce court where his marriage of 19 years was dissolved.

At his inaugural UCT lecture, he stunned academics and doctors by "wheeling out" his latest heart-lung transplant patient in a theatrical coup that wags suggested was meant to upstage Professor Barnard.

Five years ago the German media carpeted Professor Reichart for allegedly deserting his loyal first wife, Gisela, who had worked as a teacher to support their family while he studied medicine — only to be dumped for younger, prettier Elke whom he married at Groot Constantia in 1987.

Lavish

Professor Reichart, who was not available for comment this week, performed West Germany's first heart transplant.

He told the Sunday Times in May that his 100-strong team had performed about 70 transplants, with 50 patients alive and "doing well".

"The operation is a relatively ordinary one now," he said.

About 170 heart transplants have been performed in South Africa since the pioneering operation by Professor Barnard in 1967.

Shamming costs SA millions

The Medical Association of South Africa says the abuse of sick leave is costing the country millions of rands a year.

A member of the Federal Association of the Medical Association, Dr Edward Barker, said the most common complaint was incomplete sick notes or notes giving incorrect information. 93

He said there had been cases of doctors issuing false sick notes to attract patients or charging a consultation fee for a sick note. SK 16/8/89

Assocom's Director of Manpower, Mr Vincent Brett, said the submission of a fake medical certificate could result in disciplinary steps being taken against a worker. This could lead to pressure from trade unions, causing a disturbance in labour relations.

He said the abuse was a management problem and employers should have greater control of productivity.

The Medical Association said doctors guilty of such malpractices were in danger of being removed from the register. — Sapa.

Doctors still defying hospital ban on blacks

THE doors of government hospitals and health facilities were still officially closed to black patients despite the recent defiance campaign organised by the Mass Democratic Movement, said National Medical and Dental Association spokesman Dr Max Price this week.

"So far the campaign to desegregate health care facilities in South Africa had achieved two

PAT DEVEREAUX

of its four objectives," he said. He added that the campaign would go on until the aim to open all health care facilities for all people was achieved.

"The campaign succeeded in publicising to the world that petty apartheid in health care still exists. Secondly, we managed to get a foot in the door by getting black patients admitted to white hospitals."

However, the third objective — starting a real process of desegregation so that black patients would start using the hospital closest to them — was continuing.

The fourth objective meant getting the Government to announce a change in its "own affairs" health policies — which required separate facilities for each of the race groups.

"Namda and the South African Health Workers' Congress (Sahwco) doctors will be encouraged to continue referring black patients to white hospitals," he said.

According to a Sahwco employee, so far no one had called the health line telephone number which was monitoring how many black patients were turned away from white hospitals.

"Sympathetic doctors in white hospitals would also identify those doctors who referred black patients to black hospitals," said Dr Price. "And if patients are too scared to go to white hopitals we have asked their doctors to accompany them."

Another Namda spokesman, Dr Faizel Randera, said notices had been sent to all members informing them that they could use the facilities of white hospitals in their region and that if they had any problems they should contact the health line at (011) 337-4775.

Crucial verdict in Bara doctors case

By DAVID BERESFORD

CHIEF Justice MM Corbett has handed down a watershed judgement in Bloemfontein, extending the rights of the individual in the face of administrative decision-making.

The judgement, which is likely to have major implications for the state, arose from the furious controversy at Baragwanath Hospital two years ago when the *South African Medical Journal* published a letter from 101 doctors denouncing conditions at the hospital. Subsequently six doctors, who failed to apologise for the letter, were refused appointments in the hospital and sued the authorities.

The case, of Beverly Traub and others vs the administrator of the Transvaal and others, was won by the doctors in the Transvaal Supreme Court. The appeal, by the authorities, has now been dismissed in Bloemfontein with costs. But the significance of the Bloemfontein judgement goes far beyond the hospital dispute.

The case was fought largely around the rights of the doctors to a hearing from the hospital authorities. Under South African law, until now, the individual has had a right to a hearing if a public official, or body, takes a decision prejudicial to his liberty, property, or "existing rights".

As an example, the granting of a passport is held to be a "privilege" and not a "right". As a result the state can arbitrarily refuse to grant a passport without giving the applicant a hearing. Without the right of a hearing the individual has little prospect of exploring the reasons for the decision, or of challenging it in court.

In the landmark decision in the Traub case, however, the Appellate Division has extended the grounds for a hearing to those with a "reasonable expectation". The doctors, it was found, did not have a "right" to the appointments. But they did have a "reasonable expectation" of the appointments and should therefore have been given a hearing before they were refused.

The full implications of the decision will have to await the development of case law. Mr Justice Corbett himself cautioned in the judgement that the principle could not be allowed to upset a "reasonable balance" between protection of the individual and avoidance of undue judicial interference in administration.

In a section of the judgement which is likely to form something of a cornerstone of precedent on the issue, he said one could visualise many cases where "an adherence to the formula of 'liberty, property and existing rights' would fail to provide a legal remedy, when the facts cry out for one".

In South Africa, where rule by administrative decision-making has become such a feature of the government, it is almost certain to have substantial repercussions. It could, for example, affect the granting of passports. It could affect the rights of tens of thousands of blacks in "temporary" (but long-term) government employment, who until now have had no right to a hearing before summary dismissal.

The concept could also have some implications for detention without trial, although this will be limited by the specific exclusion, in relevant statutes, of a right to a hearing before detention.

Arrested medics were inside mobile clinic

By Toni Younghusband,
Medical Reporter

Medical personnel arrested in Cape Town at the weekend during a protest march through the city were treating injured protesters inside a mobile clinic when police took action, the acting Dean of the University of Cape Town said yesterday.

Professor J P van Niekerk said at least four doctors and volunteer medical workers were bundled into police vans.

They had been treating patients at one of two mobile clinics set up in the city to assist injured protesters. They were held briefly and released on their own recognisances.

It seems the mobile clinic was also sprayed with the purple dye used by police to identify protesters.

Medical authorities round the country have condemned the police action strongly, and UCT principal Dr Stuart Saunders has called for an apology from Minister of Law and Order Mr Adriaan Vlok.

Professor R E Kirsch, professor of medicine at UCT, said the right to receive and administer first-aid was recognised in the declarations of Helsinki and of Tokyo, to which South Africa purported to subscribe.

"In civilised societies, such action would demand the resignation of the responsible Minister. One might well ask why nothing of the sort will happen in our country."

The Medical Association of South Africa said in a statement that all international ethical conventions stressed the autonomy of medical personnel, whatever the situation needing their attention.

Professor van Niekerk said the health personnel arrested were members of the Students' Health and Welfare Centres Organisation (Shawco), a registered welfare organisation which provided medical assistance to the underprivileged.

NO TROUBLE

Mobile clinics manned by Shawco personnel, including qualified doctors, provide medical services in the townships.

He said international agreements demanded that members of medical and auxiliary professions must be given the protection needed to carry out their professional activities.

A Shawco spokesman said the organisation preferred not to make a statement as it was a registered welfare body and did not want trouble.

A spokesman for the National Medical and Dental Association (Namda) said: "These people had no arms and no stones and were inside the clinic providing services to people who had been injured. They could hardly be labelled a threat."

... he was informed that he would

Dr Price challenged the State to refrain from transferring hunger strikers away

Dilemma taken to world body

OWN CORRESPONDENT

Star 7/9/89

CAPE TOWN — The Medical Association of South Africa (Masa) is to raise the doctor's dilemma in treating hunger-striking patients with the World Medical Association.

In a statement, Dr Bernard Mandell, chairman of Masa's federal council, said the medical treatment of hunger strikers was the subject of a multi-disciplinary conference in Pretoria this week.

Major points of debate were the right of the individual to die, and religious and social norms that nobody had the right to end his or her own life.

The conference, presented by Masa, reviewed guidelines of the internationally accepted Declaration of Tokyo, drafted by the World Medical Association 13 years ago.

"Implicit in this declaration are the principles that doctors would have the utmost respect for life but that a hunger striker should not be force-fed if he is judged to be of sound mind.

"The dilemma is whether a doctor should intervene or save a patient's life once he is no longer capable of making a decision.

"Delegates agreed that persons who go on hunger strikes do not wish to die and that their actions are aimed at drawing attention to their situation. These actions cannot be rejected on ethical grounds.

"Whatever the beliefs and convictions of persons who go on hunger strikes, the doctor-patient relationship is of the utmost importance. It is the privilege of the medical profession to relieve suffering."

Dr Mandell said it was concluded that there were no simple solutions to a complex problem. The opinions expressed at the conference would be conveyed to the World Medical Association at its meeting in Hong Kong at the end of this month.

Reunion for Natal doctors

(93)

Own Correspondent

DURBAN — More than 2 500 doctors and students are to meet for a grand reunion on October 7 to mark the closure of the Alan Taylor Residence of the University of Natal Medical School.

The Austerville residence, due to close down at the end of the year, has served student doctors from throughout South Africa and neighbouring states for about 40 years.

A new residence is nearing completion, but those who passed through the Alan Taylor Residence have fond memories of the place.

Some doctors will meet for the first time since they parted 20 to 40 years ago. Some have settled overseas.

Dr Percy Mahlathi, who is coordinating the reunion, said invitations had gone out to some doctors who had settled overseas and many had indicated they would be attending the grand reunion.

Star 7/9/89

Medics react to shooting of children

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The departments of paediatrics and of paediatric surgery at the University of Cape Town have condemned the gunshot injuries suffered by young children in the Cape over the past week.

Acting Dean of the Faculty of Medicine, Professor J P de V van Niekerk, said in a statement that children as young as three years old had attended hospital with serious gunshot wounds allegedly as a result of police action.

"We wish to express our deep concern that children are injured in this manner. We call on all to take extreme care to avoid injuries to children during actions which are intended to maintain public order."

As professionals working towards the health of children, Professor van Niekerk said, they could only condemn the injuries in the strongest possible terms.

Star 14/9/89

Masa protest on shackling of prisoners

By Toni Younghusband,
Medical Reporter

The shackling of prisoner patients was "inhuman and degrading" and not acceptable in medical ethics, the chairman of the federal council of the Medical Association of South Africa (Masa), said yesterday.

In a statement, Dr Bernard Mandell said his view was supported by the World Medical Association.

He was reacting to an SAP statement that while shackling prisoners brought for hospital treatment might be regrettable, it was "unavoidable" in certain circumstances.

Police said escapes from hospitals had reached "alarming proportions", and accused medical staff at certain hospitals of "non-existent co-operation".

"Shackling is not a form of torture. It is simply designed to restrain the patient who is considered dangerous, and/or to prevent escape."

Dr Mandell said it was accepted that where the safety of the public was at risk, the police had a duty to take precautionary measures.

"However, after reports in April that hunger strikers were being shackled to their beds, Masa was assured that such restraints were used in exceptional circumstances only.

He said doctors' duties to imprisoned and detained patients did not differ from those to any other patient.

Dr Mandell said conflict between medical personnel and the police was best resolved through communication.

Watch what you scribble, doctor!

Star 14/9/89

Medical Reporter

The employee who feels he'd like a few days holiday may no longer find it so easy to obtain a medical certificate from his obliging doctor.

Patients asking their doctors for medical certificates after "a bout of flu" have had little difficulty in obtaining this document in the past.

But the apparent abuse of these certificates has alerted medical authorities, who have ordered a clampdown.

An editorial in the latest edition of the South African Medical Journal warns doctors that a medical certificate should be factually unchallengeable, medically accurate and legally correct.

"If not, the hurried, overly sympathetic or inattentively scribbled certificate may next be seen by the doctor in uncomfortable circumstances inside a court of law," the editorial warns.

Doctors 'arrested during clash'

By Toni Younghusband, Medical Reporter

Doctors and health workers called to give aid to supporters of the planned Women Against Repression peace march in Pretoria on Saturday were arrested and charged with demonstrators, a spokesman for the National Medical and Dental Association (Namda) said yesterday.

Of the 10 sent, six doctors and two health workers were arrested when march supporters clashed with police, he said.

The Namda spokesman said one doctor was arrested while attending to a patient and the others were picked up by police at a first aid station set up near the Union Buildings.

He said all health workers were wearing large red crosses.

They were held for five hours before being released on their own recognisances and ordered to appear in court yesterday.

"The actions of the police are in direct contravention of the Tokyo Declaration which states that first aiders are neutral in a situation of conflict," he said.

He said the doctors who had been arrested had treated at least 15 people while in the police cells for injuries "compatible with baton injuries".

93

SAMDC favours doctors' service

Staff Reporter

ALL newly graduating doctors should do a year or two years' community service, Professor Frans Geldenhuys, president of the SA Medical and Dental Council, said yesterday.

"The council feels the scheme has considerable merit," he said.

The council had already decided at a meeting in April this year to accept such a scheme in priciple.

Those who had to do national service would probably be exempted from the community service requirement, Professor Geldenhuys said. The council had not yet discussed whether community service could become a medical graduate's alternative to national service.

"It is absolutely necessary that medical manpower should be distributed better throughout the country," he said.

"There appear to be sufficient vacant medical posts in hospitals and community service centres to accommodate the graduates.

"This is not a form of cheap labour. The graduates will be properly remunerated as doctors."

Health call by Namda, ANC

HARARE. — The National Medical and Dental Association of South Africa (Namda) and the health department of the ANC ended a three-day meeting in Harare yesterday with a call for united action against South Africa by health organisations and the Mass Democratic Movement (MDM).

A joint statement issued by Namda and the ANC at the end of the meeting said the struggle for an equitable health system in SA could not be isolated from the struggle for national liberation.

The declaration was originally drafted by the ANC and has been adopted by the Organisation of African Unity and the Non-aligned Movement.

It also reaffirmed "the central role of Namda in organising doctors and dentists for an equitable health system in SA".

(93) B.Day 2/11/89

Medical aid members to pay increased charges

MEDICAL AID members will have to fork out an average R200 to R300 a year more in 1990 when medical scheme payouts will increase 20% to R4,8bn.

The Representative Association of Medical Schemes (Rams) announced increases in scales of benefits for various health services earlier this week.

Medscheme MD Keith Hollis said fees would also increase 20%. The increase on an average R225 a month medical aid payment would be R40 to R50, shared by member and employer.

Most people would have to pay between R20 and R25 extra a month, Hollis said, and increases would vary from scheme to scheme.

He estimated medical schemes would pay out a total R4bn this year.

On average, blacks who belonged to medical schemes would be hardest hit by the increased fees, he said.

Although black medical aid members generally paid lower fees, percentage increases in their subscriptions would be higher than that of whites. Medical aid fee increases paid by blacks would be closer to 25%.

Hollis said this was because 60% of claims by black members were for GP vists and medicine purchases.

TANIA LEVY

Only 40% of claims by white members were for medicines and doctor visits. "White members generally claim for a wider range and for more sophisticated services," Hollis said.

On average medicines made up 30% of overall medical scheme payouts, doctors bills 38%, dental bills 12% and private hospital claims 18%. The remainder was made up of claims for spectacles, paramedic services, administration and provincial hospital bills, he said.

● HOLLIS

In a statement the Dental Association of SA (Dasa) said Rams should look into the surge of administration costs of medical schemes which appeared to be out of control.

Administration costs had increased 32,7% from 1987 to 1988.

Dasa said members should ensure their subscriptions were being used to give them maximum health cover rather than an extensive administration.

In a statement to Sapa, the National General Practitioners Group (NGPG), a special group of the Medical Association of SA (Masa), described Rams's 1% increase in units for consultations and operations as "shocking".

"It was a slap in the face not only to medical scheme members already facing financial difficulties, but also many doctors who, for this very reason, have rendered their services at the much lower scale of benefits and not according to Masa's recommended tariffs", an NGPG statement said.

It said Rams was distorting the facts by alleging that black and coloured members would be worst hit.

"Rams knows the adjustment of general practitioner consultations will in fact benefit the less privileged, who are treated at the scale of benefits rate."

The NGPG suspected Rams deliberately increased the scale of benefits with a meagre 1% play-off of specialists, especially surgeons, and general practitioners against one another, the statement said.

Rams is expected to respond to the NGPG allegations today.

B/Day 2/10/89.

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Scope of individual rights extended in appeal ruling

BY UPHOLDING the rights of six young doctors to a fair hearing before their applications for posts at Baragwanath were rejected by hospital authorities, the Appeal Court last month also extended the scope of individual rights in this country.

The Appellate Division's decision has been described by lawyers as a landmark judgment.

The division has ruled that when an authority makes a decison prejudicial to an individual, the person is entitled to a fair hearing even if his legal rights have not been infringed.

Prior to this, a person would have had to show that a legal right had been infringed to obtain a hearing.

In terms of the decision, this right has been extended to cases where an individual can show he had a legitimite expectation of a hearing.

Criticised

Chief Justice Corbett — with appeal judges Hoexter, E M Grosskopf, Kumleben and F H Grosskopf concurring — found that a decision by the Director of Hospital Services not to appoint the doctors was invalid as he failed to give them a fair hearing before making his decision.

In November 1987 the director turned down applications by the six for posts as senior house officers at Baragwanath on the grounds that they were "unsuitable" after they had signed a letter criticising the hospital's conditions.

The letter, published in the September 1987 issue of the SA Medical Journal (SAMJ), was signed by 101 doctors, most of them employed at Baragwanath.

The doctors launched an urgent application in the Rand Supreme Court in November 1987 and were granted an order by Mr Justice Goldstone declaring the decision turning down

SUSAN RUSSELL

their applications invalid as it failed to give them a fair hearing beforehand.

At the original application it was said, on the doctor's behalf, that in terms of the *audi alteram partem* (hear the other side) principle in our law, they were entitled to a fair hearing.

The doctors also contended they were qualified and competent professionals, selected on merit for the posts in accordance with a long-standing practice.

In the past, the director's approval of similar appointments recommended by relevant heads of department was a formality, the doctors said.

The Transvaal Administrator and hospital authorities took the case to the Appellate Division contending the *audi* principle did not apply to this case.

One of the issues the court had to consider when it heard the appeal in May this year was whether the principle was confined to cases where the decision affected the liberty, property or existing rights of the individual concerned, or whether its impact was wider than that.

Mr Justice Corbett said the letter in the journal was of historical importance only. The real issue was not the averments in the letter, but whether the director could take the decision without a hearing.

The judge said in recent years there had been a number of cases in provincial divisions where the observance of natural justice had been extended to decisions affecting people who had no existing right but merely a legitimite expectation.

"There are many cases which one can visualise in this sphere — where an adherence to the formula of 'liberty, property and existing right' would fail to provide a legal remedy."

Mr Justice Corbett said the law should in such cases be made to reach out and come to the aid of people prejudicially affected.

A person who applied for a post was not entitled to be heard before the authority concerned decided to appoint someone else, or to appoint no-one. However, the judge said, the present case had two distinctive features which took it out of the general rule.

Firstly, these were not ordinary appointments but posts which were an essential rung on the ladder of progress for young doctors.

Significantly, he said, these appointments were according to a practice which had existed for decades and the director's approval was a formality after recommendation by a department head.

Expectation

"These features taken in conjunction with one another constitute good ground, in my opinion, for each having a legitimate expectation that once recommendation was given by the department head concerned the director's approval would follow as a matter of course."

The doctors had a legitimate expectation that they would be given a fair hearing if the director refused their applications.

The judge concluded that the director's decision was fatally flawed because he had ignored the *audi* principle.

Commenting on the importance of the judgment, a lawyer said that while its scope was not yet clear it opened up a wide field of cases where a fair hearing would have to be given even if a legal right did not exist.

"The judgment recognises that bureaucrats cannot simply act to the prejudice of individuals without allowing them to be heard first."

Indian doctors needn't write stiff SA exams

(93)

By FELICITY LEVINE

THE medical authorities have agreed to let 120 Indian and Pakistani doctors practise in public hospitals without first passing a stiff exam.

"We decided to let these Indian graduates practise because they had started their studies before we revised our registration policy in 1985," said the registrar of the SA Medical and Dental Council, Mr Nico Prinsloo.

Before 1985 the SAMDC recognised the medical qualifications of countries which reciprocally recognised South African medical qualifications.

Quality

Doctors from countries like India and Pakistan, where there was difficulty in assessing the quality of medical schools, could register in general and provincial hospitals on condition they first did a year's medical internship.

Then, in 1985, the SAMDC revised this regulation and made it compulsory for all foreign students to pass the ELR medical council board exam before working in SA hospitals.

"South Africa has always had exceptionally high standards of medical training and we want to maintain them," said Mr Prinsloo.

"We made exceptions for doctors who trained in the UK, Belgium and Holland because we were certain of the standards of their medical schools.

Difficult

"Considering that South African doctors who apply for registration in overseas hospitals also have to sit board exams, the SAMDC requirements for foreign doctors are not unusual."

The issue became controversial when 120 South African-born Indians who, before 1985, went to India and Pakistan to study medicine, returned to SA and were told to sit the board exam before practising.

"We sent our children to study in India because they had difficulty in getting into South African medical schools," said Mr Tulsiram Maharaj, head of the "concerned parents" lobby group which convinced the SAMDC to rethink its foreign doctors registration policy.

"They started their studies prior to 1985 and we felt it was very unfair of the council to impose a rule retrospectively."

Strict

The pressure applied by the "Concerned Parents Of Overseas Graduates" group has been so forceful that the SAMDC, renowned for its strict rules, has also agreed to ease the board exam.

"The three-hour exam covers a full six-year syllabus and until now applicants have had to pass it within one year or be thrown out," said Mr Maharaj.

"We also felt that the negative marking system, judging a 50 percent mark as a failure, was very hard on our children."

The group of 120 doctors will need to do the exam anyway if they want to go into private practice.

(93) Bday 9/11/89

Masa recommends 21% increase in doctors' tariffs

THE Medical Association of SA (Masa) has recommended a 21% increase in doctors' tariffs from January 1, according to a statement released yesterday.

Following increases in medical aid payments, also effective from January, medical scheme payouts could cover less than half the fees charged by doctors next year.

Masa said there would be a difference of about 56% between their recommended fees and the scale of benefits for doctors services announced by the Representative Association of Medical Schemes (RAMS) last week.

Masa's recommended fee for an ordinary consultation with a general practitioner is R48. Medical schemes will pay R21,10 for such a visit.

Masa recommends that a GP charge R320 for the normal delivery of a baby, while the payout by medical schemes will be R140,80.

TANIA LEVY

"It is obvious the value of medical services is grossly under-rated in SA, considering that in 1988 R13,2m was spent on medical services as against R4,9m on alcoholic beverages," Masa acting general secretary Dr Hendrik Hanekom said.

He said the fees were flexible and most doctors still charged according to Rams scale of benefits, but many indicated last week they would follow Masa's guidelines next year.

Masa had calculated that doctors who rendered services at Rams scale of benefits would get only 1,1% more next year, contrary to Rams' announcement of a 15% increase in payout for doctors' services.

In 1980, 38% of medical scheme payouts went to doctors, but this had dwindled to 28% in 1988, he said.

GERALD REILLY reports that the Consumer Council is concerned at the exceptionally high cost of medicine and medical care, particularly in private clinics.

Council director Jan Cronje said yesterday the inflation rate for the year to end-September this year was 14,9%. The rate for medical care over the same period was 22,3%.

☐ The SA Pharmacy Council has approved a new tariff scale according to which pharmacists will charge an hourly professional fee for the dispensing of medicines instead of a retail profit margin.

A Council spokesman said it was not clear when the new system would come into operation, Sapa reports.

According to the new system, pharmacists will be able to charge up to R42 per hour for their professional services, in addition to costs.

They now charge a profit margin of up to 50% on medicines, in addition to a professional fee of R1,30.

AWB members

Go-ahead for doctors to raise fees

(93)
9/11/89
Star

Medical Reporter

The Medical Association of South Africa (Masa) had approved a maximum 21 percent fee increase for doctors from next year, but this did not mean all doctors would increase their fees accordingly, a spokesman said yesterday.

Reacting to press reports of a 21 percent increase as from January 1, the association said it set annual guidelines for doctors' fees and had recommended that for 1990 fees rise by not more than 21 percent.

Masa said doctors' fees were always negotiable and patients were encouraged to discuss the fees with their doctors.

Fee increases were determined in a responsible manner according to economic trends and in line with the Consumer Price Index, the Masa said.

The 21 percent increase means consultation fees will go up from R39,60 to R48 and appendectomies from R105,60 to R240. Your doctor could charge you R320 to deliver your baby (as opposed to R264 in 1989) and medical aid will pay R140,80.

Medical aid schemes recently announced they had increased the benefit to doctors by 15 percent.

"But that 15 percent is the total payout. The actual increase in benefit to doctors is only 1,1 percent. We have had many doctors telling us they are now going to contract out of medical aid because of the poor benefits," a Masa spokesman said.

Doctor fees to rise by 21 percent

(63) Sowetan 10/11/89

PRIVATE doctor fees are to rise by 21 percent in January next year - but provincial hospitals will not be affected.

By MOKGADI PELA

According to the Medical Association of South Africa, which suggested the increase, this means that the benefits offered by medical schemes will be less than half of what Masa recommends as a reasonable remuneration for doctors.

The present tariff, R25, will rise by R5.25.

Masa acting secretary general, Dr Hendrik Hanekom, said the fees were determined with circumspection and that various economic factors were considered.

A spokesman for Baragwanath Hospital, Mrs Annette Clear, said hospitals would not be affected.

The move has caused a stir in medical, consumer and political circles with demands for an inquiry into the increases.

The demands for an inquiry were made yesterday by the Co-ordinating Consumer Council and the Democratic Party.

Minister calls for an investigation after death of patient

Doctors' hours to be probed

CAPE TOWN — The Minister of Health will investigate the "unreasonably long" working hours of hospital doctors following the death of a patient at Groote Schuur.

The announcement by the Minister, Dr Rina Venter, came after a Cape Town inquest court recommended that the Medical and Dental Council examine conditions where young doctors are expected to work unreasonably long hours.

The magistrate, Mr P L May, made the recommendation on Friday after finding that the death of a woman at Groote Schuur Hospital on June 29 last year "amounted to an offence".

He also ordered that a copy of the proceedings be sent to the Medical and Dental Council as the public would find it shocking that young doctors were expected to work such long hours.

The 70-year-old patient, Mrs Edith Bardien, who was known to be allergic to penicillin, died less than two hours after being given the drug in Groote Schuur on June 29 last year.

Mrs Bardien, a diabetic, had foot gangrene and was due for a half-leg amputation.

Junior houseman Dr Ian Katz, who had been on duty for 25½ hours at the time, had forgotten about her allergy when he wrote out the prescription.

The file containing this crucial information was not at the bedside to prompt his memory or alert the nurse, Ms Louisa Mary Appolis, who prepared and administered the drug.

Mr May, who found that penicillin was the likely primary cause of death, said it was not an easy issue on which to make a finding.

Mr May emphasised that Dr Katz's memory lapse was due to the many hours of duty without sleep and that this was "compounded by a breakdown in communication from file to prescription chart as an aid to memory".

Earlier an expert witness, Dr Mike Silber, a consultant neurologist who supervises a sleep laboratory at Groote Schuur, said international studies on housemen had shown that some of the effects of sleep deprivation were memory loss, mood change, fatigue and depression.

Arguing on behalf of Dr Katz, advocate Mr Pat Gamble said it was the system that was on trial and not his client, who had been obliged to work long hours. — Sapa.

● See Page 15.

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Star 29/11/89

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● See Page 15.

accommodation in church halls.

Overworked doctors a recipe for disaster

(93) Star 26/11/89

A 70-year-old woman, Mrs Edith Bardien, died in Groote Schuur Hospital after being given penicillin to which she was allergic, an inquest court heard in the Cape last week.

A young intern, who had been on duty for more than 25 hours, prescribed the drug, forgetting about her allergy.

Inquest magistrate, Mr P L May, found that the doctor's memory lapse was due to many hours of duty without sleep.

The extraordinarily long hours worked by interns and registrars at provincial hospitals is a tradition which has existed for the past century.

But modern technology is placing new demands on doctors, and the stresses of increased responsibility coupled with low salaries, the nursing shortage and higher patient loads is making it increasingly difficult for these young doctors to cope.

The Minister of Health, Dr Rina Venter, has called for an investigation into the working hours of hospital doctors following the death of an elderly Cape woman under the care of an intern. **TONI YOUNGHUSBAND, The Star's Medical Reporter,** looks at the working conditions of interns and registrars.

Latest literature

The National Registrars Association recently conducted a study to determine the average number of hours worked by registrars (specialists in training) in provincial hospitals.

"We found that the mean number of hours worked per week was 66 plus 18 hours on call. And 20 percent of registrars surveyed worked in excess of 80 hours a week," association chairman Dr Chris Hammond told The Star.

Interns, who spend a year in a hospital after university training, work more than 100 hours a week.

Aside from the hours spent at the hospital, the registrar must study for exams, train medical students, submit articles for publication, make a contribution to research and keep up with the latest medical literature. A registrar studies for four to five years before he is qualified, working in a hospital for that period.

"I will arrive at the hospital between 8 and 10 am and won't go home until 5 pm the next day. I rarely get any sleep at all during that period; sometimes an hour or two, then it's back to work at 8 the next day," a registrar working in the department of medicine at one of Johannesburg's busiest hospital said. This shift is worked every one in three or one in four days.

Clinical medicine carries an enormous responsibility. "There are a lot of stresses. You are taking in new patients, taking important decisions and looking after very sick people. Sometimes a patient dies and that makes the stress even worse."

The registrar said he hadn't had a day off in two weeks. "I have worked the last two weekends, and we don't get days off either. On average, we work two weekends on and two off. Added to that, we must study for exams and read journals."

These tired, overworked doctors manage to snatch meals between patients.

"We get depressed and disillusioned all the time. We have a 26 percent pass rate at each exam sitting because the doctors don't have the time to study. It takes some of them eight years to get through," the registrar said.

Dr Hammond said the pass rate in clinical medicine was markedly lower than in non-clinical disciplines. "In paediatrics, for example, we have about a 40 percent pass rate," he said.

The public-service code gives doctors no legal recourse on the number of hours they are expected to work. "The hospital can ask you to work anything and you are obliged to do so," Dr Hammond said.

When asked how these working conditions affected the home life of the doctor, the wife of a senior registrar replied: "What home life?"

"My husband is on duty every weekend this month. This past weekend, he started at 7.30 am on Friday, got home at 10 am on Saturday and slept until 4 pm. He was back at the hospital on Sunday morning.

"He started again at 7.30 this morning and will get home tomorrow afternoon, then it's work again the next morning ... and so it goes on."

At exam time she and the couple's two young children had to leave the house at weekends to enable her husband to study.

"The only so-called quality time he has with his kids is the occasional bathtime." She said her husband also did ward rounds every Saturday and Sunday whether he was on call or not.

Dr Hammond said many registrars had young families.

"What we need is to legislate against long working hours. We need to restrict the number of hours these doctors work."

This was easily done through the restructuring of staff and a number of other changes.

"The intern works the longest hours but the registrar carries direct responsibility for the patient. Both need changes to their working conditions," Dr Hammond said.

The University of the Witwatersrand's Sleep Laboratory says that people who are deprived of sleep suffer from forgetfulness and mood changes, and they become detached and distracted.

"The greatest difficulty is with the simpler tasks such as writing up charts or issuing orders. Anything that is repetitive or mundane. You lose concentration and make mistakes. Usually in an emergency, you can cope quite well because you need to concentrate a little more," a spokesman for the laboratory said.

Probe overdue

A spokesman for the National Medical and Dental Association said the time for a serious investigation of working conditions was long overdue.

"I can predict that we are going to need more interns and the whole staff system is going to need restructuring. We need more nurses and they will have to take on more responsibility," he said.

The country was suffering "very seriously" from a loss of skilled doctors, especially white males, he added.

Research by the Centre for Health Police Study showed that 47 percent of white male medical students intended leaving the country after graduation and about half these said they would stay if there were an alternative to military service.

100-hour weeks leave interns exhausted

Ward deaths 'due to tired doctors'

93 Star 30/11/89

By Toni Younghusband, Medical Reporter

Deaths in recent weeks in some wards at Johannesburg Hospital could be attributed to overworked and desperately tired doctors, interns believe.

Sources told The Star that interns in the the four surgical units were working up to 108 hours a week for salaries of R1 300 a month — and not getting time off for their overtime.

"It comes to a stage where you are just too tired to care. We have had five deaths in recent weeks because, I believe, the interns were too tired to note important details about the patients' conditions," said one intern.

A spokesman for the Transvaal Provincial Administration (TPA) said no clinical department head at the hospital had told superintendents about such a situation, but claims would be investigated immediately.

As an example of long hours worked by interns, one doctor said that if he were on weekend duty, he would start at 7 am on Friday and leave on Monday afternoon. "You have to sleep at the hospital. All you have is a bed and a basin. Meals are by arrangement."

Leave lost

On weekends, when it was particularly busy, interns could get only a couple of hours' rest each day.

The situation was aggravated by a nursing shortage which placed even more work on young doctors.

"In cardio-thoracic units, they work a minimum 12 hours," said a disillusioned young man.

Although his terms of employment indicated that he would work 40 hours a week and 16 hours overtime, he had already worked 56 hours by yesterday.

An intern is paid nothing for overtime. A senior house officer receives a salary of R1 600, and R919 for overtime.

"When it comes to leave, if the hospital is understaffed we can't take what is owed to us," he said. "I have lost 23 days of my annual leave, and will not be paid out for it."

According to the TPA, leave is granted at the most suitable time for the hospital — but is never refused.

The intern objected to having to transfer black patients to "black" hospitals because Johannesburg Hospital would not admit them. "You end up being a racist. We hate it."

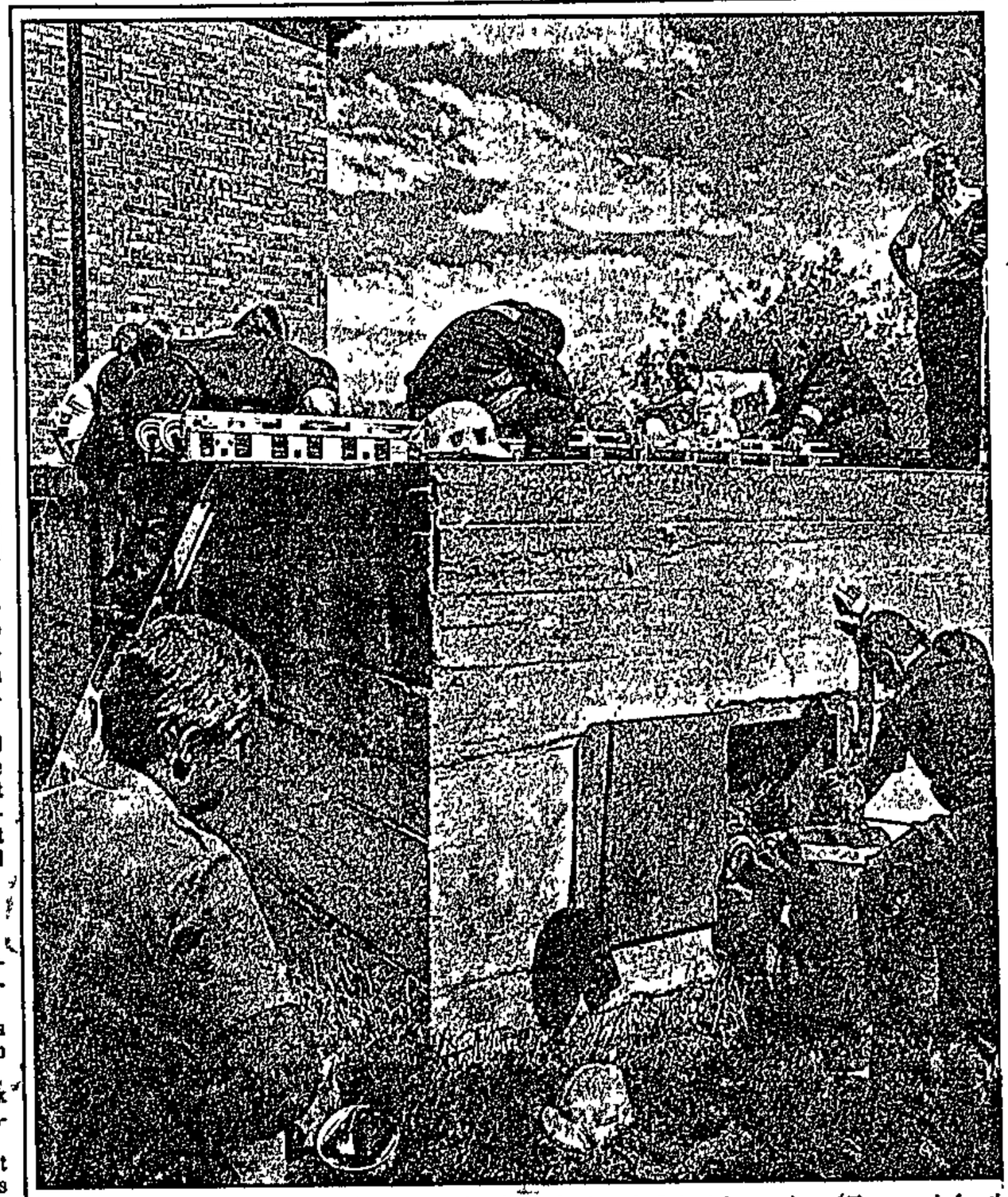
'Lack of interest'

A number of young doctors work as locums for other doctors because they cannot come out on the money they earn. "We are not allowed to do this, but we have to. We work 36-hour shifts, then do a locum. On top of that we must study and have some sort of home life."

One intern blamed hospital authorities for a total lack of interest in the problems of the doctors.

But Dr Reg Broekmann, chief superintendent of Johannesburg Hospital, said he had had no requests from interns to discuss problems. He would be ready to meet them.

The executive director of Transvaal Hospital Services, Dr Hennie van Wyk, said Minister of Health Dr Rina Venter had already urged an investigation into intern and registrar working hours. "She has said she will handle it. We will assist."



Grim search ... policemen and firemen at the disused mine shaft in Johannesburg. The search for th today.

Threats to journalist after Malan report

Star 30/11/89

The Star's Foreign News Service

AMSTERDAM — South African journalist Ada Stuijt has received a number of threatening telephone calls, following a television news report here in which it was claimed that The Star newspaper in Johannesburg had dismissed as lies the "death-squad" allegations of former South African serviceman Mr Mervyn Malan.

Mr Malan, who claims to be related to Defence Minister General Magnus Malan, was interviewed on the programme "NOS-laat" on Wednesday night. He repeated assertions that he had belonged to a Special Forces "death squad" in South Africa, providing detailed descriptions of its activities.

He added that he was convinced that similar death squads were still operating in South Africa.

The threatening phone calls to the Argus Group correspondent started about an hour after the programme was broadcast.

Mr Malan — who said former colleagues had tried to kidnap him in Swaziland, and that he feared for his life — now lives at various "secret venues" in the Netherlands while his application for political asylum is under official consideration by the Dutch government.

Earlier yesterday, several influential Dutch leaders called for an immediate investigation into Mr Malan's allegations. Anti-apartheid activists here view Mr Malan's death squad allegations in a very serious light, pointing to the large number of unsolved ANC-related assassinations.

● See Pages 3 and 19

Search for man's body abandoned

Star 30/11/89

By Craig Kotze, Crime Reporter

Firemen tried for hours yesterda to find the body of Mr Sydne Robson, caretaker of King Edwa VII school, in a disused mine sha in Selby.

A mine official said the bodi of two unidentified women we found in the same shaft last week

Detectives and firemen went the shaft after one of three you suspects arrested in Durban sa the body had been dumped there.

Mr Robson disappeared at t weekend. His car was taken. Thr suspects were arrested in Durb and the vehicle was recovered.

ABANDONED

Yesterday, firemen wearing ga masks were lowered down th 671 m shaft but managed to down only about 100 m. Aft about two hours the attempt w abandoned, but the search w continue today.

It emerged yesterday after t suspects were questioned that Robson had allegedly been mu dered with martial arts fightin sticks after he picked up the su pects at Johannesburg station Friday night.

130 teachers face the sack

Star 30/11/89

Scores of teachers in the Johannesburg region are to lose their jobs after a decision by the Department of Education and Training to dismiss underqualified and unqualified teachers.

An undisclosed number of primary and secondary school teachers in Soweto have received letters of dismissal.

But exceptions will be made on merit," he said.

"The region has a surplus of teachers and we have to cut down on their numbers and that of student teachers. However, they may find posts in other regions."

The Johannesburg region has 5 848 primary and secondary

Doctors in kidney scandal

(93)

7/12/89 Sowetan

THREE British doctors face charges of serious professional misconduct over their role in the kidneys-for-sale scandal, in which four Turks were paid to donate their kidneys for transplant operations.

It was alleged on Monday that in one case the kidney was removed without the patient's knowledge or consent.

The charges were made against Dr Raymond Crockett, a Harley Street kidney expert, Michael Bewick, a leading transplant surgeon, and Michael Joyce, a urologist at Guy's Hospital, London, at a professional conduct committee hearing of the General Medical Council (GMC).

Roger Henderson, QC for the council, said: "Crockett was the physician who examined the Turks. Joyce removed the kidney from the donor, and Bewick implanted the kidneys into the recipients."

The Turks were paid the equivalent of between R9 600 and R13 500 to donate their kidneys, not knowing who would receive them.

Lured

One, Ahmet Koc, an unemployed labourer, was lured to London on the pretext of being offered a job. He found he had been operated on after being asked to submit to medical tests to assess his suitability for employment. He thought the private Humana Wellington Hospital in St John's Wood, north-west London, where all the operations were carried out, was a hotel in which he was to stay until he could take up his job.

Operations

Henderson said Koc was a simple man duped into an operation in which, without his consent, one of his kidneys was removed.

The other three donors, had all been willing partners in the sale of their kidneys between July and November 1988. As a result of the scandal the Human Transplant Act was passed this year, outlawing the sale of organs in the UK.

The donors had been brought to London by a team of "brokers".

The doctors carried out the operations without checking whether money had changed hands and failed to establish the circumstances in which the patients' kidneys were being offered for transplantation, the council was told. This was contrary to the guidelines adopted by the GMC in relation to transplants which stipulate that, in the case of unrelated live donors, checks should be made to ensure that no undue pressure had been applied on the donor. The doctors had also failed to establish that the donors, none of whom spoke any English, had understood the risks involved in providing a kidney and they had failed to obtain a written consent form in the Turkish language.

The hearing was told that an advertisement in Crockett's name had been placed in the international edition of *Al Ahram*, a newspaper published in Arabic, offering up to the equivalent of R40 000 for people prepared to donate a kidney.

Duped

Bewick admitted in a letter to a fellow consultant that in 1985 he had been "unwittingly" duped when carrying out a series of six transplants between people from the Indian sub-continent. He later found that one woman, the wife of a kidney broker, had sold her kidney for the price of an alarm clock and its batteries.

The hearing, which is expected to last six weeks, is continuing. - *The Independent, London.*

Turk's kidney used without consent - claim

Lesbian series for British TV

LONDON - Explicit scenes of lesbian love are to feature in a new television drama series starting on BBC2 next month.

The three-part series, *Oranges Are Not The Only Fruit*, which was made at a cost of 1 million pounds (R4 million), is bound to provoke controversy because of several scenes of naked teenage girls making love.

But the cast, which includes veteran stage and screen actress Geraldine McEwan, have defended the production. McEwan, who starred in the hit West End stage production of *Lettuce and Lovage*, said: "Humans need love. The fact that they happen to love somebody of the same sex is neither here nor there."

She plays the fanatically religious mother of a Lancashire girl in the '60s, who makes her daughter afraid of sex with men by Bible-thumping. The daughter, played by Charlotte Coleman, best known as a child star on television, turns to lesbianism.

The two actresses who do the love scenes, Coleman and Cathryn Bradshaw, said they found filming "embarrassing" but believed in the "ideology" of the drama.

Director Beeban Kidron said: "The lesbian scenes are not gratuitous. There are more love scenes on television in normal dramas than this one."

HEALTH & DISEASE — DOCTORS

1990

Hospital mum on staff losses

J G STRIJDOM Hospital officials yesterday refused to disclose how many staff had been lost as a result of its reclassification to a whites-only own affairs hospital.

Wits University withdrew the last of its staff and all students from the hospital from January 1 in protest at its reclassification. BDay 4/1/90

Superintendent Chris Visagie would not speak to Business Day and a Transvaal Hospital Services spokesman refused to say how many people had left since the hospital was transferred from general to own affairs in April last year.

He would not say how many posts were vacant, but said there were 50 full- and part-time doctors working at the hospital.

TANIA LEVY

About 100 doctors and specialists were employed at the hospital when its status changed. Besides medical staff, the hospital's superintendent and more than 50 nurses also resigned in protest at the reclassification. (93)

Many staff resigned immediately despite Wits University's agreement to stay on until the end of the year to give authorities the opportunity to restore J G Strijdom Hospital to general affairs. Under own affairs it could no longer be classified a teaching hospital.

93

More than half J G Strijdom doctors' posts vacant — TPA

THE J G Strijdom Hospital's reclassification as an own affairs institution has left it with more than 58% of doctors' posts and 45% of nursing posts vacant.

In contrast, the over-flowing Baragwanath Hospital had only a 5% vacancy in doctor's posts, a Transvaal Provincial Administration (TPA) statement said.

The half-empty Johannesburg Hospital and Southrand Hospital had 95% of approved doctor's posts filled. At H F Verwoerd, where two cardiac surgeons resigned last week, there was a 13% shortage of doctors.

TPA figures show about 388 of 715 nursing positions at J G Strijdom are vacant.

The change of status last April — which caused a spate of resignations — meant it could no longer be classified as an academic hospital.

In December last year Wits University withdrew the last of its students and surgeons who had formed the backbone of the hospital's staff.

Transvaal hospitals have been badly hit by the nurse shortage.

At Pretoria's H F Verwoerd Hospital there is a 35% shortage of nurses. The vacancy rate at South Rand, Baragwanath and Johannesburg hospitals is about 25%.

TANIA LEVY and NEIL YORKE-SMITH

The TPA figures did not show how many wards or beds had been closed at J G Strijdom. But 16 wards had been closed at the Johannesburg Hospital.

Almost half the beds at the South Rand Hospital are "closed".

Democratic Party finance spokesman Harry Schwarz said in a statement yesterday hospital services would collapse if black nurses were removed from major urban hospitals where whites were treated.

It was remarkable that in the year 1990 the government had stated it was investigating the nursing situation, academic hospitals and health services in general.

He was responding to National Health and Population Development Minister Rina Venter's statement at the weekend that a total solution was being sought for health services' problems.

He said extra money would have to be voted for to keep health services going, despite the desirability of general cutbacks in government expenditure.

State surgeons moonlighting — claim

SURGEONS at the Johannesburg Hospital are "moonlighting" at private clinics during on-duty hours, a medical source has said. BDay 23/11/90

The source, who asked to remain anonymous, said a number of surgeons who were paid by the provincial administration as full-time employees at Johannesburg Hospital consulted, assisted and operated at private clinics.

A TPA hospital services spokesman said the allegations would be investigated.

Doctors questioned at the hospital denied any knowledge of such practices among their colleagues.

A chief nursing sister employed by the province earns R1 200 a month and a doctor at the hospital starts at a salary of about R2 000 a month, while a medical health officer earns less than R2 500 a month.

TANIA LEVY

At two clinics near Johannesburg Hospital, spokesmen said hospital surgeons were not working at their clinics.

All operations were performed by a set number of consultants on the clinic premises.

SA Medical and Dental Council (SAMDC) registrar Nico Prinsloo said there were no specific council rules regarding moonlighting. (93) (88)

However, it was usually a condition of employment that doctors and surgeons employed full-time by the state were not allowed to work elsewhere.

The right medicine

ST Times 28/11/90

(93)

THE implementation of National Health Minister Rina Venter's plan to increase the salaries of doctors and nurses is long overdue.

Dr Venter's announcement this week followed the resignation of two top surgeons at the HF Verwoerd Hospital's heart unit in Pretoria.

The hospital crisis has persisted for many years. Severe staff shortages, heavy patient loads and low pay have contributed to a steady outflow of doctors and nurses from State to private hospitals.

The sad state of affairs has worsened in the past few months — to such an extent that the Transvaal Provincial Administration's department of health services has ordered a 10% reduction in the number of patients admitted to hospital. The cut also applies to outpatients.

It is part of a plan to reduce the department's R130-million deficit.

About 800 nurses drafted a letter to Dr Venter demanding a minimum increase of 40% to bring their salaries into line with those of public servants.

They are also considering the possibility of starting their own union to look after their interests. Many of them believe the SA Nursing Association has failed to help them.

The starting pay of an assistant nurse is less than R500 a month, and a sister cannot expect much more than R2 000.

Nurses at State hospitals do have perks such as housing allowances. But the perks are poor recompense for the added burden hospital staff bear as more nurses and doctors move to the private sector.

Although the Government's intention to reduce spending is welcome, it is imperative that the salaries of nurses, doctors and teachers be given serious attention to ensure the future of both education and health services.

Doctors lose 'caring touch'

ACHMED KARIEM

IT WAS "partly true" that doctors were losing the caring touch in treating patients, Medical Association of SA chairman Bernard Mandell said last week.

He was responding to an SA Medical Journal article in which physician Dr Clive Evian said the medical profession was "out of touch" with caring for patients and their families in the face of severe and debilitating illness. The article was based on Evian's experience when his father was dying.

Mandell said the SA Medical and Dental Council had approved the introduction of vocational training in family practice in addition to basic medical training to help improve doctor-patient relations.

Doctor (30) dies after battering

Dr Amanda Lazar (30) who was battered on the head with a hammer while on duty in the Baragwanath Hospital on Saturday night, died yesterday in the Garden City Clinic in Brixton, said Mr E S Morolong, prosecutor at the Protea Magistrate's Court, Soweto.

She was attacked by a man in full view of nursing staff and patients.

Dr Lazar's ex-husband Dr Bernard Kaplan (36) of Isipingo Street, Bellevue, appeared in the Protea Magistrate's Court yesterday charged with attempted murder.

He was released on R500 bail.

Dr Kaplan was arrested on Saturday night after members of the Soweto Murder and Robbery Unit traced him to his Bellevue address.

The case was postponed to March 6.

— Staff Reporter.

Bara doctor gets R500 bail

A DOCTOR who allegedly battered another into unconsciousness with a hammer in full view of patients at Baragwanath Hospital on Saturday night, was yesterday granted R500 bail by a Soweto magistrate, writes MOEKETSI MPHAKI.

Dr Barnard Kaplan (36) was not asked to plead and the case was postponed to March 6.

Soweto police spokesman Captain Mikhichane Ngobeni said Dr Amanda Lazar (30) was on duty and tending to patients in a ward at the hospital when another doctor entered. The two doctors argued and Dr Lazar was allegedly battered several times with a hammer. Sowetan 20/2/90

Dr Lazar was admitted to the Garden City Clinic where her condition has been described as critical.

A Baragwanath spokesman said colleagues were shocked at the incident but preferred not to comment further. (93)

Cape Times 21/2/90

Nurses' new deal

'Pay will be increased'

THE government was going to increase the salaries of nurses and improve working conditions to keep them in the hospitals, the Minister of National Health, Dr Rina Venter, said yesterday.

Addressing the Cape Town Press Club, Dr Venter said the problem of doctors working long shifts in state hospitals was also being looked into.

"But that is also a manpower problem as many young doctors are leaving the country. We will have to try to make conditions as attractive as possible to keep them here."

She said she would soon be presenting a report to the cabinet.

"In South Africa the fragmentation of health services is often made the scapegoat for the problems of financing particular services, but I can assure you that not even the total elimination of fragmentation would provide sufficient funds."

She said about 5,2% of the total health budget was spent on administration and this was in line with acceptable worldwide standards.

"Thus the assertion that enough funds would be available for an increase in nurses' salaries if there were to be a single health department is totally unfounded and an over-simplification of the issues at stake."

She said a situation had developed in South Africa where 13 academic hospitals took up about 50% of the health budget. The demand for more funds for these institutions increased daily while a relatively small number of patients were being catered for at such institutions.

"We need to ask ourselves whether we really need so many academic hospitals and such a duplication of services. For instance, do we really need 13 cardiovascular departments?"

She said about 5% of the gross national product in South Africa was spent on health care, which was in line with the standards for Third World countries laid down by the World Health Organisation. Moreover, she did not foresee the government being able to budget more than this porportion of the GNP in the future. — Sapa

Star 23/2/90 93

Hammer case: Bara doctor 'was jealous'

By Celeste Louw

A Baragwanath Hospital doctor who allegedly killed his ex-wife by hitting her on the head with a hammer, was very angry with her before the alleged incident because he had found proof that day that she was having an affair, a Johannesburg magistrate heard yesterday.

Dr Bernard Kaplan (38), a principal medical officer at the hospital, was giving evidence in a formal bail application after his arrest for allegedly attacking Dr Amanda Lazar at the hospital on Saturday.

Dr Lazar died on Tuesday from injuries sustained in the attack.

Dr Lazar instituted divorce proceedings against Dr Kaplan following an argument between her father and her husband on Christmas Day in 1988.

"I pleaded with her not to do it and attempted to reconcile our relationship after the divorce," Dr Kaplan said.

Dr Lazar told her ex-husband that she was fond of him, but she did not love him any more. She also had unresolved feelings for another medical doctor.

"I was very jealous of their relationship and on Saturday, exactly a year after our divorce, I found proof that she was definitely having an affair."

The court heard that Dr Kaplan was not on duty, but he went to Baragwanath Hospital to see a very ill patient.

"I also went to see my ex-wife who was on duty at the hospital. I was very angry with her.

"When I saw her car, I took out a hammer from my vehicle and smashed out her car's windscreen," Dr Kaplan said.

"I never intended to turn the hammer on her," he said.

It was put to the court that the State intended opposing bail because Dr Kaplan could be violent when angry. He could also interfere with State witnesses, the court heard.

The application was postponed to February 26.

Surgeons crack up through staff shortage stress

93

Cape Times 3/3/90

By CHRIS BATEMAN

SHORTAGES of qualified nursing staff at Tygerberg Hospital are so serious that surgeons regularly break down from stress, less than half the surgical ICU beds are occupied and at night one nursing sister tends to several wards.

This was said yesterday by the acting medical superintendent, Dr Robbie Truter, who confirmed that weekend case loads often forced staff to close the casualty unit and redirect ambulances to other hospitals.

The hospital crisis comes as warnings that another essential service — the police force — is also suffering from acute staff shortages.

According to senior police spokesmen the number of policemen quitting the force every day has leapt to 20 — almost double January's "alarming" exodus rate of 11. **(For full report — See Page 5).**

Dr Truter said that Tygerberg Hospital could not be run efficiently on a skeleton staff overnight and at weekends.

Speaking in Parliament on Thursday, Ms Dene Smuts, DP MP for Groote Schuur, said overworked doctors attached to the UCT/Groote Schuur Hospital complex were becoming "angry, and demoralised".

Dr Truter said trauma wards and operating theatres were coming under severe pressure as vehicle accidents and violence escalated.

Dr Truter said the overload of emergency cases was causing lengthy delays in scheduled "cold surgery" operations, compromising the hospital's teaching role and affecting research.

His answer for relief was a vast increase in qualified nursing staff, especially "non-white" staff, and for day hospitals to perform a buffer function by staying open 24 hours a day. Private hospitals should shoulder the emergency case burden and refer fewer long-term ICU patients. Nurses' salaries should be brought into line with private hospitals who "feed on our para-medical staff".

Dr Jocelyn Kane Berman, medical superintendent of Groote Schuur Hospital, said her hospital was running at a 13% nursing staff shortage, mainly in the emergency wards, ICU's and theatres.

factory condition.

A man is expected to appear in Bellville Magistrate's Court soon.

Foreign doctors 'kept on a string'

By Marguerite Moody Star 16/3/90 (93)

A Gazankulu hospital superintendent has accused the South African Medical and Dental Council of "dragging its feet" over the registration of foreign doctors, while there is a desperate shortage of trained medical personnel at many homeland hospitals.

Dr Pierre Jacques, senior superintendent of the Elim Hospital near Louis Trichardt told The Star that three Polish immigrant doctors, who had been given appointments at the hospital by the Transvaal Provincial Administration, could not work and were being "kept on a string" by the council.

"They can't start working, as they have not yet been registered, and their services are desperately needed. Also, their visas have expired, as they obviously cannot obtain work permits under the circumstances," he said.

According to Dr Jacques, the doctors had applied to the council for restricted registration last year, and were told their applications would be considered in November.

In November they were told a decision by the council had been postponed until January this year, and in January they were told to wait until March.

"In the meantime, I have to cope with only three senior doctors and eight junior doctors in a hospital with 600 beds."

He told The Star there were about 170 foreign doctors who had applied for restricted registration and who had not yet heard from the council.

When approached by The Star, the registrar of the council, Mr Nico Prinsloo said all foreign doctors were required to write an examination before they would be given restricted registration.

"They shouldn't have been brought out here until their applications had been finalised."

HOUSE OF DELEGATES

INTERPELLATIONS

Own Affairs:

The sign * indicates a translation. The sign †, used subsequently in the same interpellation, indicates the original language.

District surgeons employed

Mr Y I SEEDAT asked the Minister of Health Services and Welfare:

(1) Whether his Department employs any district surgeons; if not, why not; if so, what are the relevant details;

(2) what is the policy of his Department in regard to future appointments of district surgeons?

D78E.INT

The MINISTER OF HEALTH SERVICES AND WELFARE:

(1) Yes, full-time district surgeons have been appointed at Chatsworth and Verulam with the consent of the Natal Provincial Administration.

(2) The appointment of district surgeons is the responsibility of the provincial administrations. For the benefit of the community, however, as a supplement to the department's primary health care programme, medical officers are appointed who can do medical legal work in consultation with and with the approval of the provincial administrations.

Mr Y I SEEDAT: Mr Chairman, at the outset I would like to state that this interpellation is not intended to argue the case for Indians to be appointed as district surgeons just because they are Indian. The purpose is to highlight the absence of the service and to focus on the difficulty experienced by our community.

The hon the Minister is the Minister of a department providing a service, as are all other own affairs ministries. Whether a district surgeon provides a service as a medical officer or as a district surgeon, is immaterial. What is important is that the service is taken to the people.

On 11 May 1989 I wrote a letter to the former hon Minister of Health Services and Welfare and I wish to quote from this letter:

> It is imperative that immediate steps are taken to provide all district surgeon facilities in Lenasia. I am astonished to learn that residents of Lenasia are compelled to travel to Johannesburg to receive vaccines when travelling overseas.

In his reply the hon the Minister stated, and I quote:

> The provision of full-time district surgeon services in Lenasia is being investigated and will be discussed at a meeting of the Transvaal Co-ordinating Committee for Health Services in July.

Subsequent to that I have heard nothing from the Ministry of Health Services and Welfare.

This House debated a private member's motion on 21 March 1988 relating to the appointment of persons of colour as district surgeons. I raised this very matter at the Extended Public Committee on Provincial Affairs in the Transvaal. I was told that as of April 1989 the Transvaal Provincial Administration employed 145 district surgeons: Of these 18 were employed full-time, 19 on a part-time basis and 33 on a sessional basis. Three out of the 145 were Indian, which left 142 Whites.

Mr M RAJAB: How many Blacks?

Mr Y I SEEDAT: None. My information is that White district surgeons are employed in all magisterial districts in the Transvaal. I am told that the TPA advertises all vacancies, when these occur, in the *SA Medical Journal*. I know, and I am sure all hon members are aware of it, that historically these appointments were reserved for Whites only. There are areas that fall in a magisterial district that has a White district surgeon and these areas are far removed from city centres.

The people do not reside there out of choice, but because of the racist ideology of group separation. Can we not provide a service in these areas? Surely the hon the Minister can prevail upon the provincial authorities to join forces with his Ministry to address the needs of our people who are crying out for this service.

I conclude by saying that the person appointed need not be Indian. If a Dr Khuzwayo or a Dr Smith practises in an Indian area and he is a successful applicant, then I welcome him, provided . . . [Time expired.]

The LEADER OF THE OFFICIAL OPPOSITION: Mr Chairman, hon members of this House are well aware of the motivation to employ district surgeons in Indian areas. They are mostly for post-mortems and for applications for disability pensions as well. We have had problems that are of a religious and cultural nature.

Views were expressed in this House that in certain areas, where circumstances permit it and provided merit was the sole criterion, Indians appointed as district surgeons would be better able to understand the problems relating to our religion, especially when deaths occur—deaths from accidents and unnatural causes.

I am aware that the appointment of district surgeons is a general affair. However, in respect of Chatsworth, I want to raise certain pertinent questions. Is the hon the Minister aware of the duties of the district surgeon in Chatsworth? Did the hon the Minister get any complaints as to whether the district surgeon was on duty? I have received numerous complaints from old people who applied for disability grants, called at the Chatsworth regional office of our administration with an appointment, and the district surgeon was not there. When they called again the district surgeon was missing.

I am informed that in all the activities in the area during working hours the presence of our district surgeon is not very conspicuous. I know that the hon the Minister investigated whether prescriptions were given to indigenous people at the Chatsworth office. I have a copy of the Press release. However, I believe that somehow this funny business is continuing within the administration. [Time expired.]

Mr T PALAN: Mr Chairman, whilst I concede the information given by the hon the Minister, namely that the appointment of district surgeons is the responsibility of general affairs, will the hon the Minister agree with me that wherever there are provincial hospitals, the district surgeon should be attached to them? I say this because the facilities provided in hospitals can be made available to enable the district surgeons to carry out their duties. This is the case particularly where post-mortems are involved and old people, particularly in rural areas, are experiencing tremendous difficulties where post-mortems are necessary at times. This is especially the case when there are unnatural deaths.

When the district surgeon uses provincial hospitals the facilities make it easier for him to carry out his duties, except that, of course, a police officer has to be present as well as a dissector to perform the autopsy and dissect the body. Here again the availability of facilities at the provincial hospitals will ease the necessity to have the work done much more quickly.

May I ask the hon the Minister in addition whether he has any input in the appointment of district surgeons as far as the House of Delegates is concerned? It is essential that the hon the Minister should work in collaboration with the general affairs department when the appointments with regard to the House of Delegates are made. [Time expired.]

Mr M RAJAB: Mr Chairman, it is my understanding that this new concept of an interpellation was introduced into the Rules of Parliament precisely because it would afford the opposition an opportunity to raise or air issues which were of some immediacy and which the opposition would not have been able to raise because of the business of the House that was being controlled by the Government.

It was my understanding that in the nature of things, the ruling party in the House would not avail itself of this dispensation. If I am wrong, I stand corrected.

The interpellation before this House is, regrettably, in the nature of a question. First of all, I would have thought that the content of the interpellation has already been answered in a previous debate. This could well have been discussed with the hon the Minister in his own caucus. Nevertheless, one particular point has arisen out of the interpellation, and that is the question of the non-appointment of Blacks as district surgeons.

As this House well knows, this is an issue which I raised with the previous Minister of National Health and Population Development, Dr Willie van Niekerk, when we questioned him as to why Black people were not appointed as district surgeons. At that time he gave this House an

assurance that procedures would be set in motion which would entitle Black medical doctors to be appointed as district surgeons. It would seem to me that those procedures were not put into effect. I want to express my regret at this state of affairs.

I would therefore urge the hon the Minister of Health Services and Welfare to have serious consultations with the hon the Minister of National Health and Population Development to ensure that the assurance that was given to this House on a previous occasion, is honoured. [Time expired.]

Mr Y I SEEDAT: Mr Chairman, following upon the hon member for Springfield, I find it strange that he questions an hon member from this side of the House putting an interpellation. I could be wrong, too, but I am sure he is even further off the mark. I do not think there is anything that precludes an hon member from this side of the House from putting an interpellation on the Question Paper.

It is the hon member's contention that this is in the form of a question and could have been discussed in the hon the Minister's office. However, the very fact that he took up a point which arose out of the discussion, and asked the hon the Minister to discuss it with the present hon Minister of National Health and Population Development, is an indication that there is merit in this interpellation.

Procedures were discussed when we discussed the motion on 21 March 1988, because they were not implemented and because no action had been taken. This matter was raised in the interest of the community whom we are representing. [Time expired.]

The MINISTER OF HEALTH SERVICES AND WELFARE: Mr Chairman, in respect of the contributions made here, queries were raised as to whether Black district surgeons could be appointed. There are no restrictions on applications that are put forward for the appointment of district surgeons. My department does make inputs as far as appointments are concerned. In fact, we do pick the best persons, as appointments are based on merit.

The LEADER OF THE OFFICIAL OPPOSITION: That is nonsense!

The MINISTER: In respect of the query by the hon the Leader of the Official Opposition . . .

The LEADER OF THE OFFICIAL OPPOSITION: That is nonsense!

The MINISTER: He disturbs me. That is why I cannot give him an answer.

The LEADER OF THE OFFICIAL OPPOSITION: This watch cost R30 000!

The MINISTER: He raised the question of district surgeons in Chatsworth. As far as district surgeons in Chatsworth are concerned, I have actually asked my department to look into the workings of the district surgeon in Chatsworth. In fact, we will take the necessary action to see that he is doing his job. I have taken cognisance of what has been happening.

Mr K CHETTY: He is wasting taxpayers' money!

The LEADER OF THE OFFICIAL OPPOSITION: Are you talking about the hon the Minister?

Mr K CHETTY: Yes, they should fire him!

The MINISTER: I now come to district surgeons at hospitals. It is not necessary for them to be at hospitals, because they can work from a point where they have other duties to perform, besides when they are called upon to perform autopsies . . .

The LEADER OF THE OFFICIAL OPPOSITION: Your district surgeon should examine you! You need examination! [Interjections.]

The MINISTER: As far as I am concerned, district surgeons will be appointed . . . [Time expired.]

QUESTIONS

†Indicates translated version.

For oral reply:

Own Affairs:

Durban Housing Action Committee: meeting

*1. Mr M RAJAB asked the Minister of Housing:

(1) Whether his Department was represented at a meeting in Pretoria with a Govern-

ment working committee at which the Durban Housing Action Committee was present; if not, why not; if so, when was this meeting held;

(2) whether the affordability of rents in Government-controlled housing schemes was discussed at this meeting; if so, what was the outcome of the meeting? D38E

The MINISTER OF HOUSING:

(1) No, my Department was not invited.

(2) Falls away.

The LEADER OF THE OFFICIAL OPPOSITION: Mr Chairman, arising out of the hon the Minister's reply, is he aware that such a meeting took place and, if it did, who organised it—notwithstanding the fact that the hon the Minister was not invited?

The MINISTER: Mr Chairman, it is true that a statement was released after that meeting—it was broadcast over the radio—which in fact conveyed a message which was not entirely correct. It was at that stage that my Department took up this matter with a view to correcting that statement.

The LEADER OF THE OFFICIAL OPPOSITION: Mr Chairman, further arising out of the hon the Minister's reply, who organised this particular meeting?

The MINISTER: Mr Chairman, I am not aware as to who organised that meeting.

The LEADER OF THE OFFICIAL OPPOSITION: Mr Chairman, further arising out of the hon the Minister's reply, is it not correct that this meeting affected a matter which fell directly under the responsibility of the hon the Minister and, if so, did he complain to the relevant authorities that such a meeting should not have taken place without his knowledge or the attendance of any officials from his administration?

The MINISTER: Mr Chairman, the point raised by the hon the Leader of the Official Opposition was in fact taken up and it was indicated to my officials that the press release issued by this party did not convey the nature of the discussions. They gave the impression that they had virtually succeeded in extracting certain concessions, which was not true.

The LEADER OF THE OFFICIAL OPPOSITION: Mr Chairman, further arising out of the hon the Minister's reply, is he aware of the fact that the meeting may have been arranged behind his back by one of his colleagues?

The MINISTER: Mr Chairman, no comment!

Glendale: low-interest loans for farmers

*2. Mr M RAJAB asked the Minister of Local Government and Agriculture:

(1) Whether farmers in the Secunda area of Glendale have been offered low-interest loans to re-establish their farming activities; if so, (a) how many farmers have been re-established as farmers and (b) what was the total amount of these loans;

(2) whether he will make a statement on the matter? D41E

The MINISTER OF LOCAL GOVERNMENT AND AGRICULTURE:

(1) No.

(2) Yes.

It would be appreciated if the Honourable Member could furnish a detailed map to indicate where Secunda in the area of Glendale is situated. I am unaware of a Secunda in Glendale my constituency where I have lived for the past 46 years.

Mr M RAJAB: Mr Chairman, arising out of the hon the Minister's reply, may I inform the hon the Minister that the name "Secunda" is due to a typographical error on the part of the secretariat. The correct name is the "Segeni" area of Glendale. Now that the hon the Minister is aware of that, could he give us the reply?

The MINISTER: Mr Chairman, I acknowledge that there could have been a gross typographical error of this nature. If the hon member would re-submit his question I will answer it.

Mr M RAJAB: Mr Chairman, further arising out of the hon the Minister's reply, I would like the hon the Minister to concede that the Glendale area is a very small area and that the matters concerning that small area should have been well known to him, more particularly because it is in his constituency and because it is relevant to his Ministry.

Bill to give more power to medical disciplinary body

'93

LESLEY LAMBERT

CAPE TOWN — New legislation has been proposed to enable more effective reaction by the Medical and Dental Council to unprofessional conduct by doctors and dentists.

A Medical, Dental and Supplementary Health Service Professions Bill, tabled in Parliament yesterday, has proposed that the council's disciplinary committee be empowered to apply penalties for unprofessional conduct by doctors or dentists with immediate effect if it is in the public interest.

B1Dan 14/4/10

Order

Under the current legislation, the disciplinary committee has the power only under certain circumstances immediately to protect the public from a practitioner it has found guilty of misconduct.

In terms of one section of the Medical, Dental and Supplementary Health Service Professions Act, the committee may order suspension or conditional practice only with the council's approval. Another section empowers it to act immediately to protect the public.

The amendments are intended to remove this anomaly, according to the legal draftsmen.

The Bill also proposes that the council be entitled to levy fees, according to the seriousness of an infringement, for the restoration of a practitioner's name to the register when it has been removed.

Another proposed amendment is that provision be made for the council to impose fines of up to R10 000 for infringements for which existing penalties of a caution, a reprimand, suspension or removal from the register are either too lenient or too harsh.

For less serious infringements, the council proposes the imposition of admission of guilt fines of up to R500 and the scrapping of appearances at inquiries.

The council is currently represented by four medical practitioners and one dentist, designated from the staff of universities at which faculties of medicine and dentistry have been established. It proposes the appointment of another dentist to alter the ratio and improve the representation of dentists.

State cost of medical training

Political Staff

THE estimated cost to the state for the training of a medical student ranged from R8 607 to R9 649, the Minister of Education and Culture in the House of Assembly, Mr Piet Clase, said yesterday.

The lowest cost to the state, R8 607, for the MB ChB degree was at the University of the Free State while the highest was at University of the Witwatersrand, R9 649.

The cost to the state at other universities was R8 696 at the University of Natal, R8 885 at Pretoria University, R8 712 at UCT and R9 049 at Stellenbosch University.

Mr Clase, who was replying to questions tabled by Mr Peter Gastrow (DP Durban Central), said 73 people graduated as doctors at the University of Free State in 1988, 102 at Natal, 216 at Wits, 184 at Pretoria, 134 at Stellenbosch and 158 at UCT.

□ □ □

Wynberg Boys' Junior	650	601
Wynberg Girls' High	800	718
Wynberg Girls' Junior	750	644
Ysterplaat High	500	266
Ysterplaat Primary	300	210
Ysterplaat Preparatory	350	207
Zonnekus Primary	650	322
Zwaanswyk High	500	281
Zwaanswyk Primary	800	320

(2) 19 January 1990.

Students qualified as doctors

91. Mr P H P GASTROW asked the Minister of Education and Culture:

How many students in each race group qualified as doctors at the end of (a) 1988 and 1989, respectively, at each specified medical school falling under the control of his Department and (b) 1987 at the medical school of the University of Cape Town?

B648E

The MINISTER OF EDUCATION AND CULTURE:

(a) 1988:

University	*White*	*Coloured*	*Indian*	*Black*	*Total*
Orange Free State	73	—	—	—	73
Natal	—	3	75	24	102
Witwatersrand	172	8	22	14	216
Pretoria	184	—	—	—	184
Stellenbosch	127	7	—	—	134
Cape Town	145	8	5	—	158

1989: not yet available.

(b)

	144	10	7	—	161

Black students at White universities

94. Mr B B GOODALL asked the Minister of Education and Culture:

How many Black students were enrolled (a) in 1989 (i) at universities for Whites and (ii) at each such university and (b) in each subject area at each such university in 1988?

B651E

The MINISTER OF EDUCATION AND CULTURE:

(a) (i) 47 499

(ii)

Orange Free State	73
Natal	1 593
Rhodes	443
Rand Afrikaans	129
Witwatersrand	2 250
Port Elizabeth	74
Potchefstroom	240
Pretoria	116
Cape Town	1 096
Stellenbosch	40
South Africa	41 445

(b) *University of the Orange Free State*

Arts, Visual and Performing	1
Education	44
Health Care and Health Sciences:	
Nursing	1
Languages, Linguistics and Literature	20
Law	5
Libraries and Museums	1
Physical Sciences	1
Mathematical Sciences	1
Philosophy, Religion and Theology	2
Physical Education, Health Education and Leisure	1
Psychology	8
Public Administration and Social Services	3
Social Sciences and Social Studies:	
Economics	8
Other	1
Total	97

University of Natal

Agriculture and Renewable Natural Resources	17
Architecture and Environmental Design	30
Arts, Visual and Performing	26
Business, Commerce and Management Sciences	73

Computer Science and Data Processing	8
Education	184
Engineering and Engineering Technology	84
Health Care and Health Sciences:	
Medicine/Surgery	242
Nursing	32
Pharmacy	1
Other	19
Home Economics	3
Languages, Linguistics and Literature	126
Law	153
Libraries and Museums	17
Life Sciences and Physical Sciences:	
Life Sciences	16
Physical Sciences	43
Mathematical Sciences	22
Philosophy, Religion and Theology	36
Psychology	72
Public Administration and Social Services	36
Social Sciences and Social Studies:	
Economics	36
Other	146
Not designated/coded/declared	22
Total	1 444

Rhodes University

Arts, Visual and Performing	5
Business, Commerce and Management Sciences	35
Communication	16
Computer Science and Data Processing	11
Education	79
Health Care and Health Sciences:	
Pharmacy	27
Languages, Linguistics and Literature	21
Law	42
Libraries and Museums	1
Life Sciences and Physical Sciences:	
Life Sciences	24
Physical Sciences	20
Mathematical Sciences	28
Philosophy, Religion and Theology	20
Physical Education, Health Education and Leisure	1
Psychology	38
Public Administration and Social Services	16
Social Sciences and Social Studies:	
Economics	19
Other	70
Not designated/coded/declared	4
Total	477

Rand Afrikaans University

Education	59
Health Care and Health Sciences:	
Nursing	4
Law	3
Life Sciences and Physical Sciences:	
Life Sciences	1
Public Administration and Social Services	1
Social Sciences and Social Studies:	
Other	1
Not designated/coded/declared	61
Total	130

University of the Witwatersrand

Architecture and Environmental Design	40
Arts, Visual and Performing	20
Business, Commerce and Management Sciences	161
Communication	7
Computer Science and Data Processing	7
Education	385
Engineering and Engineering Technology	156
Health Care and Health Sciences:	
Medicine/Surgery	134
Dentistry	15
Nursing	35
Pharmacy	17
Other	82
Languages, Linguistics and Literature	97
Law	195
Libraries and Museums	9
Life Sciences and Physical Sciences:	
Life Sciences	52
Physical Sciences	127
Mathematical Sciences	73
Philosophy, Religion and Theology	13
Physical Education, Health Education and Leisure	4
Psychology	45
Public Administration and Social Services	33
Social Sciences and Social Studies:	
Economics	74
Other	157
Total	1 938

Potchefstroom University for CHE

Arts, Visual and Performing	23
Business, Commerce and Management Sciences	1
Communication	2
Computer Science and Data Processing	3
Education	74
Engineering and Engineering Technology	1
Health Care and Health Sciences:	
Nursing	10

Specialist teachers

76. Lt-Gen R H D Rogers asked the Minister of Education and Culture:

Whether there were any vacancies for specialist teachers in high schools falling under his Department as at the end of the first week of March 1990; if so, how many in each province in respect of each subject area? B623E

The MINISTER OF EDUCATION AND CULTURE:

Yes,

**Natal*	
Afrikaans First Language	2
Mathematics	2
English First Language	2
Accountancy	1
Physical Science	3
Biology	3
Technical Drawing	2
**Transvaal*	
Business Economics	1
English First Language	1
Physical Science	3
Mathematics	4
Physical Education	2
Typing	1
Guidance	1
Home Economics	1
Electrician	3
Technical Drawing	3
Instrumental Music	4
Cape and Orange Free State	0

*These posts are in the normal course of events filled by qualified teachers who are not appropriately trained in these subjects. They are, however, assisted by means of in-service training, distance training, etc. in order to provide adequate tuition in the subject.

MB ChB degree: cost of training

81. Mr P H P GASTROW asked the Minister of Education and Culture:

(a) What is the present estimated cost to the State of the training per student for the MB ChB degree at each of the medical schools falling under the control of his Department and (b) in respect of what date is this information furnished? B628E

The MINISTER OF EDUCATION AND CULTURE:

(a) Orange Free State	R8 607
Natal	R8 696
Witwatersrand	R9 649
Pretoria	R8 885
Cape Town	R8 712
Stellenbosch	R9 049

(b) 1 March 1990.

English-medium private schools: non-White pupils

82. Mr B B GOODALL asked the Minister of Education and Culture:

Whether any English-medium private primary or high schools falling under his Department admitted non-White pupils in 1989; if so, how many of these schools (a) did and (b) did not admit such pupils? B629E

The MINISTER OF EDUCATION AND CULTURE:

Yes,

(a) 197,

(b) 36.

Certain schools: financial allocation/stationery

84. Mr K M ANDREW asked the Minister of Education and Culture:

With reference to his reply to Question No 45 on 15 March 1990, (a) what stationery is being supplied to and (b) what is the financial allocation of the (i) Hoërskool Jan van Riebeeck, (ii) Laerskool Jan van Riebeeck, (iii) Cape Town High School, (iv) Tamboerskloof Primary School and (v) Vredehoek Primary School? B633E

The MINISTER OF EDUCATION AND CULTURE:

(a) The schools themselves decide what stationery is to be purchased from their annual allocation running costs;

(b) (i) R72 265

(ii) R29 302

(iii) R65 158

(iv) R18 505

(v) R10 033

Cape School Board area: capacity/enrolment

86. Mr K M ANDREW asked the Minister of Education and Culture:

(a) What is the (i) capacity of and (ii) enrolment at (aa) schools in the Cape School Board area, in total, and (bb) each such school and (b) in respect of what date in 1990 is this information furnished? B635E

The MINISTER OF EDUCATION AND CULTURE:

(a) (i) (aa) 47 000

(ii) (aa) 35 979

School	(a) (i) (bb)	(a) (ii) (bb)
Batavia Special	500	384
Bergvliet High	850	767
Bergvliet Primary	700	595
Camps Bay High	450	552
Camps Bay Preparatory	150	85
Camps Bay Primary	400	219
Cape Town High	650	305
Claremont Primary	400	193
De Grendel Special	500	462
Ellerton Primary	350	253
Ferndale Primary	350	373
Fish Hoek Middle School	550	415
Fish Hoek Preparatory	120	166
Fish Hoek Primary	700	511
Fish Hoek Senior High	700	525
Gardens Commercial	500	290
Golden Grove Primary	650	354
Good Hope Seminary Girls' High	450	209
Good Hope Seminary Junior	200	141
Greenfield Girls' Primary	300	238
Groote Schuur High	400	197
Groote Schuur Laer	450	258
Grove Primary	700	678
Jan van Riebeeck Hoërskool	650	484
Jan van Riebeeck Laerskool	550	423
John Graham Primary	500	327
Kalk Bay Primary	200	177
Kirstenhof Primary	450	601
Kommetjie Primary	100	107
Kronendal Primary	300	340
Llandudno Primary	100	97
Maitland High	450	227
Maitland Primary	300	103
Mary Kihn Primary	80	62
Milnerton High	550	550
Milnerton Primary	350	402
Mountain Road Primary	600	141
Muizenberg High	400	270
Muizenberg Junior	500	362
Norman Henshilwood High	650	276
Oakhurst Girls' Primary	250	215
Observatory Junior	500	119
Oranje Laer	500	80
Oude Molen Technical High School	700	559
Paul Greyling Primary	250	166
Pinehurst Primary	450	410
Pinelands High	850	742
Pinelands North Primary	350	282
Pinelands Primary	400	219
Plumstead High	700	747
Plumstead Preparatory	300	297
Queen's Park High	300	208
Rhodes High	550	254
Robbeneiland Primary	150	61
Rondebosch Boys' High	850	711
Rondebosch Boys' Junior	450	610
Rondebosch East Primary	450	170
Rosebank Primary	200	212
Rustenburg Girls' High	550	639
Rustenburg Girls' Junior	650	602
SA College High	600	655
S.A.C. Junior	600	580
Sans Souci Girls' High	550	301
Sea Point High	450	351
Sea Point Primary	500	271
Seamount Primary	350	279
Simon van der Stel Laer	450	255
Simon's Town High	750	476
Southfield Primary	450	206
Sun Valley Primary	450	174
Sunlands Primary	650	357
Sweet Valley Primary	700	529
Table View High	650	970
Table View Primary	700	1 141
Table View Primary No 2	450	100
Tamboerskloof Primary	300	321
Thornton High	500	186
Thornton Primary	450	225
Timour Hall Primary	600	325
Tygerhof Primary	250	268
Voortrekker High	550	322
Vredehoek Primary	400	75
Weltevreden Primary	50	17
Westcott Primary	350	315
Westerford High	750	766
Windsor High	450	432
Windsor Preparatory	400	155
Windsor Primary	400	159
Wynberg Boys' High	800	716

Top Cape doctors are 'likely to quit'

CAPE TOWN — Many of Groote Schuur hospital's most senior and talented doctors are likely to leave the hospital over the next two years, the MP for Groote Schuur, Mrs Dene Smuts said in Cape Town yesterday.

She warned of an impending exodus after discussions with doctors at the hospital on Monday.

Doctors were unhappy with budget cuts and the curtailment of health services announced last week by the Cape administration.

These cuts have been likened to "switching off the lights in the middle of an operation — sacrificing the patient to save on electricity" by the head of medicine at UCT/Groote Schuur, Professor Solly Benatar. — Sapa.

'All SA's academic hospitals hit by debilitating malaise'

A report by two academic doctors on the plight of hospitals has lifted the veil of silence authorities have tended to draw over the crisis threatening the SA health system, writes LESLEY LAMBERT from Cape Town.

THE report on the hospitals crisis published in the latest edition of the SA Medical Journal was, according to its Groote Schuur authors, written after the recent simultaneous resignation of their counterparts at Pretoria University.

It is not by coincidence that the report follows other signals of the plight of academic hospitals — the recent strike by non-medical hospital workers in the western Cape — and announcements of reductions in the annual provincial health budgets, in spite of the dire need for additional funding.

Unaware

As the authors — Groote Schuur cardiothoracic unit head Prof John Odell and cardiology unit head Prof Pat Commerford — say: "Pretoria is not alone in its difficulties, which are symptomatic of a wider malaise affecting all our academic hospitals."

"The authorities responsible for funding these hospitals seem to be unaware that they cannot have their cake and eat it; that they cannot proudly claim that SA's health facilities are among the best in the world, while at the same time denying the necessary finance to maintain these high standards."

The report focuses largely on the deficiency of facilities in Groote Schuur Hospital's heart unit. It expresses concern at the widespread belief that cardiology and cardiothoracic surgery are highly sophisticated and too expensive for the SA health care system when the reality is that at least 25% of all deaths are primarily cardiovascular, while heart disease remains a highly important cause of disability in all South Africans.

Odell and Commerford say equipment at Groote Schuur — the hospital responsible for the first heart transplant — has deteriorated to the bare minimum acceptable state and that any further deterioration will lead to a loss of irreplaceable clinical skills.

Estimates are that the hospital would need an additional R2,5m to bring cardiology and cardiothoracic units alone to satisfactory standards. Doctors admit this request is impractical in current economic and political conditions.

But, Odell says, there is one really pressing need: for a new heart/lung machine, at a cost of R213 000. Of the two the unit has, one is no longer functioning properly and, unless replaced, will result in a 50% reduction in open heart surgery.

The report states that apart from periodic maintenance and occasional replacement of malfunctioning equipment, minimal investment has been made in sophisticated modern investigation equipment.

Instead, existing equipment has been allowed to deteriorate and replacements have been deferred on the understanding that deficiencies would be rectified during the move to the new hospital building.

Essential items of equipment "condemned" several years ago have not been replaced and are in daily use and, in occasional instances, patient safety has been compromised by faulty equipment.

The authors say the situation is serious and prospects for improvement are poor. Cardiology and Cardiothoracic Surgery will be among the last departments to move to the new hospital and, given the current shortage of funds, it is unlikely they will be provided with the sort of equipment needed for the units to function efficiently.

Another major problem is staff. Medical, nursing and technological staff have become increasingly dissatisfied and disillusioned at being denied the opportunity and the reward of offering their patients optimal care using up-to-date equipment.

The report says privatisation becomes increasingly attractive to staff expected to fight protracted bureaucratic battles, which may last several years, simply to replace an obsolete piece of equipment or to obtain access to a new form of technology that will improve their diagnostic or therapeutic abilities. This carries with it the threat of increased health and hospital costs for the man-in-the-street.

Provincial

Odell has had discussions with Groote Schuur superintendent Dr Jocelyn Kane-Berman and CPA Director of Hospital Services Dr George Watermeyer, who have expressed sympathy and promised assistance within their limits.

But, he is aware that funding problems cannot be solved at a provincial level and unless government allocates additional funds, conditions will continue to deteriorate to the point where other academic doctors may decide to follow their Pretoria University colleagues.

Under 20% accepted as medical students

Cape Times 24/4/90 **Political Staff** (ESD) 93

ALTHOUGH 6 183 students of all races applied last year to study medicine at the six "white" medical schools in South Africa, only 1 134 were accepted, the Minister of Education and Culture in the House of Assembly, Mr Piet Clase, said yesterday.

He said 3 039 white people applied to study first-year medicine and 810 were accepted, 459 coloured people applied and 62 were accepted, 1 271 Indian people applied and 169 were accepted, and 1 408 black people applied and 92 were accepted.

Mr Clase, who was replying to a question tabled by Mr Peter Gastrow (DP, Durban Central), said 519 people applied to study first-year medicine at the University of the Orange Free State and 140 were accepted, 1 582 at Wits and 225 were accepted, 630 at Pretoria and 230 were accepted, 894 at Stellenbosch and 204 were accepted, 713 at Natal and 107 were accepted, and 1 845 at UCT and 228 were accepted.

Financial year	Number of commuter trips
1978/79	1 996 166
1979/80	2 577 188
1980/81	2 436 072
1981/82	2 727 872
1982/83	2 893 212
1983/84	3 097 102
1984/85	2 943 980
1985/86	2 691 210
1986/87	2 683 514
1987/88	2 651 316
1988/89	2 354 298
1989/90	1 916 094

(c) Interstate Bus Lines (Pty) Ltd trading as Jakaranda Bus Service.

Certain areas: road accidents

243. Mr E W TRENT asked the Minister of Transport:

(1) (a) How many persons died in road accidents in 1989 in the (i) Ibhayi, (ii) Port Elizabeth, (iii) Johannesburg and (iv) Soweto municipal area and (b) how many of these persons were pedestrians in each case;

(2) how many car accidents involving minibuses occurred in 1989 in each of the above areas?

B613E

The MINISTER OF TRANSPORT:

(1) According to provisional figures for 1989 the following number of persons died in road traffic collisions in the respective municipal areas:

(a) (i) 92
(ii) 88
(iii) 275
(iv) 289

(b) (i) 49
(ii) 51
(iii) 159
(iv) 243;

(2) according to provisional figures for 1989 the following number of minibuses were involved in road traffic collisions in the respective municipal areas:

(i) 203
(ii) not available
(iii) 5 890
(iv) 1 240.

Cape schools: salaries paid late

259. Mr J VAN ECK asked the Minister of Education:

Whether, with reference to all schools falling under his control in (a) the Greater Cape Town areas, (b) Paarl and (c) Kuils River, any teachers received their salaries after the due dates between 1 July 1989 and the latest specified date for which statistics are available; if so, in respect of each such school, how many teachers (i) were affected each month and (ii) received their cheques (aa) less than two weeks late, (bb) two to four weeks late, (cc) one to two months late, (dd) two to three months late and (ee) more than three months late?

B684E

The MINISTER OF EDUCATION: Particulars in this regard are not kept on record and cannot be collected satisfactorily — even at high cost. It is therefore not possible to furnish the information as requested.

Boland schools: salaries paid late

261. Mr J VAN ECK asked the Minister of Education:

Whether, with reference to all schools falling under his control in (a) Worcester, (b) Robertson and (c) Ashton, any teachers received their salaries after the due dates between 1 July 1989 and the latest specified date for which statistics are available; if so, in respect of each such school, how many teachers (i) were affected each month and (ii) received their cheques (aa) less than two weeks late, (bb) two to four weeks late, (cc) one to two months late, (dd) two to three months late and (ee) more than three months late?

B695E

The MINISTER OF EDUCATION:

Particulars in this regard are not kept on record and cannot be collected satisfactorily —

even at high cost. It is therefore not possible to furnish the information as requested.

Mossel Bay/George/Oudshoorn schools: salaries paid late

262. Mr J VAN ECK asked the Minister of Education:

Whether, with reference to all schools falling under his control in (a) Mossel Bay, (b) George and (c) Oudtshoorn, any teachers received their salaries after the due dates between 1 July 1989 and the latest specified date for which statistics are available; if so, in respect of each such school, how many teachers (i) were affected each month and (ii) received their cheques (aa) less than two weeks late, (bb) two to four weeks late, (cc) one to two months late, (dd) two to three months late and (ee) more than three months late?

B696E

The MINISTER OF EDUCATION:

Particulars in this regard are not kept on record and cannot be collected satisfactorily — even at high cost. It is therefore not possible to furnish the information as requested.

Armscor: workers dismissed

274. Mr J CHIOLÉ asked the Minister of Defence:†

Whether any workers at Armscor and Armscor subsidiaries have been dismissed as a result of the reduction of the Defence Force budget; if so, (a) how many workers have been dismissed at (i) Armscor and (ii) each specified Armscor subsidiary since 1 October 1989 as a result of this reduction and (b) in respect of what date is this information furnished?

B719E

The MINISTER OF DEFENCE:

Yes

(a) (i) 130

(ii) Pretoria Metal Pressings (Pty) Ltd 1 144
Atlas Aircraft Corporation of SA (Pty) Ltd 487
Somchem (Pty) Ltd 252
Kentron (Pty) Ltd 215
Musgrave Manufacturers and Distributors (Pty) Ltd 47
(b) 742 employees at Pretoria Metal Pressings (Pty) Ltd on 30 November 1989. The balance of 1 533 all on 31 March 1990.

National service: doctors

284. Mr M J ELLIS asked the Minister of Defence:

(1) (a) How many fully qualified doctors are doing national service at present, (b) how many of these doctors are being used in Government hospitals and (c) in respect of what date is this information furnished;

(2) whether in future doctors doing military service are to be used in this manner?

B729E

The MINISTER OF DEFENCE:

(1) (a) 463.
(b) 11.
(c) 30 March 1990.

(2) Doctors who are at present doing their national service can be used at Government Hospitals until 31 July 1990. Further assistance, thereafter, will as a result of the reduction in the length of military service and the consequent limited number of doctors doing military service, not be likely.

SADF: information from Johannesburg City Council

292. Mr P G SOAL asked the Minister of Defence:

Whether the South African Defence Force received from any official or individual at the Johannesburg City Council any information on the activities of any individuals or organisations; if so, (a) what is the name of the individual who supplied the information, (b) what are the names of the (i) individuals and (ii) organisations on whose activities information was supplied and (c) what information was supplied in each case?

B745E

The MINISTER OF DEFENCE:

It is not the practice of any intelligence organisation to divulge any information of individuals from whom information was received or the nature of such information.

(a) to (c) Fall away.

F-25490 (62) (73)

Reprieve for doctors who go on strike?

Own Correspondent

Striking doctors may enjoy a measure of protection against having their right to practise removed without being able to present their cases to the South African Medical and Dental Council.

The council decided at a meeting in Pretoria yesterday to appeal to the Minister of National Health and Population Development to amend legislation pertaining to strikes by medical doctors.

Under the provisions of the Medical, Dental and Supplementary Health Services Act, the registrar of the council must cancel the registration of any doctor who goes on strike, regardless of whether any mitigating factors exist.

Doctors are therefore not granted an opportunity to furnish reasons for their actions.

The South African Medical Association believes striking doctors should be granted a hearing by the council's disciplinary committee.

Cradock	55,21
Graaff-Reinet	49,08
King William's Town	51,60
Middelburg	55,42
Provincial, Port Elizabeth	55,72
Steynsburg	53,74
Walvis Bay	55,41

Natal:

Hospital	*% occupancy*
Ixopo (White)	27
Dundee (all races)	30
Escourt (White and Indian)	30
Kokstad (White and Coloured)	14
Empangeni (all races)	57c
Eshowe (White)	24
Greytown (White)	32
Greytown Provincial	45
Ladysmith (White)	54
Newcastle (all races)	50
Port Shepstone (White)	50
Harding (White)	2
Matatiele (White and Coloured)	8
Utrecht (all races)	54
Vryheid (White)	37
Wentworth (all races)	59

(5) Yes, certain hospitals are over crowded (a) and (b) Statistical information for hospitals is based on the number of approved beds and not for individual wards. The following hospitals reflect on average percentage bed occupancy in excess of ninety per cent for the 1988/89 financial year:

Transvaal:

Hospital	*Average percentage bed occupancy*
Amajuba Memorial (Volksrust)	102,0%(B)
Baragwanath (Soweto)	97,0%(B)
Boksburg-Benoni	91,3%(B)
	154,9%(C)
Christiana	127,3%(B)
Dr A G Visser (Heidelberg)	107,0%(B)
Ermelo	95,4%(B)
Ga-Rankuwa (Pretoria)	97,6%(B)
Itshelejuba (Pongola)	129,9%(B)
J D Verster (Koster)	147,8%(B)
Natalspruit (Alberton)	99,6%(B)
Nic Bodenstein (Wolmaranstad)	97,6%(C)
Paul Kruger Memorial (Rustenburg)	121,5%(B)
Rob Ferreira (Nelspruit)	93,4%(B)
Sabie	146,8%(C)
Schweizer-Reneke	97,1%(B)
Far East Rand (Springs)	98,8%(B)
Weskoppies (Pretoria)	137,8%(B)

Orange Free State:

Hospital	*Non-White*
Phekolong, Bethlehem	143,29%
Boitumelo, Kroonstad	101,85%
Welkom (Non-White ward)	187,76%
Zastron (Non-White ward)	115,2%

Cape Province:

Hospital	*% occupancy*
Kakamas	92,33
Reivilo	94,48
Bedford	105,41
Livingstone, Port Elizabeth	93,81
Oudtshoorn	93,20
Ceres	101,90
Conradie, Pinelands	90,19
Somerset West	109,58
Vredendal	93,31
Red Cross Hospital	104,73

Natal:

Hospital	*Beds*	*% occupancy*
Bruntville CHC	16	138
Ixopo (Non-White)	160	113
Kokstad (Non-White)	170	93
King Edward (all races)	1 913	96
Ladysmith (Non-White)	512	92

Patient/doctor/nurse ratio Hansard 26/4/90

223. Mr M J ELLIS asked the Minister of National Health and Population Development:

What was the (a) patient/doctor and (b) patient/nurse ratio in 1989 at each specified hospital falling under the control of the provincial administrations? B551E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(a) Patient (Private patients excluded)/Doctor (Full time doctors only) and

(b) Patient (Private patients included)/Nurse (All nurses) ratio as on 31 December 1989 at each specified hospital falling under the control of the provincial administrations?

Natal Provincial Administration

Hospital	*(a) No. of Patients per doctor*	*(b) No. of Patients per nurse*
Addington	13,48	1,00
Clairwood	53,77	1,97
Dundee	35,11	1,58
East Griqualand and Usher Memorial	27,50	1,69
Eshowe	37,64	2,06
Estcourt	37,87	1,67
G J Crooks	35,67	2,21
Grey's	9,46	0,66
Greytown	42,85	2,36
Hillcrest	98,00	1,51
King Edward VIII	14,83	1,83
Ladysmith	33,84	2,20
Empangeni	10,50	0,92
Newcastle	15,80	0,97
Northdale	20,13	1,61
Port Shepstone	37,41	2,27
R K Khan	22,44	2,26
Stanger	42,23	2,76
Taylor Bequest	28,75	1,03
Utrecht	29,00	1,91
Vryheid	31,87	2,00
Wentworth	9,11	0,68
Christ the King	55,25	1,93
St Andrews	44,75	1,37
Midlands		
King George V		
Emmaus	Not available at present	
Osindisweni		
Murchison		
St Appolonaris		

Orange Free State	(a)	(b)
Universitas/National	* 2,63	0,31
Pelonomi/		0,83
Oranje	72,00	1,96
Voortrekker/		0,82
Boitumelo	*15,97	1,13
Bethlehem/		0,57
Phekolong	*25,39	1,63
Odendaalsrus	—	1,23
Sasolburg	—	0,50
Virginia	—	1,29
Welkom	17,36	1,00
Bothaville	—	1,06
Clocolan	—	2,52
Ficksburg	—	1,75
Frankfort	—	1,14
Harrismith	—	1,02
Heilbron	—	1,52
Hopetown	—	1,77
Jagersfontein	—	1,46
Ladybrand	—	0,53
Parys	—	1,11
Reitz	—	1,25
Senekal	—	2,26
Smithfield	—	1,16
Vrede	—	1,16
Winburg	—	1,14
Zastron	—	1,64

* = Doctors serve group of hospital.
— = No full time doctors employed.

Cape Provincial Administration	(a)	(b)
Barkly West	—	1,19
Colesberg	—	1,33
De Aar	72,00	0,98
Douglas	—	1,39
Hartswater	—	1,95
Kakamas	—	0,95
Kimberley	8,00	0,78
Kuruman	—	1,31
Noupoort	—	0,89
Postmasburg	—	1,34
Prieska	—	0,86
Reivilo	—	1,37
Upington	120,00	1,10
Vryburg	—	1,18
Aliwal North	—	0,97
Barkly East	—	1,18
Bedford	—	1,22
Burgersdorp	—	1,56
Cathcart	—	0,87
Cradock	97,00	0,96
Dora Nginza	6,14	0,34
Elliot	—	1,42
Fort Beaufort	—	1,00
Graaff-Reinet	—	0,60
Grahamstown	—	0,98
Humansdorp	—	1,00
King William's Town	6,71	0,38
Livingstone	6,86	0,77

Middelburg	—	0,95
Frere	6,94	0,62
Provincial Hospital		
Port Elizabeth	3,21	0,45
Queenstown	28,50	0,73
Somerset East	—	1,52
Steynsburg	—	1,22
Uitenhage	10,94	0,66
Walvis Bay	—	0,79
Beaufort West	—	0,83
Bredasdorp	—	1,00
Caledon	—	0,77
Calvinia	—	1,04
Ceres	—	1,68
Citrusdal	—	1,38
Conradie	13,19	1,00
Garies	—	0,95
George	6,63	0,58
G F Jooste	66,50	1,56
Hermanus	—	0,90
Karl Bremer	—	0,58
Knysna	14,00	0,95
Ladysmith	—	0,83
Malmesbury	21,00	0,59
Montagu	—	1,46
Mossel Bay	58,00	0,92
Oudtshoorn	34,00	0,88
Paarl	18,36	0,84
Porterville	—	0,68
Port Nolloth	—	1,10
Riversdale	—	1,09
Robertson	—	1,27
Somerset	5,20	0,36
Somerset West	11,00	1,06
Springbok	—	1,12
Stellenbosch	14,60	0,76
Victoria	4,29	0,61
Eaton Rehabilitation Centre	73,00	0,88
Lady Michaelis	—	0,90
Princess Alice	13,17	1,74
False Bay	10,25	0,77
Sutherland	—	1,09
Swellendam	—	1,00
Volks	—	0,59
Vredenburg	—	1,06
Victoria West	—	0,83
Vredendal	—	1,64
Westfleur	8,50	0,49
Woodstock	3,94	0,58
Worcester	9,05	1,15
Groote Schuur	1,59	0,42
Avalon	11,00	0,65
Mowbray Maternity	—	0,38
Peninsula Maternity	—	0,57
Red Cross	3,66	0,48
Tygerberg	2,36	0,61

— = No full time doctors employed.

Transvaal Provincial Administration	(a)	(b)
(General Affairs Hospitals only)		
Dr A G Visser	19,87	0,74
Amajuba Memorial	—	1,54
Baragwanath	4,66	1,03
Barberton	27,25	0,99
Bethal	165,00	1,26
Boksburg-Benoni	3,33	0,97
Carolina	—	1,39
Christiana	—	0,86
Coronation	30,01	1,20
Ellisras	—	2,16
Ermelo	—	0,72
Ga-Rankuwa	6,03	1,11
H F Verwoerd	5,42	0,61
Hillbrow	2,68	0,87
Itshelejuba	237,00	1,69
J D Verster	—	1,91
Johannesburg	11,72	0,75
Kalafong	14,32	0,87
Kalie de Haas	14,17	0,95
Klerksdorp and Tshepong	48,63	0,98
Leratong	14,07	1,11
Lydenburg	—	1,61
Middelburg	11,40	1,29
Natalspruit	14,84	0,97
Nic Bodenstein	—	1,26
Nigel	2,43	0,94
Paul Kruger Memorial	29,00	0,83
Pietersburg	48,63	0,99
Piet Retief	31,80	1,19
Rietfontein	51,56	3,01
Rob Ferreira	5,28	1,01
Sabie	—	1,33
Schweizer-Reneke	—	1,51
Standerton	—	1,27
Sterkfontein	35,46	2,12
Tembisa	9,08	1,30
Weskoppies	50,38	2,94
Westfort	61,57	2,00
Witbank	65,50	0,97
Zeerust	—	1,14

— = No full time doctors employed.

Child abuse: reporting by teachers

233. Mr R M BURROWS asked the Minister of National Health and Population Development:

(1) Whether she is considering extending the categories of occupation named in section 42 of the Child Care Act, No 74 of 1983, to include teachers as an occupational group who are compelled to report suspected incidences of child abuse to the Regional Director of Health Services and Welfare; if not, why not; if so, when is it expected that the section concerned will be amended in this manner;

(2) whether she will make a statement on the matter?

Hansard 26/4/90 B564E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) Yes, as a result of consideration of several amendments of the Child Care Act, 1983 (Act 74 of 1983) at present, it will not be addressed during the present session of Parliament.

(2) no.

Aids information

235. Dr F H PAUW asked the Minister of National Health and Population Development:†

(1) (a) What is the latest available information on the incidence of (i) Aids and (ii) positive tests for HIV among Whites, Coloureds, Indians and Blacks, respectively, and (b) in respect of what date is this information furnished;

(2) how do these data affect the (a) planning for meeting future needs in respect of the provision of health services and (b) anticipated future funding of health services;

(3) what measures are envisaged to protect the public and health services personnel against the risks of contact with HIV-positive patients and HIV carriers?

Hansard 26/4/90 B575E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) (a) (i) and (b)

Reported number of Aids patients as on 12 February 1990									
Population groups	1982	'83	'84	'85	'86	'87	'88	'89	'90
Whites	2	4	8	8	23	31	63	86	5
Coloureds	—	—	—	—	1	1	4	7	1
Indians	—	—	—	—	—	1	1	—	1
Blacks	—	—	—	—	—	5	19	46	9
TOTAL	2	4	8	8	24	38	87	139	16

(ii) and (b)

Population Groups	*Cumulative total of all reported HIV positive persons in the RSA as on 9 March 1990*
Whites	1 066
Coloureds	111
Indians	11
Blacks	1 651
Unknown	592
TOTAL	3 431

Information given in the answer to paragraph "(1)" is based on voluntary anonymous reports received from diagnostic centres.

Note: Best available estimates based on various data sources suggest that the number of persons infected with HIV in South Africa at the end of 1989 were in the order of 55 000 persons.

Cradock	55,21
Graaff-Reinet	49,08
King William's Town	51,60
Middelburg	55,42
Provincial, Port Elizabeth	55,72
Steynsburg	53,74
Walvis Bay	55,41

Natal:

Hospital	*% occupancy*
Ixopo (White)	27
Dundee (all races)	30
Escourt (White and Indian)	30
Kokstad (White and Coloured)	14
Empangeni (all races)	57c
Eshowe (White)	24
Greytown (White)	32
Greytown Provincial	45
Ladysmith (White)	54
Newcastle (all races)	50
Port Shepstone (White)	50
Harding (White)	2
Matatiele (White and Coloured)	8
Utrecht (all races)	54
Vryheid (White)	37
Wentworth (all races)	59

(5) Yes, certain hospitals are over crowded (a) and (b) Statistical information for hospitals is based on the number of approved beds and not for individual wards. The following hospitals reflect on average percentage bed occupancy in excess of ninety per cent for the 1988/89 financial year:

Transvaal:

Hospital	*Average percentage bed occupancy*
Amajuba Memorial (Volksrust)	102,0%(B)
Baragwanath (Soweto)	97,0%(B)
Boksburg-Benoni	91,3%(B)
	154,9%(C)
Christiana	127,3%(B)
Dr A G Visser (Heidelberg)	107,0%(B)
Ermelo	95,4%(B)
Ga-Rankuwa (Pretoria)	97,6%(B)
Itshelejuba (Pongola)	129,9%(B)
J D Verster (Koster)	147,8%(B)
Natalspruit (Alberton)	99,6%(B)
Nic Bodenstein (Wolmaranstad)	97,6%(C)
Paul Kruger Memorial (Rustenburg)	121,5%(B)
Rob Ferreira (Nelspruit)	93,4%(B)
Sabie	146,8%(C)
Schweizer-Reneke	97,1%(B)
Far East Rand (Springs)	98,8%(B)
Weskoppies (Pretoria)	137,8%(B)

Orange Free State:

Hospital	*Non-White*
Phekolong, Bethlehem	143,29%
Boitumelo, Kroonstad	101,85%
Welkom (Non-White ward)	187,76%
Zastron (Non-White ward)	115,2%

Cape Province:

Hospital	*% occupancy*
Kakamas	92,33
Reivilo	94,48
Bedford	105,41
Livingstone, Port Elizabeth	93,81
Oudtshoorn	93,20
Ceres	101,90
Conradie, Pinelands	90,19
Somerset West	109,58
Vredendal	93,31
Red Cross Hospital	104,73

Natal:

Hospital	*Beds*	*% occupancy*
Bruntville CHC	16	138
Ixopo (Non-White)	160	113
Kokstad (Non-White)	170	93
King Edward (all races)	1 913	96
Ladysmith (Non-White)	512	92

Patient/doctor/nurse ratio

223. Mr M J ELLIS asked the Minister of National Health and Population Development:

What was the (a) patient/doctor and (b) patient/nurse ratio in 1989 at each specified hospital falling under the control of the provincial administrations? B551E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(a) Patient (Private patients excluded)/Doctor (Full time doctors only) and

(b) Patient (Private patients included)/Nurse (All nurses) ratio as on 31 December 1989 at each specified hospital falling under the control of the provincial administrations?

Natal Provincial Administration

Hospital	*(a) No. of Patients per doctor*	*(b) No. of Patients per nurse*
Addington	13,48	1,00
Clairwood	53,77	1,97
Dundee	35,11	1,58
East Griqualand and Usher Memorial	27,50	1,69
Eshowe	37,64	2,06
Estcourt	37,87	1,67
G J Crooks	35,67	2,21
Grey's	9,46	0,66
Greytown	42,85	2,36
Hillcrest	98,00	1,51
King Edward VIII	14,83	1,83
Ladysmith	33,84	2,20
Empangeni	10,50	0,92
Newcastle	15,80	0,97
Northdale	20,13	1,61
Port Shepstone	37,41	2,27
R K Khan	22,44	2,26
Stanger	42,23	2,76
Taylor Bequest	28,75	1,03
Utrecht	29,00	1,91
Vryheid	31,87	2,00
Wentworth	9,11	0,68
Christ the King	55,25	1,93
St Andrews	44,75	1,37
Midlands		
King George V		
Emmaus	Not available at present	
Osindisweni		
Murchison		
St Appolonaris		

Orange Free State	(a)	(b)
Universitas/National	* 2,63	0,31
Pelonomi/		0,83
Oranje	72,00	1,96
Voortrekker/		0,82
Boitumelo	*15,97	1,13
Bethlehem/		0,57
Phekolong	*25,39	1,63
Odendaalsrus	—	1,23
Sasolburg	—	0,50
Virginia	—	1,29
Welkom	17,36	1,00
Bothaville	—	1,06
Clocolan	—	2,52
Ficksburg	—	1,75
Frankfort	—	1,14
Harrismith	—	1,02
Heilbron	—	1,52
Hopetown	—	1,77
Jagersfontein	—	1,46
Ladybrand	—	0,53
Parys	—	1,11
Reitz	—	1,25
Senekal	—	2,26
Smithfield	—	1,16
Vrede	—	1,16
Winburg	—	1,14
Zastron	—	1,64

• = Doctors serve group of hospital.
— = No full time doctors employed.

Cape Provincial Administration	(a)	(b)
Barkly West	—	1,19
Colesberg	—	1,33
De Aar	72,00	0,98
Douglas	—	1,39
Hartswater	—	1,95
Kakamas	—	0,95
Kimberley	8,00	0,78
Kuruman	—	1,31
Noupoort	—	0,89
Postmasburg	—	1,34
Prieska	—	0,86
Reivilo	—	1,37
Upington	120,00	1,10
Vryburg	—	1,18
Aliwal North	—	0,97
Barkly East	—	1,18
Bedford	—	1,22
Burgersdorp	—	1,56
Cathcart	—	0,87
Cradock	97,00	0,96
Dora Nginza	6,14	0,34
Elliot	—	1,42
Fort Beaufort	—	1,00
Graaff-Reinet	—	0,60
Grahamstown	—	0,98
Humansdorp	—	1,00
King William's Town	6,71	0,38
Livingstone	6,86	0,77

Middelburg	—	0,95
Frere	6,94	0,62
Provincial Hospital		
Port Elizabeth	3,21	0,45
Queenstown	28,50	0,73
Somerset East	—	1,52
Steynsburg	—	1,22
Uitenhage	10,94	0,66
Walvis Bay	—	0,79
Beaufort West	—	0,83
Bredasdorp	—	1,00
Caledon	—	0,77
Calvinia	—	1,04
Ceres	—	1,68
Citrusdal	—	1,38
Conradie	13,19	1,00
Garies	—	0,95
George	6,63	0,58
G F Jooste	66,50	1,56
Hermanus	—	0,90
Karl Bremer	—	0,58
Knysna	14,00	0,95
Ladysmith	—	0,83
Malmesbury	21,00	0,59
Montagu	—	1,46
Mossel Bay	58,00	0,92
Oudtshoorn	34,00	0,88
Paarl	18,36	0,84
Porterville	—	0,68
Port Nolloth	—	1,10
Riversdale	—	1,09
Robertson	—	1,27
Somerset	5,20	0,36
Somerset West	11,00	1,06
Springbok	—	1,12
Stellenbosch	14,60	0,76
Victoria	4,29	0,61
Eaton Rehabilitation Centre	73,00	0,88
Lady Michaelis	—	0,90
Princess Alice	13,17	1,74
False Bay	10,25	0,77
Sutherland	—	1,09
Swellendam	—	1,00
Volks	—	0,59
Vredenburg	—	1,06
Victoria West	—	0,83
Vredendal	—	1,64
Westfleur	8,50	0,49
Woodstock	3,94	0,58
Worcester	9,05	1,15
Groote Schuur	1,59	0,42
Avalon	11,00	0,65
Mowbray Maternity	—	0,38
Peninsula Maternity	—	0,57
Red Cross	3,66	0,48
Tygerberg	2,36	0,61

— = No full time doctors employed.

Transvaal Provincial Administration	(a)	(b)
(General Affairs Hospitals only)		
Dr A G Visser	19,87	0,74
Amajuba Memorial	—	1,54
Baragwanath	4,66	1,03
Barberton	27,25	0,99
Bethal	165,00	1,26
Boksburg-Benoni	3,33	0,97
Carolina	—	1,39
Christiana	—	0,86
Coronation	30,01	1,20
Ellisras	—	2,16
Ermelo	—	0,72
Ga-Rankuwa	6,03	1,11
H F Verwoerd	5,42	0,61
Hillbrow	2,68	0,87
Itshelejuba	237,00	1,69
J D Verster	—	1,91
Johannesburg	11,72	0,75
Kalafong	14,32	0,87
Kalie de Haas	14,17	0,95
Klerksdorp and Tshepong	48,63	0,98
Leratong	14,07	1,11
Lydenburg	—	1,61
Middelburg	11,40	1,29
Natalspruit	14,84	0,97
Nic Bodenstein	—	1,26
Nigel	2,43	0,94
Paul Kruger Memorial	29,00	0,83
Pietersburg	48,63	0,99
Piet Retief	31,80	1,19
Rietfontein	51,56	3,01
Rob Ferreira	5,28	1,01
Sabie	—	1,33
Schweizer-Reneke	—	1,51
Standerton	—	1,27
Sterkfontein	35,46	2,12
Tembisa	9,08	1,30
Weskoppies	50,38	2,94
Westfort	61,57	2,00
Witbank	65,50	0,97
Zeerust	—	1,14

— = No full time doctors employed.

Child abuse: reporting by teachers

233. Mr R M BURROWS asked the Minister of National Health and Population Development:

(1) Whether she is considering extending the categories of occupation named in section 42 of the Child Care Act, No 74 of 1983, to include teachers as an occupational group who are compelled to report suspected incidences of child abuse to the Regional Director of Health Services and Welfare; if not, why not; if so, when is it expected that the section concerned will be amended in this manner;

(2) whether she will make a statement on the matter?

Hansard 26/4/90 B564E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) Yes, as a result of consideration of several amendments of the Child Care Act, 1983 (Act 74 of 1983) at present, it will not be addressed during the present session of Parliament.

(2) no.

Aids information

235. Dr F H PAUW asked the Minister of National Health and Population Development:†

(1) (a) What is the latest available information on the incidence of (i) Aids and (ii) positive tests for HIV among Whites, Coloureds, Indians and Blacks, respectively, and (b) in respect of what date is this information furnished;

(2) how do these data affect the (a) planning for meeting future needs in respect of the provision of health services and (b) anticipated future funding of health services;

(3) what measures are envisaged to protect the public and health services personnel against the risks of contact with HIV-positive patients and HIV carriers?

Hansard 26/4/90 B575E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) (a) (i) and (b)

Reported number of Aids patients as on 12 February 1990									
Population groups	1982	'83	'84	'85	'86	'87	'88	'89	'90
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Blacks	—	—	—	—	—	5	19	46	9
TOTAL	2	4	8	8	24	38	87	139	16

(ii) and (b)

Population Groups	*Cumulative total of all reported HIV positive persons in the RSA as on 9 March 1990*
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Unknown	592
TOTAL	3 431

Information given in the answer to paragraph "(1)" is based on voluntary anonymous reports received from diagnostic centres.

Note: Best available estimates based on various data sources suggest that the number of persons infected with HIV in South Africa at the end of 1989 were in the order of 55 000 persons.

National service: doctors

285. Mr M J ELLIS asked the Minister of National Health and Population Development:

(a) How many fully qualified doctors currently completing their military service are being used in public hospitals, (b) at which hospitals are these doctors stationed and (c) in respect of what date is this information furnished?

B730E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(a) 7 doctors,

(b) 2 doctors at J G Strijdom Hospital
2 doctors at Ga-Rankuwa Hospital
1 doctor at Scottsburgh Hospital
1 doctor at Harding Hospital
1 doctor at H F Verwoerd Hospital

(c) 4 April 1990.

Bread subsidy

314. Mr B B GOODALL asked the Minister of Agriculture:

What bread subsidy was paid by the Government for each of the latest specified five years?

B794E

The MINISTER OF AGRICULTURE:

1985/86 — R180,497 million
1986/87 — R147,000 million
1987/88 — R147,370 million
1988/89 — R132,000 million
1989/90 — R105,935 million.

Own Affairs:

Provincial public libraries: identification/functioning

71. Mr W U NEL asked the Minister of the Budget and Local Government:

(1) Whether the identification and functioning of provincial public libraries has been finalised; if not, why not; if so, (a) which provincial public libraries were identified as White own affairs, (b) why were they so identified, (c) when were they transferred to his Department and (d) who took the decision in this regard;

(2) who will be responsible for (a) ordering and (b) buying books for such libraries?

B618E

The MINISTER OF THE BUDGET AND LOCAL GOVERNMENT:

The same question was put to the then Minister in the Office of the State President charged with Administration and Broadcasting Services in 1988 as general affairs question 890(2) and answered by him — vide Hansard No 12/88. (Cols 1187-1188).

Certain areas: residence permits

111. Adv J J S PRINSLOO asked the Minister of the Budget and Local Government:†

(1) How many persons were granted residence permits in terms of the Group Areas Act, No 36 of 1966, from 1 June 1987 up to the latest specified date for which statistics are available to live in White residential areas in the parliamentary constituencies of (a) Helderkruin, (b) Florida, (c) Maraisburg and (d) Roodepoort;

(2) in respect of what date are these statistics furnished?

B763E

The MINISTER OF THE BUDGET AND LOCAL GOVERNMENT:

(1) Statistics are kept for White declared areas, but not in respect of parliamentary constituencies. For the area of Roodepoort no residence permits were issued.

(2) 21 July 1989 to 5 April 1990.

Group Areas Act: vacating of premises

112. Adv J J S PRINSLOO asked the Minister of the Budget and Local Government:†

(a) How many persons who occupied premises in conflict with the provisions of the Group Areas Act had terminated their occupation of such premises in (i) the Transvaal, (ii) the Orange Free State, (iii) the Cape Province and (iv) Natal as a result of action taken by departmental groups for group area matters, excluding Police action, as at the latest specified date for which statistics are available and (b) in respect of what date are these statistics furnished?

B764E

The MINISTER OF THE BUDGET AND LOCAL GOVERNMENT:

(a) (i) 10
(ii) Nil
(iii) 9
(iv) Nil

(b) 21 July 1989 to 5 April 1990.

Star 30/4/90 (93)

Foreign doctors leave after being barred from working

Experienced foreign doctors, many of them from Europe, have had doors slammed in their faces when they tried to secure medical posts in South African hospitals.

A foreign paediatrician, who returned to East Germany recently because she was barred from practising in a South African hospital, said she and many other medical consultants were encouraged to come to South Africa. She had been told there was a serious shortage of trained personnel in SA.

However, in a surprise turnabout last week, the South African Medical and Dental Council decided to change its system of registration which has been criticised by some as "too authoritarian".

A spokesman said: "We are now doing away with the examination for limited registration which was a previous requisite for doctors qualifying in countries other than South Africa."

Foreign doctors who want to be fully registered to enable them to go into private practice will in future have to pass a final year medical examination at a South African university.

Docs join strike

Sowetan 9/5/90

By PHANGISILE MTSHALI

TWO Hillbrow Hospital doctors have joined the strike by thousands of Transvaal hospital workers.

About 4 000 National Education Health and Allied Workers Union members, who attended a report-back meeting yesterday, were told that Dr Aslam Dasoo and Dr Norman Dubazana were among the Hillbrow medical staff now on

To Page 2

Doctors join the strike

Sowetan 11/5/90

strike

The meeting was held at the University of Witwatersrand, where workers' representatives from 11 different hospitals decided that they had intimidated workers and volunteers

"We must deal with the question of scab labour," a spokesman from the Hillbrow Hospital said "But we will do so in a disciplined manner. We do not have to force people to join the struggle"

Spokesmen from the strike hit hospitals said they had assembled "skeleton staff" to care for patients while the strike was on

Hospitals affected by the strike are Baragwanath, Natalspruit, Hillbrow, Tembisa, Johannesburg (General), Far East Rand, Botshabelo, Benoni, Witkoppen, Middelburg, Esikeping and Hf Verwoed.

Striking doctors and nurses may be charged

By Carina le Grange

Two doctors and many nurses on strike in solidarity with non-medical staff at 11 Transvaal provincial hospitals could face criminal and disciplinary action.

Strike action is against the law for doctors and nurses. They are also subject to rules of the South African Medical and Dental Council (SAMDC) and the South African Nursing Council (SANC).

Doctors also take the Hippocratic oath and nurses a pledge of service on qualification.

Doctors who are members of medical associations are also bound by the Declaration of Geneva.

An offence

Two doctors attached to the Hillbrow Hospital in Johannesburg and scores of nurses have joined the two-week-old strike by non-medical staff at hospitals throughout the Transvaal.

The registrar of the SAMDC, Nico Prinsloo, said it was an offence for doctors to strike. Any interested party could draw it to the attention of the police who would investigate after which the Attorney-General would decide whether to prosecute.

It could also be brought to the attention of the SAMDC.

He said conviction carried a maximum fine of R1 000 or a jail sentence of one year, or both. On conviction, the name of the offending doctor would be removed from the register of the SAMDC.

On the ethical issue, the chairman of the federal council of the Medical Association of South Africa (Masa), Dr Bernard Mandell, said Masa regarded it unethical for doctors to strike as patients' well-being should always be their foremost consideration.

"However, Masa believes that if a doctor participated in a strike, he should be given the opportunity by the SAMDC to justify his or her actions."

He said Masa was grateful the SAMDC supported proposals for changes in the present legislation which, if implemented, would mean convicted doctors will no longer be summarily erased from registration if found guilty of participating in a strike.

Speaking for Namda (National Medical and Dental Association), Dr Max Price, said his association did not have a policy on strike action.

Nurses could also face criminal and disciplinary action. However, the registrar of the SANC, Frank Germishuizen, said the council could only act if detailed complaints were received.

He said while nurses took a pledge of service, it was not legally binding. The Nursing Act of 1978 mades strike action by nurses a criminal offence.

Sowetan 11/5/90

Striking could lead to action against medics and nurses

TWO doctors and many nurses on strike in solidarity with non-medical staff at 11 Transvaal provincial hospitals could face criminal and disciplinary action.

Strike action is against the law for both doctors and nurses. Respectively they are also subject to rules of the South African Medical and Dental Council (SAMDC) and the South African Nursing Council (SANC).

Doctors also take the Hippocratic Oath and

By SOWETAN CORRESPONDENT

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Doctors who are members of medical associations are also bound by the Declaration of Geneva.

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On the ethical issue, the chairman of the federal council of the Medical Association of South Africa (Masa), Dr Bernard Mandell, said Masa regards it as unethical for doctors to strike as patients' well-being should under all circumstances be their foremost consideration.

Jeopardise

Mandell said every possible other venue should be explored to resolve problems, and should a dead end be reached, whatever action followed should never jeopardise patients.

"However, Masa believes that if a doctor participated in a strike, he should be given the opportunity by the SAMDC to justify his or her actions."

He said Masa was grateful the SAMDC supported proposals for changes in the present legislation which, if implemented, would mean the names of convicted doctors will no longer be summarily erased from registration if he has been found guilty of participating in a strike.

Speaking for Namda (National Medical and Dental Association), Dr Max Price, said Namda does not have a policy on strike action.

"We support Nehawu (National Education, Health and Allied Workers' Union) and various forms of industrial action, which does not neccessarily mean a total strike," he said.

Star 15/5/90 (87) (93)

Doctors, chemists scolded

By Denise van der Merwe

BLOEMFONTEIN — Minister of Health and Population Development Rina Venter has warned pharmacists and doctors to get their houses in order.

She said the alternative would be for the Government to intervene. This would be to the detriment of both professions.

Opening the 45th National Conference of the Pharmaceutical Society of South Africa in Bloemfontein yesterday, she said there was a need for greater co-operation between doctors and chemists.

In South Africa's complicated environment patients could best be served by a multi-disciplinary approach.

"This approach is already successfully employed in especially academic hospitals and has proved to be to the advantage of the pharmacist, the doctor and the patient."

Dispensing

Referring to the controversy surrounding the dispensing of medicines by doctors, Dr Venter said this problem was receiving the attention of the Department of National Health and Population Development.

"We are looking at various options to resolve this deadlock."

She said the problem of dispensing was one that would have to be solved by the two professions themselves.

"To appoint an arbitrator or to have a public investigation could have severe repercussions for both professions and is, therefore, not a solution at this time.

"There is no doubt that the chemist has a right to exist and this is not negotiable."

The Minister emphasised that the Pharmaceutical Society and the Medical Association of South Africa must once again negotiate over the issue of dispensing.

If there was no real development within three months, the Government would be forced to intervene.

Turning to the cost of rising expenditure for medical care and health services, the Minister said: "What we do know about the immediate future is that the available funds for health care will not drastically increase and that a complete new approach towards health care is needed — an approach that is less complicated, more cost effective and at the same time meets the needs of the population."

Dr Venter said she would deal with this in detail in her budget vote in Parliament tomorrow.

Private satellite dishes will be legal soon, says De Villiers

Own Correspondent

DURBAN — Privately owned satellite dishes will soon be legal in South Africa and their licensing was being considered, it was learnt yesterday.

Minister of Mineral and Energy Affairs and Public Enterprises Dawie de Villiers announced that, following recommendations of the task group investigating the possibility of private satellite dishes, licensing of dishes was being considered.

Opening the fourth Telematics Conference at the Elangeni Hotel in Durban, yesterday, Dr de Villiers said users of such "receive-only" dishes might be licensed to receive national or international television programmes directly from satellite.

In terms of the recommendations the licence would not permit users to convey the signals beyond their own premises.

These receptions would fall within the scope of the Radio Act of 1952 as well as the necessary radio regulations.

The recommended licence fee would compare favourably with existing licence fees relating to the receiving of certain television programmes in South Africa, he said.

Dispensing-doctors row deadline

THE pharmaceutical and medical professions had three months to resolve the conflict surrounding dispensing doctors, National Health and Population Development Minister Dr Rina Venter said in Bloemfontein yesterday.

Opening the 45th national conference of the Pharmaceutical Society of SA (PSSA), Venter said government would have to step in if the PSSA and the Medical Association of SA failed to make progress on the matter.

Pharmacists had objected to doctors dispensing medicines for commercial gain and depriving them of business, but doctors insist they are entitled and qualified to dispense as a service to their patients.

Venter said she had held discussions with the interested parties as recently as April 28 and various possibilities were being investigated by the department to eliminate the dead-end.

However, appointing an arbitrator to conduct a public investigation — with serious repercussions for both groups — was not a solution at present.

TANIA LEVY

PSSA president Willie Kock said yesterday unless a feasible solution could be reached inter-professionally, legal impediments against doctors dispensing for commercial gain would have to be introduced.

He said there had been a formidable increase in commercialised dispensing by doctors. Only about 38% of patients received prescriptions.

Dispensing doctors were not registered with the Pharmacy Council, Kock said.

Price discrimination against pharmacists by certain pharmaceutical product-suppliers was another hampering factor, Kock said. This had led to pressure from medical schemes wishing to open their own pharmacies with claims they could provide a cheaper service.

If products destined for sale to pharmacists, dispensing doctors and clinics were supplied at a single exit price, pharmacy would prove itself to be the most cost effective, he said.

By adopting methods of compensation for medication recommended by pharmacists, schemes could reduce financial burdens partly created by over-utilisation of medical services and prescribed medicines.

The survival of pharmacists in the rural areas had been put at risk by the withdrawal of support by provincial authorities in favour of the district surgeon, Kock said. Only where it was not possible for the district-surgeon or hospital to dispense re-packed medicine in any area was a pharmacist appointed. Even then, pharmacists were paid less than doctors for the same work.

While generic substitution and repackaging into smaller quantities for dispensing were allowed in state health operations, it was still forbidden in the private sector, Kock said. Legislation allowing pharmacists to substitute, promised by former Health Minister Willie van Niekerk, was now long overdue.

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Pharmacist-doctor 'deal' urged

By Denise van der Merwe

BLOEMFONTEIN — If pharmacists were to survive in the future, they would not only have to tackle the challenges ahead with vigour but would have to have the co-operation of the country's other medical professions.

This was the message that emerged on the second day of the national conference of the Pharmaceutical Society of South Africa in Bloemfontein yesterday.

Professor Oppel Greeff of the Pretoria College of Pharmacy said if it was the inalienable right of the doctor to dispense medicines, then it was the inalienable right of the pharmacist to diagnose certain diseases.

He urged that a deal be struck between the two professions.

Industrial pharmacy consultant Val Beaumont said the pharmaceutical profession was being eroded and threatened by several emerging practices. Not least of these was the dispensing doctor, Mrs Beaumont said.

The head of the Pretoria College of Pharmacy, Professor Hugo Durrheim, said pharmacists should consider their roles in chronic disease management as an important opportunity in home health care.

● The conference decided to accept the principle that all dispensers of medicines should be subject to the same standard of control.

It also urged the relevant authorities to accept in principle that medical practitioners, dentists, veterinarians and other legally authorised people should dispense or supply medicines only in emergencies or where pharmaceutical services were not available.

ANDERSON. JOHANNESBURG

Bias against blacks by some doctors (93)

Sowetan 22/5/90

By PHANGISILE MTSHALI

SEVERAL white doctors on the Reef discriminate against blacks by providing separate waiting and examination rooms from those used by whites.

Apartheid practices by individual doctors range from refusal to treat black patients to reserving specific days and rooms for them.

Such pracitices have been tacitly condoned by the South African Medical and Dental Council and have been ignored while the focus had been on Government health care facilities.

A Krugersdorp dentist has two waiting rooms.

A teacher in Kagiso said yesterday he had been told by clerks at the dentist's surgery to leave one waiting room and go to another.

"On my way out I met the dentist who took me to

● To Page 2

● From Page 1

another room which was small and dingy," the teacher said.

A gynaecologist in Hillbrow can only see black patients on Tuesdays because, according to his nurse, his white patients have complained about sharing the waiting room and services at the same time with black patients.

Doctors who decide not to see certain patients for different reasons are not disciplined by the SAMDC.

Doctors (93)

Its resolution on the issue states: "The SAMDC's policy with regard to the refusal by practitioners to see and treat patients is that a practitioner is free to decide to whom he wants to render a service or not, for it may be entirely impractical for a practitioner to see all patients who wish to see him or to be available continuously.

Sowetan 22/5/90

"However, he will have to justify his actions in the event of unnecessary suffering or death resulting from his refusal to render help to a specific patient. In an emergency a practitioner is obliged to render assistance under all circumstances."

An SAMDC official, Mr Nico Prinsloo, said his association had not received complaints about segregated facilities in private surgeries although "it would be entirely unbefitting for a practitioner not to render services to any particular patient on racial grounds".

here with his wife Lyndal on their wedding day in July last year.

Four doctors leave Verwoerd Hospital

Sfd 29/5/90 (93)

By Carina le Grange

Four more doctors, including three specialists, have resigned from the H F Verwoerd Hospital, the teaching hospital of the University of Pretoria.

They include the head of the in-vitro fertility clinic and the maternity hospital.

Earlier this year, the heart surgery unit was shaken by the resignations of Professors S J de Villiers and Mike Bennett due to unsatisfactory working conditions.

The latest resignations are those of the chief of the in-vitro fertility clinic, Dr Chris Sevenster, chief of the maternity hospital, Dr Ute Irsigler, specialist Dr C P Papavarnavas and medical officer Dr Annemarie Grace.

A spokesman for the University of Pretoria said today there was "no direct connection" between the resignations and dissatisfaction with academic medicine.

The Transvaal Provincial Administration today confirmed the resignations, but said the doctors would be "replaced by others". Some would still serve as consultants.

The chief of obstetrics and gynaecology, Professor Gerhard Lindeque, said he did not regard the resignations as a crisis and was handling matters as though "nothing had happened".

All the doctors who resigned were attached to the infertility clinic. Dr Zen [illegible] the clinic has given the assurance that no patients would be affected and that the laboratory would continue to function as before.

The simultaneous resignations have been described as "coincidental", but according to reports they remain linked to academic hospital working conditions, red tape and financial considerations.

'Rethink needed on doctors' training'

AR605 (93) 29/5/90

The Argus Correspondent

PRETORIA. — South Africa — with its limited funds and manpower — cannot afford to train medical doctors who do not meet the basic health needs of the people.

This was the message from Minister of National Health and Population Development Dr Rina Venter to a leaders' summit on the future of academic medicine in South Africa held at Magaliesburg.

Dramatic change

Health care costs for the very young and the very old were higher than for the rest of the population, and the fact that 43 percent of the black population was under 14, and nine percent of the white population "old", coupled with a high rate of urbanisation, meant high costs for South Africa.

But the standard of health care provided by a government depended on the wealth of the country, and South Africa was already spending 5,4 percent of gross national product on health care, and could not afford dramatic change, Dr Venter said.

Maximum and effective use would have to be made of available funds and manpower available and she said the summit should consider whether the curriculum content in medical schools reflected the national helath priorities, with their emphasis on primary health care.

The 13 academic hospitals used up 43 percent of the total health budget, and there had been repeated pleas that their share be increased still further.

She said that although comparisons between academic hospitals were difficult (one had a budget of R301,7 million while another with more beds had to get by on R147 000) funds had to be allocated by criteria based on research of actual financial needs, rather than on traditions, status and achievements.

Academic hospitals were getting more management independence, and the opportunity to increase their income by charging private patients for professional services.

A moratorium had been placed on the building of new academic hospitals, and available facilities were to be better utilised with the decision to make surplus beds available. At a norm of three beds per 1 000 population there was a surplus of 11 700 beds in white hospitals and shortage of 7 000 in black, she said.

But hospital care was not the biggest need in South Africa, and Dr Venter said attention would have to move to primary health care in the reconstruction of health services.

It was a waste of money to handle simple complaints in a hospital but this often happened because community services were inadequate. More attention should also be given to preventive medicine. Last year more than 300 children had died unnecessarily of measles.

Restructuring of health services started with the socio-economic upgrading of communities, including improved water and sanitation.

Medical leader hits at 'inhuman hours'

CAPE Times 5/6/93 93

By ANDRE KOOPMAN

MANY hospital doctors, specially registrars, interns and senior house officers, had to work "inhuman" shifts, in which 34 hours of non-stop duty was the norm, Dr Christopher Hugo-Hamman, chairman of the SA Registrars' Association (Sara), said last night.

He was addressing a meeting at UCT organised by Sara.

Minister of National Health Dr Rina Venter told the meeting her department was working on a "management model" which would give hospitals more leeway in determining shifts and salaries.

Registrars are doctors who practise in hospitals to receive training in specialist fields.

Dr Hugo-Hamman said that 18% of registrars served more than 80 hours per week and 4% more than 100 hours.

"Is it fair that a child in an intensive care unit can be the responsibility of a doctor who has, to take the worst possible but not uncommon scenario, not slept in 24, 30 or 34 hours — or that a surgeon can operate on a patient having endured the same experience?

"The detrimental effect that sleep deprivation and demanding duty rosters have on doctors is not a figment of the imagination, but is well-documented. It is the daily experience of thousands of doctors in this country," said the professor.

"Suffice it to say that the courts have come to recognise the concept of diminished responsibility of the unfortunate doctor who errs under these circumstances.

"The system has been found culpable and it is the system which needs attention," he said.

While airline pilots and truck drivers were protected from the "deletarious effects of exhaustion", doctors were not.

Dr Hugo-Hamann said a change in the system was "morally and ethically obligatory". Shifts of 24 hours must be the maximum, as was already the case with anaesthetists.

Hospitals had "adequate staff" to implement a better system.

GPs worried over role in State's new health care deal

AR6 45
13/6/90
93

The Argus Correspondent

JOHANNESBURG. — General practitioners are concerned and afraid that the doctor is being written out of the government's new primary health care policy.

The president of the National General Practitioners Group of South Africa, Dr Johan Kruger said the group had recently met the Minister of Health, Dr Rina Venter, when they were shown the draft for the new Health Bill pertaining to about 20 primary health care centres, which are to cost the government R21 million.

"Doctors are concerned that we are being written out of the primary health strategy plan which is more nurse-orientated. While we are excited with the concept of primary health care, we want to know if doctors are going to be included in the primary health care centres."

The NGPG represents about 6 000 of the 8 000 general practitioners in South Adfrica and is a powerful medico-political group which meets directly with the Minister of Health regarding the rights of GPs.

Dr Kruger said doctors would like to know that they were going to be able to play their role as head of the health care team and he felt that it would not work to replace doctors with nurses.

Representations

Dr Kruger said it had been shown conclusively that if a doctor were present and were the first person to see a patient coming to a private health care centre, hospital admissions dropped dramatically.

He felt that patients would by-pass the 21 centres to be established in rural and urban areas around cities if a doctor were not physically present and in attendance.

The NGPG had made strong representations to Dr Venter regarding this matter.

On the controversial issue of dispensing doctors, of whom there are 4 800 registered in the country (only 2 300 are actively dispensing), Dr Kruger said reports were being submitted by the Pharmacists' Society of South Africa and by the NGPG which had to reach the Minister of Health by July 15.

"Dispensing doctors will continue to dispense until a decision is taken by the Minister of Health, but there is no doubt that there is a benefit to the patient and to the doctor by the practice of a GP dispensing."

● Three hundred general practitioners from all over South Africa and Zimbabwe are meeting at the seventh annual general practitioners' congress at the Wild Coast this week.

KwaZulu doctor crisis

June 1990

RURAL hospitals in KwaZulu are desperately understaffed and some are operating without full-time doctors.

In some of the hospitals a single doctor is responsible for thousands of patients.

The Department of Health is taking steps to recruit qualified staff and new contract deals are being offered to attract doctors to rural areas.

KwaZulu Secretary for Health Dr Daryl Hackland confirmed on Friday that only 43 percent of medical officer posts were presently filled in KwaZulu hospitals.

Hackland said the Untunjambili Hospital near Kranskop, which serves a population of 100 000 people and has 128 hospital beds, can only call on the services of part-time doctors.

The Montebello Hospital near Wartburg has 320 beds and serves 150 000, but has only one full-time doctor.

There are five doctors at St Benedictine Hospital in Nongoma, which has 598 beds and serves 150 000, but there are posts for at least 15 doctors.

The Charles Johnson Hospital at Nqutu (between Dundee and Vryheid) has only two doctors, when there are 15 posts. This hospital has 534 beds and serves 200 000.

"Although Edendale Hospital has only three doctors in the obstetrics and gynaecology department, there are 20 posts which should be filled. There are only four medical officers in the orthopaedic department, when there should be at least 10. The bigger hospitals in the urban areas are not so badly off," said Hackland. – Sapa

exhibitor from
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VIDEO KID . . . Sunny Tam, 7, stars in a promotio
at nervous businessmen Picture: PIERR

Patients give a prescription for more care

ST Times 17/6/90

MORE than 300 doctors were treated to a tongue-lashing this week by six patients who were not entirely satisfied with what GPs had to offer. (93)

And that's just what the doctors had ordered.

The patients were invited to an "interaction session" of the 7th General Practitioner's Congress at the Wild Coast Sun.

"When they started talking you could have heard a pin drop," said the convenor and chairman of the SA Academy of Family Practice, Dr Garth Brink.

It was the first time the organisers had decided to let the patients have their say, to give an impression of how the public saw them. There were complaints about care and empathy, and the invited guests all agreed that the family doctor should be someone they could turn to.

By TERRY van der WALT

One guest, Mrs Jenny Crouch, of Umkomaas on the Natal South Coast, told how she was left in the lurch by a doctor soon after her child was born with no arms.

She felt that doctors did not help her deal with the emotional issues or how to cope with her baby in the future.

Ovation

Another speaker, himself a doctor, complained how doctors had not shown much empathy or understanding while his father was dying of a terminal disease.

"We are failing in a crucial area of care and unless we start addressing the problem soon we will be left behind to perform only technical tasks," Dr Clive Evian said.

Mr Russel Farley, a chartered accountant from Durban, received a standing ovation when he told doctors they needed to be more aware of their patients and had to listen more attentively.

Mr Farley's wife died of breast cancer at 40, leaving him with two children to care for and not much in the line of "real care and understanding" from doctors. Mr Farley suggested doctors make more time for patients, counsel terminally ill patients and be more active in contacting patients and families to see how they are coping.

Summing up, Dr Brink said the delegates had only praise for allowing the patients to speak and he felt much had been learned by the delegates.

Under the theme "The Vital Link", the congress examined avenues open to the public in health care and how doctors could guide patients through a maze of sometimes confusing medical infrastructure.

In the long term a strategy will be drawn up to help practitioners serve their patients better.

Tug o' babe!

A BABY of six months was tossed between two rival gypsy families during a caravan site row at Benson, Oxfordshire, England.

Strike off

DURBAN municipal employees have called off strike plans after agreeing to a 15,5 percent wage increase, effective from July 1.

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) With the information available in this regard, it is not possible to supply the costs of treatment or the reasons for differences at this stage;

(2) falls away.

Certain hospitals: in-patients

568. Mr L FUCHS asked the Minister of National Health and Population Development:

(1) How many in-patients can be treated daily at the (a) Baragwanath, (b) Johannesburg, (c) Hillbrow, (d) Natalspruit, (e) Leratong and (f) Tembisa Hospitals;

(2) in respect of each of these hospitals, how many (a) specialist posts are (i) offered and (ii) filled and (b) hours per week are worked by (i) nurses, (ii) interns and (iii) specialists;

(3) in respect of what date is this information furnished?

B1326E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) Average number of in-patients per hospital per day:

(a)	Baragwanath Hospital	: 2 804
(b)	Johannesburg Hospital	: 774
(c)	Hillbrow Hospital	: 790
(d)	Natalspruit Hospital	: 804
(e)	Leratong Hospital	: 791
(f)	Tembisa Hospital	: 673

(2) (a) Number of specialist posts per hospital:

	(i) offered	(ii) filled
Baragwanath Hospital :	111	104
Johannesburg Hospital :	174	161
Hillbrow Hospital :	48	46
Natalspruit Hospital :	15	10
Leratong Hospital :	—	—
Tembisa Hospital :	14	13

(b) Minimum number of hours worked per week by:

(i) nurses	—	40 hours
(ii) interns	—	40 hours
(iii) specialists	—	40 hours,

(3) 1988/89.

Certain hospitals: maternity wards

569. Mr L FUCHS asked the Minister of National Health and Population Development:

(1) How many maternity wards are there at the (a) Baragwanath, (b) Johannesburg, (c) Hillbrow, (d) Natalspruit, (e) Leratong and (f) Tembisa Hospitals;

(2) (a) what is the (i) nurse/patient and (ii) intern/patient ratio at each of the above-mentioned hospitals, (b) what is the reason for any differences between such ratios in the case of each of these hospitals and (c) in respect of what date is this information furnished?

B1327E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) Number of maternity wards:

(a)	Baragwanath Hospital	: 15
(b)	Johannesburg Hospital	: 7
(c)	Hillbrow Hospital	: None
(d)	Natalspruit Hospital	: 3
(e)	Leratong Hospital	: 2
(f)	Tembisa Hospital	: 1

(2) (a) (i) General nurse/patient ratio:

Baragwanath Hospital	: 1.4
Johannesburg Hospital	: 1.9
Hillbrow Hospital	: 1.2
Natalspruit Hospital	: 1.3
Leratong Hospital	: 1.0
Tembisa Hospital	: 1.2

(ii) General intern/patient ratio:

Baragwanath Hospital	: 0.02
Johannesburg Hospital	: 0.05
Hillbrow Hospital	: 0.04
Natalspruit Hospital	: 0.02
Leratong Hospital	: 0.0
Tembisa Hospital	: 0.03

(b) Differences in above-mentioned ratios are not statistically significant.

(c) 1988/89.

Medical/administrative staff

576. Mr M J ELLIS asked the Minister of National Health and Population Development:

How many (a) medical and (b) administrative staff were employed by her Department as at 31 December 1989?

B1345E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(a) 98

(b) 694*

* this figure includes clerical personnel.

Doctors: car allowances

579. Mr G C ENGEL asked the Minister of National Health and Population Development:

(1) Whether (a) White, (b) Black, (c) Coloured and (d) Indian doctors in the employ of her Department receive car allowances; if so,

(2) whether these car allowances are the same for doctors of all race groups; if not, (a) in what respects and (b) why do they differ?

B1347E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) Yes, allowances are payable in accordance with the motor finance scheme for senior officers and the subsidised transport scheme. Separate records are not kept per population group,

(2) yes.

Certain hospitals: budget for catering services

580. Mr G C ENGEL asked the Minister of National Health and Population Development:

(1) What was the budget for catering services at the (a) Baragwanath, (b) Johannesburg, (c) Hillbrow, (d) Natalspruit, (e) Leratong and (f) Tembisa Hospitals in the 1988-89 and 1989-90 financial years, respectively;

(2) whether food prices at such hospitals differ for patients and staff; if so, (a) in what respects and (b) why in each case;

(3) whether there has been any investigation into the possible privatisation of the catering services at these hospitals; if not, why not; if so, with what result;

(4) whether this investigation took into account the cost of (a) shrinkage, (b) wages, (c) illegal eaters and (d) cleaning services in such catering services; if not, why not; if so, with what result in each case?

B1348E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) Budget for catering services* for financial years

		1988/89		1989/90		
		Concept	Revised	Concept	Revised	
(a)	Baragwanath	4 654 200	6 500 000	3 103 000	7 039 000	
(b)	Johannesburg	3 833 700	4 500 000	4 634 000	6 286 000	
(c)	Hillbrow	1 495 800	1 723 800	1 741 000	2 454 900	
(d)	Natalspruit	1 411 700	1 715 000	1 949 000	1 949 000	
(e)	Leratong and Paardekraal complex	1 750 700	1 751 000	1 921 000	1 326 600	(L)
					287 200	(P)
(f)	Tembisa	883 300	1 052 600	969 000	969 000	

* Budget for food only.

(2) (a) and (b) the food cost per patient or staff member may differ depending on the specific eating pattern required.

Two types of eating patterns may be served in one hospital. That is a westernised and a non-westernised eating pattern. The nutritional content of both eating patterns meet the nutritional needs of both patients and personnel.

Only the type of dishes, cooking methods and portion sizes of specific dishes may differ for a specific eating pattern.

(3) The catering services at the nurses residence of the Johannesburg Hospital have been privatised for years.

The catering services at Tembisa Hospital have been identified for privatisation for a trial period. The tender specifications have been completed and forwarded to the Director-General: Transvaal Provincial Administration.

(4) (a) if "shrinkage" means food wastage, yes it is included in the specifications,

(b) salaries, service conditions and type of personnel are included in the specifications,

(c) control measures, meal control and recording of meal statistics are included in the specifications,

(d) hygiene standards including cleaning materials, cleaning equipment and a specific hygiene policy regarding quantity food services are included in the specifications.

Johannesburg: clinics

581. Mr A J LEON asked the Minister of National Health and Population Development:

(1) Whether there are any clinics offering curative community services in the Greater Johannesburg area, including Soweto and Alexandria; if not, why not; if so, where is each located; B1349E

(2) whether her Department received any requests for the provision of curative community services during the past year; if so, with what results?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) Yes, the following community health centres render a curative service in the Greater Johannesburg area including Soweto and Alexandria

Baragwanath Hospital (Soweto):
Diepkloof
Meadowlands East
Mofolo
Chiawelo
Zola
Senaoane
Orlando
Phomolong
Pimville
Tladi
Orange Farm (Stretford)
Koos Beukes

Coronation Hospital (Newclare):
Lenasia
Nancefield
Noordgesig

Alexandria (subsidised by the TPA and run by the University of the Witwatersrand).

(2) No.

Employees: litigation

582. Mr L FUCHS asked the Minister of National Health and Population Development:

(1) Whether, during the past five years, her Department was involved in any litigation with employees concerning their conditions of employment; if so, (a) when, (b) with which employees and (c) what was the result of such litigation;

(2) whether any superintendents of hospitals in the Transvaal left their posts during the past three years; if so, (a) what are the names of these superintendents, (b) at which hospitals were they employed and (c) for what reasons did they leave their posts? B1350E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) Yes, on two occasions;

(a)	(b)	(c)
28 November 1986	General assistants: Rietfontein Hospital	Settled out of court
31 March 1987	General assistants: Rietfontein Hospital	Not proceeded with

(2) yes,

(a) Name of Superintendent	(b) Hospital	(c) Reasons
Dr J H Swiegelaar	Dr A G Visser	Resigned to enter private practice
Dr Q S Neethling	Dr A G Visser	Demise
Dr T S K Oosthuizen	Barberton	Transferred to OFS Health Services
Dr G D P Prinsloo	Bernice Samuel	Retirement
Dr W S Snyman	Bethal	Transferred to Witbank Hospital
Dr C de Wet Roets	Duiwelskloof	Retirement
Dr J A van Zyl	Edenvale	Retirement
Dr J J Crous	F H Odendaal	Promoted to Chief Superintendent at Ga-Rankuwa Hospital
Dr A F Oertell	Hendrik vd Bijl	Resigned to enter private practice
Dr J Nagtegaal	H F Verwoerd	Transferred to Head Office
Dr J A Kunzmann	H F Verwoerd	Transferred to Kalafong Hospital
Dr E G Böhme	H F Verwoerd	Resigned to enter private practice
Dr J M Verduyn	H F Verwoerd	Resigned to accept post in private sector
Dr W E Jackall	H F Verwoerd	Resigned for personal reasons
Dr F du Randt	Itshelejuba	Resigned because of remuneration package
Dr A vd Merwe	J G Strijdom	Resigned to accept post in private sector
Dr I Coetzee	J G Strijdom	Transferred to Baragwanath Hospital
Dr R J Broekmann	Johannesburg	Resigned to accept post in private sector
Dr A Hunter	Johannesburg	Transferred to Head Office
Dr I H Coster	Johannesburg	Demise
Dr A Flax	Johannesburg	Resigned to emigrate
Dr L vd Nest	Johannesburg	Resigned to enter private practice
Dr B Nieuwoudt	Kalafong	Resigned to accept post at the Medical Association
Dr C Joubert	Kalafong	Transferred to CPA Health Services
Dr M Kelly	Kalafong	Transferred to Ga-Rankuwa Hospital in order to specialise and transferred back to Kalafong Hospital as Superintendent
Dr C E Vermaak	Kalafong	Resigned to accept post in private sector
Dr D Kruger	Kalie de Haas	Resigned to enter private practice
Dr M Marais	Klerksdorp	Retirement. Temporary re-employed

Dr C Laubscher	Discoverers Memorial	Transferred to National Health and Population Development
Dr C J Vermaak	Paardekraal	Transferred to Kalie de Haas Hospital
Dr C J Vermaak	Pietersburg	Transferred to Paardekraal Hospital
Dr I V de Jager	Pietersburg	Promoted to Director: Community Health Services, Pietersburg
Dr E du Plessis	Pietersburg	Retirement
Dr W Heunis	Sannieshof	Retirement
Dr J H Olivier	Soweto Community Health Centre	Transferred to Southern Transvaal Region Community Health
Dr P J Beukes	Soweto Community Health Centre	Retirement
Dr H C Vorster	Tembisa	Transferred to Kalafong Hospital
Dr C J Vermaak	Kalie de Haas (Ventersdorp)	Resigned to enter private practice
Dr E J Badenhorst	Vereeniging	Retirement
Dr R Olivier	Far East Rand	Demise
Dr W A Kotzenberg	Warmbath	Demise
Dr A J P Burger	Witrand Care and Rehabilitation Centre	Accepted post of specialist at Witrand Care and Rehabilitation Centre
Dr M Patterson	Hillbrow	Resigned to enter private sector
Dr D Ungerer	Ga-Rankuwa	Resigned (reason unknown)
Dr W E Jackall	Baragwanath	Resigned to enter private practice
Dr P J de Jager	Nigel	Resigned to enter private practice
Dr D M Hawkins	Coronation	Resigned to enter private practice
Dr J Nagtegaal	Coronation	Promoted to Director: Health Services
Dr D Bruwer	Nigel	Transferred to Dr A G Visser Hospital
Dr G S Withinshaw	Sterkfontein	Retirement.

Photo-chemical smog

588. Mr R F HASWELL asked the Minister of National Health and Population Development:

(1) Whether Cape Town experienced a photo-chemical smog on the morning of 17 April 1990; if so,

(2) whether there were any instances of non-compliance with State health guidelines on the morning in question; if so, what are the relevant details?

B1356E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) Yes, atmospheric conditions were conducive to photo-chemical reactions, with a strong temperature inversion and absolutely calm conditions,

(2) yes, the National Guidelines were exceeded for Total Nitrogen Oxides, (NOX), Nitric Oxides

(NO) and Hydrocarbons, as measured by the City Council of Cape Town at the City Hall. However, at the same site, the level of ozone, an important indicator of photo-chemical smog was low.

The highest levels measured were as follows:

Pollutant	Levels measured hourly average values in microgram/m^3	Guidelines
NOX	2 468	1 504
NO	2 357	1 128
Non-methane hydrocarbons	1 287	270
Ozone	20	240

The episode lasted only for two hours from 07:00 to 09:00.

Salaries/salary scales

589. Mr R M BURROWS asked the Minister for Administration and Economic Co-ordination:

What have been the applicable salaries and/or salary scales for each post level in each department and organisational component referred to in section 6(1) of the Public Service Act, No 111 of 1984, since 1 April 1990?

B1358E

The MINISTER FOR ADMINISTRATION AND ECONOMIC CO-ORDINATION:

There are approximately 520 occupational classes, each consisting of various post classes, each with its own salary scale. In order to ascertain the appropriate salary scale for each post class in each department and organisational component referred to in section 6(1) of the Public Service Act, No 111 of 1984, the relevant information will have to be obtained from each such department and organisational component. Due to the extent of this task, it cannot be justified.

Public Service: differential pay scales

590. Mr R M BURROWS asked the Minister for Administration and Economic Co-ordination:

Whether there are differential pay scales in the Public Service for different grades of employees; if so, (a) how many pay scales are there and (b) what will be the appropriate key scale applicable to each pay level as at 1 July 1990?

B1359E

The MINISTER FOR ADMINISTRATION AND ECONOMIC CO-ORDINATION:

Yes.

(a) 318, according to the latest available information.

(b) Particulars of the standard salary levels, utilise as basis for the salary scales of officials, are as follows:

3141x228–3369x312–4305//3369x312–4617//3681x312-4617x399–5016//3993x312–4617x399–5415//4617x399-6213//5814x399–7410//7011x399–7809x438–9123//9123x438–10437x498–11931//11931x498–13425x663–15414//14088x663–17403x909–18312//15414x663–17403x909–20130//18312x909–23766//21948x909–25584//25584x909–26493x1356–30561//29205x1356–34629//34629x1356–40053//38697x1356–40053x1641–43335//43335x1641–46617//49899x2106–54111//54111x2106–56217//56217x2106–58323//58323x2106–60429x2778–63207//74319//87402//110901//120987//165768

Own Affairs:

Group areas legislation: prosecutions in certain areas

124. Mr L FUCHS asked the Minister of the Budget and Local Government:

Whether it is the intention to prosecute every person contravening group areas legislation in the Homestead Park/Turffontein/Bezuidenhoutsvallei/Malvern/Southdale West area; if

ties and technikons.

The corporation's Central Training Unit — which employs about 50 professional

Unit, which aims to increase Anglo's and its associate companies' business transactions with the small-business sector.

Changing health threats will need new services, report

B'day 27/6/90

CAPE TOWN — AIDS, assaults, smoking and alcohol-related diseases will replace diarrhoea and measles as major health threats in poorer communities during the next decade and dealing with them will require fundamental changes in health services.

This is the conclusion of a group of academic doctors in a recently published paper entitled Critical Issues for Community Health in the 1990s.

The authors argue that socio-political and demographic changes, particularly associated with high fertility rates and rapid urbanisation, will have a profound influence on the state of community health and

LESLEY LAMBERT

the provision of health care.

Another major influence will be the residual effects of apartheid which will remain for some time once the current race-based system has ended, they say.

To address the new health threats, fundamental changes will be required in the way community health professionals are trained, in the direction of medical research and the relationship between state health authorities at all levels and non-governmental organisations.

In addition, non-governmental organisations will be required to play an increasing role in extending and complementing the changing function of government health services.

The authors emphasise the need to address the private sector's tendency to treat conditions that produce maximum profit, while neglecting preventive, promotive and rehabilitative activities.

They accept that involvement in the less profitable activities will need to be compensated and that this may require a revision of medical aid benefits.

They welcome government and ANC announcements on the restructuring of health services with more emphasis on primary health care.

Returning ANC medics may face shock

ABOUT 30 doctors and 50 nurses are among the ANC exiles who will be returning to South Africa but, because they trained in the Eastern bloc, their qualifications might not be recognised by the respective authorities.

SOWETAN Correspondent

This was said yesterday at the first national congress of the South African Health Workers' Congress at the University of Durban-Westville.

Sahwco president Mr Krish Vallabhjee said: "Those who trained in the Eastern bloc - 30 doctors and 50 nurses - will not have their qualifications recognised under existing South African Medical and Dental Council and South African Nursing Council regulations.

"An immediate challenge for Sahwco is to campaign for the recognition of their qualifications."

Harsh

Vallabhjee said that while "Sahwco was born and bred amid harsh repression from the State and courageous defiance by the people, members needed to now shift their emphasis from defiance to development".

return to this country, Hayes said: "Each returnee will probably also have a particular set of problems.

"Consequently, the social and health services face a potentially enormous amount of work in helping them adjust to everyday life."

He added, however, that while the issue of returning exiles and repatriation would strain the capacity of social and health organisations, it would be possible to meet this challenge.

This included "arming communities with information in simple language, building grassroots health structures and tackling issues such as Aids.

"The main weapon against Aids is mass awareness. But we have failed to advance the campaign against Aids because we lack the grassroots health structures at a mass level and the mass consciousness around health despite the seriousness of the issue," said Vallabhjee.

Anxieties

Mr Graham Hayes, from the Organisation for Appropriate Social Services in South Africa, said that although the health care workers returning to South Africa would be coming back with anxieties, fear and insecurities about the new South Africa, they would also be bringing with them substantial political experience and skills acquired during their years of exile.

With some 20 000 ANC exiles expected to

Clinic boycotters accuse doctor of neglect and bias

By TSHOKOLO MOLAKENG

A POTGIETERSRUS doctor's surgery has been boycotted for more than a month because he allegedly failed to treat properly patients injured in police action.

The Mahwelereng Action Committee's publicity secretary, Thibang Ledwaba, said yesterday that black patients were forced to boycott Dr Christo Pienaar's surgery after African National Congress member Donald Madisha died in a Potgietersrus police cell on June 1.

The boycott started on June 8.

Ledwaba said Pienaar, as a district surgeon, had to "investigate Madisha's death" and make a finding. He said the doctor failed to do this.

He added: "Pienaar used to write falsely that people were not seriously injured when they were affected by police action."

Ledwaba said Pienaar joined the ANC last Tuesday but cancelled his membership four days later. He claimed the doctor joined the organisation in an attempt to break the boycott. "He wanted to give the impression that he was non-racial."

Ledwaba said Pienaar held a meeting with the local ANC interim committee where he promised to do away with discrimination at his surgery.

That did not resolve the boycott and Pienaar severed his ties with the ANC.

Ledwaba said the doctor resigned because, in Pienaar's own words, his family would be in trouble as the town was a Conservative Party stronghold. He had applied to be a member when he was still "emotional and shocked" by the boycott; and that he disagreed with the ANC-inspired boycott of "innocent" doctors.

The doctor, when asked to comment on the allegations yesterday, said he was busy with his patients and had no time. "No comment," he said.

Doctor who stopped the beatings...

W/E Argus 7/7/90

93

By PAT CANDIDO
Weekend Argus Bureau

PORT ELIZABETH. — Why did no other district surgeon or doctor working in the system speak out?

This is the question former Port Elizabeth district surgeon Wendy Orr, who made headlines in 1985 revealing assaults on detainees, keeps asking herself.

This week the young doctor who still maintains that all she did was the "job of any doctor" returned to the city to attend a function at which former detainees received a settlement of R120 000.

The payment was made to about 80 anti-apartheid activists five years after Dr Orr successfully interdicted police from assaulting them and others in detention at the time.

Attorneys representing the detainees said the State had agreed to pay them, without admission of guilt, a total of R120 500 plus the costs of their applications for claims filed against the Minister of Law and Order after the interdict.

Disappointment

Prominent detainees, several of whom spent about three years in detention, included Eastern Cape civic and trade union leaders such as Dennis Neer, Cosatu's regional secretary, Ivy Gcina of the Federation of South African Women, Ihron Rensburg, an NECC executive committee member, Mkhsell Jack, the chairman of the PE youth Congress and the Rev De Villiers Soga, a prominent clergyman.

In retrospect, the deceptively young looking doctor, who was relatively inexperienced when she took on her shoulders what nobody else had done, says she would do the same today.

One of her greatest disappointments still is that no other doctor working in the system has spoken out. It has considerably weakened her faith in the profession.

"I did what any doctor should have done. Yes, it changed my life. But I did the right thing," she said in an interview this week.

She still believes she achieved something — she spared detainees from further humiliation and pain.

Dr Orr, who had qualified at the University of Cape Town and was working off a state bursary at the district surgeon's office, recalls how her duties included examining and providing health-care to those detained under the emergency regulations.

Emergency

Eight years after the PE district surgeon's office had become infamous for the Steve Biko case she found the situation had changed very little.

She soon realised she was seeing detainees who had been assaulted while in detention. The daughter of a clergyman, and a person with high moral ethics she decided she had to live up to her calling as a doctor.

She still remembers the nasty telephone calls and letters, some of which really scared her at the time. Eventually she was forced to resign. A group of doctors in Johannesburg and Cape town clubbed together to pay off the last two years of her bursary.

Today, after a spell at the Alexandra Clinic and the Coronation Hospital in Johannesburg, she is working on a master's degree in family medicine at the University of the Witwatersrand.

Cordon bleu

She is trying to squeeze in a cordon bleu cookery course. She is slightly more optimistic about the changes taking place in the country but believes health services are no better than they were.

She has no regrets, though she admits that her actions influenced her life and catapulted her into the limelight in a manner she did not expected.

Her words were splashed in newspapers around the world and her actions earned her a trip to America. Today she is "footloose and fancy free" and working hard for her master's degree.

Dr Wendy Orr and attorney Mr Richard Spoor arrive at H F Verwoerd Airport, Port Elizabeth, for a reunion with former detainees.

Star 24/7/90 (83) (93)

Medicines battle: Govt ultimatum

By CARINA LE GRANGE

The dispute between the medical and pharmaceutical professions over doctors who dispense prescriptions is in the process of being resolved after a recent meeting during which agreement was reached between the Pharmaceutical Society of South Africa (PSSA) and the Medical Association of South Africa (Masa).

While doctors have maintained it was their right to dispense medicine, the pharmaceutical profession has officially claimed this was a "vexing problem" threatening the existence of the profession as a whole.

The agreement in principle between the PSSA and Masa to "jointly resolve their dispute" was reached at one of a series of meetings held between the two professional bodies late last month.

It followed an ultimatum by the Minister of Health, Dr Rina Venter, that the Government would intervene if the crisis had not been settled by August 15.

Details of the agreement will not be made public until after a meeting with Dr Venter on August 2. Neither party is speaking, except to each other.

This sudden lull follows a long period where pitched battles were fought on the pages of the journals of both bodies and in the media, and during which representations were made to the parliamentary joint committee on health in March and April this year.

In May Dr Venter warned unless the two parties managed to get their houses in order themselves, the Government would intervene.

Doctor Orr calls for inquiry

ARGUS 25/7/90

By DENNIS CRUYWAGEN
Staff Reporter

FIGURES on detentions in Port Elizabeth in 1985 were sufficient evidence for an official inquiry into police activities during the state of emergency, said former Port Elizabeth district surgeon Dr Wendy Orr.

Dr Orr made headlines in 1985 when she successfully applied in the Supreme Court, Port Elizabeth, for an interim order restraining police from assaulting detainees.

Speaking yesterday at a conference on Medicine and the Media at the University of Cape Town medical school, Dr Orr said 1 500 men had been detained at St Alban's prison, Port Elizabeth, between July 20 and September 24, 1985.

Almost half of them, 706, had either complained of assault or had injuries consistent with assault or both; 409 had identified police as the perpetrators of the assaults; and 296 detainees who alleged they had been assaulted by police had shown injuries consistent with their allegations, she said.

Police had investigated four cases of alleged assault and none had come to court, she added.

"Not one police officer has been disciplined, no inquiry has been instituted. Detention is not healthy," she said.

She said that the medical profession, apart from constantly drawing attention to the fact the detention was a threat to mental and physical health, should insist that:

- No doctor working with detainees should be employed by the government because that made clinical independence impossible;
- Strict guidelines be laid down by the South African Medical and Dental Council for doctors treating detainees;
- Channels of independent reportage be made available to doctors who saw the victims of torture and assault; and
- Doctors who did not adhere to the guidelines and reportage regulations be rapidly disciplined.

Nursing staff in wage picket

CMT Tue 13 4/8/90 93

Staff Reporter

ABOUT 60 off-duty nurses complaining about recent salary increases and compulsory membership of the South African Nursing Association (Sana) staged a four-hour picket at the Red Cross Children's Hospital yesterday morning.

Meanwhile, the Sana executive director, Mrs Susan du Preez, said she hoped the picketing nurses "get wet in the rain, go home and sleep".

She said nurses would achieve nothing by picketing for changes to "broad policy matters" in the profession.

Nurses were demanding a review of their July 1 salary increases and called for voluntary membership of Sana.

A dissatisfied registered nursing sister said the salary increases were not what they had expected nor did they receive promised tax deductions.

"We are very unhappy about this and we are thinking about going to the nursing council," said the nurse, who asked not to be named. She said nurses were required to perform additional duties because of staff shortages without receiving extra pay.

Star 7/8/90 (93)

Doctors, chemists must co-operate – Venter

The vested rights of the Medical Association of SA (Masa) and the Pharmaceutical Association of SA (PPSA) had to be recognised in seeking a solution towards resolving their differences on the dispensation of medicines.

This was said in a statement yesterday by the Minister of National Health and Population Development, Rina Venter, after discussion with the two organisations last week.

Dr Venter stressed that in seeking a solution, the vested rights of the two professions should be recognised.

Both had a "great responsibility" in determining how they should co-operate without affecting those rights.

She said that at all times the interests of the patient would be paramount. — Sapa.

Medical aid schemes in 'cash' row with doctors

LESLEY LAMBERT

CAPE TOWN — Two medical aid schemes are urgently negotiating with a large group of dispensing doctors who have refused to recognise their membership cards and who are demanding cash payment for treating their members.

Both medical aid schemes — Bonnitas and Pro Sano, with almost 700 000 beneficiaries — are administered by the Medscheme group.

The bulk of their members are black and coloured public sector employees in the Transvaal and Western Cape.

The schemes have been targeted by 350 Western Cape dispensing doctors, who are demanding that they reduce the discrepancy between the "high" medical aid subscriptions received from their members and "low" medical aid fees paid to doctors.

The doctors, who belong to the Society for Dispensing Family Practitioners, allege that the schemes are making their members pay for levies imposed on medicine and that their demands for discounts on medicines are uneconomical.

A Pro Sano spokesman said yesterday that the measures had become necessary as a result of increasing medical costs.

Without the increased income from subscription fees and the discounts on medicine, the schemes would have to fund the growing costs from dangerously low reserves imposed by statute.

Spokesmen from both schemes issued separate but similar statements yesterday after urgent discussions with the doctors at the weekend.

They said they had obtained discounts on medicines dispensed by pharmacists and private hospitals in exchange for direct and prompt payment in an attempt to contain the rising cost of claims.

But dissenting doctors were demanding direct and prompt payment without being prepared to reduce their markup on the cost of medicines in line with pharmacists, private hospitals and the majority of about 3 000 dispensing doctors.

Hardship

The medical aid spokesmen also claimed the doctors were threatening to lift their consultation fees above the approved scale of benefits charges — a move which would result in further increases in members' subscriptions.

They said the demand for cash payment would cause unwarranted financial hardship and could mean that sick members who could not afford cash payment would not receive proper health care.

A spokesman for the doctors said the group was due to meet yesterday and today to decide on their response.

Medicine dispensing differences still unresolved

MARIETTE DU PLESSIS

PHARMACISTS and doctors have not finally resolved their differences about the dispensing of medicine, the Department of National Health and Population Development said in a statement this week.

Representatives of the Pharmaceutical Society of SA (PSSA) and the Medical Association of SA (MASA) met National Health and Population Development Minister Rina Venter on August 2 to discuss final proposals put forward by the interested parties.

At the meeting, it was decided that after the department had had time to study the proposals and their practical implications, they would be discussed with the two organisations and their respective professional councils. Only then could discussions with the Minister be resumed.

Venter said both organisations had a great responsibility in determining how they should co-operate without affecting the vested rights of the two professions, but at the same time establishing a fair dispensation for each.

She emphasised that in seeking a solution the interest of the patient should be paramount.

The department would also re-evaluate the situation in an attempt to help the PSSA and the MASA in their quest for a solution, she said.

Boycott of medical schemes may spread

CAPE TOWN — Boycott action by a group of dispensing doctors against two major medical aid schemes could spread to other schemes if it is found they are also setting "unacceptable conditions" for settlement of their accounts.

The action in which a group of 350 western Cape doctors are refusing to recognise the membership cards of the two medical aid schemes with more than 600 000 members, began after the parties failed to resolve their differences during an urgent meeting at the weekend.

The schemes submitted proposals for the doctors' consideration yesterday but the doctors — members of the Dispensing Family Practitioners Association (DFPA) — have not yet responded. They have demanded cash payment from members who have received treatment since their boycott began on Monday.

A spokesman for the DFPA said yesterday the group was trying to determine whether the "unacceptable conditions" were applied more widely in the medical aid industry. The two schemes which are currently under attack are Pro Sano in the western Cape and Bonitas in the Transvaal. Both fall under the umbrella of the Medscheme group which administers a number of other major schemes throughout the country.

In another development yesterday, the Medical Association of SA (Masa), which represents 13 000 SA doctors, issued a statement in which it sympathised with the dissenting doctors but said it was prepared to try to resolve the dispute in the best interests of all parties concerned.

A separate statement issued by the DFPA, the Society of Dispensing Family Practitioners and Masa listed resolutions

LESLEY LAMBERT

— similar to the dissenting doctors' claims — which had been adopted at the weekend meeting with the medical aid schemes.

The basis of the doctors' dispute is that the schemes are offering preferential terms of settlement to doctors who are prepared to enter into agreements which are uneconomic and place patients at a disadvantage.

They object to the discrepancy between the "high" medical aid subscriptions received from the schemes' members and the "low" medical aid fees paid to doctors. They claim the schemes are demanding uneconomic discounts on medicine.

Interference

The schemes argue that these measures became necessary as a result of increasing medical costs. Without the increased income from subscription fees and the discounts on medicine, they would have had to fund the growing costs from dangerously low statutorily imposed reserves.

In a statement issued yesterday Masa's Federal Council chairman Dr Bernard Mandell said the doctors' boycott action was the result of "continuous interference by certain medical schemes in their professional practice".

An example of this interference was the setting of conditions for settlement of the schemes' accounts. Doctors who were not prepared to enter into contracts with these schemes were being discriminated against, he said.

Masa said the medical profession would ensure that "the health of patients would not be compromised".

Doctors begin to boycott medaids

Medical Reporter

About 2 000 dispensing doctors in South Africa today started a boycott of several major medical aid schemes belonging to the Association of Medical Scheme Administrators (Amsa).

The official decision to refuse to recognise membership cards of these medical schemes, which include Bonitas and Prosano with a combined membership of more than 700 000, was taken by the Society of Dispensing Family Practitioners.

The move follows Amsa's decision to deduct 15 percent discount from all dispensing doctors' medicine charges from the beginning of the year. The doctors demand that the discount be scrapped immediately.

The result is that hundreds of thousands of members, mostly industrial employees, have to pay cash for medical attention.

The doctors' society chairman Joe Maelane said initial action started two weeks ago had already resulted in several medical schemes deciding to abandon the discount principle.

The doctors' decision is backed by the Medical Association of South Africa (Masa).

Tembisa doctors strike

(93)

WHITE doctors and administrators at Tembisa Hospital in the strife-torn East Rand township yesterday went on strike demanding the reinstatement of a matron evicted from the hospital by workers on Monday.

The Transvaal Provincial Administration confirmed a strike was in progress and that the matter was being investigated.

A statement signed by "concerned workers" slammed the doctors' and pharmacists' action and accused them of acting against the Hippocratic Oath. Sowetan 22/8/90

Matron

The matron, JM Beukes, was forced from the hospital by workers who accused her of holding "a racist and dictatorial attitude" towards them.

Striking staff were conducting a sit-in at the hospital superintendent's office, sources said.

The "concerned workers" said violence in Tembisa between warring Inkatha and other factions meant the casualty ward was under severe pressure and patients were "waiting in vain for help".

"We are applying to the TPA and South African Medical and Dental Council to intervene and hope that an inquiry will be launched should any deaths be incurred due to the action." the statement said.

Several faxed messages were sent to the TPA complaining about the matron but no action was forthcoming, a National Health and Allied Workers Union spokesman said yesterday. - *Sowetan Correspondent.*

mended that action be ... their lawyers ...

New doctors' association to fight for a better deal

(93)

Sowetan 31/8/90

A NEW association to address the problems of young doctors - especially "unacceptable" working conditions and poor pay - has been established by the Medical Association of South Africa.

The Junior Doctors' Association of South Africa, one of 40 special interest groups of Masa, will represent student-interns (final-year medical students), interns (house doctors) and other doctors up to two years after qualification.

One of the most pressing issues to be addressed will be "unacceptable working conditions and inadequate remuneration".

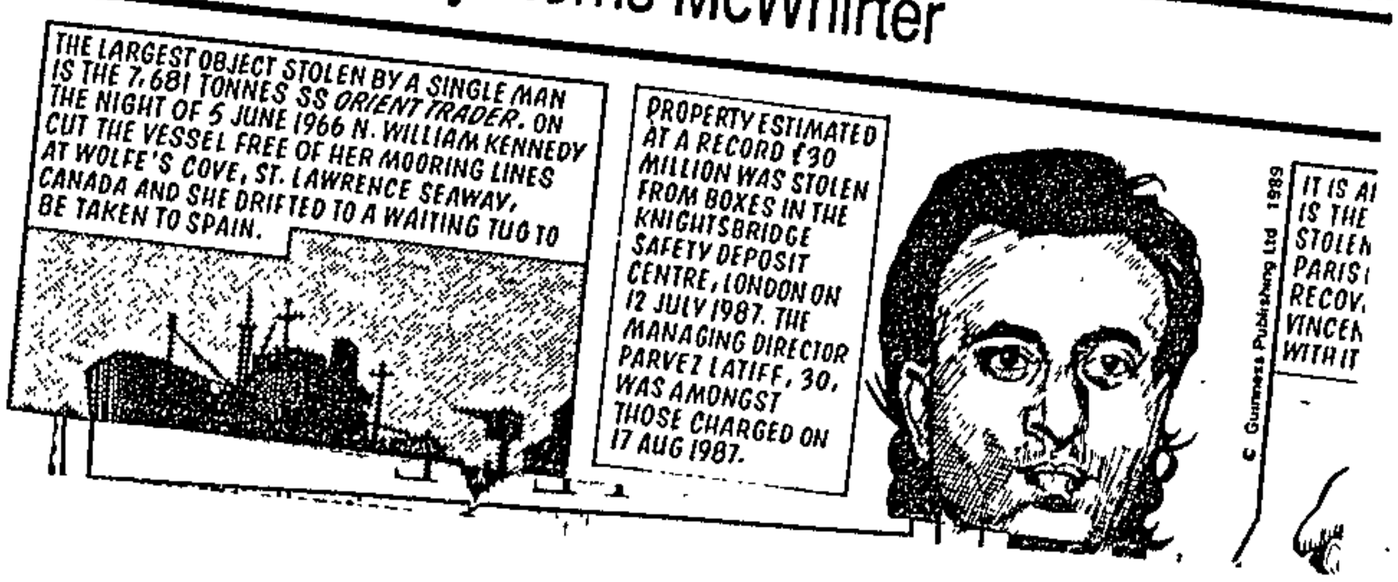
According to the newly elected chairman, Mr Johan Scholtz, student interns earn R200 a month and interns R1 300 a month - "which barely covers costs".

Scholtz, a final-year student at Pretoria University, said a comprehensive investigation of working conditions would be done to negotiate better working conditions.

Concern has also been expressed about the training standards of foreign doctors allowed to work in South Africa.

The inauguration meeting in Pretoria was attended by 40 delegates.

FACTFILE - by Norris McWhirter



PAY DEMANDS: Off-duty nurses at the Red Cross Children's Hospital in Rondebosch demonstrate outside the hospital in support of higher wages and better working conditions.

City nurses in protest over pay

By DON HOLLIDAY, Staff Reporter

ABOUT 30 nurses at the Red Cross Children's Hospital in Rondebosch demonstrated outside the hospital today in support of higher wages and better working conditions.

They were mostly night staffers who had finished work. Running the hospital was not affected.

A statement by the nurses' action committee said the nurses did not wish to strike or neglect responsibilities.

"We realise that we chose to nurse and will not abandon our patients or withdraw our care. But it must be taken into account that we have duties and responsibilities to our own children."

Their demands included an urgent review of salaries and working conditions, salary-scale adjustments and voluntary instead obligatory membership of the Nurses' Association.

The statement said they were required to perform duties beyond their scope of practice because of staff shortages, without extra pay.

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Junior doctors to ask for raises

GERALD REILLY (93)

PRETORIA — Urgent representations are to be made to government for significant increases in junior doctors' pay, the newly formed Junior Doctors Association of SA (Judasa) chairman Johan Scholtz said yesterday. (May 31/8/90)

Student interns earned R200 and interns R1 300 a month, which "barely covered" their basic costs.

said.

THE

tained." - *Sapa.*

Ethics under spotlight

Sowetan 10/9/90

DOCTORS who act legally in providing health care do not neccessarily act ethically, Mr Gilbert Marcus of the Centre for Applied Legal Studies, said at the weekend. (93)

Speaking at the Ethics and Health Symposium at the University of the Witwatersrand, Marcus said in 20 years of detention without trial only one doctor - Wendy Orr - had come forward and spoken out about health care conditions for detainees.

with billings topping R150m. Along with the merger came a top-heavy manage-

important accounts, including the multi-million rand BMW account which it had held for 16 years.

Study says govt should pay private doctors to aid poor

B Day 14/9/90

(93)

LESLEY LAMBERT

CAPE TOWN — A national health system in which the state pays a fixed fee to private sector doctors for the treatment of people who cannot afford to pay, will solve many of the problems of the existing system.

This is the view of Andersen Consulting's Health Care Practice manager, Maurice Goodman, who has done an extensive study on developing a system which co-ordinates SA's First- and Third World health-care needs.

Such a system will encourage vital co-operation between the public and private sector health-care providers, allowing the state access to private health-care facilities and management expertise, he says.

This has proved to be more economical.

The system, referred to as a capitation-based system of funding health care, will also encourage private doctors to become more involved in primary health care — an area they currently regard as financially unviable.

Reimbursement schemes like the fee-for-service system of payment, where doctors and hospitals are paid for specific services, provides no incentive for private doctors to become involved in health promotion and disease prevention services.

"Operating under these systems, the private sector health-care providers are directly dependent on the level of ill-health in their communities to make their money.

"But, with the capitation-based system, the providers get a fixed revenue stream from the state and it is in their interests to contain costs to maximise profits."

"The USA system, called the Health Maintenance Organisation (HMO), provides health-care services to more than one third of the population and their experience has shown that it is the most cost-effective system for providing quality and comprehensive health care," he says.

Although HMOs are not allowed in SA because of laws which restrict group practices and the employment of doctors by the private sector, Goodman says it will still be possible to implement a health-care service based on capitation principles.

Overseas-qualified medics won't write SA exams

MORE than 200 overseas-qualified doctors have decided not to write the South African Medical and Dental examination for full registration at the end of this year.

The decision was taken at a meeting of the Overseas Medical Graduates Association in Durban at the weekend.

The doctors maintained that there would be a greater deterioration of the already strained health services for the duration of the examination and the study leave period.

Omega president Dr Joey Gobind said about 65 per cent of the doctors worked in rural hospitals where their services were greatly needed.

Gobind said the doctors had decided not to sacrifice the needs of patients and that they would write the examinations only when proper health services had been restored. - *Sapa*

David Pincus

HEALTH CARE

DOCTORS AND DRUGS

Until recently dispensing doctors had a good press because of their contribution to price competition in drugs.

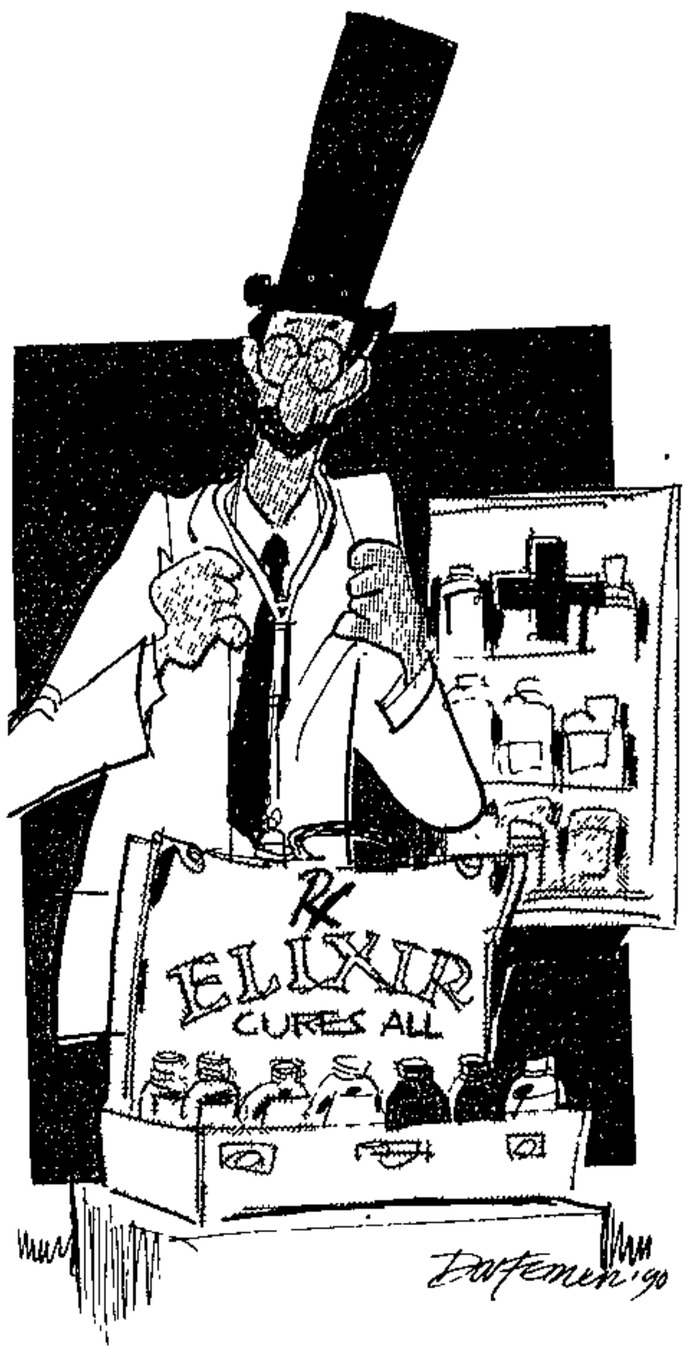
They now dispense more than 30% of prescription medicines and, in reaction to competition from doctors, pharmacists have been forced to give medical aid schemes a 15% discount on approved prices. With the approved medical price usually cost plus 50%, the discount still leaves them with a comfortable margin of 27,5%.

Medical aids now feel it is time for doctors to contribute more to cutting rising medical costs which, on the face of it, they are reluctant to do.

The credibility of GPs was strained by their decision to boycott medical schemes belonging to the Association of Medical Schemes. Their decision came just a few days after the association won a 15% discount from the National General Practitioners' Group that was supposed to begin on July 1.

In particular, the bulk of dispensing doctors who operate in black and coloured areas refused to honour the discount. Medicines account for no fewer than 40% of the claims of the largest black medical aid in the country, Bonitas, and 26% of these claims are from dispensing doctors.

Doctors were accused by organisations such as the Housewives' League of reneging on their agreement and contributing to higher medicine costs and medical aid subscriptions. The Centre for the Study of Health Policy wrote: "The doctors, in refusing to



honour their patients' medical aid cards, were at best making life difficult for their patients. At worst, it might be argued that they were prejudicing their patients' best interests."

Ray Kobrin, a spokesman for the practitioners' group, says this argument is one-sided. "The so-called negotiations weren't negotiations, but demands. We were told that if we refused to give a discount, then the medicine cost would be paid directly to the members.

"The vast majority of dispensing by doctors is done in lower-income areas so low-paid patients who are given money (by medical aids) may be tempted not to reimburse the doctor (for medicine received on credit). Medical aids demand levies, of say 10% of the drug cost, to be paid for medicines, but many patients can't afford this so it's common to waive the levy. We suggested the levy should be abandoned as a form of discount, but the medical schemes wouldn't listen to that."

Kobrin adds that many doctors don't charge GST on medicines to keep down the cost to patients.

Bonitas chairman Paul Luthuli hopes individual schemes will be able to negotiate with doctors but he isn't optimistic.

Because the question of doctors dispensing is under ministerial investigation, neither the Pharmaceutical Society of SA nor the Medical Association can comment officially on this latest dispute, but it is good news for the embattled retail pharmacy.

The society's policy is to preserve the patient-doctor-pharmacist triangle. It argues that if doctors can gain financially from prescribing more expensive drugs, then that temptation should be avoided by the intervention of the pharmacist to be in charge of dispensing, unless it's an emergency.

But the society is still opposed to allowing medical aids to direct patients to get medicines only from a limited list of dispensaries that offer medicines at a discount.

One such organisation, Mediscor, is planning to take business away from dispensing doctors through competitive pricing. Mediscor MD Kosie van Zyl says: "The pharmacist now has an opportunity to restore his image and beat the doctor on both price and service."

Mediscor offers a 22% discount on the recommended price, which makes it competitive even with doctors, who are supplied with medicines at lower prices than those available to pharmacies.

Unfortunately, legislation doesn't allow medical schemes to tell members where to send their scripts, with a few exceptions, such as Transnet's scheme, Transmed, which runs its own dispensaries. The pressure to amend this, though, is increasing.

John Cowlin, MD of Zandfontein Clinic, who was a dispensing doctor while in practice, says: "There's a real danger to the medical profession that the fee-for-service system will become so expensive that fewer people will be able to afford private practice. It is adding to the pressures for managed health care programmes."

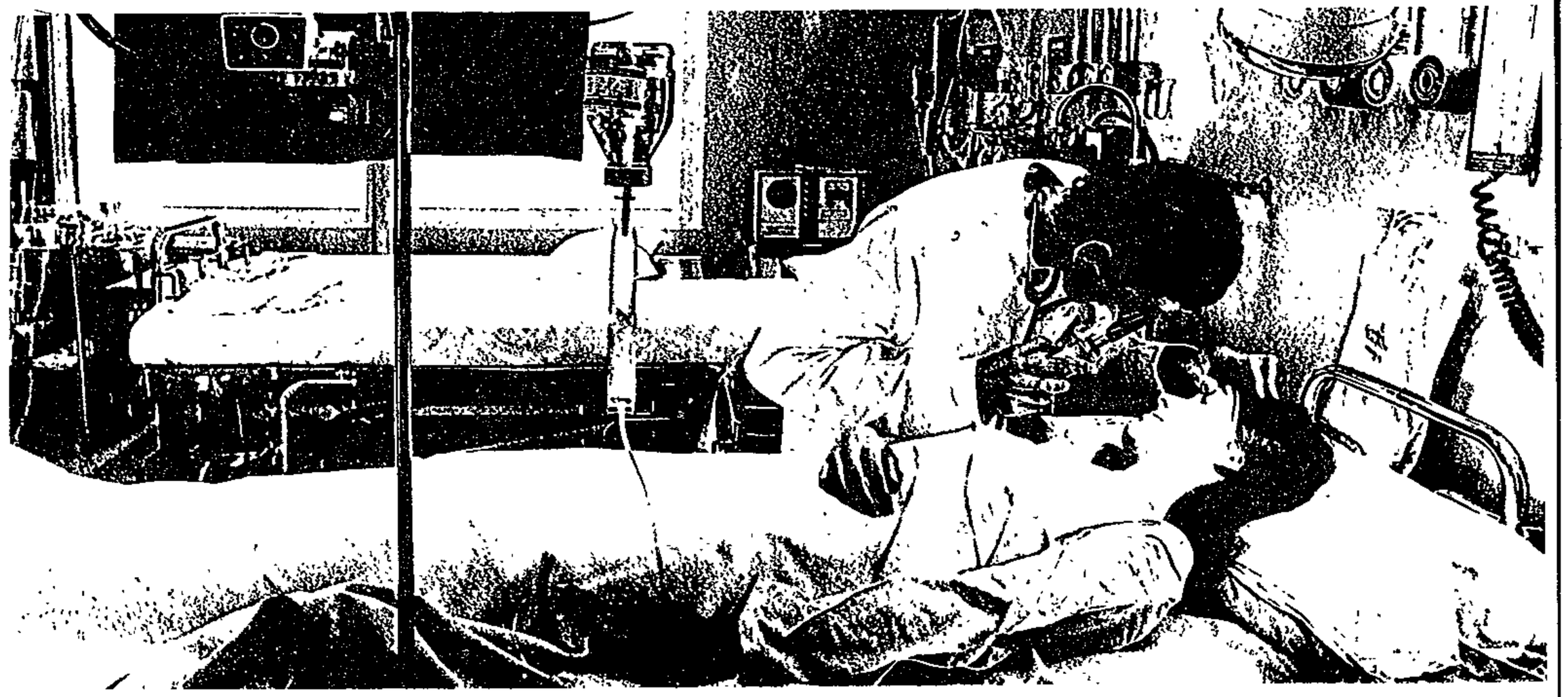
Cowlin adds that dispensing should always be allowed as an ancillary service but, if it accounted for much of a doctor's income, there would be public suspicion over whether a doctor was primarily concerned with consultation or just saw consultation as a way of drawing in customers for medicine sales.

Wits' Cedric de Beer says in the long term another remuneration method must be considered. "Under the present system of third-party payment, there is no incentive for cost-containment. In any case, there are good arguments for questioning whether it's ethical for a doctor to profit from dispensing."

Kobrin denies this: "Any man who is involved in work is doing so for a profit. Why in the case of doctors should this suddenly be treated as dishonesty? If doctors are improving their income and patients are receiving a better price for medicine, I do not see that there is anything wrong." *Stephen Cranston*

Patients of the 'rip-off' doctors

Doctors claim that private patients are often given unnecessary treatment "as a method of increasing a private doctor's income", particularly when the doctor remained "contracted in" to medical aid tariffs. In the first of a two part investigation Staff Reporter VIVIEN HORLER looks into the problem of health care.



MANY private patients have unnecessary procedures, including major operations, simply to increase their doctor's income, it has been claimed.

One doctor has gone so far as to suggest that over-servicing might be implicated in the deaths of several babies in private intensive care units in the Transvaal who developed infections as a result, it is thought, of being given a contaminated batch of Sabax "total parental nutrition" (TPN) feed.

While this claim would be difficult to prove, about half the babies who are treated in the intensive care units are given TPN, while only about three percent of babies in ICUs at State hospitals in Cape Town have it.

'Bugs love it'

A paediatrition in private practice said: "Infection is the major complication of intravenous feeding, because the mixture is rich in nutrients and bugs love it.

"Newborn babies, even those with problems, can go for up to a week without being fed, provided they receive water, glucose and salts to stop them becoming dehydrated.

"In four years of private practice I have never used TPN, and I have nursed some jolly sick babies. Yet I believe it is frequently given routinely. Over-servicing goes on to a disgusting extent."

Doctors said that over-servicing was commonly used as a method of increasing a private doctor's income, particularly when the doctor remained "contracted in" to medical aid tariffs.

According to figures issued by the Registrar of Medical Schemes in his 1989 report, payouts by schemes to doctors had decreased from 38,6 percent in 1978 to 34,1 percent in 1988.

Dr Bernard Mandell, chairman of the Medical Association of South Africa's federal council, said the recent 18,6 percent increase to the scale of benefits announced by the Representative Association of Medical Schemes (Rams) for 1991 had left doctors "once again in no position to combat inflation". They could no longer afford to continue subsidising their services "indefinitely".

Mr Rob Speedie, head of Rams, says: "Our statistics show that doctors who charge according to the scale of benefits render 33 percent more services than doctors who charge private rates.

'Total disaster'

"This means that the doctor who charges scale of benefits can maintain a similar level of income to his colleagues who charge private fees, but the scale-of-benefits doctor has to see more patients, or see his patients more frequently."

A doctor heavily involved in the debate said: "Private medicine is a total disaster

safe procedure, but it still carries a risk and is not pleasant.

"People believe that private health care gives them a choice, but there isn't really a choice. It's a rare patient who, sick, perhaps in pain, possibly frightened, will challenge his doctor about the necessity of the services he recommends.

"And while a patient can of course ask for a second opinion, this sometimes causes unpleasantness, and when you're sick you don't want to antagonise the person who may be able to make you well. As long as private doctors are in competition with each other, asking for a second opinion always carries the risk of resentment."

The "fee-for-service" system in South Africa, when a private patient pays separately for every service provided by the doctor, is vulnerable to exploitation. And this vulnerability is hugely increased when a third party, the medical aid scheme, picks up the bill.

Over-servicing

"Over-servicing is a very serious problem and one of the fundamental causes of the cost escalation in the private health sector," says Dr Jonathan Broomberg, a research

of malpractice, but they're human, and a financial incentive might just tip the scales when they come to deciding whether a procedure is necessary or not."

Claims of overservicing have been backed by papers published in the South African Medical Journal earlier this year. In one survey doctors found the chance of having a Caesarean section birth was 50 percent higher for women on medical aid than state patients at the Johannesburg Hospital.

The doctors also found that about 28,7 percent of women on medical aids had their babies' births induced, compared with just 2,8 percent in

salary regardless of the procedure they perform. These schemes are known as health maintenance organisations (HMO).

The paper found that medical aid patients saw their doctors 33 percent more often than the HMO patients. Medical aid patients had 133 percent more X-rays than HMO patients, 14 percent more pathological tests, and went to hospital more often and for longer periods.

The doctors said there was no evidence of any difference in the quality of the medical services by the two systems.

In a paper in the Medical Journal Dr Broomberg

fixed amount for every patient registered, the rate of surgical operations per person was about half of that in the United States, where surgeons are still paid on a fee-for-service basis.

Dr Mandell of the Medical Association says he has sympathy for doctors who feel have to make a living and who have the paitents' interests at heart.

"The association's guidelines for the price of a consultation is R50, while the Rams tariff will be R24 from January. What does a doctor do to provide a reasonable return? He can see more patients. We believe four to five patients an hour is ideal while 12 an

stead of the usualy four or five. Of course there are doctors who overservice their patients to augment their incomes, and in certain cases we have sympathy for them.

"The fee-for-service system is not working, and this is a symptom of a diseased system, a system that is breaking down because of inflation.

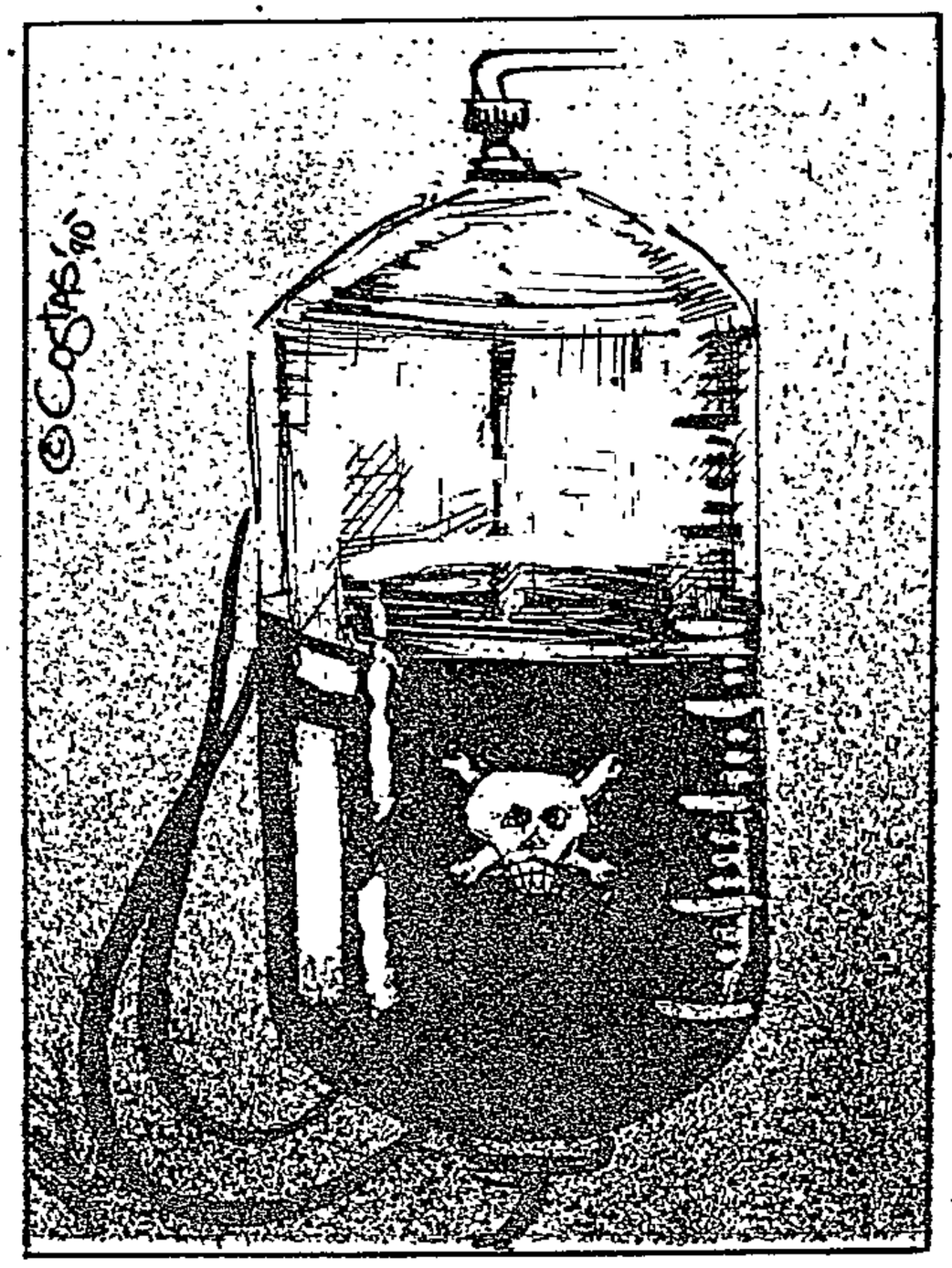
"The answer is cost containment, patient education, self medication, and disincentives for that first consultation — because doctors don't pull the patients off the street."

Dr Mandell said the association had set up a steering committee to look into the current problems and every aspect of private health care.

Ethics v safety: Can doctors refuse to treat Aids patients?

A doctor and nurse have been infected with HIV, forcing the medical community to assess the treatment of people with Aids. Can they withhold their services and what precautions can they take?

By CARMEL RICKARD



THE news that two Natal health workers have been confirmed HIV positive after contracting the disease at work has underscored divisions within the ranks of the medical profession over how to deal with the risk of Aids.

Some doctors have become even more anxious about their own safety and that of their families, others believe this is an "hysterical" response and that there is less risk of a doctor becoming infected on the job than of being run over on the way to work.

Officials said the two infected health workers, a doctor and a nurse, seroconverted (became infected) after accidents at work involving contaminated blood.

This prompted reports that some doctors were seriously considering whether they would refuse to treat a patient with Aids.

However, doctors interviewed by *The Weekly Mail* said they did not know of anyone who seriously held this position — although several doctors have resigned from King Edward VIII Hospital in Durban to return to overseas hospitals where they believe the risk of Aids is less.

They said it would be unethical and could be illegal.

This has been confirmed by lawyers who said that doctors with a hospital contract were legally obliged to attend all patients, regardless of whether they were Aids patients.

The director of hospital services in the Cape, for example, has said that health workers employed by the department may not refuse to treat or perform essential diagnostic procedures on a patient with HIV-related disease and disciplinary action would be on the cards for staff who refused to treat in such a situation.

However, if the hospital were to be negligent and did not supply "standard protection", a doctor would be entitled to refuse to treat such a patient and might have grounds for legal action against the hospital for negligence.

The situation of a private practitioner is more complex.

Professor of criminal law at Unisa, "Sas" Strauss said private practitioners may refuse a patient "at will", with one important qualification — that in the event of a life or death emergency, such as cardiac failure, they could not refuse to attend a patient.

Two Natal University law professors, Jonathan Burchell and David McQuoid-Mason, add a further proviso: once a doctor has begun treating a patient there is a contractual relationship and the doctor is then "legally obliged to continue with the treatment or at least ensure that the patient receives appropriate medical care from another doctor".

They added that if patients suffered as a result of negligence by their doctors, there could be grounds for damages including compensation for pain and suffering against the doctors concerned.

The Johannesburg deputy medical officer of health and head of the city's Aids prevention programme, Clive Evian, said he feared the announcement that the Natal health workers had become infected was "likely to mean some members of the medical profession will use it as an excuse not to treat Aids patients".

He said he already knew of cases where it was difficult to find doctors to treat HIV patients.

"We have had a patient who needed a bladder inspection and we had to 'shop around' for a doctor who would do it.

"It is not a new thing that doctors and other health workers are reluctant to see HIV positive or Aids patients.

"However, the sensational treatment of the Natal report will heighten this problem."

Evian said that word soon spread about doctors who would agree to treat Aids patients. "Then all the Aids patients go there and these doctors are more at risk than if everyone stuck to their Hippocratic Oath and treated all patients. Then the risk to the individual doctor would be less."

He referred to an American medical journal which published the findings of research into 770 people exposed to contaminated blood. Of this group three sero-converted.

"This means that if you prick yourself with contaminated blood there is a 0,76 percent risk of infection. By comparison there is a 12 to 17 percent risk of contracting Hepatitis B under similar circumstances."

Among the specialists most at risk are orthopaedic surgeons and obstetricians.

A Durban orthopaedic surgeon, who cannot be named, said he was extremely concerned about the risk of contracting Aids.

Over the last few weeks he has been testing a new kind of "cut-resistant glove" worn under the normal plastic glove, which is described as being 10 times stronger than steel.

He said the gloves had helped and his "cut rate" was reduced by half. He said it was generally accepted that orthopaedic surgeons would be cut "about four times a month", and that anything which reduced this injury rate was welcome.

"These gloves give a lot of protection. I feel much happier doing everything I can. This is no ordinary threat. I know we run all kinds of risks in everyday life on the roads and so on, but this is not like Hepatitis B — one is not only endangering oneself. If one contracts Aids one will be unable to work and ones wife is liable to be killed as well.

"It is often said that we are over-anxious and hysterical. But we have good reason for it."

Despite his high level of anxiety on the subject, this doctor said he would not refuse to treat an Aids patient, but he would probably "modify" an operation on such a patient to make it less dangerous for himself.

He said in addition to the new gloves he routinely wore spectacles to stop blood splashing in his eyes. If he knew a patient was infected he would also wear a plastic gown so that no blood could make contact with his skin.

Like other doctors interviewed he said he would feel happier operating on people who had been tested, but he acknowledges that tests are not failsafe.

"The (Aids) issue is discussed a lot by doctors. If I was unmarried, or 65 and not going to live much longer perhaps I would not be concerned about it."

A colleague in obstetrics was less anxious. He said the gloves might help with scalpel wounds but that most injuries were from needles, for example while sewing up patients, and the gloves would not help in such cases.

He places his confidence in "exercising as much care as possible and improving my surgical techniques.

"With HIV education is the thing. Not only for the public but also for health workers.

"We need to educate staff about how to handle needles so as to avoid pricks. We need to improve expertise of the staff.

"I believe there is no need for panic but lack of education leads to fear and that leads to panic."

Who is correct in their response to the infection of the Natal health workers — the doctors who feel their lives are on the line, or those who believe this an "hysterical" response?

The head of the Aids advisory committee in Natal, Dennis Pudifin, said neither was "right".

"The best that can come out of this is as far as health care workers are concerned is that their awarness of the risks becomes increased and the caution they exercise is heightened.

"People with HIV infection need proper medical care as much as people with any other serious illness.

"It's not right to refuse to handle people with HIV infection. Equally it would be unadvisable to be cavalier.

"If these two accidents increase people's awareness and the use of precautions, that is the best that can be hoped for out of their misfortunes.

"There is no need for an hysterical reaction but one would be unwise not to heed the lesson and thereby reasses ones precautionary procedures."

Doctors are fleeing from Aids threat

IT has been confirmed that six foreign doctors fled King Edward VIII Hospital in Durban this year and went back to Europe because of the Aids threat facing the medical profession.

At the same time the recruitment of foreign doctors to South Africa is becoming more difficult because of the problem.

The medical superintendent of King Edward VIII Hospital, Dr Justin Morfopoulos, confirmed that six intern doctors who came to King Edward earlier this year, took stock of the high level of HIV positivity, packed their bags and and resigned as a result of the Aids threat. Sowetan 23|11|90

He said that 12 foreign interns were needed to make up the complement at King Edward (for next year) and it was not certain whether this would be filled because of the difficulty in recruiting foreign doctors to Aids stricken Natal where it is thought that at least two percent of the heterosexual black community are now HIV infected.

Revelation 93

Since the shock revelation that a doctor and a nurse from Natal (the first in South Africa) have become HIV positive after contamination from Aids infected instruments, fears among the medical profession have been brought to a head.

It has also come to light that surgeons, especially orthopaedic surgeons, prick their fingers, on average, during one out of every four surgical procedures. This was said by the chairman of the Natal Coastal Branch of the Medical Association of South Africa, Dr Fanus du Toit.

In the light of this, a strong warning was given to the profession by the head of the Aids Advisory Unit at the Institute of Medical Research, Dr Ruben Sher; Dr du Toit and the head of Orthopaedic surgery at the University of Natal Medical School, Professor Teddy Sarkin.

Contamination

Sher said: "I have been repeatedly warning doctors and nurses to take every precaution and to treat all patients as if they were HIV positive. Contamination is avoidable if people only take precautions. Too many medical staff think 'it won't happen to me'and these are exactly the people who have accidents."

Sher said that the chances of becoming HIV infected from a "needleprick injury" were one in 250. There had only been 28 cases of "needleprick" infection in the world of which two were now from Natal. He felt that if precautions were taken "their profession was safer than travelling to Durban over the Easter period or driving in a black taxi."

"There is an element of risk in being a doctor or a nurse, but there is also an element of risk in being a policeman or fireman. The thing is not to take chances and to protect themselves especially when doing invasive procedures especially where blood is involved."

Private health-care in danger

Health-care is in a crisis as half the money spent on it pays for the needs of less than a quarter of the population. In this, the second of a two-part series, Staff Reporter VIVIEN HORLER examines the problem.

PRIVATE health-care in South Africa is in serious danger of pricing itself out of the market.

Almost half the money spent on health-care in 1987 paid for the needs of less than a quarter of the population, according to a doctor who is an expert in health policy.

Less than 25 percent of South Africans have access to private health-care — yet in 1987 43,6 percent of the total health-care bill of R9 billion went to the private health-care sector.

Huge subsidy

Yet private health-care is subsidised by the State to the tune of a whopping R1,7 billion a year.

While private health-care patients, who are usually on a medical aid, may have the luxury of private care, they are paying a fortune. In fact, fewer and fewer people are able to afford it. In 1983, 87 percent of the white population belonged to medical aid schemes, but by 1988 only 68,4 percent did.

The rate of contributions to medical aid schemes has increased by nine times in the past 11 years, compared to an inflation rate which has increased four times.

Although some of the discrepancy is explained by better standards of care, more sophisticated diagnosis and treatment, and more luxury, "it is also explained by significant financial inefficiencies and over-utilisation of services in this sector".

This is the opinion of Dr Jonathan Broomberg, a research officer at the Centre for the Study of Health Policy, part of the University of the Witwatersrand's community health department.

In a recent edition of the South African Medical Journal Dr Broomberg said the rate of medical aid contributions had increased ninefold in the past 11 years, compared to the inflation rate which had gone up fourfold.

But if people are paying for their own private health-care, does the price matter?

Yes, says Dr Broomberg, partly because private patients are consuming an unfair share of the country's total health resources.

But the main reason is the expense of private health-care is not borne just by the people who get it. "The State subsidises private health-care to a large extent, because a company's contributions to employees' medical aid are tax-deductible.

"Last year this tax deduction represented a loss to public sector revenue of R1,7 billion."

Dr Broomberg said private patients should pay the true costs of their treatment.

'Incredibly expensive'

"I believe there is a good argument for a future government to remove the subsidy completely. This would of course make private health-care, as it is now, incredibly expensive." But if the private health-care sector could control its costs, he said, it might be able to cope with the subsidy's removal.

One of the reasons for the escalation in costs has been the fact that most private patients in South Africa are charged by doctors for every service performed — the fee-for-service system — and á third party, the medical aid scheme, picks up the bill. "This means," said Dr Broomberg, "that both doctors and patients are not sufficiently aware of the costs of services."

A recent proposal from the Medical Association of South Africa partly addressed the third party problem by suggesting that patients pay part of their accounts themselves. The association says statistics have shown that claims on medical aid schemes drop when this system is introduced.

But that is a stopgap solution. What is needed is a complete overhaul.

The health maintenance organisation (HMO) is a system in which a fixed monthly fee is paid in return for a wide range of health-care. Some — like Spoornet employees and on the mines — employ doctors and run hospitals and pharmacies.

According to Dr Broomberg, the costs to members are substantially lower than those with medical aid. There is a disadvantage: you have to go to the scheme's doctors or pay extra for others.

Depending on the form of HMO, doctors and other providers are paid either a salary by the HMO, a fee for each registered patient, or a reduced percentage of the fee-for-service tariff. The system works because an HMO has a strong incentive to ensure costs do not exceed contributions.

And because the HMO employs the doctors or contracts with them, this type of system can contain costs effectively.

However, there are three major disadvantages to this system: patients are restricted in their choice of doctor, there is a potential for underservicing and inferior care, and doctors lose autonomy.

Dr Broomberg says the solution lies in the maintenance of adequate quality control, the establishment of a complaints structure, and a guarantee that patients could move between the different doctors in the scheme.

Commenting on the HMO idea, Dr Bernard Mandell, chairman of the federal council of the Medical Association of South Africa, said he thought the fee-for-service and HMO system could "be tested in healthy competition".

MASA could support the establishment of HMOs provided they complied with various criteria such as being run on a non-profit basis, to avoid exploitation, and that advertising and touting for business should not take place.

(iii) where a watchman's contract of employment terminates before he has been granted all the days of rest to which he has become entitled by virtue of this paragraph, his employer shall pay him in respect of each day of rest not granted an amount of not less than his daily wage;

(iv) for the purposes of this paragraph, the expression 'day' means a period of 24 consecutive hours calculated from the time the watchman normally commences duty.".

Signed at Durban, on behalf of the parties this 2nd day of August 1990.

B. G. RAE,
Chairman of the Council.

S. P. PILLAY,
Vice-Chairman of the Council.

HAROLD LEVIN,
Secretary of the Council.

DEPARTMENT OF NATIONAL HEALTH AND POPULATION DEVELOPMENT

No. R. 2783 **30 November 1990**

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

The Minister of National Health and Health Services: House of Assembly has in terms of section 32A of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), on the recommendation of the South African Medical and Dental Council, made the regulations set out in the Schedule hereto.

SCHEDULE

REGULATIONS RELATING TO THE REGISTRATION OF CERTAIN CATEGORIES OF MEDICAL PHYSICISTS

1. The following categories of persons are hereby prescribed in terms of section 32A of the Act and may be registered in terms of that section:

(a) Medical physicits engaged by universities and scientific institutions approved by the council;

(b) medical physicists employed in a full-time or part-time capacity by the State, the provincial administrations, or a local authority or any other employer approved by the professional board of the council: Provided that the contract of service in respect of the part-time employment of a medical physicist shall provide that the hours of service relating to the part-time appointment shall be not less than half the hours of service of the corresponding full-time appointment;

(c) medical physicists who are engaged in post-graduate study or research in the Republic and as such hold appointments which are not of a permanent nature.

2. The persons referred to in regulation 1 may be registered with the council as medical physicits if they hold any of the qualifications which may, from time to time, be accepted by the council in terms of section 32A of the Act.

(iii) wanneer 'n wag se dienskontrak eindig voordat hy al die rusdae toegestaan is waarop hy kragtens hierdie paragraaf geregtig geword het, sy werkgewer hom ten opsigte van elke sodanige rusdag wat nie toegeslaan is nie, minstens sy dagloon moet betaal;

(iv) dat die uitdrukking 'dag' vir die toepassing van hierdie paragraaf beteken 'n tydperk van 24 agtereenvolgende ure bereken vanaf die tyd wat die wag gewoonlik begin werk.".

Namens die partye op hede die 2de dag van Augustus 1990 te Durban onderteken.

B. G. RAE,
Voorsitter van die Raad.

S. P. PILLAY,
Ondervoorsitter van die Raad.

HAROLD LEVIN,
Sekretaris van die Raad.

DEPARTEMENT VAN NASIONALE GESONDHEID EN BEVOLKINGS-ONTWIKKELING

No. R. 2783 **30 November 1990**

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

Die Minister van Nasionale Gesondheid en van Gesondheidsdienste: Volksraad het kragtens artikel 32A van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet No. 56 van 1974), op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, die regulasies uiteengesit in die Bylae hiervan, uitgevaardig.

BYLAE

REGULASIES BETREFFENDE DIE REGISTRASIE VAN SEKERE KATEGORIEË GENEESKUNDIGE FISICI

1. Die volgende kategorieë persone word hierby kragtens artikel 32A van die Wet voorgeskryf en kan kragtens daardie artikel geregistreer word:

(a) Geneeskundige fisici in diens van universiteite en wetenskaplike inrigtings wat deur die raad goedgekeur is;

(b) geneeskundige fisici wat in 'n voltydse of deeltydse hoedanigheid in diens is van die Staat, die provinsiale administrasies of 'n plaaslike owerheid of enige ander werkgewer wat deur die beroepsraad en die raad goedgekeur is: Met dien verstande dat die dienskontrak met betrekking tot die deeltydse indiensneming van 'n geneeskundige fisikus moet bepaal dat die diensure verbonde aan die deeltydse aanstelling minstens die helfte moet wees van die diensure verbonde aan die ooreenstemmende voltydse aanstelling;

(c) geneeskundige fisici wat in die Republiek met nagraadse studie of navorsingswerk besig is en as sodanig aanstellings het wat nie van permanente aard is nie.

2. Die persone bedoel in regulasie 1 kan by die raad as geneeskundige fisici geregistreer word indien hulle in besit is van enige van die kwalifikasies wat die raad van tyd tot tyd kragtens artikel 32A van die Wet aanvaar.

Academic medics set to mobilise

MATTHEW CURTIN

THERE are moves to set up a 1 500-strong national association of academic medical specialists to safeguard the future of academic medicine in SA.

A spokesman for the Association of Specialists of the University of the Witswatersrand (ASUW), founded in July, said ASUW intended to unite local associations to form a national body. There were 1 500 full-time specialists and hundreds of vacant posts.

He said a national association would pre-empt "the erosion beyond repair of the academic base essential for medical training".

There was a continuous exodus of full-time academic specialists to the private sector, fuelled by the unacceptable pressures of academic hospital conditions and the better pay at private institutions.

A national association would be able to bargain directly with the government for better pay and conditions. At present Wits academic specialists were represented with all other provincial employees by the TPA at the Commission for Administration wage negotiations.

Medical Association of SA (Masa) secretary-general Hendrik Hanekom said Masa supported ASUW's efforts.

He listed inadequate facilities, lack of funds, deteriorating standards, staff shortages, poor pay and career incentives as the factors posing "a serious threat to the future of academic medicine".

Johannesburg Hospital anaesthetics department head Prof David Morrell said yesterday he had lost four senior specialists in three months, lured away by the better pay and conditions in the private sector.

It was increasingly difficult to maintain standards as junior staff had to fill senior posts and existing personnel were over worked.

Last week there were unconfirmed reports that seven senior surgeons were about to resign from Baragwanath hospital.

Wits Medical School dean Prof John Milne said yesterday there was no threat to Baragwanath's academic status, but a rationalisation of the region's academic hospitals was in the pipeline.

A final draft of a scheme to create an academic "hospital complex" for presentation to Health Minister Rina Venter next year had been handed to the Council of University Principles.

Milne said the project anticipated the rationalisation of the hospitals into a structure, administered by a board of control with health authority and medical representatives, and funded by both state subsidies and money generated by private patients.

Health Ministry spokesmen were unavailable for comment.

Police presence in wnships

WANE

East Rand to wn- r two day of e than 70 people

spokesman Capt as quiet in Ear-

VAT will be test of farmers' bookwork

B1Day 6/12/90

FARMERS would have to get their paperwork and accounting systems in order or lose out on credit refunds when the value added tax (VAT) system was introduced next year, accountants said yesterday.

They would not be able to leave their paperwork until year-end as was the case with GST. The VAT system was invoice-driven and invoices had to be supplied whenever a taxable service was received or supplied, the accountants said.

While efficient farmers had nothing to fear from the introduction of VAT — provided they already had good accounting systems — those without proper accounts would have difficulty in reclaiming the tax component included in their bills for purchased inputs.

When all tax paid on purchases or services (input tax) was deducted from the total tax farmers charged their customers (output tax), farmers could claim credit only if input was greater than output.

To a certain extent VAT would provide a built-in checking mechanism and although tax collected would have to be paid over to the tax authorities, VAT paid and shown on invoices could be claimed as a tax credit paid on goods and services obtained for farming purposes (inputs).

"The ideal VAT system should have as few exceptions and zero-ratings as possible to ensure that it will be a broad-based consumption tax," said Mark Badenhorst of Price Waterhouse.

MARIETTE DU PLESSIS

He added that all primary producers such as farmers, fishermen and timber growers would have to be included to safeguard the integrity of the system.

There were large numbers of farmers on medium-sized farms who would be caught in the middle between the large primary producers and small producers.

They would be faced with the problem of ensuring that their accounting systems and records complied with requirements such as VAT registration, which was necessary to claim input tax credit, and correct invoicing, giving the registration number and amount of tax charged, Badenhorst said.

Refunds

An insignificant percentage of small farmers falling below the threshold turnover limit of R50 000 would be exempted and, therefore, not liable to comply with the VAT requirements, while large producers already had accounting systems and records to ensure adequate compliance.

Because farming was seasonal, farmers would tend to claim refunds at the beginning of the agricultural year, when purchasing inputs, before making heavy payments to the Receiver after harvest, economists said. This made government revenue more seasonal.

Appeal over health budget

B1Day 6/12/90

PRETORIA — The Medical Association of SA yesterday appealed to President F W de Klerk to give urgent priority to the health care budget for next year.

In a letter to De Klerk, Masa said it was seriously concerned about the deterioration of health services in the public sector.

This was caused by the loss of public sector health personnel to the private sector and to jobs in other countries because of inadequate pay, stressful work, outdated equipment and lack of career incentives at state hospitals.

Wits University's Specialists Association, using information from medical personnel at medical schools, estimated 76% of the doctors planned to move to the private sector; 41% were considering emigrating; and 9% planned a career change.

It was feared if the trend of losing state doctors continued, public sector health care services would be unable to provide care for a growing population.

Masa secretary-general Hendrik Hanekom stressed the vast majority of South Africans were totally dependent on state health care services. A preliminary report by management consultants commissioned by Masa warned that losses of senior practitioners and administrators to the private health care sector were a major threat to the public health sector.

GERALD REILLY

Hanekom stressed that in the past 10 years there had been increasing concern over the deteriorating standards of academic medicine.

The standard of health care was determined by academic medicine standards and Masa had warned for years that urgent steps were needed to head off the crisis now developing.

Masa, Hanekom said, was waiting for feedback from a leadership conference on academic medicine held earlier this year but in the meantime it had started its own investigations into the funding aspect.

Public sector doctors say they'll quit

Cape Times 6/12/90

Own Correspondent

DURBAN. — More than 40% of doctors at South African medical schools are considering emigrating while about 76% planned to move to the private sector, according to the Medical Association of SA (Masa).

Masa, in a shock statement, said that health services in the public sector were deteriorating and expressed concern that standards of academic medicine in this country were declining.

They have lodged an urgent appeal with President F W de Klerk to give priority to the 1991 health-care budget.

Reasons cited for the deterioration of public health services were the loss of personnel to the private sector and to posts abroad because of low pay, stressful working conditions, outdated equipment and the lack of career incentives at state hospitals.

Secretary-general of Masa Dr Hendrik Hanekom said that the vast majority of South Africans were totally dependent on state health-care services.

A further decline in the standard of medicine practised at state hospitals would have a serious negative impact on the health of these patients.

Medical specialists in crisis

93
Cape Times 7/12/90

Own Correspondent

JOHANNESBURG. — At least 80% of full-time medical specialists intend leaving the public health service within two years if conditions do not improve, says a survey by specialist associations.

A spokesman for the Association of Specialists of the University of the Witwatersrand (ASUW) said yesterday the survey, based on anonymous responses collected from 25% of SA's full-time specialists to two questionnaires, found nearly one in 10 specialists were considering leaving the medical profession.

When doctors with 15 years training were prepared to abandon their profession because of poor working conditions, it showed the critical condition in which academic medicine in South Africa found itself, the spokesman said.

The spokesman said of the specialists interviewed, 96% felt "very strongly" that salaries were inadequate and 80% said provincial administrations did not sufficiently appreciate academic medicine. There was also inadequate time for research.

The Medical Association of SA (Masa) presented the survey's finding to National Health Minister Dr Rina Venter at a meeting in Pretoria on Wednesday.

Dr Venter said yesterday the government was "fully aware" of the problems raised by the survey. It was for these reasons that it had embarked on a health services "reconstruction programme", but she warned that "adjustments cannot be made immediately".

Dr Venter said some steps had been taken already.

Masa plea to De Klerk

Sowetan 7/12/90

Own Correspondent

THE Medical Association of South Africa has appealed directly to President FW de Klerk to give priority to the health care budget next year.

In a statement released in Pretoria, Masa says that it has "expressed its serious concern over the deterioration of health services in the public sector."

The deterioration included a loss of personnel to the private sector and to posts overseas due "to the inadequate remuneration, stressful working conditions, outdated equipment and lack of career incentives at State hospitals".

Masa says 76 percent of doctors who are members of the Full-time Specialists Association at the University of the Witwatersrand, planned to move to the private sector while 41 percent were considering emigrating and nine percent planned a career change.

Dr Hendrik Hanekom, the association's secretary-general, pointed out to the State President that the vast majority of South Africans were dependent on State health care services and "a further decline in the standard of medicine practised at State hospitals would have a serious negative impact on the health of those patients".

DAY, Friday, December 7 1990

Public health faces crisis over specialists' grievances

B Day 7/12/90 · 93 B Day 7/12/90

MATTHEW CURTIN

AT LEAST 80% of full-time medical specialists intend leaving the public health service within two years if conditions do not improve, says a survey by specialist associations.

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When doctors with 15 years training were prepared to abandon their profession because of poor working conditions, it showed the critical condition in which academic medicine in SA found itself, he said.

By the end of 1990 Johannesburg Hospital would be without any neurosurgical specialists, sistopathologists, and half the necessary complement of anaesthetists, while there were reports half of Baragwanath's senior surgeons were about to resign.

The spokesman said of the specialists interviewed, 96% felt "very strongly" that salaries were inadequate and 80% said provincial administrations did not sufficiently appreciate academic medicine. There was also inadequate time for medical research.

But 93% of the doctors said if they were allowed to generate private income while still fulfilling stringent medical audits for the public service they provided, it would recompense them for their poor salaries.

Reconstruction

The Medical Association of SA (Masa) presented the survey's finding to National Health Minister Rina Venter at a meeting in Pretoria on Wednesday.

Venter said yesterday the government was "fully aware" of the problems raised by the survey.

It was for these reasons that government had embarked on a health services "reconstruction programme", but she warned "adjustments cannot be made immediately".

In the statement Venter said some steps had been taken already. There had been "much progress" in drafting a "management model for academic hospitals" and the Ministry was reviewing the salaries and career opportunities of all hospital staff.

The SAUW spokesman shared the minister's concern and hoped action would be swift to avert a deepening of the crisis.

Sapa reports Medical Association of SA secretary-general Hendrik Hanekom said yesterday the association had made an urgent appeal to President F W de Klerk to give priority to the health care budget for 1991.

He said the fact personnel were being lost to the private sector and to foreign posts was due to inadequate remuneration, stressful working conditions, outdated equipment and lack of career incentives at hospitals.

There was serious cause for concern over the "the deterioration of health services in the public sector".

A further decline in the standard of medicine practised at state hospitals would have a serious negative impact on the health care of the vast majority of people who were totally dependent on state health care services.

HEALTH AND DISEASE? — DOCTORS

1991

Chaos breaks out in world markets

ANDREW GILL

MAYHEM broke out in world markets yesterday as peace prospects soared and then plummeted, sending them on a hectic rollercoaster ride.

Gold fell $12 in New York to $377,25/oz and then rocketed more than $10 to close at $391,05 after US Secretary of State James Baker said talks with Iraqi Foreign Minister Tariq Aziz had failed.

Trading virtually stopped as dealers awaited news of Baker's media conference and found themselves hastily reversing positions as the news broke.

February Brent crude gained almost $2 to above $28 after losing more than $3 a barrel to $22,40 in New York when markets took heart from what they perceived to be a fruitful meeting.

News that Aziz had agreed to meet EC ministers in Algiers and a rumour that Iraq had proposed a conditional phased withdrawal from Kuwait sparked heavy selling of gold and dollars.

The dollar regained the day's heavy losses after falling three pfennigs against the mark to DM1,51 and climbing back to DM1,5345.

The Dow Jones Industrial average, which climbed 1,5% before Baker's comments, fell eight points to 2 501, while European markets gained, with London's FTSE-100 index ending 1,5% up.

Frankfurt's DAX index finished 1,6% up. A trader told Reuter: "This is nothing but speculation. Prices are being pushed up by traders whose view of time is about three minutes and whose view of long term is three days."

Analysts said earlier war was likely to push gold up for a short period, but that the resulting slackening in world growth would take its toll with decreased jewellery demand.

Middle Eastern buying has apparently diminished. On Tuesday the Jedda Bank was rumoured to have sold large amounts of gold at the higher prices. Soviet forward selling was also said to be a factor.

On the JSE the overall index ended six points off at 2 689 after a 22-point fall in the all gold index to 1 317 and a 10-point gain in the industrial index to 2 924.

Mega-merger talks take new direction

GILLIAN HAYNE

MERGER talks between UBS, Volkskas, Allied and Sage Financial Services (SFS) appeared to have taken a new direction yesterday after a special board meeting of the Allied. BIDay 10/11/91

Company insiders said the meeting was held specifically to discuss an offer from Southern Life, countering the merger negotiations.

Southern Life chairman Neal Chapman was not available for comment yesterday.

Allied chairman Norman Alborough, MD Kevin de Villiers and co-director Louis Shill, chairman of the Sage group, declined to comment on the business of the meeting.

However, it appeared that Southern had approached Allied's board seeking support for a 225c a share bid for 30% of Allied's equity.

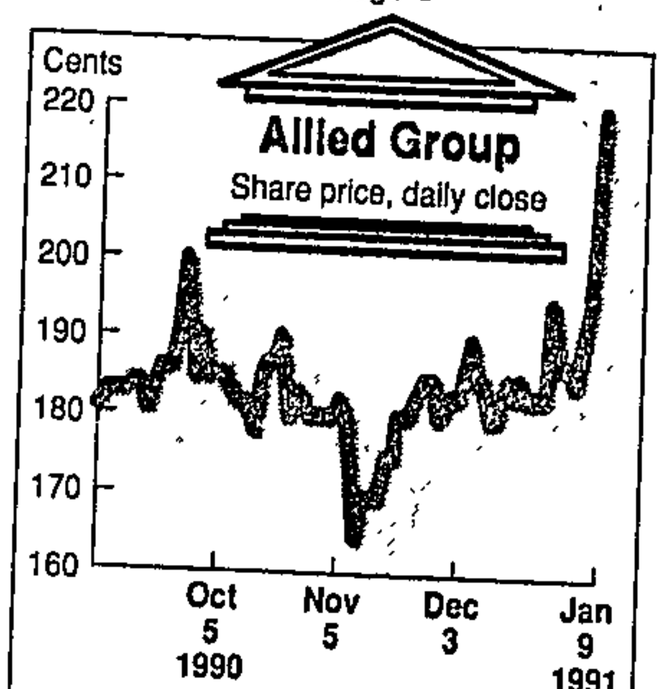
For the present Allied would continue talking to UBS and the others, said company insiders, who also suggested Shill would recuse himself over the Southern offer.

SFS owns 10% of Allied and, in its turn, Allied owns preference shares which will convert in stages into 20% of Sage Holdings' equity by 1994.

Allied had been negotiating a merger with UBS, Volkskas and SFS since September last year and the four companies' negotiators were sworn to secrecy on pain of financial penalties. The merger negotiations were expected to have been concluded by Christmas, but ran into snags.

Yesterday Allied's shares soared from 195c to 220c as 346 000 shares changed hands on the JSE. The shares had weakened slightly at the start of the year after a window-dressing rise in the dying days of 1990. As trading ended hopeful buyers were bidding 230c for the shares.

● See Page 6



Graphic: FIONA KRISCH Source: JSE

15% rise in doctors' fees recommended

GERALD REILLY

PRETORIA — The Medical Association of SA (Masa) has recommended a 15% across-the-board increase in doctors' consulting fees, the organisation's secretary-general Hendrik Hanekom announced yesterday.

Justifying the increase, Hanekom said doctors' practice costs had increased sharply by at least 25% above inflation.

Doctors' financial positions were becoming so critical that a breakaway from medical schemes by more of them was inevitable, he warned.

BDay 10/11/91

About 80% of doctors charge according to the Representative Association of Medical Schemes (Rams) scale of benefits.

Medical aid schemes this year will pay R24,90 for a GP consultation compared with R21,10 last year. Masa felt R30 a consultation was more reasonable. 93

Rams executive director Rob Speedie declined to comment until he had seen the full Masa statement.

Dairy Board receives no money from govt

Business Day Reporter

THE Dairy Board, which exports surplus dairy products, does not receive any money whatsoever from government, its agent, the Dairy Services Organisation (DSO), said in a statement yesterday.

It was commenting on a Business Day report on Tuesday that the taxpayer would have to pay about R288m this year and next to subsidise surplus dairy products, which would be exported at a massive loss.

The statement said the Dairy Board's total income was derived from levies collected from milk purchasers, producer-distributors and farm cheesemakers.

The DSO also contested the amount mentioned in the report. Giving details of how the figure should have been calculated, it projected a total export deficit of R108m to February 1992.

BDay 10/11/91

Government had never undertaken to become involved in disposing of surpluses. Its only involvement was in the fact that the Minister of Agriculture had to approve any expenses incurred by the Dairy Board.

Commenting on figures in the report, the statement said the lowest price at which butter or skim-milk powder was exported last year was R1,65/kg. The floor price fixed by the Dairy Board in February 1987 was approximately 40c/*l*, and not 36c/*l*. The floor price had not been scrapped, and was currently 45,06c/*l*.

The average producer price for the country reached 56c/*l* in about March 1989. This had not happened "overnight" when NCD began to buy milk directly from farmers in 1987.

The recommendation to scrap the floor price was received from the National Dairy Committee of the SA Agricultural Union, and not the NCD (National Cooperative Dairies).

☐ Business Day regrets the errors.

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Rams executive director Rob Speedie declined to comment until he had seen the full Masa statement.

15% hike in doctors' tariffs

PRETORIA. — The Medical Association of South Africa (Masa) yesterday announced an official 15% increase in its doctors' tariffs.

And Masa secretary-general Dr Hendrik Hanekom said that although some 80% of doctors still charged according to medical schemes' scales of benefits, the financial situation of doctors was becoming so critical that a breakaway from medical schemes by more doctors seemed inevitable.

He also encouraged patients to ask their doctors for reductions in their tariffs.

The chairman of Masa's Private Practice Committee, Dr Johan Kruger, said medical schemes would not adjust their benefits to two-thirds of Masa's recommended fees, and the hike meant the gap between the two scales was now more than 50%.

For instance, Masa's recommended maximum fee for a consultation with a GP now is R55,20, while medical schemes' contracted-in tariff has been set at R24,80.

The Medical Research Council (MRC), meanwhile, has asked the public to assist a newly appointed task group in its investigations into South Africa's health status, health services, research and training.

MRC national co-ordinator Dr Derek Yach said the investigations would be used to define the future of health research in SA and to ensure that all research keeps pace with socio-economic and political changes. — Sapa and Staff Reporter

ANC slams hike in doctors' fees

Cape Times (93)
4/1/91

Staff Reporter

THE ANC yesterday protested against the increase in doctors' fees, saying it put health care "beyond the reach of the people who need it the most".

Cape Town doctors said yesterday that a consultation by a patient on medical aid with a general practitioner can cost anything between R24,80 and R37,50.

The Medical Association of South Africa (Masa) raised its doctors' tariffs by 15% this week, lifting its maximum fee for a consultation from R48 to R55.20.

The medical schemes' rates — the portion of a doctor's bill that medical aid groups will pay — rose by 18% from the beginning of this year, bringing the medical aid rate for a consultation up from R21,10 to R24,80.

The ANC's Department of Information said in a statement that health care was a basic human right and "we should be looking at ways in which our medical expertise is placed at the service of the people ... at a nominal cost".

The increases had come at a time when standards of health care in hospitals and in the broader community continued to decline, the ANC said.

Sliding scale

Doctors, who declined to be named — as they may not advertise their fees — said yesterday that they charged patients different rates, according to their circumstances.

Some doctors in poorer suburbs had just put up their usual consultation fees for patients with medical aid from R25 to R30. Others, based in Newlands, said it was not possible to say what they charged as they had a "sliding scale".

Fees were always well below the Masa rates, they said, and often coincided with the medical schemes' rates.

Doctors did not feel particularly constrained by the prohibition on advertising, despite the wide range of fees charged.

"I doubt it will make any difference to the patients, most of whom have been with us for many years," a doctor said.

Dr Johan Krüger, chairman of Masa's Private Practice Committee, said fees were negotiable.

All one can do is cough up

Star 11/1/91

93

Members of medical aid schemes are generally considered to be the most privileged users of health care in South Africa. But are they? Have they become the victims of the battle between private doctors and the medical aid schemes? Medical Reporter CARINA LE GRANGE looks at the patient's conundrum.

IN THE battle between the representative bodies for doctors and medical aid schemes – the Medical Association of South Africa (Masa) and the Representative Association of Medical Schemes (Rams) – on what doctors should be paid and how much the aid schemes pay, the patient has become a vulnerable bystander.

While the two bodies remain locked in a long-distance tussle over fee scales, the patient is the sick and virtually powerless figure in-between, helplessly watching as medical care is fast slipping out of reach.

Masa accuses medical aids of no longer being able to render affordable or accessible health care, while Rams accuses doctors of over-servicing and excessively high charges.

The ordinary patient has little, if any, say in the matter.

Almost 20 percent of South Africans are members of medical schemes – a benefit provided by many employers.

Consult

Membership of the scheme is usually compulsory. Members have to comply with subscription rates required and accept the benefits offered.

When a member consults a doctor, however, the contract entered into is between patient and doctor. Despite medical aid membership, it is the patient who is responsible for paying for the doctor's services.

It is also the patient who, despite medical scheme benefits, has to pay out of his own pocket the difference between what the doctor asks and what the medical aid gives. The patient also, of course, pays subscriptions each month.

With the gap between the medical aid scale of benefit and the maximum recommended fees for doctors now at more than 50 percent, the patient has to dig deeper and deeper into his pocket.

Masa is responsible for determining doctors' fees while Rams decides what doctors should be paid.

If there are any real attempts between Masa and Rams to reach a compromise on acceptable remuneration for doctors' services, there is no public evidence of this.

This year the top general practitioner rate is R55,20 with the medical scheme payment at R24,80. Last year, when Masa's recommended top rate for a consultation with a GP was R48, a large Johannesburg multiracial practice charged R40 – of which only R21,10 was paid by the medical aid.

Masa believes a scale-of-benefit fee of R36 would be more reasonable as that would mean doctors offer a one-third discount on Masa's R55,20 fee.

Announcing their latest increase of 15 percent this week, Masa said the rise had been determined on the basis of general economic trends and business consultants' findings.

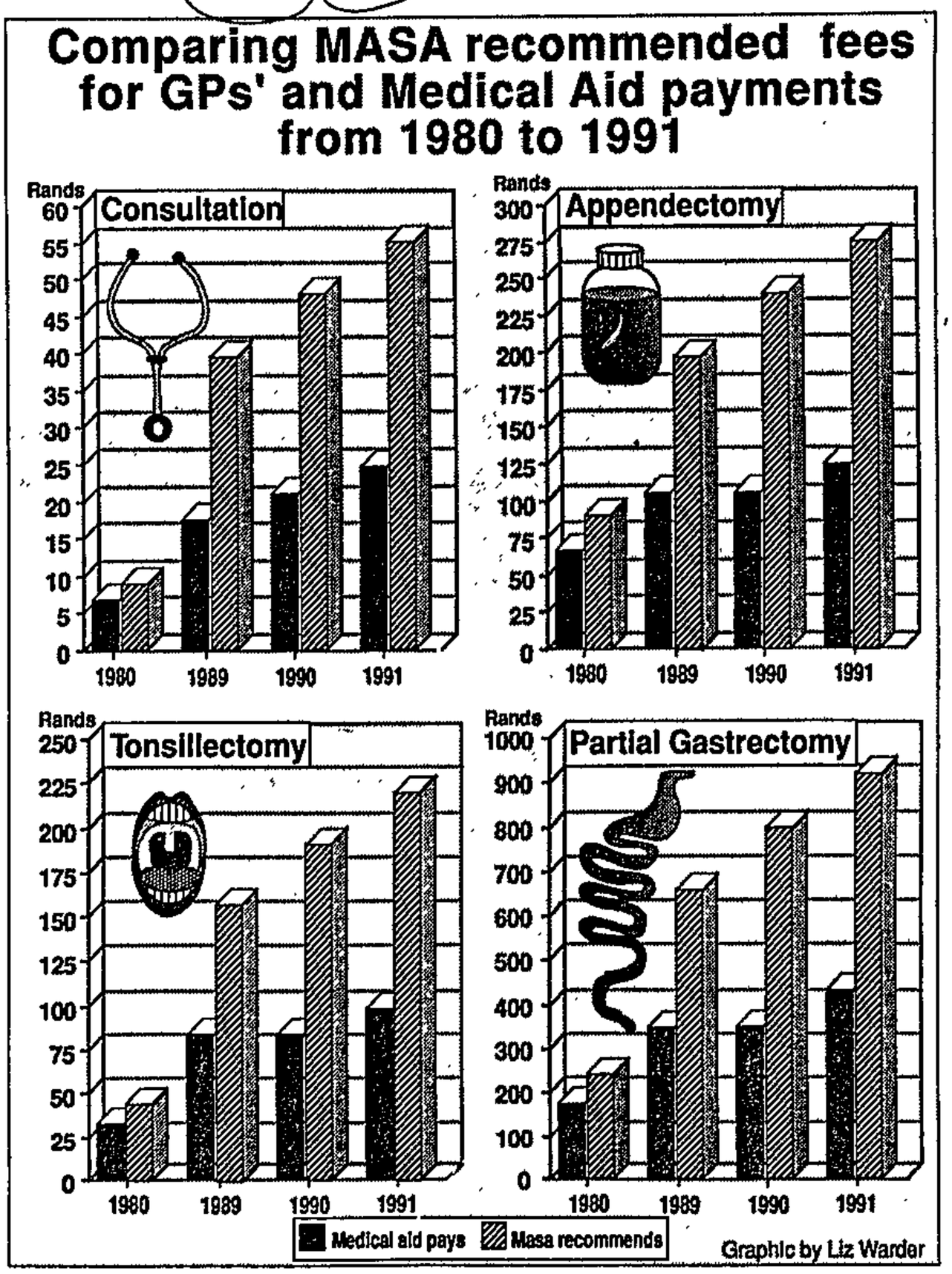
Masa secretary-general Dr Hendrik Hanekom said doctors could no longer afford to deliver quality health service at medical aid tariffs and pointed out that the latest increase was lower than the inflation rate.

However, Rams executive director Rob Speedie said recently: "We have a standing disagreement with Masa about the reasonableness of its guidelines. But it's their prerogative to determine what they should charge and ours to determine what members can afford.

"Medical aid schemes are strictly non-profit organisations and the gap is so huge that to close it would result in a huge hike in contributions."

The situation remains unsolved. A suggestion towards solving the issue has come from the National Medical and Dental Association, which said that if it were up to Namda to determine fees, it would want to sit down with the medical aid schemes so that a reasonable fee could be determined.

If such attempts by Masa and Rams have been made, they have been blatantly unsuccessful. With negotiations in the political arena in the air, there remains hope that the medical scene could also change. □



Doctors in row with medical aid

CM-Times 12/1/91 93

PRETORIA. — The Medical Association of South Africa (Masa) yesterday strongly rejected allegations by the executive director of the Representative Association of Medical Schemes (Rams), Mr Rob Speedie, that doctors had made a "non-negotiable demand" for an increase of 71% in the scale of benefits.

In a statement, Masa's secretary-general Dr Hendrik Hanekom said the bottom line was that medical aid schemes benefits for doctors' services had decreased from 42% in 1980 to 34,1% in 1988.

"The increase in medical schemes benefits — from R24,80 to R36 — which doctors requested, was in fact closer to 45%, and it was requested on behalf of those patients who could not afford to make co-payments should their doctors be unable to continue rendering their services at the current scale of benefits," Dr Hanekom said.

He also argued that the tariff increase was not a demand but a plea that medical schemes should reduce the backlog built up in their benefits for doctors over the past 10 years.

Meanwhile, the SA Co-ordinating Consumer Council yesterday urged consumers to end unnecessary visits to doctors to keep their medical costs down.

"Unnecessary visits will inevitably cost the consumer more," said the council's director, Mr Jan Cronje.

Among the measures he recommended were for consumers to consult pharmacies about self-medication for minor ailments, insist that the doctor prescribed the cheapest generic remedies, enquire from several doctors about their fees and ask for a second opinion if in doubt about the first visit to a medical practitioner.

● In Pretoria a delegation of the Junior Doctors Association of South Africa (Judasa) yesterday met the Director-General of National Health and Population Development, Dr Coen Slabber, to discuss grievances.

A statement by the Medical Association of South Africa (Masa) issued after the meeting said it was agreed that the interests of patients and the health care industry enjoyed priority and that a commitment to a non-racial health care structure for South Africa was also a common goal.

"It is further felt by Judasa that their junior doctors' working conditions are so unsatisfactory that they cannot work in the best interests of their patients.

"The situation will deteriorate further unless students' grievances concerning remuneration, conditions of employment, working hours and overtime are attended to. A commitment to serious and immediate consideration of these grievances was made by the department," the statement said.

GPs to take a third of health-care bill

Own Correspondent

JOHANNESBURG. — Doctors are expected to take more than 30% of the R7,5bn expected to be spent on South Africa's private-sector health care this year.

Representative Association of Medical Schemes (Rams) executive director Mr Rob Speedie said this was well over R2bn, and R480m higher than last year.

He said private-sector medical costs would rise by 25% from R6bn last year to R7,5bn this year.

The total payout by the medical schemes, which accounts for 85% of the total annual private sector health-care payments, would rise by more than R1bn to R6,4bn.

"Rams is alarmed by this runaway increase in the costs of medical care, which has been caused by a persistent increase in the utilisation of medical services."

Mr Speedie said the release of these cost increase projections coincided with Rams' decision to raise 1991's scale of benefits to doctors by 18%.

It is reported from Pretoria that Masa rejected the Rams claim that doctors made a "non-negotiable" demand for an increase of 71% in its scale of benefits. Masa said the bottom line was that medical schemes benefits for doctors services were gradually decreasing.

SA's junior doctors air their gripes

Star 14/1/91

The Junior Doctors Association of South Africa (Judasa) met National Health and Population Development director-general Dr Coen Slabber in Pretoria last week to discuss certain grievances.

In a joint statement released on Friday, it was agreed that a commitment to a nonracial health care structure was a common goal.

Judasa also said working conditions of junior doctors were so unsatisfactory that they could not work in the best interests of their patients. (93)

The association felt the situation would deteriorate further unless grievances regarding remuneration, conditions of employment, working hours and overtime were attended to.

Dr Slabber made a commitment to "serious and immediate" consideration of the issues.

He undertook to facilitate an urgent meeting with the Minister of Health to discuss the issues Judasa had raised. — Medical Reporter.

'Costs of medical practice high'

Star 14/1/91 (93)

By Carina le Grange
Medical Reporter

The costs of running a medical practice may be as high as 70 percent or more of the total income doctors receive, medical practitioners say.

Following the outcry over the recent 15 percent increase in medical tariffs, The Star approached three Johannesburg doctors and asked what they would consider realistic remuneration for their services. They may not be named for ethical,reasons.

All three, from practices in an eastern, a western and a northern suburb, serving patients from poor, mixed and affluent areas, spoke about high practice costs.

Two doctors believe their charges should be discretionary — one believing it should depend on the length of the consultation and another on what patients could afford.

The third doctor, in the northern suburbs, said the new rate of R55,20 was "not bad".

The doctor practising in eastern Johannesburg said her fee, in her cash practice, had now risen to R30 as opposed to the scale-of-benefit fee she charged last year of R21,10, as she could no longer afford to run her practice on what medical aids recommend.

"Practice costs amount to probably 70 percent or more of my income — the costs of some items I use have risen more than 10 times over the past 10 years, and the fees have not increased by that."

She said as she practised in a poor area, she tried to accommodate her patients as most were unable to pay.

She said she felt R55,20 was "a bit heavy", with R40 to R45 being more realistic.

She did not believe Masa's suggestion that patients negotiate fees with doctors was fair as her assessment of someone's bank balance might be wrong.

A doctor to the west of the city said he charged scale-of-benefit fees, but asked patients who earned little to pay less.

"I basically subsidise their health care with what I receive from medical aid members.

"The majority of doctors are subsidising many patients in this way, and often income per patient is on average about R12,50 per consultation."

He said there was no doubt a large number of doctors earned an "enormous amount of money" and that they needed to work out what would be a reasonable amount to charge.

Junior doctors air grievances

PRETORIA. — A delegation of the Junior Doctors' Association of South Africa (Judasa) met the Director-General of National Health and Population Development, Dr Coen Slabber, here to discuss grievances.

A statement by the Medical Association of South Africa (Masa) issued after the meeting said it was agreed that the interests of patients and the health care industry had priority and that a commitment to a non-racial health care structure for South Africa was also a common goal.

Judasa appealed for better pay and working conditions for its members. — Sapa.

Doctors may lose under VAT system

B/Day 22/11/91

MARIETTE DU PLESSIS

DOCTORS would suffer considerable losses in their net incomes if the exempted system — one of three options available under the value added tax (VAT) system — was introduced, a chartered accountant said recently. (MO) (93)

The exempted rating system would have the most "detrimental effect" on the profession and the affordability of health services, resulting in a rise in doctors' tariffs to recoup losses.

He said under this category VAT would not be charged on services, but tax would be levied on all input purchases, such as rental, electricity, water, and other consumables.

Patients would therefore not have to pay additional costs, but doctors could be in a worse position than under the present GST system, he said.

He added that proposed legislation suggested VAT returns would have to be completed at least every two months, resulting in higher doctors' accounting and administrative costs.

Acceptable

When the Medical Association of SA (Masa) met the VAT commission (Vatcom) in October last year, Masa requested that medical services be taxed at the so-called zero rate, the SA Medical Journal reported.

However, Masa also opted for standard rating rather than the exempted category, if the zero rating was not acceptable to the authorities.

After a Private Practice Committee meeting early last November, the committee informed Masa that private practitioners preferred an exempt rating, since the added administration costs involved in the standard rating would be higher than the amount of VAT reclaimed from the Receiver, the journal said.

However, pathologists and radiologists advised Masa they would, owing to their capital intensive practices, suffer greatly under an exempt rating and would prefer a standard rating. Chances of a zero rating were minimal.

Instructions

Scheepers said the anti-intimidation programme would include increased police actions together with assistance from the public.

He said the police had been given strict instructions to ensure that provisions of the Intimidation Act were "vigorously" enforced and intimidators dealt with in terms of the law.

Lashing out at the programme of mass action planned by the ANC, Scheepers said mass action in whatever form often resulted in attacks on police and town concillors and the intimidation of law-abiding citizens.

Acts of mass action "inevitably lead to violent confrontation", he said, adding that the public should not to become "entangled in situations which could result in injury or even death".

Scheepers called on the public — particularly victims of intimidation — to assist the police so that the law could take its course.

DP constitutional affairs spokesman Denis Worrall said yesterday the DP was CP.

In a statement released in Pretoria, CP Planning and Provincial Affairs spokesman Jan Hoon responded to a remark made by the Civic Association of Southern Transvaal (Cast), stating it would in future exert direct pressure on white councils to force councillors to resign.

Hoon said a proper contingency plan was needed to ensure the safety of white councillors and their families.

Meanwhile, WILSON ZWANE reports that Cast assistant general secretary Cas Coodavia has welcomed a recent decision by a senior Soweto prosecutor not to prosecute seven civic leaders for alleged intimidation of Eldorado Park councillors.

Coodavia said he was happy with the prosecutor's decision as "it justifies our statement that our members did not break any law by delivering the letters of demand to the Eldorado Park councillors".

Intimidation charges were laid after the seven civic leaders marched on December 23 to deliver letters to six Eldorado Park management committee members calling for their resignation.

'East Bloc' doctors to work in SA

TANIA LEVY

ABOUT 90 SA doctors trained in Cuba and the East Bloc are expected to be allowed to practice in SA after changes are made to the SA Medical and Dental Council's rules.

SAMDC registrar Nico Prinsloo said yesterday the council's executive committee was considering a proposal by a joint working group consisting of a range of medical organisations to allow the exiled doctors to work locally, although their qualifications are not recognised here.

Members of the working group were drawn from the Medical Association of SA (Masa), National Medical and Dental Association (Namda), the SA Health Workers Congress and the Overseas Medical Graduates Association (Omega) — the first time all of these organisations have co-operated at such a level.

Namda publicity officer Dr Fazel Randera said the working group had proposed temporary registration and a year's evaluation period for the doctors.

Randera said other doctors who qualified overseas were required to work for two or three years in provincial hospials and write an examination before they could be registered.

The organisations have proposed that testing not be necessary after the evaluation period.

Randera said a joint statement would be released once the SAMDC had reached a decision.

The SAMDC executive committee meets again in March but Prinsloo said he hoped a ruling would be made as soon as possible.

The doctors were not expected to alleviate the shortage of doctors in provincial hospitals, said Prinsloo.

A Masa spokesman confirmed the organisation had participated in the working group but declined to comment further.

Alexandra group backs legalised people's courts

WILSON ZWANE

THE Alexandra Civic Organisation (Aco) would negotiate with government for the legalisation of people's courts, Aco president Moses Mayekiso said in Johannesburg yesterday.

Mayekiso said the "negative" reaction of Alexandra residents to the "white" judiciary and concerns about the escalation of crime in the township had prompted his organisation to resolve to establish community-oriented courts.

He was speaking at a Press conference called to announce Aco's programme of action — Operation Khanyisa.

"These community courts will follow democratic principles and, unlike kangaroo courts which were often constituted at the whim of individuals, will be controlled by a body of adults and follow the rules laid down by the community.

"We will negotiate with government for the legalisation of these community courts and we will approach the law faculty at Wits University to help us train people who will be involved in these courts," he said.

Alexandra lawyers would also be used in the people's courts, Mayekiso said.

Mayekiso also announced negotiations for the joint ownership with Putco of a new bus company, the Alexandra People's Bus Company, were at an advanced stage.

The community, including taxi associations, had undertaken to raise R250 000 towards the joint venture, he said, adding that the new bus company was expected to start operating on March 1.

SA doctors may return

JOHANNESBURG. — The possible return of more than 90 South African doctors now working in Cuba and Moscow is being considered by the South African Medical and Dental Council.

The council said the joint working group representing the Overseas Medical Graduates' Association (Omega), National Medical and Dental Association, South African Health Workers' Congress and Medical Association of South Africa, had proposed that the doctors be allowed to return. — Sapa

Crisis looms as specialists quit hospitals

(93)

Star 24/1/91

Own Correspondent

CAPE TOWN — a report in the latest edition of the South African Medical Journal says five anaesthetic consultants from Johannesburg General have already resigned, and eight senior surgeons recently resigned from Baragwanath, "placing additional strain on their already overworked colleagues".

The journal quoted a recent survey conducted by the Full-time Specialists of the University of the Witwatersrand which revealed that 60 percent of the full-time academic specialists at Baragwanath, Coronation, Hillbrow and Johannesburg General hospitals "were considering resigning".

If all 60 percent actually resign "the effect on academic standards at the hospitals would be catastrophic," said a spokesman for the Medical Association of South Africa,

Professor J P van Niekerk, dean of the faculty of medicine at the University of Cape Town, said the problem was countrywide.

"Reality may not make it possible for as many as 60 percent to resign — the private sector has a limited ability to take people — but the results of this survey are a symptom of something wrong."

Professor van Niekerk said he was concerned that young doctors might emigrate.

It was not just salaries that were the problem. "People are also unhappy about the workload and the type of work.

"It can be demoralising to work at a day hospital and be confronted, day after day, by hundreds of patients who have either small problems or insoluble problems.

"This also goes for doctors at the Red Cross Children's Hospital," the professor said.

State medics threaten to quit over low salaries

93

ARGUS 24/1/91

By VIVIEN HORLER
Medical Reporter

ABOUT 60 percent of full-time academic specialists at Johannesburg's main State hospitals are thinking of resigning because of low salaries, and a leading academic specialist in Cape Town says the situation is similar here.

According to a report in the South African Medical Journal, five anaesthetic consultants from Johannesburg General have resigned and eight senior surgeons recently resigned from Baragwanath, "placing additional strain on their already overworked colleagues, who now have to work even harder".

The journal quoted a recent survey conducted by the Full-time Specialists of the University of the Witwatersrand which revealed that 60 percent of the fulltime academic specialists at Baragwanath, Coronation, Hillbrow and Johannesburg General hospitals "were considering resigning".

If they all resign "the effect on academic standards at the hospitals would be catastrophic", said a spokesman for the Medical Association of South Africa.

"If something is not done by the health authorities to rectify the situation soon, it may be too late to secure a future for academic medicine in South Africa."

Professor J P van Niekerk, dean of the faculty of medicine at UCT, said the problem was countrywide.

"Reality may not make it possible for as many as 60 percent to resign — the private sector has a limited ability to take people — but the results of this survey show a symptom of something wrong.

"The situation has been getting worse and doesn't seem to be improving. If you're looking at the future and all you can see is further decline, this creates a negative attitude in anyone.

"And there is no feeling of confidence that whatever government replaces this one will be better. In fact resources could be even more restricted.

"Many doctors do not see a bright picture. Under the present government things have not been too good, and some of the noises from potential governments do not sound very encouraging."

'One in 15' people victims of violence

Medical Reporter

ABOUT one in every 15 people in the Peninsula went to a state hospital in 1988 for treatment of a violent injury.

Worldwide about 5,2 percent of people die as a result of trauma, but in South Africa the figure is an alarming 16 percent, according to an editorial in the latest edition of the SA Medical Journal.

And 50 percent of all trauma is caused by assault.

The situation is likely to get worse as the population increases and more people stream to the cities.

The editorial says: "While a greater commitment towards injury prevention is perceptible, the dire straits in which clinical trauma management finds itself will have to be addressed urgently.

"It is simply no longer possible to maintain acceptable standards of care with the available infrastructure."

Quoting shock statistics, the journal says trauma is likely to be rivalled only by Aids as the biggest health hazard in the next few decades.

Half the trauma injuries result from assault. Injuries at home, school or during informal recreation account for 25 percent, vehicle accidents for 17, sport for five percent and occupational injuries for three percent.

The journal said alcohol played a "disturbingly important part" in assault trauma and adult drownings, in which 50 percent of victims had blood alcohol levels of 0,1g/100ml or higher.

Dutch doctors driven out of black hospital

S/Times 3/2/91. (93)

POLITICAL pressure has forced 10 Dutch doctors to abandon a rural hospital in Venda. By April 1, with no doctors to man the 600-bed Siloam Hospital, 200 000 residents will have to travel more than 50km for health care.

The doctors want to stay, and most of Siloam's residents would like things to continue as they have since the hospital opened 50 years ago. But the doctors have decided to quit after a year-long campaign of harassment by a politically inspired group of hospital workers who call themselves the Action Group. They say they have the backing of the ANC.

At least eight of the Dutch doctors have resigned and signed contracts at other rural hospitals in South Africa and in the homelands. The other two may return to Holland.

By CHARMAIN NAIDOO

Siloam Hospital staff who have aligned themselves with the Action Group refuse to work, leaving patient care to a few dedicated nurses.

Since February last year, several lists of grievances have been put to superintendent Evert Helms — a Dutch doctor who joined the hospital as a medical missionary 30 years ago.

The 61-year-old medical officer has told Venda Health Services, who administer the hospital, that he would retire — four years early — on April 1.

"Doctors have lived through a year of extreme stress and pressure.

Threats

"Nursing staff have refused to dispense prescriptions or instructions given by doctors," said Dr Helms.

The doctors have also been threatened. An anonymous caller to a woman doctor said her children would die.

Maryke Boele and her dentist husband, Leo Meyndert, have been at Siloam for four years. Both their daughters were born there.

Dr Boele has lost 7kg in the last three months through stress.

Slogans have been scrawled on chairs in the doctors' tearoom, some accusing them of practising apartheid, others warning them that they would die.

Patients have been told that the doctors are planning to kill them.

In August last year, Dr Helms took long leave in Holland.

Grievances

While there he heard that the Action Group had drawn up a list of 20 grievances. These included a demand that he should not to return to Siloam. Another said all Dutch doctors should leave as soon as their contracts had been fulfilled.

More telling was the Action Group's stipulation that no other Dutch doctors were to be appointed at the hospital.

Hostilities reached a peak in October last year when two Dutch doctors, who had just completed their studies in Holland, arrived at Siloam Hospital.

"The arrival of Roland Zeilstra and his wife Marja Versteeg — both dedicated, hard-working doctors — set off the Action Group," said Dr Helms.

"They called for a strike which lasted three weeks and which forced us to close all the wards except casualty and maternity.

"I asked why the doctors were unwanted and the response was that they were not qualified. I showed the Action Group leaders their qualifications.

"I was then told that they had been appointed without consultation with the Action Group."

This week the young couple left Siloam for a new posting at a KwaZulu hospital.

Only Dr Helms, Dr Gert Maritz and Dr Hans Timmer will be left at Siloam this week.

"I have no doubt that the hospital will close down," said Dr Helms.

UNWANTED ... Dr Evert Helms who has been forced to take early retirement after having tended the sick at Siloam Hospital for the past 30 years

HARASSED ... Dr Maryke Boele, who has lost 7kg through stress. She was warned that her children would be killed

Pictures: JAMES SOULLIER

"We are slowly emptying the wards and are trying to improve the ambulance service so that patients can get to neighbouring hospitals.

"I pray that the 13 health clinics we opened around here will keep operating."

Suffering

In an area where being denounced as a witch means instant death, people willing to talk about the crisis are not eager to be named.

A nursing sisters who refused to "work-to-rule" said: "I am ashamed of my people.

"It is going to be very difficult without the doctors. My people are suffering, and it will get worse when the hospital closes down."

● All attempts to speak to the leaders of the Action Group were rebuffed, and ANC Northern Transvaal spokesman Peter Mayibuye was unavailable for

Venda doctors booted out

Star 9/2/91.

Accusations of racism mean that 200 000 may be without health care

JOVIAL RANTAO 93

IN VENDA, politics have superceded a need for health care after a pressure group accused 12 Dutch doctors of racism and told them to go — leaving some 200 000 Nzhelele villagers without medical care.

The 12 doctors, who were trained in Holland, have worked at Siloam Hospital for periods varying from four to 30 years. They said they would be leaving in the next few weeks.

Venda government officials were this week trying to resolve the looming health crisis.

The Siloam Hospital Workers' Representative Committee (SHWRC), which has fought for workers' rights in Venda's three hospitals, has accused the doctors of practising apartheid and ordered them to leave.

And now, Nzhelele villagers are faced with the prospects of no medical care as the hospital might have to close 450 of its 600 beds.

When Saturday Star visited the hospital this week, a handful of nurses assisted the doctors. SHWRC had called on nurses to stop working with the doctors.

While the SHWRC have demanded the resignation of the Dutch doctors, they have not provided the hospital with alternative medical staff.

Dr Evert Helms, Siloam hospital's superintendent, who came to the hospital 30 years ago, was this week locked in meetings with the Venda health authorities in an effort to find a solution.

He has also met organisers of the Save Public Health Services Campaign, a group of concerned residents who want to persuade the doctors to stay.

But one thing is certain, the doctors are leaving the hospital — much against their will. Most have been offered posts in South Africa and other homelands while two are contemplating returning to Holland.

In an interview at the hospital, Dr Helms (61) said doctors have been through the worst time of their life in the past year as a result of the campaign waged against them.

"Nursing staff have refused to work with doctors. The doctors have been threatened either by telephone or with graffiti written on chairs in the doctors' rooms," Dr Helms said, adding that he would be taking an early retirement on April 1.

Dr Helms said most of the wards in the hospital, which he transformed from a rural missionary hospital to the best in Venda, would be closed. " About 450 beds will be closed. Only the out-patient, maternity and ambulance departments will remain operational," he said.

The bulk of patients will be referred to either the Donald Fraser or the Tshilidzini Hospital, he said.

In interviews the Dutch doctors said much as they were willing to stay, they would not do so under the present circumstances.

"We are no longer the dedicated doctors who came here from far to help, we are now whites practising apartheid," said Dr Baco Heijmans before rushing off to theatre to peform an emergency operation.

Dr Heijmans has been offered a post at a hospital in South Africa.

Dr Leo Meynderd, a dentist, said he and his wife, Marike Boele, would head back to Holland.

David Nyambeni, a spokesman for the SHWRC emphatically denied that his organisation had told the Dutch doctors to go.

He said SHWRC objected to the way the Dutch doctors were appointed and their efficiency once on the job.

"Doctors' posts have not been advertised and the workers felt that local doctors who might have a desire to work at Siloam would not be able to. We also have grievances from nurses about inefficiency shown by some of the doctors.

"Many cases of inefficiency don't involve professional mistakes, there is also an element of ignorance. Doctors have not been expelled, I think they might be pledging solidarity with their colleagues who were rejected by the workers," he said.

Mr Nyambeni explained the committee had objected to the appointment of Dr Roland Zeilstra and his wife Marja Versteeg because their appointment was a breach of agreement that no doctors would be appointed without the posts being advertised.

He said SHWRC, which has 450 members, was established in January last year, at the request of "oppressed workers". The committee had the blessing of Mrs D Mphephu, the then Minister of Health.

Asked whether the committee was not concerned about who would take over the medical care of Nzhelele villagers, Mr Nyambeni replied: "We don't regard that (provision of medical services) as our responsibility. That is the duty of the government."

Dr John McCutcheon, director-general of Health and Welfare Service in Venda, said the government was working round the clock to find a solution.

Hospital may be closed

SILOAM Hospital in Venda may be closed at the end of February following a three-month-old a labour dispute that has resulted in most white doctors leaving the area.

Venda Director-General of Health, Dr JP Mccwutcheone, said of the eight doctors at Siloam Hospital two had left last month, three were serving notice, while two others would leave in April.

Mccwutcheone described the situation at the hospital as "grave and very serious" as the estimated 200 000 people served by the hospital were faced with a diminished health service, which could eventually collapse.

He said the doctors were leaving because nurses were no longer carrying out doctors' orders on the treatment of patients.

The hospital has been the scene confrontation between management and workers since last November. - *Sapa*.

Hospital for 200 000 will have no doctors

Star 16/2/91

JOVIAL RANTAO

THE situation at Venda's Siloam Hospital — where a political group has ordered 12 Holland-trained doctors to go — remains unsolved. After March 1 only two doctors will be left to serve Nzhelele's 200 000 residents.

The Siloam Hospital Workers Representative Committee (SHWRC) has accussed the doctors of practic ing apartheid and ordered them to leave.

Dr John McCutcheon, director-general of Health and Welfare Service in Venda, said after April 1 only one doctor would be available in the area, but not on hospital grounds. "Effectively, all doctors are leaving the hospital.

He said Dr Gerhardus Maritz, who has been chosen to remain in the area — will try to get some kind of a community service going. He would also attempt to keep the 13 clinics, set up by the dismissed doctors, going.

Dr McCutcheon said his department has held talks with the SHWRC in an attempt to resolve the situation. But no compromise was reached.

Cash crisis could force cut-backs at Medunsa

THE survival of the Medical University of South Africa (Medunsa) is at stake unless substantial financial aid is obtained, says vice-chancellor and principal Professor L T Taljaard.

Speaking at the weekend during the university's official opening ceremony for the new academic year, Professor Taljaard, said there were various forces and circumstances at play "that are strangling this university to a point beyond survival."

The most serious curb on the future development and growth of the university was the lack of finance, mainly due to government cuts on financial aid to universities. Sowetan 19/2/91

As a result, Medunsa might be forced to close a faculty and four departments; abolish some courses and certain support services; retrench staff by 10 percent; and, and freeze vacant posts.

When Medunsa was established 15 years ago, the medical faculty planned to qualify 200 doctors a year and facilities were provided at great cost to achieve this goal.

But to train doctors, an academic hospital which compares favourably to other academic hospitals elsewhere in the country was required, Taljaard said.

The Garankuwa hospital, the only training hospital available for Medunsa, was "hopelessly inadequate".

He described it as "the most inferior academic hospital in the country and must be rated as one of the poorest in the world."

Academic staff were overloaded with patient care, which left little time for teaching and research.

There seemed to be no hope of reaching the target of 200 doctors per year - the university was not even halfway there, he said.

Serious consideration should be given to whether it was morally and ethically justified to continue with a medical school under such conditions, he added.

Another curb on the growth of the university was the reluctance of the authorities to allow the university to expand as originally planned.

Although the Government had sanctioned the opening of a veterinary science faculty and a School of Pharmacy at the university, "certain persons, pressure groups and organisations outside the university had left no stone unturned to sabotage these developments."

The result was that only 10 veterinarians instead of 50 as originally planned and approved could be processed while, in regard to the School of Pharmacy, Taljaard said: "We were all stunned towards the end of last year when we were informed that the 1982 Government approval to establish a School had been withdrawn."

This was despite recommendations by an adhoc advisory committee which advises the ministers of education that pharmacy training should be a priority at Medunsa. - *Sowetan Correspondent*

Dutch doctors in 'white solidarity' as hospital faces closure - claim

Catastrophe is feared as Siloam faces shut down

Sowetan 27/2/91. 93

SILOAM, Venda's showpiece hospital serving about 200 000 people, is facing closure following a labour dispute dating back to February last year.

The health consequences of such a move are already being felt as the hospital is virtually closed, with only critically ill patients being attended to by doctors.

The rest are treated by nursing staff at a new clinic operating outside the hospital's premises where they are diagnosed, given medication and sent home without being seen by doctors.

This has reduced the hospital to an ordinary health centre, leading many sick people to avoid the institution and go to far-flung hospitals such as Donald Fraser, Tshilidzini and Elim.

SILOAM Hospital in Venda grew from an ordinary clinic to become one of the biggest hospitals in the homeland. Now labour unrest and charges of racism, nepotism, negligence and incompetence may force it to close down. MATHATHA TSEDU reports.

A child gets treatment at Bara...services like this will may soon be a luxury in Venda.

Costly

Besides this being a costly exercise, the exodus of patients to the other hospitals has led to considerable congestion at these centres, with patients spending long hours at out-patients departments waiting to be attended to by overworked doctors.

What started as a labour dispute has now degenerated into a health catastrophe of shocking proportions, with doctors accusing nurses of incompetence and negligence. Nurses in turn claim the doctors are incompetent.

Workers, on the other hand, claim that the hospital authorities are exploiting them and refuse to listen to their grievances. At the same time, the health department says the whole affair is a politically-motivated action designed to embarrass the military regime of Brigadier Gabriel Ramushwana.

In the middle of the muddle is superintendent Dr R Helms, a Dutch immigrant missionary doctor who has served the hospital for 30 years. Helms found the hospital as nothing more than a clinic and built it to what it is today.

The rub came in when Helms staffed it with fellow Dutch doctors. The workers accuse Helms of dictatorial tendencies.

When the spirit of liberalisation swept the country after President FW de Klerk's February 2 speech last year, workers also wanted their views to be heard.

They claim that Helms dismissed their approach as interference and refused to deal with their Workers Committee.

Among their complaints was that each time they approached him, he would threaten to leave the hospital with his fellow countrymen.

The workers later got an undertaking that all future appointments of doctors would be preceded by advertisements in the media.

But on November 1 last year, two Dutch doctors, Dr R R Zeilstra and Dr M J Versteeg, who are husband and wife, assumed duty at the hospital without this procedure being followed.

Foul

Workers cried foul and insisted that the two should be dismissed and the posts be advertised. When this was not done, almost the entire workforce, including nurses, para medical staff and general assistants, downed tools.

The two young Dutch immigrant doctors suddenly found themselves at the centre of a storm surrounding the quality of health services in Venda in general, and Siloam hospital in particular.

In the midst of a glaring shortage of doctors to care for the people in many rural areas, the insistence by Siloam workers that the two should be dismissed and the posts advertised sounds, at first hearing, a bit out of tune.

But workers and paramedics at the hospital insist that some of the immigrant doctors are underqualified.

At a meeting of community organisations held at Mphephu High School during the strike, several serious allegations were levelled at an allegedly incompetent doctor.

These included:

* A patient was operated on and left unstitched by the doctor. The patient was wheeled back from a ward when this was realised. Another patient had died after a pair of scissors was allegedly left in his stomach after an operation by the same doctor.

* Another doctor left the hospital of his own volition after allegedly confessing that he could not cope. It was also alleged that the doctor had been an "ambulance driver" back in Holland.

Racist

* That Dutch doctors were racist, with all their children born in their own homes. Post natal treatment was also done at their own houses.

* Houses in the hospital ground were reserved for whites only.

* Of all eight doctors who are presently at the hospital, only one, assistant superintendent Dr G M Maritz, is a South African.

Helms was in Holland when the bubble burst in November. The *Sowetan* spoke to Maritz at the time and put the allegations to him.

He said the trouble was being orchestrated by activists who wanted to run the hospital.

He denied that immigrant doctors were underqualified and said no doctor was allowed to practice without registering with the South African Medical and Dental Council.

He said the doctor referred to as a former ambulance driver, had in fact been a trauma specialist doctor who had been working with emergency services in the same way that doctors man the TV2/3 helicopter along major routes during peak seasons.

The doctor had done extra training for the job, he added.

He denied that the birth of the doctors' children in their homes was racism.

"It is a common practice in Holland for babies to be delivered at home.

"Because there are medical facilities nearby, it is easy for complications to be rushed to hospitals which are invariably about 10 minutes' drive away.

"It is therefore a cultural thing and not racism," he said.

When asked why his children were born at his home even though he was not a Dutch citizen, Maritz said his wife's grandfather came from Holland. He said this was why his wife clung to the Dutch culture.

He said houses were reserved for doctors and people from far away. A black medical student from Medunsa was presently occupying one of the houses, he said.

Maritz said the doctors serving the hospital had all been appointed without going through advertisements. This was because doctors did not want to serve in rural hospitals.

He started to work at Siloam 16 years ago and would continue serving there because he saw it as a calling by God.

Maritz said activists earlier last year accused a matron of nepotism and chased her away from the hospital.

A commission of inquiry was appointed to investigate the allegations and the matron was cleared of the accusations. But when she returned to work the nurses drove her out.

She has still not returned to the hospital, he said.

The two controversial doctors left the hospital at the end of January and are now working in KwaZulu, according to Health Secretary, Dr J McCutcheon.

Their departure has precipitated an exodus by the other Dutch doctors in what has been termed "white solidarity." Of the eight doctors presently at the hospital, three are serving notices, while Helms and his doctor wife are to leave in April.

This will leave only Maritz.

While people support the cause of the workers, there are those who feel other ways should be found of dealing with the problems without bringing the hospital to a standstill.

Others blame black doctors who are apparently reluctant to serve at hospitals.

More and more black doctors, it is said, go into the lucrative private practice market

But eventually, the involvement of black doctors in mass community health care, a massive increase in government expenditure on health services and the democratisation of communication structures at work will have to be attended to if this all vital service is to be saved, retained and enhanced.

WOMAN

Training is inadequate, says doctor

Sowetan 25/2/91

By PEARL MAJOLA

MEDICAL training in South Africa does not prepare students to work under the poor conditions prevailing at rural and township health facilities, a leading doctor has said.

Eastern Transvaal obstetrician Dr Eddie Mhlanga, addressing the Lesedi Health Discussion Group conference at Vista University, said: "The environment for training and the facilities available (in medical school) are all not in the real world. In the training institutions, sophisticated machinery receives priority."

When doctors left those institutions and joined facilities lacking such equipment, they found themselves at a loss as to how to treat patients.

He said diseases doctors encountered as professionals bore little resemblance to those they were taught at medical school.

"Is it a wonder then that more than 50 percent of the graduates of Wits and Cape Town leave the country for Australia, Canada, America and Europe?" Mhlanga asked.

He said that those who left were replaced by doctors often recruited from Europe who were not familiar with the health problems facing people in South Africa.

Mhlanga also highlighted the plight of rural health workers and patients. The 266-bed hospital where he was based in the eastern Transvaal had not expanded since the 1970's, he said.

It was overcrowded and in a state of disrepair. More than 80 patients shared two toilets and two showers. Patients often shared beds.

More than 50 mothers died every year during or immediately after childbirth from postpartum bleeding, uncontrollable hypertension or infections.

Mhlanga said Aids was a threat to health workers. He noted that there was no policy holding employers responsible for the safety of health workers.

He also stressed that there should be co-operation between all health workers, including traditional healers and spiritualists.

He urged training institutions, when admitting students, to consider how well they would serve the needs of various communities.

He said currently "as long as one passes matric with good symbols in mathematics, physical science and English there is a place for him at medical school".

Team is trying to keep Venda hospital open

VENDA'S military ruler, Brig Gabriel Ramushwana, has sent a special team to Siloam Hospital to prevent it closing.

The hospital, serving 200 000 people in rural Venda, has been threatened with closure since workers allegedly chased out all resident doctors, whom they accused of racism.

The workers had also been on a go-slow for a year, said reports.

Government spokesman B du Toit said Siloam had been reduced to a clinic and that doctors had been transferred to hospitals as far away as KwaZulu.

The task force would investigate the crisis and try to find solutions.

Du Toit said disciplinary measures would be taken against workers "who have transgressed any regulations".

A police dossier had also been opened to investigate any criminal activities. – Sapa

the SA Communist Party in support of the ideology of communism in South Africa?

†The DEPUTY MINISTER: Mr Speaker, I have replied to the question, and the question was whether the SA Police are at present investigating such charge or case. The reply is no, a charge has not been laid, and if a charge is laid, it will be investigated in the same manner as any other charge. If the hon member therefore wishes to lay a charge, he can lay a charge. It will be handed over to the relevant attorney-general who must decide on it.

†Adv J J S PRINSLOO: Mr Speaker, further arising from the reply of the hon the Deputy Minister is he therefore saying that unless a member of the public lays a charge with the SA Police about an offence committed quite openly before the eyes of the SA Police, the SA Police will not investigate such offence?

†The DEPUTY MINISTER: Mr Speaker, if the hon member wants a reply to this question, I am saying to him that it is not the intention of the SA Police to lay a charge so that a contravention of the prohibition on promoting communism can be investigated. If he wishes to lay such a charge, he can do so and it will be investigated.

†Adv J J S PRINSLOO: Mr Speaker, further arising from the hon the Deputy Minister's reply, can he give us an indication of the extent to which this attitude of the Ministry of Law and Order relates to the undertaking by the SA Government, in the Pretoria Minute, paragraph 7(a), where the Government give the following undertaking to the ANC:

> The Government shall give immediate consideration to the repeal of all provisions of the Internal Security Act which refer to communism or the promoting thereof.

†The DEPUTY MINISTER: Mr Speaker, with due respect, I do not think the hon member is conversant with the Government's standpoint on this matter, because as early as 6 March last year the hon the Minister of Justice gave an explanation in this House of the Government's standpoint on this matter, and that standpoint still stands.

†Mr J H VAN DER MERWE: Well, you give an explanation now.

†The DEPUTY MINISTER: Mr Speaker, the hon member for Overvaal says I must give the explanation now, but he need only look up Hansard, Questions and Replies of 6 March 1990, col 301. He will get the reply there. [Interjections.]

†Adv S C JACOBS: Mr Speaker, further arising from the reply of the hon the Deputy Minister, is it the hon the Deputy Minister's standpoint, with reference specifically to the oath which he took in this respect as Deputy Minister, namely to honour the law of the Republic of South Africa and to see to it that it is honoured, that where an offence is commited *prima facie* before his eyes, he will not in consequence of that oath lay a charge with the SA Police or instruct that such offence be investigated?

†The DEPUTY MINISTER: Mr Speaker, if it is the standpoint of the hon member regularly to report offences which are committed in his presence to the SA Police, I want to suggest that he join the Neighbourhood Watch System because we need people like that there. If the hon member is of the opinion that I am breaking the oath that I took, he has free access to the hon the State President to convey it to him. [Interjections.]

†Mr H D K VAN DER MERWE: Mr Speaker, further arising from the reply of the hon the Deputy Minister, can I then infer from the hon the Deputy Minister's reply that he is no longer anti-communist? [Interjections.]

†The DEPUTY MINISTER: Mr Speaker, my standpoint on communism is that it must be fought. The standpoint of the Government is that it is now no longer necessary to fight it by means of legal and punitive measures, but that we can fight them from platform to platform. I invite hon members of the CP to fight against communism with us, and to stop fighting against fellow Afrikaners. [Interjections.]

The ACTING SPEAKER: Order! Hon members of the opposition parties sometimes complain that there is too little time available for putting questions, but if the hon members of the opposition waste the available time themselves, they must not complain if all the questions cannot be replied to.

*6. Mr J van Eck—Law and Order.† [Questions standing over.]

Mercury in tooth fillings

7. Mr M J ELLIS asked the Minister of National Health:

(1) Whether she has received any requests from individuals and/or organisations to ban the use of mercury in tooth fillings; if so, from whom;

(2) whether her Department is investigating the possibility of banning the use of mercury in tooth fillings; if so, why;

(3) whether she will make a statement on the matter?

B303E

The MINISTER OF NATIONAL HEALTH:

(1) No;

(2) no;

(3) no.

Medunsa: new teaching hospital

8. Mr M J ELLIS asked the Minister of National Health:

(1) Whether the ground works for the new teaching hospital of the Medical University of Southern Africa have been completed; if so, (a) when and (b) at what cost;

(2) whether it is the intention to proceed with the construction of the new teaching hospital; if so, when will construction start; if not, why not?

B304E

†The MINISTER OF NATIONAL HEALTH:

(1) Yes, (a) June 1988 and (b) R6 396 050;

(2) yes, phase one of the Central and Oncotherapy blocks to the amount of R53 715 450 is ready to go out on tender. The Cabinet has decided that the planning phase of Ga-Rankuwa Teaching Hospital can be completed. When funds become available tenders can be asked for. In the present economic climate, funds are not available.

Additional teaching posts

*9. Mr K M ANDREW asked the Minister of Education and Training:

(1) Whether the additional teaching posts referred to in his reply to Question No 15 on 12 February 1991 have been filled; if not, why not; if so, at which schools;

(2) whether further posts, over and above those mentioned in his reply on 12 February 1991, are to be created in the Cape Peninsula this year; if not, why not, if so, (a) how many and (b) when?

B312E

The MINISTER OF EDUCATION AND TRAINING:

(1) Yes.

Primary Schools	Number of posts
Ebulumkweni	6
Imbasa	25
Bonge	1
Andile	12
Umnqophiso	2
	46

Secondary Schools	Number of posts
Luhlaza	6
Mvuzemvuze	5
Masiyile	1
Lagunya	1
Kaya Mandi	5
Langa	1
	19

Note:

(a) Applicants have already been interviewed and the appointments are being finalised.

(b) Since 12 February 1991 two additional posts have been created at Masiyile, which brings the total number of posts at secondary schools to 21.

(2) No. Not in the 1990/91 financial year. The possible creation of additional posts during the 1991/92 financial year will be considered once the Minister of Finance's budget suggestions are known.

Death of Mr W Ndadla: appeal against sentence

*10. Mr L FUCHS asked the Minister of Justice:

(1) Whether the State intends appealing against the sentence handed down by the

Doctors 'practise tax dodges'

93

Star 9/3/91

THERESE ANDERS and ABBEY MAKOE

SOME doctors, particularly in the platteland, are involved in the ethically questionable "tax dodge" practice of not keeping medical records for cash-paying black patients.

Instead, these doctors write down details of the patient's treatment on a card, sometimes as small as 10 cm by 8 cm, and tell the patient to keep it himself.

Two doctors who do keep patient files told the Saturday Star that the reasons for not keeping records were mainly for tax evasion and to cut down on costly paperwork and administration.

This practice has been condemned as unethical by the National Medical and Dental Association (Namda).

Namda's general secretary Dr Faizel Randera said: "... We condemn the racism implied in this situation. If a white person had come in and paid cash, would these doctors have given that patient a flimsy card to take home?"

Records

The South African Medical and Dental Council's president Dr Len Becker said the practice "could be unethical".

He said the council regarded it as essential that doctors kept adequate records of complaints, examinations and treatment prescribed to all patients.

The onus was on the doctor, not the patient, to keep records.

He said all complaints of this practice would be investigated by the council.

After receiving complaints, the Saturday Star this week conducted a survey in Witbank.

Reporter Abbey Makoe, who had been suffering from headaches, went to three consulting rooms as a cash patient.

At the first medical centre in central Witbank he was told that the partners only treated black patients. Some time ago they had closed their white "side".

After an examination lasting about five minutes, the white doctor told Makoe he suspected sinusitis. He prescribed and dispensed an antibiotic, flu tablets, a pain killer and nose drops.

Makoe was charged R40 and given a small white card with the doctor's name on Makoe's name was written down (but not his address) and the doctor entered the prescription dispensed.

Warnings

Also on the card was a date for the next appointment.

The doctor warned him to keep the card safe "otherwise the next time you come in it will be like you have never been to this surgery before".

The white receptionist also warned him: "Look after this card, it's your own file."

The next medical practice was run by two white doctors in the nearby black township of KwaGuqa. This partnership has rooms for white patients only in the town of Witbank.

The thorough examination and consultation lasted about 15 minutes and the doctor admitted he could not "get a lead" on what was causing Makoe's headaches.

● TO PAGE 2.

Tax dodges

Star 9/3/91

● FROM PAGE 1.

ted he could not "get a lead" on what was causing Makoe's headaches.

However, he noticed that Makoe had a slight infection in his left ear.

He dispensed pain killers, liver tablets and ear drops.

Details of the examination and treatment were written on a usual-size doctor's file card — he did ask for Makoe's address — and was kept by the doctor after the consultation ended.

Makoe was charged R25.

At the third practice the receptionist said the white doctor would see patients of any colour.

The doctor did a thorough examination lasting about 10 minutes. He too admitted he could not find the cause of Makoe's headaches.

93

For the slight ear infection he prescribed and dispensed an antibiotic and painkillers.

The doctor wrote up details — including Makoe's nationality — on a folded piece of paper on which was printed the doctor's name.

He did not ask for Makoe's address.

He told Makoe to keep the form himself "as this is the only possible reference to your visit here".

The receptionist told Makoe that the doctor only kept files of Medicial Aid patients.

Makoe was charged R25.

walk out

'Don't crash in Sasolburg' jibe as pay crisis hits hospital casualty ward

EMERGENCY ward doctors have walked out of a Free State hospital to protest against their R1,20 an hour earnings — and two patients are reported to have died as a result.

The 60 000-strong community of Sasolburg has been left without a casualty unit at the local 100-bed hospital.

The 22 doctors — all in private practice — withdrew their services from the casualty unit after Free State provincial authorities refused to pay them more.

They were taking home R168 for six 24-hour casualty shifts a month.

This week, one doctor put the medical crisis in the blue-collar town in a nutshell:

"If you are travelling anywhere near Sasolburg, write on your forehead: 'Not Sasolburg, please' — because if you are in a bad accident here, you will die."

Doctors said at least two people were believed to have died since the casualty section closed last month. Hospital authorities refused to confirm this.

The doctors said provincial health officials should be held responsible for the deaths.

"If the Free State administration had been prepared to pay us more than a labourer's wage for our professional services, those patients might have been alive today," said one embittered medical man, who asked not to be named.

Simmering

One of the victims, according to doctors, was a man who had cut his throat in a suicide attempt.

He died in an ambulance on the way to the Kroonstad hospital after being turned away from the Sasolburg emergency unit because no doctor was on duty.

The casualty crisis is the result of a simmering row between doctors practising in the area and the Free State authorities.

Like most hospitals on the platteland, Sasolburg relies on private doctors to man the emergency unit. Until four months ago, doctors in the town shared these duties to ensure that their patients could be treated in the hospital.

When the Separate Amenities Act was scrapped on October 15 last year, doctors working in the casualty ward asked for a pay rise because of the number of cases they would have to handle.

Sunday Times Reporters

Victim

When the Free State's director of hospital services, Dr Jan Kruger, refused to pay them more, the town's doctors walked out. Today the hospital is manned solely by two young resident doctors.

In an emergency involving a patient who does not have a general practitioner in Sasolburg, one of the two has to travel to the hospital from Vereeniging, half an hour away.

In the case of the suicide victim, neither was available.

Sasolburg hospital staff called on doctors at the Vereeniging and Vanderbijlpark hospitals to deal with the case, but they were already overburdened and referred the dying patient to Kroonstad hospital, 150km away. He didn't make it.

Superintendents at both the Vereeniging and Vanderbijlpark hospitals refused to comment.

But they confirmed that their casualty doctors were "unhappy" about having to treat patients who would previously have received attention at the Sasolburg hospital.

"There is a feeling among some doctors that they are not responsible for these patients," said Vereeniging hospital's superintendent, Dr JJ van der Vyver.

"Their workload has increased and they believe the authorities are not finding a solution to their problems,"

Sasolburg hospital superintendant Dr Frikkie Rademan said he could not comment on the incident as he was "a government official".

Crisis

Free State MEC for Health Services Roelf Dreyer declined to answer any questions on the Sasolburg hospital crisis.

Medical Association of SA professional services director Dr Martin de Villiers said the Sasolburg case was not unique.

There was general dissatisfaction among private doctors who rendered part-time services at provincial hospitals, he said. He said the association had taken the matter up with the authorities, "not only from the doctors' point of view, but also on behalf of patients who rely on these services".

Meanwhile, Cape provincial hospitals, reeling under crippling health services cutbacks, were this week told to further reduce staff and services by at least 10 percent to avoid an estimated R200-million deficit next year.

Pressure

Administrator of the Cape Kobus Meiring announced slashing emergency measures throughout the embattled province to save R50-million by the end of March — but if this did not succeed the emergency measures now in force would be extended, he warned.

Mr Meiring said that hospital and health services were "under unprecedented pressure" — and there was every indication that this pressure would "increase considerably in the future".

The Cape Provincial Administration was "standing with its back to the wall".

The emergency measures announced this week include a halt to non-emergency admissions to all Cape provincial hospitals until the end of the financial year in March and a drastic curtailment of outpatient visits.

The sweeping measures affect 97 provincial hospitals and 45 province-assisted hospitals.

Council set to register formerly exiled medics

after 11/3/91

Medical Reporter 93

Doctors and dentists among returning exiles seem likely to be accommodated by the South African Medical and Dental Council in terms of registration which could allow them to continue their professions locally.

A recommendation by the SAMDC's executive committee to review registration requirements for doctors and dentists living in exile, who have obtained foreign qualifications and who now plan to return, has been welcomed in medical circles.

The recommendation of the SAMDC executive committee will be put to the full council for ratification next month, whereafter it could become operative immediately.

"This recommendation is relevant at a time when a large number of people who have been living in exile will be resettling in South Africa," said the Medical Association of SA (Masa).

It is estimated that about 80 medical practitioners are affected.

A first group of 93 exiles arrived in South Africa last week.

Masa said the SAMDC's decision to review the position of returning doctors and dentists followed representations made by a joint working committee comprising Masa, the National Medical and Dental Association, the South African Health Workers Congress, the Overseas Medical Graduates Association, the health secretariat of the ANC and the Dental Association of South Africa.

Tygerberg doctors' meals coup

By GLYNNIS UNDERHILL

TYGERBERG Hospital doctors have won back their subsidised meal coupons after threatening to take legal action against the Cape Provincial Administration over the privilege's being withdrawn.

The coupons were stopped on Monday.

The deputy chief superintendent of Tygerberg Hospital, Dr R T Truter, said he had heard about the problem only when the CPA told him unhappy registrar doctors were taking legal action.

The matter had been resolved "amicably" at an emergency meeting yesterday afternoon with 20 young doctors representing 160 registrars, Dr Truter said.

"We discussed it with the registrars and they said they found the stoppage of the coupons very inconvenient and irritating."

Tried to save

The meal coupons allowed all medical staff to buy subsidised meals from the hospital kitchen — until the authorities tried to save money by doing away with the subsidy. The privilege had been reinstated for medical staff because of the action taken by the registrars, Dr Truter said.

He said it was impossible to assess the savings that could have been effected by stopping the subsidised coupons. The hospital had been trying to comply with the CPA's order that hospitals introduce cost-cutting measures to save R50 million by the end of the month.

The registrar post-graduate doctors, who had completed a four-year specialist training programme at the hospital, were a "hard-working group with a responsible load", Dr Truter said.

They worked long hours and had the additional burden of studying.

"They play an important role in the daily goings-on in the hospital and an important role in patient care. They also help with the training of medical students."

A Tygerberg Hospital registrar, who asked not to be named, said yesterday that the withdrawal of the coupons had left the doctors no choice but to take legal action.

"Intensive-care unit doctors can work up to 36 hours on shifts and they are not allowed to leave the hospital premises while on duty," he said. "Unless you have someone who can supply you with food from outside, what do you do?"

Doctors said it would have been impossible to have taken four meals to work with them each day. "They can't expect us not to eat," they said.

A spokesman for the CPA said the deputy director of health services in the Cape, Dr George Watermeyer, was out of town. His office knew nothing about the threatened legal action against the CPA by Tygerberg Hospital registrar doctors, he said.

The Medical Association of South Africa has expressed concern about the curtailment of staff privileges, emphasising that this would amount to "enforced salary sacrifices".

"This would lead to increased discontent among medical personnel at a time when a strong possibility exists that an increasing number of doctors will leave the public health sector because of inadequate pay and unsatisfactory working conditions," Masa said.

Political Staff

HIGHLY trained doctors and nurses could not be expected to put up with the frustrations that the cutbacks in Cape hospitals had caused, the Democratic Party's health spokesman, Mr Mike Ellis, said yesterday.

Doctors and nurses could not be expected to not become disheartened and demoralised, he said.

"This whole situation should have been avoided and the government's failure to avoid it may well lead to far greater and unfortunate consequences for our health care system than was at first apparent.

"We now face the danger of losing doctors and nurses from state hospitals to the private sector. We may even see another exodus of doctors overseas.

"One cannot ask doctors and nurses to turn patients away because only emergency cases can be treated, and not expect these professionals to seek to move out of a situation which they find immoral and contrary to their ethical code.

"Of equal concern is the news that many young medical registrars at the academic hospitals are now faced with having their services dispensed with.

"To cut back on these posts — held by the specialists of the future — would severely affect the patient care these hospitals offer," Mr Ellis said.

Hospital doctors to fight cutbacks

CAPE TIMES 16/7/91

Staff Reporter

CONCERNED registrar doctors at Tygerberg Hospital resolved at a meeting yesterday to fight the hospital cutbacks that affect working conditions and patient care.

Earlier this week the registrars won back their subsidised meal coupons after threatening to take legal action against the Cape Provincial Administration.

Yesterday's meeting held to air grievances was attended by more than 90 registrar post-graduate doctors from the University of Stellenbosch.

The registrars said they would be appointing a lawyer to tackle issues affecting patient care and working conditions.

The current hospitals crisis in the Cape had been brought about by a disastrous mismanagement of funds, said one doctor. "We are doing a disservice when we send patients away," he said.

Distressed doctors claimed that their public image was deteriorating as a result of their having to turn patients away.

Returnee doctors will be assessed

(93)

Cpress 17/3/91

By SOPHIE TEMA

ABOUT 80 exiled medical doctors with foreign qualifications who plan to return to South Africa will have their registration reviewed by the South African Medical and Dental Council (SAMDC).

This follows a recommendation by the Executive Committee of the SAMDC.

A committee spokesman said: "The decision by SAMDC to review the position of doctors, dentists and health workers follows representations to the council in January by a joint working committee comprising the South African Health Workers' Congress (Sahwco), the Health Secretariat of the ANC, the Overseas Medical Graduates' Association (Omega), the National Medical and Dental Association (Namda) and the Medical Association of South Africa (Masa).

"We have given the SAMDC draft guidelines to streamline registration because the committee was satisfied they were reasonable and would maintain the SAMDC's health care standards," said the spokesman.

"The working group emphasised that registration of the exiles was a sensitive matter and agreed that the Council would also evaluate the qualifications of other South African and foreign doctors and dentists who may now only obtain limited registration."

No strategic plan for health care in the Cape

93

7164S

8/3/91

The following statement on the Cape hospitals crisis was issued by the Faculty of Medicine at the University of Cape Town

WHILE acknowledging the importance of ensuring that the provision of health services in the public sector is cost-effective and directed at making optimum use of available resources, members of the Faculty consider it their duty to the public to place the following on record:

1. The present curtailment of services and those projected for the next financial year will cause extensive harm to a wide spectrum of patients, but most especially the poor and the elderly for whom primary and community health facilities are already inferior and overburdened.

2. As far as we can determine there is no strategic plan for health care services in the Cape Province (or the country) and our efforts, over many years, to contribute to planning a comprehensive health service for all South Africans have been consistently ignored.

3. We have responded in a professional manner to repeated requests to contain costs. Our success in achieving savings, while maintaining high standards of clinical and academic work is clearly documented. We do not, however, have access to any evidence which suggests that cost containment has been achieved within major hospital services elswhere or within our health care bureaucracies which are fragmented, unco-ordinated and wasteful.

4. We object now, as we have repeatedly in the past, to the simplistic and arbitrary solutions that are being applied to the South African health crisis. Insufficient attention has been paid, by those responsible for the present policy, to the long term damaging effect that such arbitrary measures will have on the quality of South African medicine and on medical education.

5. While acknowledging the need for a private sector we reiterate our insistence that a comprehensive, equitable and non-racial national health plan be formulated without further delay so as to ensure that those patients who can least afford it are not the most heavily penalised.

6. We remain dedicated to doing the best for our patients, our students, and the practice of medicine. We will continue to co-operate with all reasonable measures aimed at cost-containment in the health services but we will resist any actions of the authorities which jeopardise our professional obligations to provide proper care for our patients. We regard the situation as critical for the future of medicine and health care in South Africa and, as such, as an urgent matter for public attention.

DEAN'S ADVISORY COMMITTEE on behalf of the Faculty of Medicine, University of Cape Town.
Professor J P van Niekerk (Dean)
Professor S R Benatar (Head, department of medicine)
Professor J Terblanche (Head, department of surgery)
Professor J Dommisse (Head, department of obstetrics and gynaecology)
Professor R Kottler (Head, Department of radiology)
Professor A Rose (Head, department of pathology)
Professor M James (Head, deparmtnet of anaesthetics)
Professor D Beatty (Head, department of paediatrics)

was eventually freed. ● Photograph: ASSOCIATED PRESS.

No action on doctors' unethical methods

Star 23/3/91 (93)

ABBEY MAKOE

THE South African Medical and Dental Council (SAMDC) said it would not take disciplinary action sures against doctors who were involved in unethical practices, if the complaint was not formally lodged.

This follows Saturday Star's recent reports about some doctors, particularly in the platteland, not keeping records for cash-paying black patients.

Although SAMDC's registrar Nico Prinsloo stressed that while it was official policy that doctors keep records of "all patients for a reasonable period", the council could not rely on press reports to act against doctors.

Some doctors investigated only issued small slips to the patient as the sole record of a visit.

The onus, according to the doctors, lay with the patient to keep the slip.

In an interview this week, the Medical Association of South Africa (MASA), the representative body of doctors, said it noted "with concern" allegations that some doctors were involved in some unethical practices.

It said its ethical committee, established specifically to ensure doctors practiced properly, had not yet received any complaint or "substantiated evidence".

A formal complaint has to be lodged against a specific doctor or a group of doctors, MASA said.

MASA stressed it would always investigate allegations and make recommendations to the SAMDC, which has the power to take disciplinary action against doctors.

It was in the interest of doctors that those who did not follow norms be called to account, said MASA.

Asked about the consequences of doctors not keeping records, Mr Prinsloo said doctors who failed to do so could either be cautioned, suspended or removed from the registar, depending on the seriousness of the cases and the circumstances surrounding them.

'ANC lured children into camp ordeal'

Star 23/3/91

OWN CORRESPONDENT

SCHOOLCHILDREN were allegedly duped into travelling to an ANC camp in Zambia, where they were urged to undergo military training.

The first of a group of 160 pupils from Pretoria and the Rand made their own way back to the South African border last night after what they claim was a month-long ordeal at the hands of the ANC.

After repeated attempts to reach the ANC, no comment could be obtained from the organisation at the time of going to press.

During a Security Police-organised press conference at the posh Mount Grace Hotel near Magaliesburg, pupils alleged they were "recruited" by a Rockville priest and the wife of a Soweto school inspector.

"We were offered scholarships in Kenya for a R160 fee."

The first seven pupils transported by police from Zeerust last night said they were:

- Forced to live under abominable conditions in an ANC camp near Lusaka.
- Guarded by armed ANC cadres.
- Subjected to political indoctrination.
- Forced to do manual labour.

"In Soweto, a Mrs Mokoepe collected our passports and said she would fax our particulars to the Kenyan authorities. We were told the scholarships were sponsored by foreign investors."

On Friday, February 22, a group of 160 pupils in their late teens and early twenties left Soweto in three buses and crossed through Bophuthatswana and Botswana.

At the Zambian border they were told to cross the Zambezi river by ferry and were met on the Zambian side by a Mr Nduma.

"We demanded food and wanted to know where we were going, but he said we would be told only what we needed to know."

They were taken to a place on the outskirts of Lusaka identified as the Charleston Transit Centre.

"We were told this was an ANC camp and we were under ANC command.

"Our passports, money and personal possessions were confiscated and we were not allowed to leave the camp or make telephone calls."

Pupils said they were forced to do manual labour every day and ablution and cooking facilities were primitive.

"We defied threats of physical violence and went to the ANC headquarters in Lusaka and demanded to go back home."

During a three-week ordeal, the pupils said, ANC officials refused to hand over their passports and frustrated their efforts to leave the camp.

"We eventually persuaded them to give back our passports and we bought our own bus tickets back to South Africa."

Security police said they had no reason to detain the pupils as, by their own admittance, they had not undergone any military training.

"We were approached for assistance once they reached the South African border and we agreed to transport them to their homes in safety."

'Not enough black doctors'

By Mckeed Kotlolo (93)

ANC deputy president Nelson Mandela has expressed concern at the low number of black doctors graduating.

Mr Mandela was guest speaker at the weekend graduation ceremony at the Medical University of Southern Africa (Medunsa) at which 252 degrees and diplomas were conferred. Star 25/3/91

He said the problems facing Medunsa mirrored challenges of the educational system and the country as a whole.

He said that of the 1 300 doctors produced annually, only 300 were black and only 120 of these Africans.

He said the neglect in the training of black doctors was the same in the training of black health workers in general.

"The ANC believes that South Africa requires not only the enfranchisement of the black majority but the empowerment of ordinary people," he said.

Doctors object to hospital cuts

Staff Reporter

DOCTORS and specialists in Somerset West have reacted to news that private patients could be turned away from the Hottentots Holland Hospital, by writing an open letter voicing their objections.

More than 60 signatories were responding to a letter from the Administrator of the Cape, Mr Kobus Meiring, who said that private patients may not be treated at the hospital — except in emergencies.

Grave concern was expressed about the welfare of the large percentage of private patients who could afford a private physician and medicine — but who did not belong to a medical aid and could not afford a private hospital.

All emergencies are treated at the hospital and the taxpayer is entitled to the best possible treatment, they said.

"We feel strongly that it would be immoral to deprive these people of the hospital services and further, the hospital will find it difficult to continue without their support."

Medical care of 80% of the population would suffer if specialised expertise and preparedness to help were withdrawn.

The quality of medicine would decline, they said.

Too few black doctors — angry Mandela

The Argus Correspondent

PRETORIA. — Mr Nelson Mandela has expressed concern-and anger at the low number of black doctors produced annually.

Mr Mandela was guest speaker at the the Medical University of Southern Africa (Medunsa) graduation ceremony when 252 degrees and diplomas were conferred.

He said the problems facing Medunsa mirrored the programmes and challenges of the educational system in general and that of the country as a whole.

The ANC noted with "continued concern and anger that of 1 300 doctors produced annually by all medical schools, only 300 are black and of these only 120 are Africans."

The neglect in the training of black doctors was the same in the training of black health workers in general. This, he said, included the low number of degrees in nursing education and administration.

TAKE CARE OF OWN LIVES

"We in the ANC believe that a democratic South Africa requires not only the enfranchisement of the black majority but the empowerment of ordinary people to take care of their own lives," Mr Mandela said.

He urged the community to be involved in running public affairs and to campaign for the funding of the veterinary faculty at Medunsa since the government had threatened to stop funding it. He also urged the students to work hard.

Among the graduates was Julia Nhlapo, the first black in South Africa to become an eye specialist.

Star 28/3/91

Take a dose of communication

93

The latest sickness affecting doctors and patients is C-deficiency, and it has nothing to do with too little of a certain vitamin that is said to be great for alleviating symptoms of the common cold.

It is a communication deficiency which invades all levels of the medical profession and is one cause of the popular pastime of doctor-bashing, says an article in the latest edition of the SA Medical Journal.

A major feature of the disease is the authoritarian attitude of the doctor who tells the patient what is to be done without discussion or explanation.

This lack of doctors' interpersonal skills, particularly in taking the time to talk to the patient, has fuelled the switch to alternative medicine.

It is time for doctors to stop thinking they are gods, the article says.

"Patients are being operated on and they do not know why or what was done. They have an illness and they do not know the diagnosis, they are receiving treatment, but do not know what the medication is. They may not have understood or remembered; that is a call for even more patience and time."

MARIKA SBOROS

Specialists seek moonlighting nod

(93)

THE SA Fulltime Specialists' Association (Safsa) is to propose to Health Minister Rina Venter that hospital specialists be allowed to moonlight to supplement their pay.

The move by the newly constituted body marks an intensification in the campaign by fulltime medical specialists to stop the erosion of medical standards and the drain of highly qualified doctors from academic hospitals to the private sector.

Safsa vice-chairman Jimmy van Dellen said as government was unable to pay specialists market-related salaries, they were faced with either leaving the public sector or finding a way to cope within the sector. One way to cope within the public sector was to engage in some private practice.

He said there was "an enormous maldistribution between the salaries of full-time and private specialists", but Safsa was "fighting to keep specialists in fulltime public sector practice".

Safsa was formed last month, with a potential membership of up to 1 500 specialists from existing medical associations representing doctors, the Medical Association of SA (Masa) and the National African Medical and Dental Association (Namda).

A Witwatersrand Fulltime Specialists' Association (WFSA) spokesman

MATTHEW CURTIN

said yesterday 90% of specialists who took part in a recent survey by the association said limited private practice opportunities would help revert the deterioration of academic medicine in SA.

The first poll conducted in November last year found two-thirds of specialists were "moonlighting" and 80% intended leaving the public health service within two years if conditions did not improve. One in 10 specialists said they were considering leaving the medical profession.

These results have been corroborated by a survey of Natal specialists.

Van Dellen, a surgeon at Wentworth Hospital in Durban and Natal Fulltime Specialists' Association (NFSA) chairman, said nearly half the province's specialists were polled and 98% of respondents were dissatisfied with pay and working conditions.

The WFSA spokesman said Venter told a meeting with the association in January her ministry was strapped for cash, but she was interested in proposals suggesting limited private practice as an alternative to pay increases.

Full-time specialists are paid for 40 hours work a week with remuneration for 16 hours overtime regardless of how many extra hours are worked.

Stressed junior doctors consider 'work to rule'

Staff Reporter

OVERWORKED junior doctors may embark on a work-to-rule with a 60-hour working week — equal to five consecutive 12-hour days a week.

Dr Ivor Douglas, vice-chairman of the Junior Doctors' Association of South Africa, which was formed last year, reports this in the latest edition of the S A Medical Journal.

He says the plight of junior doctors has been described as "barbaric, scandalous and shameful", yet their circumstances seem unchanged from one decade to the next.

"The reality is that in addition to suffering chronic fatigue, junior doctors in hospitals are angry and resentful about their situation," he says.

"The work-to-rule model of a 60-hour week is an ethically controversial position which many junior doctors are at present debating."

He did not say what hours young doctors work, but a medical source in Cape Town who declined to be named said it was common for interns — newly graduated doctors doing their practical year — to work far more than 60 hours in a week for little more than R1 000 a month.

Dr Douglas says doctors are sometimes on call for 40 hours — all night, the next day, the whole of the next night and the next morning — in a single shift.

"The implications for junior doctors and their patients towards the end of a 40-hour on-call period are disastrous," he says.

Junior doctors in South Africa have no agreed terms of employment. Yet their counterparts in Britain have a fixed maximum number of official working hours, and if they work more than that they are paid for it.

Trainee doctors threaten go-slow

Staff Reporter

Medical interns, "physically and mentally drained" after long hours of work without supervision, have threatened a "go slow" at State hospitals.

Dr Ivor Douglas, vice-president of the Junior Doctors' Association of South Africa (Judasa), warned Health Minister Dr Rina Venter yesterday that if salary and contract amendments were not announced by the time her budget was presented in Parliament, expected before the end of the month, authorities would face possible industrial action.

A report on the working conditions of the country's junior doctors, many of whom work more than 100 hours a week without adequate training or supervision, will be published in the Medical Journal this week.

Urgency

According to the report:

- There is considerable concern about the lack of intern supervision.
- Interns have to attend to more than the preseribed number of in-patients. They are also expected to attend more out-patient sessions and deal with more emergency duties than is reasonable.
- A high percentage of interns have little or no supervision while giving anaesthetics and providing emergency care.
- Information and guidance given to interns is conveyed in an unsatisfactory manner. In many cases, no proper information is given. There are few opportunities for study and training is not properly conducted.
- The present intern year does not prepare the intern for individual medical practice.

The report recommended "the South African Medical and Dental Council should, as a matter of urgency, investigate the situation".

When a sister paper of The Star, the Sunday Tribune, spoke to Dr Douglas he had just finished a 32-hour shift. He said he often worked 36 hours and was on call every second night.

Several meetings with the Director-General of Health, Dr Koen Slabber, and Dr Venter had been "markedly unsuccessful".

"Our concern is that patient care is being seriously compromised because our working conditions often render us unable to provide proper care for our patients," Dr Douglas said.

Tired medics may endanger patients

Sowetan 9/4/91

THE lives of patients in State hospitals may be placed in jeopardy as a result of being looked after by "exhausted" interns working up to 100 hours a week.

A document to be published this week says there is no doubt that the medical care which patients receive from interns is being seriously compromised.

The conditions of interns in the country's hospitals - where most work up to 70 hours a week and more often without supervision or adequate training - will be published in the *South African Medical Journal* this week.

An ultimatum has meanwhile been delivered to the the Minister of National Health and Population Development, Dr Rina Venter, by the majority of interns in the country to announce contract and salary amendments for interns or else face possible industrial action, in the form of a go-slow or work-to-rule.

This would bring the State medical system to its knees as interns carry the brunt of the workload in most hospitals.

Meetings

The vice-president of the Junior Doctor's Association of South Africa, a sub-group of the Medical Association of South Africa, Dr Ivor Douglas, said despite several meetings with the Director-General of Health, Dr Koen Slabber,

To Page 2

Medics' threat to take action

Sowetan 9/4/91

From Page 1

and the Minister herself the results had been "markedly unsuccessful".

"Our concern is that patient care is being seriously compromised because our working conditions often render us unable to provide proper care for our patients.

"While we wait for a formal statement from the Minister of Health, Judasa finds itself in a difficult position. Our members are angry and fed-up and they are demanding that something happens.

"If nothing has been finalised by the end of the month, although we find the thought abhorrent and against our ethics, we will be forced to listen to our members who are now considering working to rule or instituting a go-slow."

Key findings in the report are:

* The South African Medical and Dental Council's guidelines and rules to which interns have to complete their compulsory intern year in a hospital are to a large extent not being followed.

* Supervision is lacking.

* The high percentage of interns who have little or no supervision while giving anaesthetics and providing emergency care is especially serious.

* Information and guidance given to interns is conveyed in an unsatisfactory manner and in a large number of cases no proper information is given.

* From the information it is evident that the intern year with its various facets is not proceeding according to the rules.

* From this survey it is clear that the work- load is unacceptably high with most interns working between 60 and 70 hours a week.

* It is apparent that their work-load is an adverse factor in their decision-making abilities in connection with patients. - *Sapa*.

(a)	(b)(i)	(b)(ii)(aa)	(b)(ii)(bb)
VISITING SCHOOL	STANDARDS PLATOONING	NUMBERS OF PUPILS PLATOONING	NUMBERS OF CLASS GROUPS INVOLVED
Khulile	A, B, 1, 2, 3, 4, 5	1 076	18
Masangwana	3, 4, 5, 6	803	16
Sophakama	6, 7, 8, 9, 10	1 135	20
Gqebera	6, 7, 8, 9	962	24
Tyhilulwazi	6, 7, 8, 9, 10	956	23
Phakama	A, B, 1, 2	766	19
Sakhisizwe	6, 7, 8	1 013	19
Phakamisa	6, 7, 8, 9, 10	875	18
Spencer Mabija	A, B, 1, 2, 3, 4, 5	643	16
Ben Nyati	2	144	3
Ilitha	2	100	2
Daniels	A, B, 1, 2	495	12
Emsengeni	2	300	7
Funimfundo	1, 2	270	6
Charles Duna	1, 2	440	9
Lamani	1	147	3
Phakama	1, 2	75	2
Tubelihle	7, 8, 9, 10	1 165	18
New Brighton	3, 4, 5	654	19
Molefe	3, 4, 5	663	13
26		20 267	405

1 Military Hospital: doctors resigned

256. Mr P J GROENEWALD asked the Minister of Defence:†

(a) How many doctors resigned at 1 Military Hospital in Voortrekkerhoogte in 1988, 1989 and 1990, respectively, and (b) what were the reasons for resignation?

B681E

The MINISTER OF DEFENCE:

(a) 1988 : 23
1989 : 15
1990 : 28

(b) Numerous reasons but mainly the fact that serving doctors may not run private practices after hours, a lack of specialisation opportunities in the SA Defence Force and better earnings in private practice.

SADF: doctors resigned

257. Mr P J GROENEWALD asked the Minister of Defence:†

(a) How many doctors resigned from the South African Defence Force in 1988, 1989 and 1990, respectively, and (b) what were the reasons for resignation?

B682E

The MINISTER OF DEFENCE:

(a) 1988 : 75
1989 : 65
1990 : 72

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Registration of all teachers

269. Mr R M BURROWS asked the Minister of National Education:

(1) Whether any progress has been made in the registration of all teachers in South Africa; if not, why not; if so, what progress;

(2) whether he will make a statement on the matter?

B743E

The MINISTER OF NATIONAL EDUCATION:

(1) No. The State President, during the opening of the present session of Parliament indicated that work is being done on the political and educational levels to reform the present education system. It is therefore desirable not to proceed with the establishment of a general registration body for teachers until a new statutory structure of education acceptable to all South Africans has been negotiated.

(2) No.

Own Affairs:

Colleges of education: utilisation

49. Mr R M BURROWS asked the Minister of Education and Culture:

(1) Whether all student places in colleges of education falling under the control of his Department are filled; if so, how many such places are there; if not, (a) how many places are vacant and (b) why are they vacant;

(2) whether any arrangements have been made with any other departments of education for the utilisation of any colleges of education, or parts thereof, falling under the control of his Department; if so, what arrangements;

(3) whether any colleges of education, or parts thereof, have been disposed of in any way to any other Government Department or organisation; if so, (a) which colleges and (b) to which Government Department or organisation in each case?

B628E

The MINISTER OF EDUCATION AND CULTURE:

(1) No,

(a) 4 180,

(b) the annual intake is determined by the projected need for teachers in four years' time;

(2) no, but there is a formal agreement with the Department of Education and Culture: House of Representatives and the Kwa Zulu Education Department for a number of their teachers to undergo further training at the distance teaching college, the Natal College of Education. In addition to this and in accordance with an informal agreement B Prim Ed Courses are offered at Edgewood College of Education and Johannesburg College of Education which students of other groups enrolled at the University of Natal and Witwatersrand may follow. At Edgewood College of Education a further Diploma in Education (General Science) is offered to Black teachers.

(3) this information may be obtained from the hon the Minister of Welfare, Housing and Works.

Natal: closure/amalgamation of schools

59. Mr R M BURROWS asked the Minister of Education and Culture:

(1) Whether the Executive Director of the Natal Education Department has instituted planning programmes for the (a) closure and/or (b) amalgamation of schools and other education institutions falling under his control; if so, (i) what are the names of the (aa) schools and (bb) other institutions involved in each case and (ii) when will the intended or suggested action be taken;

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CAM Times 12/4/91

'SA medical crisis'

Top heart surgeon heads for America

By GLYNNIS UNDERHILL

ONE of South Africa's top heart surgeons, Dr Chris Knott-Craig, has become so disillusioned with the "appalling state" of academic medicine in South Africa that he has decided to take up a post in the United States.

The head of congenital heart surgery at Tygerberg Hospital, Dr Knott-Craig, with his team last year operated on a six-year-old Kraaifontein child who became the only known survivor in the world of this risky congenital heart operation.

But now South Africa is losing this 37-year-old surgeon, who will take up his new position as professor and head of congenital heart surgery at the University of Oklahoma next month.

Last night a hospital spokesman said they were "disappointed" that someone of his "stature" was leaving.

Yesterday Dr Knott-Craig said: "Academic medicine in this country is, for all practical purposes, dying."

The state's priority was no longer to maintain the standards at medical school by attracting good academics, said Dr Knott-Craig.

He feared that unless this trend was reversed, South African medical qualifications might soon not be recognised abroad.

"In the past we have always had a very good reputation. The standards of medicine and the standards of training have always been of the highest order. The implications of what is happening now are enormous for this country," he said.

Dr Knott-Craig said there were fewer academics teaching students — with the result that there would be generations of poorly trained doctors.

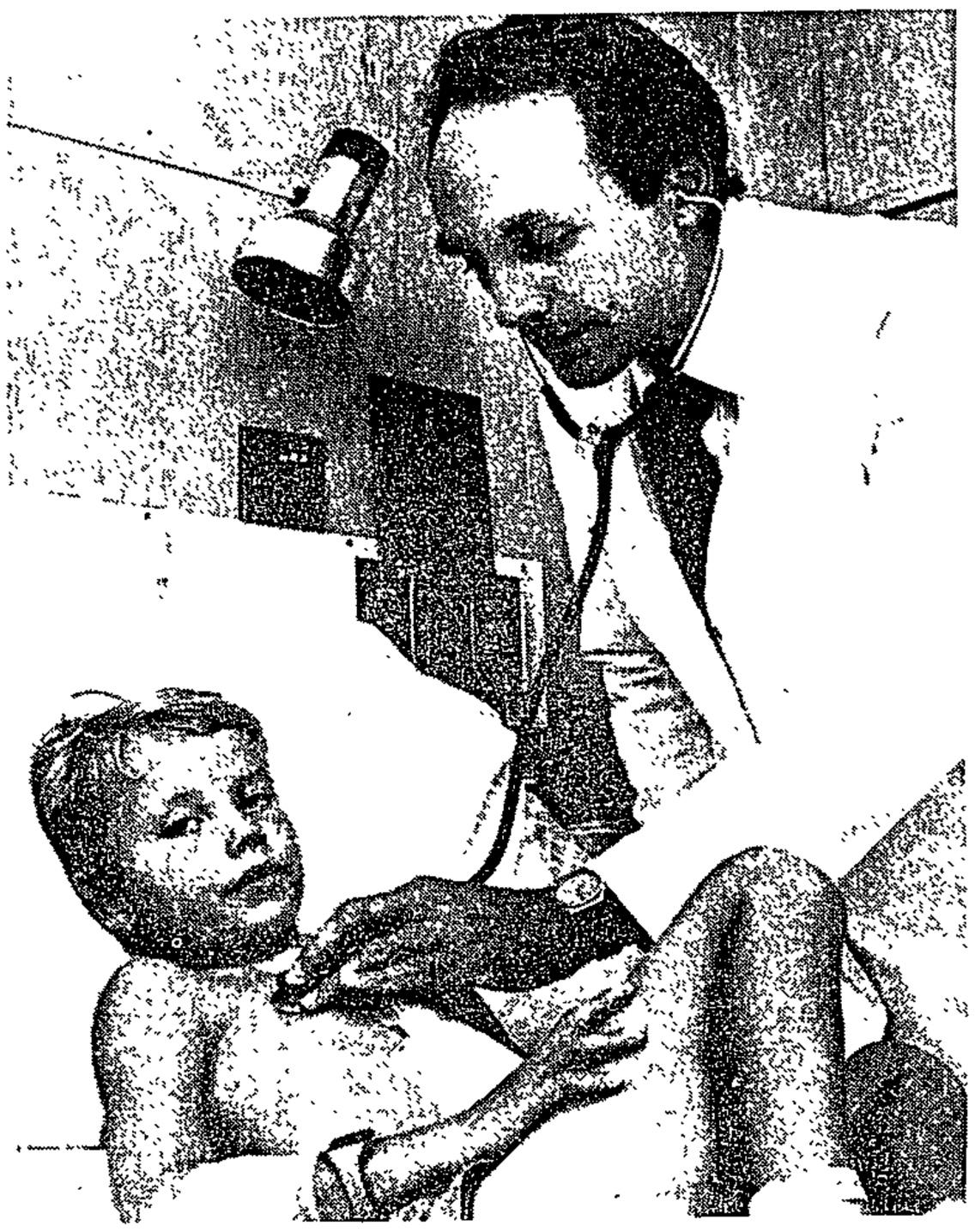
"Who's going to do this kind of surgery in future," he asked.

He criticised the government for being "short-sighted" by not maintaining academic-medical and technology standards.

Highly-skilled doctors at academic hospitals were making moves to take up posts abroad, or going into private practice.

The financial cuts to the medical service had made his own situation "untenable", he said.

Dr Knott-Craig has signed a contract for two years service at his Oklahoma post.



HEARTFELT THANKS... Seven-year-old Dewald Groenewald of Bellville underwent a risky congenital heart operation on Monday, under the knife of Dr Chris Knott-Craig and his Tygerberg Hospital team. The poor state of academic medicine in this country has prompted Dr Knott-Craig to head abroad.
Picture: BENNY GOOL

'Medical education will suffer'

Cape Times 22/4/91

Own Correspondent

JOHANNESBURG. — Medical education would suffer as a result of the exodus of specialists from the country's academic hospitals, medical professionals said at the weekend.

A spokeman for the SA Full-Time Specialists' Association (SAFTSA) said standards in medical training had dropped, as full-time specialists continued leaving "in droves".

In a recent survey the association found that 70% of its members considered moving into private practice within the next year. This would mean a loss of up to 2 000 academic doctors.

The standard of medical education had so far been maintained by excellent teachers and researchers who had stayed in their public posts, said Dr Martin de Villiers, of the Medical Association of SA.

But even they would be lost to private practice and overseas academic hospitals if nothing was done to alleviate the tremendous financial and work pressures to which they were exposed.

JOHANNESBURG. — Johannesburg Hospital closed its neurosurgery ward this week, after the specialist running the unit returned home to Poland.

Hospital superintendent Dr Trevor Frankish said the closure would last a few weeks, while the neurosurgeon was on leave.

But hospital sources expressed doubt about whether the Polish doctor, whom he declined to name, would return at all. If not, the unit had effectively been closed down.

During the closure, patients would be referred to Baragwanath hospital or treated by private neurosurgeons.

The SAFTSA spokesman said the 10% increase awarded to public sector doctors last year was the first in three years. This year a 6% increase was expected.

A senior specialist, who asked to remain anonymous for professional reasons, said the gap between public- and private-sector doctors' salaries had widened to unacceptable proportions.

At public hospitals, doctors earned between a third and a tenth of their earning potential in private practice, he said.

"The opportunity to practise academic medicine and do research should make working in the public sector worthwhile, but there simply isn't time to teach or study anymore."

Medical specialists quit 'in droves'

TANIA LEVY

MEDICAL students would suffer from the exodus of specialists from the country's academic hospitals, medical professionals said at the weekend.

A spokeman for the SA Full-Time Specialists Association said standards in medical training had dropped as full-time specialists continued leaving "in droves".

In a recent survey the association found that 70% of its members considered moving into private practice within the next year. This would mean a loss of up to 2 000 academic doctors. Bldaily 22/4/91

The standard of medical education had so far been maintained by excellent teachers and researchers who had stayed in their public posts, said Dr Martin de Villiers, the Medical Association of SA's professional services director.

But even they would be lost to private practice and overseas academic hospitals if nothing was done to alleviate the tremendous financial and work pressures to which they were exposed.

The specialists' association spokesman said the 10% increase awarded to public

☐ To Page 2

Specialists

☐ From Page 1

sector doctors last year was the first in three years. This year a 6% increase was expected.

Another senior specialist, who asked to remain anonymous for professional reasons, said the gap between public and private sector doctors' salaries had widened to unacceptable proportions.

Public hospital doctors earned between a third and a tenth of what they would if they were in private practice, he said.

He said that SA medical graduates were probably still among the best in the world because of the wealth of clinical experience they gained in local hospitals.

Pretoria University medical dean Professor Jan van der Merwe said that although undergraduate training standards had probably been maintained at high levels, the standard of post-graduate specialist training had dropped.

At this level highly qualified specialist teachers, well-trained personnnel and sophisticated equipment were essential.

Wits Medical School dean Professor John Milne said there appeared to be little change in the standard of medical education, with students achieving similar results in 1990 as they had 10 years before.

"But Wits has lost many of its top doctors to overseas and to private practice. Something must have been lost with the loss of such excellent teachers," he said.

Exhausted interns live on scalpel edge

Star 22/4/91 (93)

Who would work 120 hours a week, dealing with life and death, for R1 400 a month after deductions? Junior doctors, that's who. Their plight has in the past been described as "shameful in the extreme". Nothing has changed, reports Medical Reporter CARINA LE GRANGE.

NO INDUSTRIAL worker — with the usual access to a trade union — would submit to the conditions and pay of junior doctors, one such doctor says.

He points to the story of one doctor, who asked not to be named for his own protection, as an example. The anonymous doctor does not work at one of the major academic hospitals, but at one of the more than 300 smaller hospitals which annually take interns.

His experience, however, is not unique — it is that of most interns at almost any hospital where they are employed.

"I work mainly on my own, without supervision. Last week I worked 120 hours. On average, I work 96 hours a week. There is no such thing as fixed working hours — we work until the work is completed. When we are on call, we work for 32 hours, get 12 hours off, and resume duty." he says.

"At my hospital, we are on call one out of five days, and two out of every five weekends. Even when I am not on call, I rarely finish before 7.30 pm. I know of another hospital like this one where interns are on call for 36 hours every fourth night — while they work until 11 every second night.

"At one hospital, medical interns can be bleeped for duty on a 24-hour basis for six months — it sounds unbelievable, but they are on duty, at an academic hospital, every day for six months. It is a hospital rule.

"Usually there are so many patients — up to 70 at an afternoon clinic — that there is no time to calmly examine, learn and gain experience. It is like a conveyer belt. Often, it is 8 pm by the time we see patients who had waited since 7 am.

"I have battled for the past two months for a consultant to show me how to do a caesarean. Much of our work is a matter of trial and error.

"Most of my work is routine, and less than 5 percent of my time is aimed at training. Interns are treated like, and do the work of, students. We draw blood, look for beds and do administrative work. There is little chance of training, learning or gaining experience.

"At my hospital there is no food available when I work at night, and I remain without sustenance from 6 pm to 6 am.

"My take-home pay is R1 440 — and the interest on my R50 000 study loan is R400 a month. I cannot afford a car, and my overdraft grows and grows as my basic expenses exceed my income. I live under the breadline."

Junior doctors — or housemen — work under supervision for a period of one year after completing their medical degrees. During this time, the theory goes, they should put into constant practice what they learn under the guidance of senior, experienced medical staff.

But the reality for many interns is one of constant overwork, which could add up to a recipe for disaster — including as far as the patients are concerned, and as an inquest into the death of a woman at a major teaching hospital found less than two years ago.

The woman had been administered a medication for which she was allergic by an intern who had worked without pause for 25 hours — and who forgot to look at her medical chart.

The doctor who told of his plight above says his superintendents have little sympathy, and that bureaucracy foils attempts to complain.

The doctor says his concern is also not only for himself, but also for the patients who suffer as a result of interns' plight. □

Warning over junior doctors' load

(93) Star 22/4/91

By Carina le Grange
Medical Reporter

The conditions under which housemen work is a recipe for chaos, according to Junior Doctors Association of South Africa (Judasa) chairman Dr Johan Scholtz.

Long hours, inadequate time off, too much time spent on routine duties, lack of adequate training and low salaries are among the complaints made by junior doctors.

"The workload is so heavy that it adversely affects the personal lives of junior doctors and, possibly, also their ability to take decisions with regard to patients.

"Academic training in South Africa is excellent, but what happens thereafter is unacceptable," Dr Scholtz said.

The public criticised some doctors in private practice, who were wealthy, but 'had the wrong attitude regarding doctors in the public sector, who struggled to make ends meet, he said.

Despite its grievances, Judasa would co-operate through "diplomatic negotiations" with the Government to improve conditions, and had never advocated industrial or strike action, he said.

Judasa vice-chairman Dr Ivor Douglas said in the SA Medical Journal last week it was a "sad indictment of the State and the SA Medical and Dental Council that junior doctors had no contract or agreed terms of employment".

Junior doctors needed to address the issues in the interest of broader health care and patients in particular, he said.

● **Interns live on scalpel edge — Page 11**

Doctor-drain 'threatens medicine'

(93)

SAGV 23/4/91

By Carina le Grange, Medical Reporter

The threat of an increased exodus of doctors from academic hospitals would adversely affect the future of academic medicine in South Africa, Professor Derek Arbuckle, dean of the University of Natal's medical school, warned yesterday.

Amid reports of doctors — particularly specialists — leaving academic hospitals for private practice or to emigrate, Professor Arbuckle said there was now an "appreciable" number of vacant posts.

SA Full-time Specialists Association vice-chairman Professor James van Dellen said academic doctors did not want to leave academic medicine, but the discrepancy between their salaries and those of doctors in private practice made their position untenable.

He said surveys in Natal and Johannesburg had found 98 percent of respondents dissatisfied with conditions of service.

He said 48 percent were considering leaving. About 40 percent of doctors surveyed admitted to moonlighting to improve their salaries.

"What the majority of doctors would like to have is the right to practise privately in addition to their academic posts," he said.

"We have asked the Government for market-related salaries — the discrepancy is between 30 and 50 percent — but the Government said it probably does not have the money.

"We want to stay — if we did not, we would have left. But to retain top people, salaries must increase."

Exiled SA doctors to return shortly

Staff Reporter

SOME 100 doctors who qualified at foreign universities during the height of South Africa's political upheaval — many of them political exiles — will be returning to South Africa shortly, the SA Medical and Dental Council (SAMDC) heard yesterday.

The SAMDC also said nearly one in five South African-registered doctors are working overseas.

The council said there were 3 418 South African-registered doctors presently practising abroad (17,4%) and 19 821 doctors practising in South Africa.

SAMDC president Dr L Becker said limited registration would be given to returning doctors with foreign qualifications, if they applied before the end of 1991.

The doctors would have to work at an approved institution to qualify for full registration.

Dr Becker said the council were consulting with a wide range of medical bodies, the ANC and the Department of Foreign Affairs on the matter of returning doctors who were political exiles.

The SAMDC, together with various institutions, would try create posts for the returning doctors, despite the drastic cuts faced by medical institutions.

He said the council had previously given limited registration to South Africans who qualified abroad.

Expatriate medics can register

Own Correspondent

CAPE TOWN — South African doctors and dentists who qualified overseas will be granted registration by the Medical and Dental Council, provided they apply by December 31.

About 100 doctors were expected to apply, said president Dr Len Becker.

Doctors and dentists would have to work for a year in recognised hospitals or institutions and obtain certificates of competence.

The new provisions also apply to South African students studying abroad, provided they were registered as students on July 31 1991.

12,8 percent of SA doctors abroad, says council

By VIVIEN HORLER
Medical Reporter

SOUTH AFRICA has a total of 23 139 registered doctors of whom 12,8 percent are outside the country.

This was one of a set of statistics presented to the SA Medical and Dental Council at its annual meeting in Observatory this week.

There are 6 599 doctors, including specialists, registered in the Cape, 9 833 in the Transvaal, 3 646 in Natal and 1 195 in the Free State. A further 1 866 are abroad.

But the registrar of the council, Mr Nico Prinsloo, said the figures were based on addresses, and the implications drawn were not necessarily accurate.

"For example, some of the doctors who have addresses overseas may be there just temporarily and have not necessarily joined the brain-drain, while some doctors who have left South Africa still use a local address for registration purposes.

"In addition, the TBVC countries are counted as outside the Republic."

Cape Town has 2 433 doctors, Johannesburg 3 476, Pretoria 2 197, Durban 1 626, Port Elizabeth 547, East London 334, and Bloemfontein 643.

Of South Africa's total number of doctors, many qualified abroad, including 1 548 in Britain, 28 in the United States, 226 in Germany and 626 in India.

A total of 1 518 doctors qualified last year.

There are a total of 3 775 dentists in South Africa, of whom almost two-thirds (1 900) are in the Transvaal and almost a third (1 042) are in the Cape.

New deal for academic medics likely

Cape Times
29/4/91
(93)

Staff Reporters

THE government has ordered an immediate investigation into the possibility of academic hospital doctors' being allowed to have private practices to increase their incomes.

The inquiry was announced yesterday by the Minister of National Health, Dr Rina Venter.

It is also to review the position of non-academic medical staff employed by the state.

"The influence of the proposed measures on the doctors in private practice will be thoroughly investigated," Dr Venter said.

If doctors at academic hospitals are allowed to have private practices, it could avert the hospitals' losing large numbers of highly qualified staff.

Medical and academic experts have warned that a large number could leave because of dissatisfaction over low salaries, particularly in relation to those in the private sector, and poor working conditions.

An exodus would jeopardise the hospitals' teaching role, they said.

Dr John Steer, editor of the Western Cape Branch of the Medical Association of South Africa's magazine, said last night that doctors welcomed the move since they had "great sympathy and understanding" for their colleagues at troubled academic hospitals.

The situation was "open to abuse", however, since a similar scheme had been available for professors more than 10 years ago but had been stopped when it was found they were neglecting their full-time work in favour of their private patients.

applications of all other such macro sports bodies.

(a) Not applicable.

(b) Not applicable.

(c) INOCSA.

Junior doctors: work-to-rule model

308. Mr M J ELLIS asked the Minister of National Health:

(1) Whether she or her Department has been informed of the intention of certain junior doctors to embark on a work-to-rule model of a 60-hour working week, as referred to in a newspaper article a copy of which has been furnished to the Minister's Department for the purpose of her reply; if not, why not; if so, what are the reasons for this intended action;

(2) whether she will make a statement on the implications such action may have on the existing hospital situation;

(3) whether any action is being taken to address the grievances of these doctors; if not, why not; if so, what action?

B798E

The MINISTER OF NATIONAL HEALTH:

(1) No, in later press reports junior doctors have denied any involvement in the planning of a work-to-rule model of a 60-hour working week or that they intend to do so;

(2) no;

(3) yes, apart from the fact that prescribed open channels are available for junior doctors to air their grievances on a continuous basis, they were invited on 4 March 1991 by the Department of National Health and Population Development to summarise their grievances in one document and submit it for consideration. The document has not yet been received by 19 April 1991.

Occupational safety and health: compensation aspects

309. Mr P J PAULUS asked the Minister of National Health:†

(1) Whether the Government has taken any decision on the compensation aspects in respect of occupational safety and health;

if not, why not; if so, what do these compensation aspects comprise;

(2) whether she will make a statement on the matter?

B807E

The MINISTER OF NATIONAL HEALTH:

(1) No, an actuarial evaluation of the Compensation Fund is being undertaken and decisions can be taken only on the basis of inter alia these findings;

(2) no.

Own Affairs:

Reply substituting reply to Question No 48 on 22 March 1991, put by Mr H D K van der Merwe (col 747):

Yes,

(a)	(b) (i)
P A M Brink Voortrekkers, Secunda	R476
Senectus Vereniging, Johannesburg	R700
Kultuurraad Klipriviervallei	R1 000
Randjieslaagte Voortrekkers	R1 500
Randburg Dames Aktueel	R500
Kultuurraad, Ermelo	R1 000
Balfour Rapportryers	R500
Afrikaanse Kultuurraad, Vereeniging	R480
Streek 23, Voortrekkers	R500
Groot Trek Herdenkingsfees-komitee, Johannesburg	R532
Kemptonparkse Jong Dames Aktueel	R350
Gebiedskultuurraad, Di Patriot, Wes-Kaapland	R5 600
Kultuurraad, Wellington	R931
Junior Rapportryers, Paarl	R574
Riebeeck Kasteel VLV	R460
Williston Skakelkomitee	R430
Rapportryers Prins Albert	R750
Frazerburg Kultuurvereniging	R419
Kultuurraad Stellenbosch	R1 200
Streekraad vir Kultuursake, OVS	R1 547
Dames Perspektief, Bloemfontein	R636
Skoukomitee, Vrede	R500
Bloemfontein Kultuurraad	R1 300
Parys-feeskomitee	R200
Feeskomitee, Brandfort	R200
Natalse Voortrekkers, Reëlingskomitee	R1 004
Natalse Streekraad vir Kultuursake	R3 000
FAK-Natalia-Ossewareëlingskomitee	R1 500
Groot Trek-herdenkingsfeeskomitee, Pietermaritzburg	R1 500

Groot Trek-herdenkingsfeeskomitee, Port Shepstone	R475
Maatskappy vir Europese Immigrasie	R3 500
Durbanse Afrikaanse Kultuurraad	R1 500
Kultuurraad, Pinetown-Westville	R1 100
Groot Trek 150-feeskomitee, Amanzimtoti	R465
Plaaslike feeskomitee, Estcourt	R402
Rapportryerskorps, Bergville	R752
Afrikaanse Kultuurraad, Newcastle	R1 451
Vryheidse Voortrekkerherdenkings-feeskomitee	R750
Stanger Feeskomitee	R1 020
POK-kultuurvereniging	R1 500
Jacob de Clerque Voortrekkerkommando	R1 200
Groot Trek-feeskomitee, Potchef-stroom	R219
Bennie Liebenberg-Voortrekkerkommando	R1 470
TAO Laerskool Groot Marico	R500
Junior Rapportryers, Hartbeesfontein	R400
Historiese Vereniging Potchefstroom	R1 000
Dendron Groot Trek Feeskomitee	R700
Eersbewoond-reëlingskomitee, Warmbad	R1 000
Stokkiesdraai Dienssentrum, Pretoria	R300
Potgietersrust Kultuurraad	R500
Groot Trek Herdenkingsfees-komitee, Pretoria	R3 000
Nellie Swart Voortrekkerkom-mando, Pretoria	R500
Witbank Reelingskomitee	R670
Landsdiens Noord-Transvaal	R730
Springbokvlakte Reëlingskomitee	R972
Alldays Voortrekkerherdenkings-feeskomitee	R800
Nelspruit Groot Trek 150-reëlings-komitee	R1 000
Rustenburg Groot Trek Herdenkings-feeskomitee	R1 500
Middelburg TVLU	R800
Witbank Laerskolefeeskomitee	R450
Bronkhorstspruit Groot Trek Herdenkingsorganisasie	R1 100
Groot Trek 150-koördinerings-komitee, Pietersburg	R1 000
Warmbad Groot Trek Koördineringskomitee	R3 000
Settlers-Lehau Koördineringskomitee	R1 000
Nylstroom Koördineringskomitee	R1 500
Pretoria Voortrekkers Groot Trek-herdenkingsfees	R3 000
Reëlingskomitee, Despatch	R165
Karel Landman-Voortrekkerreëlings-komitee	R1 000
Uitenhage Groot Trek-reëlingskomitee	R854
Jansenville-Ossewareëlingskomitee	R1 500
Oos-Londen Kultuurraad	R855
Klerksdorp Voortrekkerkommando	R500
Bloemhof Feeskomitee	R500
Najaarsgoud Diensklub	R100
Kameel Dameskiub	R300
Marico Distriksontwikkelingsvereniging	R300
Landsdiensbeweging, Noord-Transvaal	R3 000
Voortrekkerkommando, Kakamas	R948
Ouer-onderwysersvereniging, Stella	R400
Bakenskop-kultuurkring	R1 000
De Aar Feesreëlingskomitee	R1 000
Hartswater Junior Rapportryerskorps	R300
Van Zylsrus-feeskomitee	R300
Stella Beesfees	R500
Kathu Groot Trek-herdenkingsfeeskomitee	R225
Warrenton-feeskomitee	R274
Petrusville-feeskomitee	R1 126
Kimberley-feeskomitee	R500
Hopetown-skakelkomitee	R300
Upington Fokus	R235
Jan Kempdorp-Voortrekkerkommando	R453
Aandster-volkspelelaer	R295
FAK	R690 000
TOTAL	R777 445

(b)(ii)
Cultural officers of regional offices for cultural affairs, were actively involved in management comittees and in supplying physical support to festival committees on local, regional and national level.

Acted in an advisory capacity in respect of the following organisations:

Geskiedenisvereniging, PU vir CHO
Wes-Transvaalse Voortrekkers, Streek 14
SA Vereniging vir Kultuurgeskiedenis
Dealesville Feeskomitee
Bethlehem Feeskomitee
Oribi Seniorsentrum
Acacia Afrikaanse Kultuurraad
Roodepoort Gebiedskultuurraad
Groot Trek Vroueaksie, Carolina
Kenhardt Feeskomitee
President Pretorius-Voortrekkerkommando, Potchefstroom
Centenary Walks Association

Pre-primary schools: increase in fees

64. Mr A GERBER asked the Minister of Education and Culture:†

Venter tackles crisis in academic medicine

Bipcm 30/4/91

GOVERNMENT has committed itself to redressing urgently grievances among full-time medical specialists after Health Minister Rina Venter held an impromtu meeting with the SA Full-time Specialists Association (Safsa) in Pretoria on Saturday.

Safsa chairman Ken Boffard said yesterday, "concrete suggestions aimed at preserving academic medicine are now being discussed at the highest levels of government".

93

Committee

He said Venter was supportive of Safsa's concern that the crisis in academic medicine in SA needed urgent attention. After an "in-depth discussion", she invited the association to take part in an investigative committee to deal with the problem of poor pay and service conditions in the hospital services.

Safsa recommended that representatives from the Medical Association of SA, the National African Medical and Dental Association and the Committee of University Deans join the committee.

MATTHEW CURTIN

It would present an interim report to Venter in three months, while further announcements would be made in her departmental budget debate in May.

The meeting followed Venter's announcement on Friday that government had accepted the principle of limited private practice for specialists working in the public health sector.

In a second of two polls of full-time specialists at Wits University, the Wits branch of Safsa found 90% of those polled said limited private practice would help avert the deterioration of academic medicine.

The first poll conducted in November found two-thirds of specialists were already moonlighting, and 80% intended leaving the public health service within two years if conditions did not improve.

Join pay talks, doctors urged

Star 11/5/91

93

Medical Reporter

Academic doctors have been invited to assist the Government in an urgent investigation into their salaries and working conditions after a meeting with Health Minister Dr Rina Venter.

The vice-chairman of the South African Full-time Specialists Association (Safsa), Professor James van Dellen, said the fact that the Government intended addressing the doctors' grievances urgently was an important development.

The Star reported on the crisis in academic medicine last week. Different surveys in Natal and the Transvaal have found that up to 80 percent of doctors intend leaving the public sector for private practice, or to emigrate.

This would affect training at hospitals and patient care, say senior academic specialists.

At the meeting in Pretoria, Dr Venter invited Safsa to join a committee to investigate their grievances.

Safsa recommended that the National Medical and Dental Association, Medical Association of South Africa and the Committee of University Deans serve on the committee.

Professor van Dellen said Dr Venter strongly supported Safsa's view that the issue be addressed urgently.

The specialists were very satisfied that the Minister shared their concern over the crisis.

Safsa is to present Dr Venter with an interim report in three months' time.

Doctors will contest VAT

(93) Star 2/5/91.

Own Correspondent

DURBAN — The South African medical profession, furious at the prospect of becoming "tax collectors" when VAT is introduced this year, has declared war on the new system and announced that it will fight the Government to prevent the introduction of tax on their services.

The powerful Medical Association of South Africa (Masa) has voiced its objections to Minister of Health Dr Rina Venter. Both Masa and the Dental Association of South Africa are to have urgent meetings this month.

The introduction of VAT on medical fees will have the effect of increasing medical bills by about 12 percent.

And the associations object to the public having to absorb this increase, and to their members having to handle vast amounts of tax money on behalf of the Government.

It has been revealed that meetings are already being held all over the country to plan strategies to fight the implementation of VAT on medical services.

The Natal coastal branch of Masa is to hold a special general meeting next month to deal with VAT, and the Natal branch of the Dental Association also has a special VAT meeting planned for next month.

Implications

It is believed that physiotherapists will follow suit.

A resolution to refer the VAT Bill back from the Joint Committee of Finance has been discussed in Parliament.

The president of the Natal coastal branch of Masa, Dr Mark Schreiber, confirmed that Natal members had called for a special general meeting.

"We propose to mount a drive to persuade the Government to give medical services a zero rating.

"The public may be aware of taxation on rates, but we do not think they have realised what the implications of VAT on medical services could be.

"If doctors have to charge VAT on consultations, it will become the patients' responsibility to pay the amount.

"Doctors will then have to become like tax collectors, and will probably end up having to ask for the tax money up-front."

Dr Shreiber said VAT on medical services was unacceptable because it would be yet another added cost for the public, while the logistics of the exercise was "crazy".

Masa secretary-general Hendrik Hanekom said: "We urge Parliament to heed calls from the various sources not to proceed with VAT on medical services.

"Masa calls for the zero-rating of health services.

"We are not insensitive to the economic realities with which the Government has to cope, but are of the opinion that the political and social implications of the taxation of health services may be far-reaching."

He said that since medical services had never before been taxed, "there was no question of the redistribution of the tax load as applied to other services".

"It is not reasonable to expect doctors and other providers of health services to subsidise this tax, with the outcome that the patient would invariably have to bear the costs."

Materials

The president of the Natal branch of the Dental Association, Dr Renton Tindall, said: "We are holding a special seminar to discuss the issue and how it is going to affect us.

"Presumambly, VAT will now have to be charged on materials used — the cement for fillings, for example — which means we will have to charge the patient VAT on the consultation and on the materials."

He said the mechanics of the VAT issue "were confusing, to say the least".

PRIVATE TAX TO TRAIN DOCTORS

ST Times 5/5/91 By EVELYN HOLTZHAUSEN 93

PRIVATE hospitals could be asked to pay a special tax to fund academic medicine and the training of nurses in teaching hospitals, if state funding continues to be slashed.

The stern warning has come from Professor John Terblanche, president of the South African College of Medicine.

"We are lurching from crisis to crisis," he said. "And if academic medicine collapses and our medical schools just don't have the funds to attract top academics to train doctors and nurses, the training will become a corpse that will be extremely difficult to revive."

He said private hospitals and clinics were responsible for "stealing" nurses from training hospitals as they did not train nurses themselves.

"You can't blame the nurses for wanting to earn more," he said. "The state cannot compete with the salaries offered by private hospitals.

"But private hospitals and clinics could be taxed and the money earned from the tax could go back to the training institutions.

Professor Terblanche said that in the old Groot Schuur Hospital there had been 30 beds available for surgical patients but, because nurses trained in intensive care had been "stolen" by the private hospitals, there were now only six.

The state, he said, was forcing cuts to budgets which had already been cut the the bone and in effect by so doing "punishing success". If the situation continued, the practice of medicine in South Africa would drop from First World to Third World standards.

UCT med students want out — survey

Capt This 6/5/91

93

Staff Reporter

FIFTY-FOUR percent of medical students at the University of Cape Town surveyed in 1989 indicated that they were considering emigrating — with a substantial number citing conscription as the reason.

Although conscription was the fourth most-quoted reason for wanting to emigrate, 64% of respondents eligible for national service cited it as an "essential motivating factor", according to the study in the latest issue of the SA Medical Journal.

Of those eligible, 81% said they objected to it.

However, if some form of alternative national service was available to them, 71% said they would be less likely to leave South Africa, three percent would be more likely, and 26% stated they would not be influenced at all.

Should the government accept a SA Medical and Dental Council recommendation of compulsory community service for all not eligible for national service, 42% of survey-respondents would be more likely to want to emigrate.

Fifty-five percent, who the compilers say are significantly "left-wing" in outlook, were not influenced, and three percent were less likely to be influenced.

According to the survey, those students designated "left-wing" (28%) were "significantly" less likely to emigrate than those identifying with liberal politics (50%).

"These findings may be explained by an association of left-wing politics in the RSA with the socialist ideals of community accountability and the redistribution of health resources," reported the compilers. "This may explain why left-wing students would have fewer objections to 'repaying the nation' by community service."

Groote Schuur on brink of collapse – top S A doctor

Star 61591. (93)

Own Correspondent

CAPE TOWN — Groote Schuur Hospital, acclaimed internationally for its excellence and as the venue of the world's first heart transplant, is facing collapse.

This grim warning comes from Professor John Terblanche, one of South Africa's top doctors, who said senior medical staff were despondent and many were looking for jobs elsewhere.

"For this to arise at the flagship hospital of this country is a disaster of major national importance."

Professor Terblanche, president of the South African College of Medicine and head of the department of surgery at the University of Cape Town, said something had to be done "now, today, without any delay" to save the Cape's teaching hospitals.

Without aggressive action, "the public of South Africa will have ensured that their children and grandchildren receive Third World medicine rather than the excellent high class medicine now available".

Professor Terblanche was speaking at a press conference called by academics at the UCT medical school to highlight the "disastrous" effect of the Government's financial cuts to academic hospitals.

Groote Schuur was "understaffed, underfunded and not provided with the necessary equipment", he said, and a demand for a cut in staff and services on top of that "must clearly lead to the collapse of our institution".

Among the effects of the latest cuts was that several blind patients who had already waited a year for cataract operations to restore their sight had had their operations postponed for another year.

Urgent and far-reaching action was needed before the leading medical schools lost more members crucial to the introduction of a new co-ordinated health care policy.

"Immediate interim action is needed which must be decisive to ensure that we do retain all our key personnel and to indicate a long-term commitment to solving the problems.

"If action is postponed until that policy is fully debated, decided and eventually put into motion, the central resource — medical talent — required to do just that will no longer exist."

Professor Terblanche said the most highly qualified and talented personnel, on which South Africa's standards of medical service and health care were critically dependent, were most at risk.

"Many are internationally recognised in their field and, by frequent international travel, are well aware of opportunities worldwide. Many are young enough with young families to entertain a move overseas. If they do, they not only constitute a serious loss but their move makes it even more difficult to attract replacements."

Professor Terblanche said it was incorrect to suggest that the Groote Schuur Hospital Group, which includes the Red Cross Children's Hospital, was "overfunded and overspent".

'Doctor manhandled, arrested by policemen'

Star 10/5/91 (93)

By Monica Oosterbroek

The Alexandra Clinic, north of Johannesburg, claims one of its doctors was manhandled and arrested by five policemen last night for refusing to disclose confidential patient information.

Acting director of the clinic, David Robb, will demand an immediate explanation from Law and Order Minister Adriaan Vlok.

In a statement released today, Mr Robb said five heavily armed, plainclothes men claiming to be policemen barged into the casualty department, demanding information.

Mr Robb said while one man went to fetch identification, the others became aggressive and abusive. They held the doctor's arms behind his back, forced him into their vehicle and took him to the Wynberg police station, he said.

The doctor, who was charged with obstruction, lodged a formal complaint and intended pressing charges, Mr Robb said.

He said the men had broken established procedures and their behaviour left the casualty and maternity departments without a medical practitioner, thus endangering the lives of several patients.

A police spokesman said he knew nothing about the incident.

Govt moves to halt doctor brain drain

ET 14/5/91

By ANTHONY JOHNSON
Political Correspondent

THE government will in the next three months unveil an incentive package for doctors at academic hospitals like Groote Schuur in a bid to stem the exodus to more lucrative posts overseas.

Minister of Health Dr Rina Venter told a press conference yesterday that an investigation was being conducted into ways of improving the income for specialists at tertiary care institutions.

Questioned about whether the government would be prepared to allow doctors at academic hospitals to do more "moonlighting" in the private sector, Dr Venter said various possibilities were being considered.

Asked whether the plan would be produced in time to prevent the current exodus of specialists, Dr Venter said it would be completed "as quickly as possible".

She thanked those doctors who had not left the country.

Dr Venter also said that the government would restructure health services, easing out many of the separate functions carried out by apartheid bodies and placing fresh emphasis on primary health.

In terms of the reconstruction announced during Dr Venter's opening address to the debate on her Budget vote in Parliament yesterday, academic hospitals will be given "maximum management autonomy" and will in future be able to raise their own funds.

She said that part of the sale of strategic reserves, announced recently by President F W de Klerk, would be used to "enhance the capability of local authorities to provide primary health care services".

She said a detailed analysis of health policy had been undertaken. Overlapping and duplication between departments were probed.

The corrective measures included delegating the greatest possible number of functions to local authorities and clearly defining the functions of regional and central government.

However, own affairs ministries would continue to exist until legislation scrapping the system was passed, Dr Venter said.

VAT and doctor's bills to be discussed at highest level

21/5/91

By VIVIEN HORLER
Medical Reporter

VAT and doctors' bills will be the subject of a hastily arranged meeting between the Minister of Finance and the head of the Medical Association of South Africa this week.

"We've rejected the imposition of VAT on medical services from the outset," said Dr Tony Behrman, a spokesman for Masa's Cape Western branch.

"We're waiting for the outcome of the latest meeting with a sense of hope. We want to be zero-rated in terms of VAT."

The Minister, Mr Barend du Plessis, and the chairman of Masa's federal council, Dr Bernard Mandell, met in Pretoria last week and agreed to talk again this week before a final decision was made.

Doctors believe that VAT on medical services will mean an additional and unfair tax burden on sick people, causing the country's health bill to soar and forcing more people to seek heavily subsidised health care from the State.

They resent reports that have indicated they rejected an offer to be "exempt" from VAT.

"It now appears that Masa is in favour of VAT and that the government offered VAT be 'exempted' but Masa rejected this offer. This is not so.

"There is confusion about the meaning of the term 'exempt' which, in terms of VAT, doesn't mean what it appears to mean.

"It certainly doesn't mean that no VAT will be paid at all."

As the situation is understood by the Medical Association, "exempt" status means no VAT will be charged on professional services or disposable items such as plasters and spatulas, but the doctor will have to pay VAT on monthly running costs such as rent and electricity, and on medicines.

"As the doctor cannot subsidise the new tax, costs will have to be recovered from the patient," said Dr Behrman.

"Zero-rated" means that VAT on professional services, monthly running costs, disposables and medicines will be levied at zero percent. This represents a saving of 13 percent to the patient, who pays GST on all medicines at present.

"Standard" means VAT would be paid on professional services, disposables and medicines, and could all be claimed back from the patient.

"We believe categorically that medical services should be free of all VAT. This means we need to be 'zero-rated'.

So far the government has rejected the calls for zero-rating. "They have suggested that if Masa doesn't accept exempt status, then we will have standard rating imposed on us. This again means medical services will be taxed."

No room at the inn — in Durban, in Ju

The Argus Correspondent

DURBAN. — Finding accommodation in the city over the July weekend is like trying to find hen's teeth, Durban hoteliers have said.

There is practically no accommodation left over the weekend of the premier racing event — May 5 to 7 — with all the top and beachfront hotels chock-a-block.

The few hotel beds that are left should be "quickly secured," before they are also booked, hoteliers adv

Most bookings f weekend were months ago. booked the we days before

The Roya 100 perce not ever of Eng

Th day f

Robbery su charges sh

The Argus Corresp

DURBAN. — A man facing fo robbery inv R500 000 and court yester during an week.

Hla Thusi

Medics can claim for their inputs

By IAN CHAMBERS, tax consultant, Fisher Hoffman Stride

WHEN the draft legislation was released for comment in July 1990, medical services were exempt from VAT.

This meant that although medical practitioners would have to pay VAT on the acquisition of all of their supplies, including capital equipment, because they were supplying an exempt service, they would not be entitled to claim a VAT input tax for any VAT paid.

Furthermore, any goods necessary for and subordinate and incidental to the supply of the services in a hospital or nursing home or services provided in any clinic conducted by a local authority would also have been exempt.

On the other hand, the supply of medicine after consultation would have been subject to tax.

This initial decision to exempt medical services and so relieve practitioners of the administrative burden of VAT would have been an administrative nightmare in the case of a dispensing practitioner who would be supplying both taxable and exempt goods.

Under current legislation, sales tax is levied on certain goods used by the medical profession. With a wider VAT base, several of other services are subject to VAT but not to sales tax.

They include rent, electricity, water and professional services. This means the practitioner would be faced with higher costs without being able to claim any input tax credit, resulting in either reduced profitability or increased fees.

In areas of high capitalisation costs, essentially pathology and radiography, these practitioners would be most adversely affected.

As a remedy, Vatcom proposed that the exemption be withdrawn and all medical services be subjected to VAT. Medical-aid schemes on the other hand are defined as financial services and are exempt. Medical-aid contributions will not attract VAT.

The recommendation was accepted by the Government and was included in the Bill passed by in Parliament last week. This places the medical profession in exactly the same position as any other, such as law, accountancy and architecture.

Consequently, the fees that medical practitioners charge will be subject to VAT, but at the same time they will be entitled to claim an input tax credit for the acquisition of all supplies they buy to provide their services.

At the same time, rent, electricity, water and professional fees will now be subject to VAT. They are not subject to GST. VAT will have to be paid, but will be recovered.

The medical practitioner will merely have to fund this VAT until such time that he submits his VAT return.

these issues and in the contribution they make. Some do more than others.

However, there's no doubt that the attainment of stability and prosperity will demand an enormous effort from the whole of the private sector and my hope is that all companies will rise to the challenge.

Whatever government is in power will have to structure a political and economic environment conducive to foreign investment.

It is obviously important to all people in business that the correct economic environment be created and maintained and this is a challenge for our company. By its very nature business is a risk, but entrepreneurs are willing to take risks if they feel comfortable in a given environment and if they're allowed to realise the rewards for their risks.

This is particularly important to foreign investors. We have a desperate

leading oil company, with strong and expanding businesses in related areas. To this end there will be a renewed concentration on our core businesses: oil, chemicals and minerals.

We also believe that, as sanctions are lifted and as South Africa becomes politically acceptable, there will be new opportunities for trade in southern Africa with its population of some 100 million people. With that in mind, we are progressing well with plans to expand our facilities; providing even better quality products while taking into account the need to protect our fragile environment.

This will be facilitated by the fact that as a part of a multinational company we will have the important advantage of access to new and improved technology.

Our belief that Shell could achieve more by staying in South Africa than by disinvesting has been vindicated.

THE MEDICINE WAR

Doctors take rural chemists to task for dispensing drugs by computer

ST Times 26/5/91

By TERRY VAN DER WALT (93)

A LONG and bitter battle between doctors and pharmacists has come to a head in a tiny Zululand town. A chemist in KwaMbonambi near Richards Bay is using a computer, and assistance from a nursing sister, to diagnose illnesses and dispense drugs and treatment to rural blacks.

The move has been interpreted as a reaction to the increasing volume of drugs being dispensed by doctors which has put the two professions at loggerheads.

The patients may be happy with the set-up but a local doctor has declared war on Viek Nel's operation at Kwambo Pharmacy.

COMPUTER TROUBLE: Viek Nel, Sister Grace Mtiyane and patient Dumisani Gumede Picture: JIMMY HUTTON

The doctor, who may not be named for professional reasons, says the pharmacy's system does not offer a doctor's quality of care and could endanger patients' lives.

Mr Nel counters that the first salvo was fired by local doctors when they started dispensing drugs late last year. The doctor says his practice has been dispensing drugs for years. Mr Nel says: "I came near to closing my business because I was losing 75 percent of my prescription takings."

At the eleventh hour a salesman told Mr Nel about the new Diagnosis on Computer (Doc) computer programme and by January he had a nursing sister and a computer dispensing medical treatment.

Intercare's Doc system was developed by Dr Brian Briggs and Dr Stanley Javett. It costs R5 000 plus R1 for each diagnosis and is in use in 15 centres in southern Africa.

Plan

Sister Grace Mtiyane reported to the Medical Association and was forced to delay.

A pharmacist at Richards Bay, Ben Wiid, has also mothballed his fitted caravan and now uses the Doc system only in his pharmacy.

The doctor said he did not have a problem with the system itself but with the way it was being used as a "commercial" tool by pharmacists.

"There is a place for it but it must be under the authority of the government health body and needs to be policed to prevent abuse," he said.

Such abuse could be the incorrect dispensing of an antibiotic for a suspected

Medical Association about the scheme on ethical and other grounds.

"The question is, are they registered to do what they are doing? If not, they must go and swot medicine," he says.

Dr Javett, who developed the computer programme, says the controversy stemmed from the medical profession's "inability to accept innovation".

"I wrote the programme for use in the rural areas where medical treatment is desperately needed — we have to start somewhere instead of yakking and getting nowhere.

"The law needs to be looked at again and it

Dispensing drugs by computer

ST Times 26/5/91

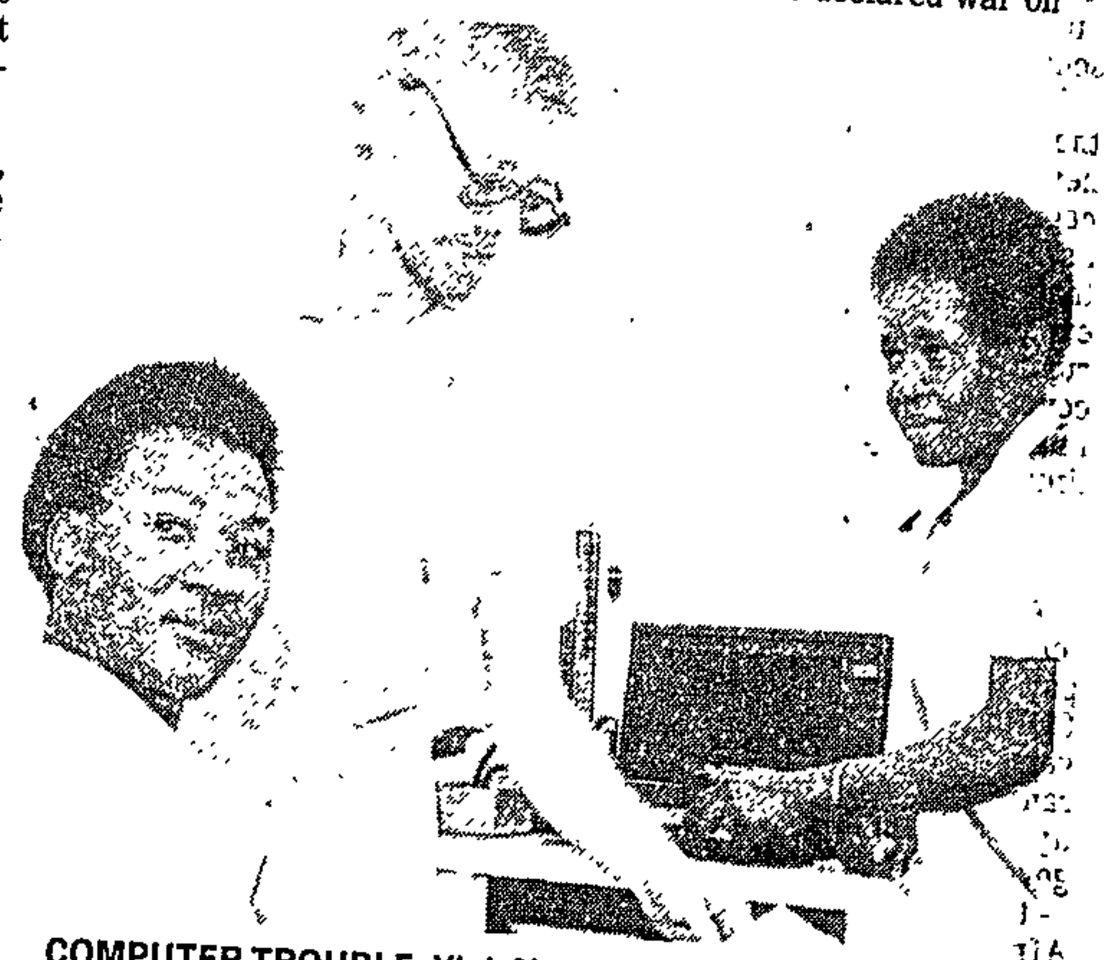
93

By TERRY VAN DER WALT

A LONG and bitter battle between doctors and pharmacists has come to a head in a tiny Zululand town. A chemist in KwaMbonambi near Richards Bay is using a computer, and assistance from a nursing sister, to diagnose illnesses and dispense drugs and treatment to rural blacks.

The move has been interpreted as a reaction to the increasing volume of drugs being dispensed by doctors which has put the two professions at loggerheads.

The patients may be happy with the set-up but a local doctor has declared war on Viek Nel's operation at Kwambo Pharmacy.



COMPUTER TROUBLE: Viek Nel, Sister Grace Mtiyane and patient Dumisani Gumede
Picture: JIMMY HUTTON

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Intercare's Doc system was developed by Dr Brian Briggs and Dr Stanley Javett. It costs R5 000 plus R1 for each diagnosis and is in use in 15 centres in southern Africa.

Plan

Sister Grace Mtiyane has already seen more than a thousand patients and she has been able to treat most with drugs recommended by the computer.

Kwambonambi has a small white population but serves a growing number of Zulus.

The pharmacy caters for a diverse clientele, reflected in products ranging from sophisticated cosmetics to clay lumps at 99 cents each which women labourers apply to their faces to ward off the sun.

Mr Nel says his plan had been to provide a mobile clinic network involving other pharmacies to cover most of KwaZulu.

But a month ago he was reported to the Medical Association and was forced to delay.

A pharmacist at Richards Bay, Ben Wiid, has also mothballed his fitted caravan and now uses the Doc system only in his pharmacy.

The doctor said he did not have a problem with the system itself but with the way it was being used as a "commercial" tool by pharmacists.

"There is a place for it but it must be under the authority of the government health body and needs to be policed to prevent abuse," he said.

Such abuse could be the incorrect dispensing of an antibiotic for a suspected chest infection when the patient in fact has the first signs of malaria.

"The antibiotic then masks the symptoms of malaria which delays the patient's attendance at a proper venue and once he does arrive at a doctor it could be too late," he said.

At Kwambo Pharmacy, a doctor signs prescriptions and checks that diagnoses are correct days or weeks after the patient has been seen.

If a patient develops complications, that doctor could be held responsible, the doctor says.

Dr Roy Davey, secretary of the National General Practitioner's Group, says the group will object to the Medical Association about the scheme on ethical and other grounds.

"The question is, are they registered to do what they are doing? If not, they must go and swot medicine," he says.

Dr Javett, who developed the computer programme, says the controversy stemmed from the medical profession's "inability to accept innovation".

"I wrote the programme for use in the rural areas where medical treatment is desperately needed — we have to start somewhere instead of yakking and getting nowhere.

"The law needs to be looked at again and it seems likely that the rights and privileges of pharmacists will be extended."

Powers

Andre de Wet, a Democratic Party MP and member of the parliamentary joint health committee, says the Medicines and Related Substances Control Amendment Bill which goes to the vote in two weeks would give pharmacists greater discretionary powers to dispense a broader range of medicines.

"If it is passed, the Minister of Health will be empowered to draw up lists of medicines that can be dispensed in rural areas, even by a nurse," he says.

Doctors opt for more cost-effective measures

BDay 29/5/91 (93) (240)

WITH most private hospitals charging in excess of medical aid scale of benefits, doctors seem to be becoming more cost aware.

They are increasingly opting to use more cost-effective facilities, such as day clinics, says Medicaid Administrators (MA) director John Cowlin.

A private hospital's tariff is almost double that of a day clinic for an equivalent procedure.

This compares to a case where medical aid schemes guarantee payment to a hospital which submits its accounts within the scale of benefits.

The existing structure of private fees for service or third-party payer system has a lot to recommend it, he says.

It provides for a wide choice of doctors, access to specialists, ethical medication, hi-tech diagnostics and modern hospitals.

Cowlin says the proliferation of expensive, hi-tech diagnostic and therapeutic equipment is a source of concern for medical aid schemes.

For instance, there are 14 magnetic resonance scanners in the UK and 15 in SA.

The same situation exists for other equipment, such as litho-trypters.

These hospitals can be described as five-star hotels with an aseptic bias, he says. The only disadvantage is the cost involved.

Cover

Cowlin says this type of private health care will continue to occupy an important, albeit diminishing, niche for the forseeable future.

Medical aid schemes are able to provide comprehensive long-term cover for members by cross-subsidisation in their funds.

The insurance principle of the young insuring the old and the healthy the ill remains valid.

When evaluating insurance packages "one must remember medical aid-type insurance is long term.

"The Medical Schemes Act provides for what is known as continuation members.

"These are people who have been members of one or other medical aid scheme throughout their lives and when they reach retirement they have to be kept on as members."

He says the importance of this provision is illustrated by the fact that 40% of individual health care allowances are spent in the last 18 months of a pensioner's life.

"Insurance companies, which are permitted to set premiums on the basis of the claims experience of a particular group, can insure the lowest-risk individuals in a society."

Membership of these policies can be revised and insurers can terminate the insurance if the member moves into a high-risk category.

Clinic told: name massacre victims

Star 30/5/91 (93)

By Helen Grange

A director of the Alexandra Clinic is outraged over a court subpoena ordering him to furnish details of patients treated at the clinic after a massacre in the township on March 27.

David Robb, administrative director of the clinic, has been ordered in terms of section 205 of the Criminal Procedure Act to give the identities, addresses and nature of injuries relating to patients who arrived at the clinic after the massacre in Second Avenue, Alexandra.

On that day, 13 people were killed and 17 wounded when a gang opened fire on a funeral gathering made up mostly of women and children.

Mr Robb has been ordered to appear before a Randburg magistrate today, failing which, he will be liable for arrest.

"This is another example of the police out of control. We can't allow doctors to become policemen. This kind of practice is unacceptable the world over," said Mr Robb.

He added that police had arrested a doctor at the clinic earlier this month for obstructing their duties. The doctor, he said, intended pressing charges.

Last week, policemen from Kew police station had again visited the clinic, asking for medical records of any persons who might be connected with the March 27 vigil massacre in Alexandra.

Reacting to Mr Robb's statements, police spokesman Major Reg Crewe yesterday said police had over time encountered difficulties with doctors at Alexandra Clinic.

"The doctor arrested had been swearing at the policemen, who had simply come to the clinic to ask for assistance. He acted in a most unprofessional way," Major Crewe said.

He added that he could not see how Mr Robb could be compromised in giving names of potential material witnesses to a crime.

Zimbabwe doctors head to SA

(93)

CT 3/6/91

Own Correspondent

HARARE. — Of the 70 Zimbabwean doctors who completed their housemanship last year, 12 had accepted posts in South Africa, the Minister of Health, Dr Timothy Stamps, disclosed here last week.

Most of the emigrants were black, said medical sources here, suggesting it was a reflection on chronically poor pay and conditions in the profession, and excessive Ministry of Health interference with young doctors' careers.

A young houseman takes home less than R1 000 a month while one surgeon in government employ, with seven years experience, said he earned under R2 000 a month — equivalent to the salary a recently qualified shorthand typist would receive.

The exodus of black doctors was, said by sources in the mining industry, to be paralleled by that of qualified black engineers and accountants, most of whom went to South Africa or Botswana.

Dr Stamps also disclosed that of 36 young doctors sent to work in rural areas, 23 had resigned to take up posts with mining companies and other corporations capable of gaining them exemption from their government contracts. Large numbers of doctors and nurses had also been "snapped up" by European countries, said Dr Stamps.

He disclosed that 16 doctors who emigrated for further training were seeking permission to resume practice in Zimbabwe.

Part of Zimbabwe's economic liberalisation programme is the removal of statutory wage restraints, designed to close the gap between rich and poor, which have hit recruitment to the professions. Politicians and top civil servants have been effectively removed from the pay restraint programme by the government's granting of complex tax-free "special allowances".

A 24-hour district surgeon

(93)

Star 4/6/91.

Soweto, for the first time, has a district surgeon who lives in the township. Dr Thamsanqa Bomvana, the first black district surgeon in the Transvaal, was interviewed in his home by CARINA LE GRANGE.

You can beep me any time . . . Transvaal's first black district surgeon, Dr Thamsanqa Bomvana.
Picture: Jacoob Rykliff

DR Thamsanqa Bomvana is a man who considers himself to be in the service of the community 24-hours a day.

At 42, and in his 10th year as a doctor, he serves on many committees.

Besides his new position as district surgeon, he is family doctor to many patients and also works sessions in Baragwanath Hospital's casualty section, where he attends to victims of violence.

"About 90 percent of the people I see there are victims of assault, rape and violent acts. I also do sessions in paediatrics, where I see children who have been sexually abused. I am exposed all the time to people who are victims of violence," he said.

This makes Dr Bomvana well placed as district surgeon. While it is too early to measure the impact his new appointment will have on his life, he showed concern yesterday that two women raped on the evening of the first day of his appointment on Saturday were seen by him only on Sunday morning.

"I hope in the future I will be bleeped immediately. But the delay for people to be seen has been cut already. I'm available on a 24-hour basis."

He is clearly aware that in a single weekend in Soweto as many as 20 or more cases of rape may be reported to the police.

He shares his new task with Dr Dirk Snyman and said they would work hand in hand.

Born in Orlando East, Dr Bomvana is the son of a school principal and a nursing sister who retired as a matron from Baragwanath Hospital in 1983.

He spent his primary school years in Soweto, and then went to the Catholic Salesian High School in Manzini, Swaziland.

At Salesian he took mathematics and science as well as Latin, which would later stand him in good stead when learning anatomical terms.

At primary school he dreamt of becoming a doctor and saw community leader Dr Nthato Motlana as a role model.

First he went to the University of Fort Hare where he gained a B Sc. Then he worked in a Johannesburg laboratory before he became one of about 60 medical students who were the first to be admitted to the Medical University of South Africa (Medunsa).

Already married at the time, he graduated in 1982, but for financial reasons gave up his dream of specialising as a paediatrician during his second year as a registrar.

His wife Maureen is a nursing sister in Baragwanath's intensive care unit. They have three sons, Vuyo (13), Mpumelelo (9) and Amkelwe (5).

Today his interest lies in community health and he would like to "improve himself in family medicine".

He serves on many committees, some professional, but close to his heart lies his involvement in the health committee of the Soweto Old Age Home and his work for the Orlando Children's Home.

Professionally, he serves on the committee of the Soweto branch of the progressive National Medical and Dental Association.

Dr Bomvana considers himself part and parcel of the community he lives in — and that community is not restricted to his beautiful Diepkloof Extension home.

He might live in the most coveted suburb, but from the south-facing windows of his home his view is of the Diepkloof hostel: rows and rows of quarters for men who live without their families.

If it were up to him, he would like to restore a healthy family life to these men; the kind he occasionally enjoys with his own family when he takes a much-needed break from his busy schedule. □

Soaring cost of becoming a doctor

(93) (A6) ARG 12/6/91

By VIVIEN HORLER
Medical Reporter

THE soaring cost of training doctors has profound implications for future health care.

A medical student at the University of Cape Town can expect to spend an average of R13 800 in fees, books and living expenses in the sixth year, according to a paper by the deputy dean of the medical faculty, Dr R P Colborn, in the lastest SA Medical Journal.

The price of becoming a doctor has a direct effect on the kind of students who study medicine and the sort of doctors they become, says the editor of the journal, Dr Nic Lee, in an editorial.

"Anyone who qualifies in medicine saddled with an enormous debt will have only one thing in mind at the start of his or her professional career, and that is to make as much money as soon as possible."

One solution "seriously considered by several students", says Dr Colborn, is to go overseas and work where pay is good and the exchange rate is favourable.

But "the possibility exists that the young doctor will find an attractive niche in the new community and not return home".

Dr Colborn said that in the past six years the number of white students applying to study medicine at UCT had dropped while the number of black applicants has risen markedly.

Dr Lee comments: "In a country which is undergoing fundamental changes and in which there have been far too few black doctors, this is a healthy trend, but whether those from the less affluent sector of the population will be able to shoulder the crippling cost of their medical education is open to question.

"In an ideal world, anyone who possesses the necessary qualities to become a doctor should be enabled to pursue medical studies without completing them virtually bankrupt. The burden is now too heavy. Who will help to lift it?"

Based on a survey among 150 fifth and sixth year students, Dr Colborn found that the average sixth-year student who lived away from home spent R5 300 on fees, R4 680 on living expenses including rent and food, R475 on books, R550 on clothes, R1 000 on entertainment, R1 200 on transport and R100 on sport.

The major sources of income were family allowances (an average of R4 200), salaries (R2 000), scholarships (R3 500), bursaries (R6 900), bank loans (R5 300).

About 21 percent of the students at UCT had no debts, while another 21 percent owed more than R30 000.

"The increase in the number of applicants from the socially and educationally disadvantaged group represents a major financial challenge," says Dr Colborn.

"Students from this group gain admission to medical school, but are able to attend only if they are provided with substantial financial assistance."

Dr Colborn said full financial assistance was not practical because of lack of funds, and was probably not desirable.

"The decrease in the number of applicants from the socially and educationally advantaged group may represent a realisation that the cost of medical education places too great a burden on students and their families.

"At the same time, applications from this group to other faculties has increased considerably."

Top surgeon guilty of disgraceful conduct

The Argus Correspondent

PRETORIA. — The "most experienced" heart surgeon in Pretoria has been found guilty of disgraceful conduct for performing an unnecessary heart bypass operation on a woman.

A disciplinary committee of the South African Medical and Dental Council yesterday found Dr Coert Venter, of Les Marais, guilty on two charges of disgraceful conduct and on one charge of improper conduct.

The committee recommended that Dr Venter be suspended from practising for 12 months, with six months suspended for three years. The sentence is subject to ratification by the council in October.

In mitigation of sentence, Dr Venter's legal counsel, Mr A C le Roux, said the verdict was punishment enough as it would have "far-reaching" consequences for Dr Venter.

During cross-examination, Mr Graham van der Spuy, *pro forma* complainant, said Dr Venter had performed an unnecessary heart bypass operation on 27-year-old Mrs M Liebenberg in May 1985.

"With respect, it is my submission that no right-thinking surgeon would even have tentatively considered carrying out this procedure on this lady," Mr Van der Spuy said.

Dr Venter replied that Mrs Liebenberg had been at great risk of having a heart attack because she was a heavy smoker and had a high cholesterol level. He said her family had a history of heart disease.

While it was extremely rare for a 27-year-old woman to need bypass surgery, he performed the operation believing that it was essential.

"She had the same problems and pains after the operation as she had had before," Mr Van der Spuy said.

The disciplinary committee also found Dr Venter guilty of disgraceful conduct for performing bypass surgery in February 1987 on Dr B M Prinsloo when surgery was not indicated. Dr Prinsloo died afterwards.

In addition, Dr Venter was found guilty of improper conduct for leaving an operating theatre for 30 minutes after starting an operation on a patient, Mr G P B van der Merwe. The patient did not regain consciousness.

Medics kept African links despite boycott

ET 14/6/91 (93)

Staff Reporter

THE South African medical profession had managed to keep in contact with doctors in other African countries despite the academic boycott, secretary-general of the Medical Association of South Africa Dr Hendrick Hanekom said yesterday.

He was reacting to a report that two Cape Town specialists, radiologist Dr Jan Lotz and neurologist Dr Richard Hewlett, had been invited to present their research findings at a medical congress in Nairobi in August.

"The expertise of South African doctors has already been recognised, in that several of them serve as office-bearers on international and African specialist medical societies and are often invited to deliver papers at congresses," Dr Hanekom said.

Patient may sue surgeon

ET 15/6/91 (93)

Own Correspondent

JOHANNESBURG. — A woman who underwent an unnecessary heart bypass operation six years ago is considering taking legal action against the heart surgeon who performed the costly operation.

Dr Coert Venter, described as Pretoria's "most experienced" heart surgeon, was on Thursday found guilty of disgraceful conduct by a disciplinary committee of the South African Medical and Dental Council for performing the 1985 operation on Mrs M Liebenberg. The committee recommended that Dr Venter be suspended from practising for 12 months, six of which will be suspended for three years.

Alex Clinic, police drawing up info deal

Star 18/6/91

93

By Helen Grange

A longstanding dispute between the Alexandra Clinic and the SAP over police methods of acquiring information from the clinic's doctors about patients has come to an end.

David Robb, the clinic's acting director, is currently engaged in negotiations with Randburg's commissioner of police over "more acceptable" ways to get information on patients.

Antagonism between Mr Robb and Randburg police recently resulted in the SAP using a subpoena order to compel Mr Robb to give detailed information on patients treated after the massacre of Alexandra residents attending a funeral vigil in March.

Mr Robb appeared before a Randburg magistrate yesterday, but the subpoena against him was withdrawn in the light of negotiations embarked upon.

"We are trying to draw up a proper procedure of information gathering, which could be recognised by the magistrate's court and police stations in the area.

"It would entail the police firstly providing the director of the clinic with the names of patients needed for an investigation, and secondly, getting the consent of patients before asking the clinic for information on them," said Mr Robb.

The clinic had been justifiably unco-operative with the police when they had demanded to know names, addresses and several other particulars of the injured brought in after the massacre, he said.

The police had since provided the names of those they wanted information on, and gained their consent. The clinic had then furnished the required information, Mr Robb said.

which still exists on farms, dating back to feudal times. They will not get away with this in future."

she has been seen kissing and holding hands with actor Jason Patric.

No guarantees for doctors

JOHANNESBURG. — Doctors and other medical practitioners should not be guaranteed direct payment by medical schemes, according to a Medical Schemes Draft Amendment Bill published for comment in the Government Gazettte on Friday.

The Bill says statutory enforced direct payment by medical schemes should be scrapped because it led to "over-utilisation, over-servicing and abuse of benefits".

● Medical aid: No perks tax, Page 9.

CT 19/6/91

— In 1 murder 1 person was charged, found guilty and given the death sentence.

— In 1 murder 5 persons were charged and found not guilty.

— In 5 murders 31 persons were charged. The trials have already commenced and have not, as yet, been finalised.

— In 1 murder 1 person was charged. He escaped and a warrant for his arrest has been issued.

— In 1 murder 4 persons were charged. One person was found guilty and given the death sentence, 2 persons were found not guilty and the charge against another person was withdrawn.

In all these instances the persons were charged with murder.

In the remaining 93 alleged deaths the information which the hon member furnished is insufficient. No record can be found of these alleged deaths. Should the hon member have more information at his disposal, it will be appreciated if he will convey such information to the Commissioner of the South African Police or myself.

Because conflict between opposing groups has been rampant for some years, furnishing the names of persons who have been charged in these cases, are to be charged or against whom the charges have been withdrawn, could result in revenge actions being taken against such persons and/or their next of kin.

It is, therefore, not in the interest of law and order to make public the names of these persons. I trust that the hon member will appreciate this point of view.

Certain women's organisation: funding received from Govt Dept

484. Miss M SMUTS asked the State President:

(1) Whether a certain women's organisation, the name of which has been furnished to the Office of the State President for the purpose of his reply, received any funding from the Bureau for Information, the South African Communication Service or any other Government Department at or after its inception; if so, (a) what is the name of this organisation, (b) which body or bodies provided this funding and (c)(i) what are the amounts involved and (ii)(aa) on what date and (bb) to what purpose was each such amount provided;

(2) whether these amounts were provided subject to any conditions; if so, what conditions? B1249E

The STATE PRESIDENT:

(1) and (2) The hon member is referred to my replies in Parliament on 5 March 1991, 12 March 1991 and 9 April 1991. I reaffirm once again the point of principle, namely that denials in certain cases may lead to a situation in which later refusals to provide information in other cases because it would not be in the public interest to do so, could be construed as admissions.

Commuter trains to Jhb: arrangements for Soweto passengers

486. Mr G C ENGEL asked the Minister of Transport:

(1) Whether, since a date early in June 1991, certain trains travelling from Vereeniging and Oberholzer to Johannesburg and back during peak morning and evening commuter times, no longer pick up passengers in Soweto; if so, since what date;

(2) whether this has been done to ensure that the trains in question are kept essentially White; if not, why has it been done;

(3) whether alternative arrangements will be made for those Black commuters travelling between Soweto and Johannesburg who have been affected by this step; if not, why not; if so, what alternative arrangements;

(4) whether he will make a statement on the matter?

B1251E

The MINISTER OF TRANSPORT:

(1) No.

(2) and (3) Falls away.

(4) No.

Medical aid societies

490. Mr M J ELLIS asked the Minister of National Health:

(a) How many medical aid societies are there in South Africa and (b) in respect of what date is this information furnished?

B1255E

The MINISTER OF NATIONAL HEALTH:

(a) and (b) There were 198 medical schemes registered in terms of the Medical Schemes Act, 1967, as at 25 June 1991.

Apart from the five medical schemes controlled by the State under other legislation, referred to in section 2 of the Medical Schemes Act, 1967, there were also 40 schemes registered in terms of the Labour Relations Act, 1956, as at 25 June 1991.

Health in RSA: division of total amount budgeted

491. Mr M J ELLIS asked the Minister of National Health:

(a) What total amount has been budgeted for health in South Africa in respect of the latest specified 12-month period for which figures are available and (b) how much of this amount has been earmarked for (i) primary health care, (ii) secondary health care, (iii) tertiary health care and (iv) any other specified division?

B1256E

The MINISTER OF NATIONAL HEALTH:

(a) The total amount budgeted is R8 130 370 000 and

(b) only the total amount is available. The financial information is presently constructed in such a way that it cannot be subdivided into amounts for primary, secondary and tertiary health care.

Training of medical doctors: cost per annum

492. Mr M J ELLIS asked the Minister of National Health:

(1) What is the cost *per annum* of training a student to become a medical doctor;

(2) how many medical doctors were in (a) private practice and (b) State employ in each of the provinces as at the latest specified date for which information is available? B1257E

The MINISTER OF NATIONAL HEALTH:

(1) The cost per student is estimated at R25 000—R30 000 per year;

(2) the number of medical practitioners in each province in (a) private practice and (b) Public Service—June 1990:

Province	*Private Practice*	*Government*
Transvaal	5 745	2 981
Cape	3 267	2 258
Natal	1 950	1 122
Orange Free State	689	472

Certain bank: SA Rail Commuter Corporation

493. Mr W U NEL asked the Minister of Transport:†

(1) Whether, with reference to his reply to Question No 7 on 30 April 1991, he will now furnish information on how much money the South African Rail Commuter Corporation invested with a certain bank, the name of which has been furnished to the Minister's Department for the purpose of his reply; if not, why not; if so, (a) how much, (b) on what terms, (c) who took the decision to make the investment and (d) what is the name of the bank concerned;

(2) whether, in the light of either possible losses of money as a result of the abovementioned investment or possible delay in recovering the funds so invested, he will take steps to supplement the funds of this corporation; if not, why not; if so, (a) what steps and (b) when;

(3) when is the report of the Auditor-General in this regard expected;

(4) whether he will make a statement on the matter?

B1258E

The MINISTER OF TRANSPORT:

(1) The matter is *subjudice*, but certain information will however be provided.

SA patients get 15 minutes

(93) ET 22/6/91

By WILLEM STEENKAMP

SOUTH KOREAN doctors may average 2½ minutes per patient, but South African doctors spend a lot more time than that on their charges — according to a doctoral thesis and local doctors.

A press report this week said South Korean patients get an average of two minutes and 30 seconds when they consult their doctors.

But Professor Gabriel Pistorius of Free State University, who did a doctoral thesis on the activities of the average medical practice, said yesterday that his observations, based on "stop-watch timing", showed that the average time spent on a consultation in South Africa was 15 minutes.

The general feeling among city doctors this week was that between 10 and 15 minutes were budgeted for each patient here.

The chairman of the Cape Western region of the Medical Association of SA, Dr Tony Behrman, said South African doctors were not as "pressured" as doctors elsewhere to treat patients at a cracking pace.

Consultations in socio-economically depressed areas, where one doctor said his colleagues were "swamped", move at a faster rate than in the average GP's rooms, and Dr Behrman said that "third world medicine" was practised in poorer communities.

Academic doctors set for private practice

(93) CT 26/6/91

Medical Reporter

ACADEMIC doctors have been granted a conditional go-ahead by the Medical Association of SA (Masa) to go into private practice to supplement their income.

The decision was taken at a top-level emergency meeting in Pretoria yesterday.

Present were National Health and Population Development director-general Dr Koen Slabber and representatives of Masa, all seven medical schools, the Academic Medical Staff Association, the Full-Time Medical Specialists' Association and the Registrars' Association.

Described by Masa Federal Council chairman Dr Bernard Mandell as a "last resort" measure and not as a "chosen option", he said that private practice would be a "means of augmenting the income of doctors in the academic sector".

The move was the result of the "government's inability to address problems experienced in the academic medical sector — Masa has agreed to this measure for the sake of the survival of academic medicine, which is a foundation of health services".

Masa believed that the introduction of limited private practice would jeopardise training, research and patient care.

A recent survey conducted in teaching hospitals showed that about 50% of medical academics were considering leaving the profession for work overseas or private practice.

Masa executive committee member and professor of medicine at the University of Cape Town Ralph Kirsch said the decision would help retain academic doctors, but it would probably detract from academic standards.

University of Stellenbosch Medical Faculty Dean Dr Bok Wasserman agreed, saying research would suffer and the move would contribute to the further distortion of private and poorer patients in SA.

Groote Schuur's chief medical superintendent Dr Jocelyne Kane-Berman said the decision would cause conflict in hospitals between doctors and other medical staff — and would lead to "extremely difficult hospital" administration.

Academic doctors go private

B10 arg
26/6/91. (93)

GERALD REILLY

PRETORIA — The Medical Association of SA (Masa) had conditionally accepted limited private practice for doctors involved in academic medicine, Masa federal council chairman Bernard Mandell said yesterday.

He was addressing an emergency meeting of Masa's fulltime practice committee yesterday. Among those at the meeting were representatives of the country's seven medical schools.

Mandell said Masa had agreed to limited private practice as a way of augmenting the incomes of academic doctors, but only as a last resort.

"Masa has warned for several years that a crisis was developing in public health services and particularly in academic medicine because of the unsatisfactory working conditions and pay of doctors in state employ."

New Jo'burg Hospital neurosurgery chief

Staff Reporter (93)

Professor Victor Farrell has been appointed the new head of the Johannesburg Hospital's neurosurgery unit.

The unit was closed in April when its only staff member, a doctor who was overworked for months, went on leave.

He was the only person working in the ward, which had 20 beds.

While the ward closed, patients were transferred to Baragwanath Hospital, as were new patients who needed urgent care. Patients who could afford it, or who were on medical aid, were referred to private neurosurgeons.

Professor Farrell graduated from the University of the Witwatersrand and is a Fellow of the Royal College of Surgeons in England. He was chief neurosurgeon at the Chamber of Mines Hospital for the past six years. Star 2/7/91

His interests are intracranial tuberculosis and parasitic infections of the brain.

Foreign qualifications recognised

More than 160 South Africans who qualified overseas as doctors or dentists have been granted full recognition by the SA Medical and Dental Council, giving them the option of private practice.

The council said in a statement yesterday that this followed its recent acceptance of recommendations relating to the registration of overseas graduates.

The compulsory writing of examinations for registration, considered as the major cause for contention, was scrapped in April last year.

'New doctors need dose of family medicine'

(93) ARG 22/7/91

VIVIEN HORLER, Medical Reporter

NEWLY-QUALIFIED doctors tend to suspect the worst, says Professor Pierre de Villiers, head of Stellenbosch University's new department of family practice.

"Medical schools turn out a basic doctor, not a GP (general practitioner)," warned the professor, whose department offers a two-year, post-graduate course in family medicine.

Professor De Villiers said doctors got on-the-job training working in the department's polyclinic at Tygerberg Hospital, seeing patients with the sort of minor ailments people usually took to their GPs.

If necessary, the patients were then referred to specialists within the hospital.

Professor De Villiers said only about 10 out of 1 000 patients ever ended up in an academic hospital, yet it was these seriously-ill patients that doctors trained on.

"Our students see the serious problems, the rare diseases, and then assume they're common.

"As a result, when they get into private practice, they tend to catastrophise. Everyone has got cancer, because that's what the student has seen in the training hospital. Everyone with chest pain is having a heart attack or has lung cancer, when, in fact, the most common cause of chest pain is tension or flatulence."

It was important that doctors be trained in general practice and family medicine so that they felt able to do the job and appreciated its importance.

"GPs develop their skills through experience over the years. With this course, we hope to speed up the process."

Last year, the SA Medical and Dental Council accepted the principle of creating a new register of family practitioners, doctors with some form of post-graduate qualification in family medicine.

Rugby injurie

Medical Reporter

A FORUM of doctors and sports

'Patriotic conference' to take place

THAMI MAZWAI

LEADERS of the ANC, PAC, Azapo and leading business and trade union organisations will meet in Cape Town next month for a "patriotic conference" flowing from the ANC and PAC's Harare summit in April.

Negotiations, sanctions and violence are expected to be among the issues discussed at the meeting on August 23 to 25.

It was decided in Harare to convene a conference of "organisations of the oppressed" to formulate a joint strategy to continue the struggle against apartheid.

Azapo was the first to be canvassed and will now be a major participant. Inkatha is not expected to attend after its president Mangosuthu Buthelezi said in a TV interview last week the conference would lead to polarisation. Government, he said, would be on the one side and black organisations on the other.

Organisations expected to attend include the SA Communist Party, Cosatu, the National Council of Trade Unions, the SA Council of Churches, National Olympic Council of SA, SA Council on Sport, Foundation of African Business and Consumer Services (Fabcos) and the National African Federated Chamber of Commerce (Nafcoc).

The conference will be the first major meeting of black organisations looking at the negotiations issue. The PAC, Azapo and ANC have sniped at each other since May last year when the latter had its first meeting with government. The PAC and Azapo have both rejected government invitations to negotiations.

Similarly, they have behind-the-scenes differences on sanctions, and this conference may see them take a common position.

Full details on the conference will be released this week, once the size of delegations and their voting rights have been decided on.

Concern over medicine thefts

GERALD REILLY

PRETORIA — The Medical Association of SA (Masa) is concerned that recent reports on medicine thefts in the pharmaceutical industry have given the impression that "trading doctors" bought and sold medicines for profit.

Masa federal council chairman Bernard Mandell said at the weekend Masa was not aware of any specific cases.

It could not condone so-called trading doctors.

Mandell said exceptionally high standards were maintained by dispensing doctors.

They were not primarily profit-motivated and did not "trade" in medicines, but provided a convenient and cost-effective one-stop service to patients.

Masa's ethical committee monitored dispensing doctors' activities, he added.

Negligence charge

(93) CT 27/7/91

By EUNICE RIDER

A SPECIALIST gynaecologist and obstetrician fractured a baby's skull when he tried three times to "force" a delivery by "pushing and tugging" the child's head with a pair of forceps, a Medical and Dental Council disciplinary committee has heard.

Dr Peter Baillie, of Palmyra Road, Claremont, will hear today whether he was guilty of disgraceful conduct when he delivered the second of a set of twins born to Mrs M M Smith.

He also faces a second charge of disgraceful conduct in that he allegedly treated another female patient, Mrs Diana Friedland, negligently.

Mrs Smith, of Cape Town, said the second child was "slower" to develop than the first and allegedly suffered brain haemorrhaging and severe facial injuries during the delivery.

According to the council charge sheet Dr Baillie is alleged to have attempted to use an "unacceptable technique" which he should have known would be unsuccessful, which was not in the interest of the patient and which was potentially harmful to the second baby, while delivering it.

In further charges on his treatment of Mrs Friedland, on whom he performed a laporoscopy (a procedure in which a scope is fed into the body for examination) in November and December 1989, he allegedly mismanaged his patient after the operation.

He was alleged to have discharged her from City Park Hospital after causing her internal injuries, leading to a severe abdominal infection and peretonitis, which he failed to trace post-operatively.

Top city doctor found guilty in council hearing

CT 29/7/91 (93)

By EUNICE RIDER
and CLAUDIA KING

A CITY obstretritian was found guilty of improper conduct at the weekend after a disciplinary hearing found he caused injury to the second of a set of twin boys while delivering the child in May 1989.

A disciplinary hearing of the South African Medical and Dental Council also found that Dr Peter Baillie of Palmyra Road, Claremont, conducted himself improperly in using an inappropriate manipulative obstetric technique to deliver the child of Mrs Marilyn Smith at the Constantiaberg Clinic, on May 17, 1989.

Mrs Smith, of Retreat, said in earlier evidence that the second of her identical twin sons, Julian, now suffers from cerebral palsy and is physically handicapped, while the first-born, Lucien, had developed normally.

Committee president Dr L H Becker found Dr Baillie guilty of causing the child injury, but not guilty of causing the child intracranial and intraventricular haemorrhage.

He was alleged to have prolonged the labour period uneccesarily and to have caused injury to the child whose skull was fractured and who suffered intracranial and intraventricular bleeding.

Earlier evidence was that the cerebral palsy was unlikely to be linked to the delivery by Dr Baillie.

Dr Baillie made three attempts to deliver the baby using a a pair of forceps before taking Mrs Smith to a theatre and performing a Caesarean section.

A nurse testified earlier that Dr Baillie placed one of his feet on the cross bar of a hospital bed while pulling at Mrs Smith's second son and had tugged hard enough for Mrs Smith to begin sliding off the bed.

Another gynaecologist, Dr J Van Helsdingen, said that this manoeuvre was not extraordinary in delivering children.

According to the council charge sheet, Dr Baillie waited too long after the birth of the first twin before conducting the Caesarean section.

Dr Baillie testified that he tried to enable Mrs Smith to give birth "naturally" to optimise an early delivery.

Mrs Smith testified that it could not yet be established whether her second son was brain-damaged, but doctors had told her he was "slower" to develop mentally than her first son.

To page 3

From page 1

Hearing (93)

Dr Becker cautioned Dr Baillie, saying the disciplinary committee's finding would be presented to the Medical and Dental Council, and that he was entitled to make further representations at a later date.

Councillors to Dr Becker were Professors W B Evans and H S Cronjé. Mr G E van der Spuy was the pro forma complainant and Mr J C Heunis appeared for Dr Baillie.

Mrs Smith said yesterday that she had been forced to return to work when the babies were born to cope with "the enormous medical bills".

CT 29/7/91

Shock

She expressed shock that the hearing had continued without her knowledge on Saturday after she had testified at an earlier hearing.

The hearing had been postponed in June and she had expected to be contacted when it resumed — "probably in September".

She and her husband had still to study the transcript of the hearing — which they were told they could have at a fee — and were not prepared to discuss possible intentions until they had consulted their lawyer.

The Cape Times was unable to contact Dr Baillie yesterday.

Doctors, medical aids clash over changes

B1Dam 8/8/91

(93) GERALD REILLY and DAVE LOURENS

PRETORIA — Doctors and medical aid schemes yesterday clashed head-on over proposed amendments to the Medical Schemes Act.

Medical schemes have been calling for more control over costs of health services, but doctors say planned new measures would give the schemes too much power and would not benefit patients.

Representative Association of Medical Schemes (Rams) executive director Rob Speedie yesterday welcomed the Bill containing the proposed amendments.

But Medical Association of SA (Masa) federal council chairman Bernard Mandell said the association rejected the entireBill.

He called on National Health Minister Dr Rina Venter to refer the Bill to a joint consensus forum representative of all involved with health services — users, planners, providers and insurers.

"Our overriding concern is that the Bill does not address the strong and urgent need for efficiency and equity in the entire health care system," Mandell said.

"It was an attempt to minimise cost in

☐ To Page 2

Medical aids

B1Dam 8/8/91

☐ From Page 1

(93)

the private sector, but offered patients no assurances of continued and expanded access to health services.

"In contrast it affords medical schemes unlimited monopolistic powers to control the use and provision of services."

The Bill ends guaranteed payments to doctors and other providers of medical services, as well as abolishing legislated maximum scales of benefits.

Speedie said: "We don't believe the Bill will give medical shemes any monopolistic powers at all. It is going to create a free market principle, which will enable medical suppliers and medical schemes to negotiate terms.

"We don't see medical schemes refusing to settle directly on a wide scale. We believe the great bulk of schemes will continue to pay direct as it is administratively far more efficient . . ."

Illness shoud be 'demystified'

10/8/91 CT

By RAMOTENA MABOTE

DOCTORS should "demystify" illness by giving their patients enough information about their diseases, Dr Ivan Toms of the Programme for Primary Health Care Network said yesterday.

Addressing more than 60 UCT medical staff and students during the 37th annual general meeting of the Students' Health and Welfare Centres Organisation (Shawco), Dr Toms said that withholding information and giving only medication left patients ignorant and did not help them.

He also said doctors should teach people about the prevention of Aids because it was "hitting" economically active people.

With 300 people testing HIV-positive every day in South Africa, it was also important that projects to educate people about Aids were taken to rural areas. (93)

Benchmark trial for HIV carriers

W Mail 16/8-22/8/91

In the first case of its kind in South Africa, the privacy rights of a person diagnosed HIV positive will be tested in the supreme court.

By JENNIFER POGRUND

A BUSINESSMAN who went for a routine medical examination is suing his doctor for R50 000 for breaking confidence after the doctor allegedly told friends and colleagues that he is an Aids carrier.

In the first civil case of this kind in South Africa, the East Rand businessman is taking the Brakpan-based doctor to the supreme court next week for breach of confidence, invasion of privacy and breach of the rights of personality.

The young man — a university graduate now working in business — went to his doctor for a routine medical examination for insurance purposes. This included an Aids test, for which he tested HIV positive.

It is alleged that the doctor then let the test results be known to the man's business and social circle — a milieu that the doctor and he shared.

The case, which will be heard on Tuesday, will establish for the first time the privacy rights of people diagnosed as HIV positive.

Expert witnesses — an internationally acclaimed microbiologist and a psychologist — will be called to explain to the court the adverse physiological and psychological effects stress has on the HIV-positive patient, and the severe effect that disclosures of the patient's status can have on their social, pyschological and physical condition.

The clinical psychologist, Grania Christie, who heads the Aids Advisory Council of the South African Institute of Medical Research (SAIMR), had counselled the man when he discovered his HIV status.

The microbiologist, Professor Steven Miller, heads the HIV clinic at the Johannesburg General Hospital

A lawyer involved in Aids and HIV work said the trial would be important in drawing attention to the duties of medical personnel in keeping a person's HIV status secret.

Many lawyers and social workers believe human-rights abuses around Aids information are widespread, while health care professionals have long been alarmed at the lack of HIV confidentiality in hospitals and clinics.

"As this is the first case of its kind, it will explore the roots of medical confidentiality and ethics, based on the plaintiff's stigmatisation and the adverse social reactions he has experienced," said the lawyer.

Drop in number of medics leaving

(93)
ARG 21/8/91

Medical Reporter

THE number of doctors leaving South Africa has been dropping steadily in the past five years. Between 1986 and 1990, 315 doctors emigrated, of whom 270 were GPs and 45 specialists.

The figures dropped from 85 emigrants in 1986 to 28 last year, and in the first quarter of this year only three doctors left.

Quoted in the latest edition of the SA Medical Journal, Dr Martin de Villiers, a senior member of the Medical Association of South Africa, said the organisation was concerned about the loss of qualified members "in the light of the shortage of doctors being experienced in the rural areas".

Dispensing doctors 'do not save money'

The Argus Correspondent (93) AEG 28/8/91

PRETORIA. — Doctors who dispense their own medicines are not saving the public money.

This was the view of members of the South African Pharmacy Council during a debate on the "dispensing doctors" issue in Pretoria yesterday.

Many members of the public were in favour of dispensing doctors, whom they believed could dispense medicine more cheaply than retail pharmacists.

While it was true that the cost of medicine itself could be lower than at retail pharmacies, this did not cut health costs because of "over-servicing". Dispensing doctors tended to prescribe more medicine and have more consultations.

Mr Don Sutherland, vice-president of the council, said there was "irrefutable" proof of this.

A study by a medical scheme administrator found that the combined cost of consultations and dispensing in dispensing-doctor practices was an average of 40 percent higher than the costs of a prescribing practitioner and medicines obtained from pharmacies.

The study was conducted over three months, and covered four different medical aid schemes.

The council resolved that this information be relayed to the Minister of National Health and Population Development Dr Rina Venter as soon as possible.

Mr Sutherland said pharmacists were unable to compete with dispensing doctors because legislation prevented the profession from being competitive.

While doctors had the right to prescribe and to negotiate with pharmaceutical manufacturers, pharmacists lacked influence.

Red Cross spokesman Tony Pfan- mental in ordering detentions and the issue.

Mandela, right, said all ANC detention centres were now empty. Picture: JOAO SILVA

AIDS case doctor 'warned colleagues'

SUSAN RUSSELL

A BRAKPAN doctor told the Rand Supreme Court yesterday he had told a dentist colleague during a round of golf that a mutual friend and patient had tested positive for AIDS so that the dentist could establish how exposed to risk he had been in the past.

Dr Matthys Kruger was giving evidence in a R50 000 damages claim brought by Brakpan businessman Barry McGeary.

McGeary is suing his former medical practitioner for allegedly breaching doctor-patient confidentiality by telling two colleagues during a round of golf that he was HIV-positive.

McGeary's health has deteriorated to the extent that the court yesterday appointed his attorney as curator of his affairs.

He was forced to stop his testimony because of slurred speech and was hospitalised last weekend.

Neurologist Charles Kaplan testified yesterday that the chances of any improvement in McGeary's health within the next two or three weeks were very slight.

Kruger yesterday told the court he informed two colleagues, both of whom had treated McGeary before, about his condition after a general discussion about AIDS and the risk doctors were exposed to in treating HIV positive patients.

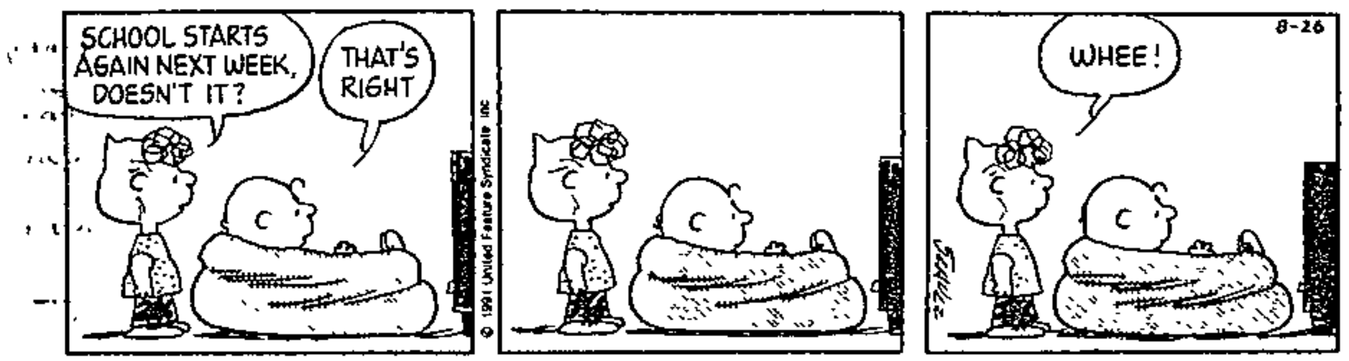
In his mind, Kruger said, was the concern that the dentist, a Dr Vos, did not take all the necessary precautions.

Kruger said he told his two colleagues he had a patient known to both of them who had tested HIV positive.

The medical practitioner, a Dr van Heerden, asked if it was McGeary. Kruger said he confirmed this.

The trial has been adjourned until September 11.

PEANUTS By Charles Schulz



Big drive to woo northern suburbs

WILSON ZWANE

THE ANC is set to embark on a major recruitment drive in Johannesburg's northern surburbs.

ANC Johannesburg northeast official Giles Mulholland said yesterday the local leadership resolved last weekend to canvass "actively" in Johannesburg's northern surburbs, including Sandton.

The resolution was expected to be endorsed by the ANC's Johannesburg northeast branch at its meeting next Thursday, Mulholland said.

He said the ANC Alexandra branch would also be involved in the recruitment campaign.

Mulholland said bogus ANC officials had been demanding R1 monthly membership fees from domestic workers in Bryanston, and issuing fake membership cards.

He said the ANC intended taking appropriate steps to curb this.

Mulholland also dismissed reports that his organisation had advertised its Saturday meeting by distributing pamphlets in Bryanston. "There was no meeting but a workshop attended by 26 active ANC members in Bryanston. The members were notified of the workshop through our regular newsletter," he said.

Langeberg shuts factory after violence, deaths

WILSON ZWANE

LANGEBERG Corporation and Canning announced yesterday that it had temporarily closed its Boksburg factory after internecine violence involving its workers over the past two weeks left seven people dead.

The fighting involved members of the Cosatu-affiliated Food and Allied Workers Union (Fawu) and Inkatha-supporting United Workers Union of SA (Uwusa).

Protection

Fawu official Ernest Buthelezi has said clashes between the members began shortly after the Langeberg management had dismissed casual workers belonging to Uwusa.

Langeberg Corporation and Canning spokesman Dev du Toit said the factory stopped operating on Wednesday after its workers had expressed fears for their lives.

Du Toit said Langeberg management agreed "as protection" to let workers stay away until it and Fawu had decided on "safety measures" to be taken. "The factory will remain unoperational until Fawu and Langeberg have found a solution to this problem," he said.

He would not speculate on losses the factory would incur during its closure.

Uwusa spokesman Duke Sennakgomo said his union would meet Langeberg management soon to negotiate the reinstatement of its dismissed members.

Sennakgomo said 38 workers — "the entire Uwusa membership at the factory" — was dismissed unfairly. Management had allowed itself to be "bullied by the Fawu-Cosatu alliance into driving out not only casual workers but all Zulu-speaking workers belonging either to Uwusa or Inkatha".

Du Toit said the dismissals had no "political connotations" as his company did not keep records of workers' political affilitiations. "The dismissals were a normal practice," he said.

No arrests have been made. Police spokesman Capt Ida van Zweel has said police investigations had come to "a dead end".

"We appeal to the public to come forward with any information which may assist the police," Van Zweel said.

Internal probe clears doctors of negligence

Staff Reporter (93) CT 2/9/91

AN internal investigation has cleared doctors and medical staff of negligence following the brain damaging of a two-year-old girl after heart surgery.

According to the deputy medical superintendent of the Red Cross Children's Hospital, Dr Rod Marshall, Nicole Williams, of Retreat, was affected by "cerebral anoxia" after the operation in December last year.

He said Nicole was born with a hole in her heart. She suffered respiratory problems after the operation to repair her heart. An oxygen shortage had caused brain damage and Nicole had lost her sight.

Nicole's mother, Miss Magdalene Williams, could not be reached for comment yesterday.

Vasco woman, 65, raped, robbed in flat

Law on smoking still on the cards

Own Correspondent

JOHANNESBURG. — The government appears determined to push ahead with its plans to have anti-smoking legislation passed during the next session of Parliament.

National Health deputy director-general Dr Hans Steyn said at the weekend his department had taken steps to ensure that the proposed legislation could be handed in for next year's parliamentary session.

The Control of Smoking and Advertising of Tobacco Products Draft Bill was to have appeared in the Government Gazette two months ago. The delay in publication led to suspicions that government was bowing to pressure from the tobacco industry.

The proposed legislation includes provision for rotating health warnings on tobacco products and advertising.

A delegation made up of representatives of the Medical Association of SA, the Heart Foundation of SA and the National Cancer Association of SA has called for the phasing out of all forms of tobacco advertising and promotion, strong rotating health warnings on cigarette packs and advertising in the interim, increased taxation of tobacco products and banning cigarette sales to children under the age of 16.

The delegation also wants a ban on smoking in all closed public places and smoking restrictions in more open public places.

CT 2/9/91

Masa: VAT not breaking rules

Star 6/9/91

93

By Carina le Grange
Medical Reporter

The collection of VAT from patients would not be in contravention of rules of the South African Medical and Dental Council (SAMDC) which state that a doctor may not share his fee with any person who had not taken part in the services, the Medical Association of South Africa (Masa) said yesterday.

In a letter published in The Star yesterday, Dr S Flax of Malvern said he believed that any medical practitioner charging VAT for services, and then sharing the fee with the Minister of Finance, would be contravening SAMDC rules.

Sharing fees

He referred to a Government notice referring to rules specifying "acts or omissions in respect of which the council may take disciplinary steps" which included "sharing fees".

Dr Flax said that from this it was clear to him that Minister Barend du Plessis was ordering him to act unethically.

Masa secretary-general Dr Hendrik Hanekom said it fully supported the principle that VAT should not be collected on medical services, and that it identified and had empathy with doctors who had difficulty with the principle of collecting VAT from patients.

Masa could not, however, not "support the argument that this would amount to unethical behaviour".

"Doctors are not sharing fees; they are adding value on to their fees in terms of the provisions of the Value Added Tax Act, and collecting this on behalf of the Receiver of Revenue ... VAT is viewed in terms of the Act as an amount over and above the fee charged for services rendered," Dr Hanekom said.

It would not be illegal or unethical, the body said.

National Medical and Dental Association national director Dr David Green said Namda agreed with the sentiments regarding the ethics of taxing medical services and that it believed there were strong moral arguments against it.

"However, the legal situation ... is complex and relatively contentious. Can VAT on a doctor's bill be construed as part of the fee?" Dr Green asked.

The Department of National Health, the SAMDC and Namda are expected to respond to the issue today.

VAT and doctors

PATIENTS can expect to pay 8% more for doctors' services, and not 10% when VAT comes into effect, the Medical Association of SA said yesterday.

Masa said in a statement the 8% adjustment was arrived at by taking into account that portion of medical practice already subject to GST and other in-put costs which would be reclaimable from the Receiver of Revenue.

Doctors' shares: No restriction

DOCTORS were not legally restricted from owning shares in a company which made medical equipment, as long as they received no commission on sales, a Medical Association of South Africa (Masa) spokesman said yesterday.

The spokesman, a legal adviser to Masa, was reacting to claims by Mr Johan Smit, a consultant to the Suretex company, that 60% of the glove-manufacturing company's 500 shareholders were doctors.

Mr Louis van der Berg, managing director of Suretex, said reports that the provincial administration was buying gloves at R1,10 a pair were wrong. The company had tendered a contract to the CPA, but no contract had been awarded yet.

He said the gloves cost between 90c and R1 to make, and not 27c a pair as reported. And he questioned claims that doctors were charging patients R8 a pair of gloves used.

One high-care medical facility in the Peninsula disclosed that they were paying a wholesaler 36c a pair of latex examination gloves.

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Doctors' fees up 8 percent next month

Star
12/9/91
THE STAR
VAT
WATCH

93

Doctors' fees are expected to go up by 8 percent with the introduction of VAT on October 1, the Medical Association of South Africa said yesterday.

Federal council chairman Dr Bernard Mandell said Masa had carefully weighed the real impact of VAT on medical practice with a view to minimising actual cost increases.

"The adjustment of 8 percent was arrived at by taking into account that portion of medical practice that was already subject to GST and other input costs which would be reclaimable from the Receiver of Revenue," he said.

Masa was perturbed that all medical services had not been zero-rated and was disappointed and concerned that the relief passed on to patients of the public health service had not also been passed on to patients in the private sector.

"We have warned the Government that many poorer patients who are at present being treated in the private sector will not be able to cope with the additional cost. This will inevitably increase the burden on State health services," he said.

P

Just what the do

doctor ordered?

A change of heart is on cards (93) S/Times 15/9/91. for medics in new SA

MEDICAL schools have been asked to submit proposals to the South African Medical and Dental Council for a planned "reform" of qualifying courses for student doctors.

But medical professors say a revamp of the curriculum would not lower standards. Instead, it would better equip doctors for the new South Africa.

SAMDC registrar Nico Prinsloo said: "In the light of changing demands on doctors' ability to treat their patients, and because of new developments in medicine in recent years, the council decided to call for proposals which review existing curriculums for medical students.

"It's not a specific request to make changes," he said, "but a request to decide whether change is necessary."

The last review was carried out over a decade ago, although there is continuing discussion between the medical schools and the education committee of the SAMDC, on which a number of medical school deans sit.

All doctors practising in SA have to pass examinations approved by the council, to which they are then registered.

Medical schools are paid regular visits by council "inspectors" to ensure standards are maintained.

Needs

According to Mr Prinsloo, the planned review is not intended to lower standards — just the opposite.

"We want to ensure student doctors are better qualified to meet the particular needs of their patients," he said.

"It's got to do with the role a doctor plays in society and the qualifications he needs to best be able to play that role," said Mr Prinsloo.

According to Professor Alan Rothberg, deputy dean of the University of the Witwatersrand Medical School, the council allows each medical school some leeway in which the prescribed curriculum is applied.

He said a new curriculum had been introduced for first-year students at Wits three years ago.

Under the system, student doctors have to study a minimum "core" of prescribed essential subjects.

In addition to these they can choose from a wide variety of elective subjects, including an African language, human behavioural sciences, molecular biology, medical ethics and community health.

"This will better qualify

By EVELYN HOLTZHAUSEN

them for the fields in which they intend to work and allow them to be more attuned to their particular area of interest," said Professor Rothberg.

Professor Graham Mitchell, who oversees the curriculums of Wits Medical School students, said that the minimum core of approved subjects included the legal requirements for students to qualify at the same previous standard.

"But, by cutting back on non-essential detail of studies in some fields, a student can create the time to learn a subject which could be of real benefit to his patients."

He cited an example of a student doctor who intended to practise in a rural area.

Study

Instead of a student spending five hours a week studying the detail of nasal nerves, he might spend the minimum of two hours.

"He then has three 'spare' hours in which to study an African language he will need to treat rural patients, or some other subject he believes will be of benefit to him," said Professor Mitchell.

"It does not mean he is less qualified as a doctor. What it means is that his education is more rounded, enabling him to better apply what he has learned."

Professor Mitchell said the curriculum of each student was customised to suit his needs.

"There is no standard curriculum for each student, but a first-year student has to do a full compulsory year of biology. In addition, he can decide to do a full course in physics and a full year of chemistry.

"Or he can do a core course in physics and a core course in chemistry, which will leave him time to study human behavioural science, bio-medical mathematics or Zulu.

"But he is free to do a full course in physics and chemistry and none of the others if he so chooses.

"In second year, all students have to do anatomy and physiology. They can then add core courses in biology or any of the 13 other courses available."

He said all students would still have to do full courses in the essential subjects.

"The concept of the core courses enables the students to make better use of their time while not losing any knowledge of the essentials," he said.

SABC stylist Claudio Incontri puts the finishing touches to

Sunday Times Reporter

THE familiar blonde locks of TV1 newscaster Ellen Erasmus took on a new shape this week. Gone is the teased-up look. In comes a fringe.

"I decided it was about time I had a change," explained Ellen. "Perhaps it has something to do with the fact that spring has arrived."

The new look, a modified page-boy which exploits Ellen's natural curls, was created by Claudio Incontri, one of the SABC's top stylists. It drew approving comments from viewers when Ellen first showed it on Tuesday night.

Ellen, 31, who plans to marry 42-year-old Klerksdorp businessman Ralph Morton next year, has another reason to feel perky — she and Ralph leave for a three-week holiday in Europe at the end of the month.

"I'm really looking forward to it," said Ellen. "We're going to Rome, Paris, London and Lisbon, in that order. It's very romantic."

This will be Ellen's first real trip overseas, even though she was a diplomatic baby, born in London.

It will also be the longest time she has spent away from the SABC. "How will I cope without them? As well as they'll cope without me," she laughed.

Home— for just a day

S/Times 15/9/91

By EVELYN HOLTZHAUSEN

TODAY, for the first time in 14 years, the Mfengu people are going "home".

But it will be for one day only — and they will be defying a government order.

The leader of the displaced tribesmen, Tsitsikamma Exile Association co-ordinator Mashwabada Msizi, said the return was "deeply symbolic".

A commemorative service will mark the day in 1977 that former State President PW Botha signed an eviction order banishing the 500-strong Mfengu community to the Ciskei.

The tribe was granted 8 000 hectares of fertile coastal farmland by Queen Victoria in 1837. Now 6 000 hectares of the land is in the hands of 19 white farmers, who bought it from the government in 1983.

Mr Msizi said he was confident that by Christmas about 50 Mfengu families would be permanently settled on land adjacent to that from which they were evicted. The land is owned by the Moravian Church.

The chairman of the Board of the Moravian Church of South Africa, Mr Martin Wessels, confirmed that negotiations were taking place to move the families on to the land.

He said the land was given to the church in trust for the Mfengus "in perpetuity". It had to be established if the deeds for the land could be legally handed over to the tribesmen.

In papers lodged in the South Eastern Cape Division of the Supreme Court on May 7, 14 Mfengu community leaders demanded that the SA Development Trust and 22 others — including the 19 farmers — return the land to them.

They asked the court to expunge the name of the state from the title deeds of other farms on "their" land.

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R2,4m claimed for 'damage by epidural'

(93)

Own Correspondent CT 17/9/91

JOHANNESBURG. — A doctor here is suing her gynaecologist and another GP for nearly R2,4 million in damages after complications following an epidural anaesthetic administered in 1987 allegedly left her in constant pain and unable to practise.

Dr Rhian Merry Touyz, 32, had an epidural anaesthetic while giving birth by caesarean section.

She alleges that negligence on the part of GP Dr Andre Reyneke, who administered the epidural, and gynaecologist Mr Jack Adno, after the anaesthetic was incorrectly administered, resulted in almost certain permanent disability.

Dr Touyz is suing the two for R2 367 280 for past and future medical expenses, pain and suffering, past and estimated future loss of earnings, disfigurement and loss of amenities of life.

Drs Reyneke and Adno have denied negligence.

Mr Justice C Plewman yesterday postponed the trial to Thursday for further evidence.

Surgeon doubted 'doctor'

(93) ET 18/9/91

JOHANNESBURG. — A surgeon, dissatisfied with a supposed paediatrician's treatment of patients, investigated and discovered he was not a medical doctor, Kempton Park Regional Court heard yesterday.

Dr Nic Wolmarans was giving evidence in the trial of Mr Andre Esterhuizen, 40.

Mr Esterhuizen faces eight charges of culpable homicide involving the deaths of infants and children in his care. Other charges include posing as a child specialist between 1980 and 1990; posing as a brigadier in the Kempton Park commando medical corps; fraud; and sodomy, alternatively sexually assaulting a youth. He has pleaded not guilty to all the charges.

Dr Wolmarans said he repaired two groin hernias in baby Benjamin Wessels on August 25, 1988. There were no surgical complications. The baby was later placed in Mr Esterhuizen's care. That night Mr Esterhuizen telephoned him to say the baby had died of "a heart disease I had never heard of".

Other incidents caused him to doubt Mr Esterhuizen. "I started an investigation and found that he was not a doctor."

The hearing continues today. Mr Esterhuizen is in custody. — Sapa

Child received 'four times' adult dose

(93) CT 19/9/91

JOHANNESBURG. — A child of four received doses of medication that were four times the normal adult dosage while under the care of an alleged bogus doctor, Mr Andre Esterhuizen, the Kempton Park Regional Court heard yesterday.

A Pretoria paediatrician, Dr Marius Spannenberg, said he was extremely shocked at the neurological and physical condition of Marista Nel.

Dr Spannenberg was giving evidence in the trial of Mr Esterhuizen, 40, who faces eight charges of culpable homicide relating to the deaths of infants and children in his care.

He has pleaded not guilty to all the charges.

Dr Spannenberg said Marista could not stand upright and kept falling over. She was unable to hold anything in her hand.

Marista had been on the drugs for six to eight months and had toxins in her blood.

The overdosed drug had been prescribed in an unacceptable combination with others. — Sapa

Doctors reject VAT on health

Star 23/9/91

93

De Klerk urged to debate issue on TV

By Paula Fray
Consumer Reporter

On the eve of a massive anti-VAT summit today, more than 300 angry doctors yesterday resolved to resist VAT on medical services and prescription medicines if the Government refused to zero-rate them.

One of the possible strategies the doctors put forward was to refuse to collect VAT on their services or pay the tax for those services to the Government — a proposal they will put to the Cosatu-led Co-ordinating Committee on VAT summit in Johannesburg today.

The summit, comprising representatives from 93 organisations, is meeting to formulate a plan of action against VAT, which comes into effect at midnight on Sunday.

The Dispensing Family Practitioners' Association (DFPA) meeting at the Jan Smuts Holiday Inn also called on State President de Klerk to debate openly on prime time television the morality of introducing VAT on medical services and prescription medicines.

The association also called on the Medical Association of SA, the National Medical and Dental Association and other medical bodies to support their stand.

In his opening address, Dr Joe Maelane said doctors rejected "the serious blunder made by so-called VAT experts" who included health in the VAT net.

● Most people still puzzled, angry — Page 2.

He appealed to Finance Minister Barend du Plessis to rescind his decision. "The Minister has erred and he must change," he said.

Western Cape chairman of the (DFPA), Dr R Rapiti, said New Zealand was the only other country to apply VAT on health.

"Tax on health care is an act of sheer financial desperation," said Dr Rapiti.

He predicted that VAT on medical services would lead to mass resignations from medical aid societies, the filling of overcrowded State hospitals and the demise of more medical aid societies.

"We are not opposed to VAT, we are just saying the way it is being implemented is not good," Dr Rapiti said.

He said VAT could mean an extra R5 to the average patient for a consultation and up to R6 000 extra for a major operation.

Health care was there to sustain, prolong and increase the quality of life, he said, adding that medicines such as insulin were a matter of "life and death".

The Minister, he said, refused to debate on the morality of taxing health care as he had no argument.

Speaking on behalf of the Cosatu-led Co-ordinating Committee on Vat, National Medical and Dental Assocation representative Dr David Green was applauded when he proposed that doctors boycott VAT.

Later it was unanimously resolved to call on Mr du Plessis to zero-rate medical services and prescription medicines or face a VAT revolt by doctors.

The doctors also decided to call on the public not to pay VAT on medicines and medical treatment, and to ask medical aid schemes not to pay the extra 8 percent as a result of VAT. Should medical aid schemes pay the VAT, it should be put into a trust fund.

The doctor's meeting followed a final plea from the Housewives League of South Africa for the zero-rating of medical services.

League President Lyn Morris said the league welcomed the exemption of State hospitals from VAT, but felt "those forced to use private hospitals and clinics will see little benefit".

The league also appealed for prescription drugs to be zero-rated — or at least, for life-supporting drugs such as insulin to be zero-rated.

The league pointed out that consumers should see a slight reduction in the cost of medicines from October when the tax dropped by 3 percent.

Bogus doctor convicted

(13) ST 24/9/91

JOHANNESBURG. — Bogus doctor Andre Esterhuizen, 40, was convicted yesterday on a charge of posing as a paediatrician for nearly a decade and three charges of culpable homicide relating to the deaths of babies in his care.

He told Kempton Park Magistrate's Court that it had been his lifelong dream to be a doctor.

He was also convicted of assault on a premature infant who died in his care.

"I am sorry about everything. To the parents of the babies who died: I am sorry, but I did not mean to harm them. I honestly tried to help."

Esterhuizen has passed only Std 8 and has an IQ of 173.

Testifying in mitigation, Esterhuizen said he had taught himself from medical books from 1973 to 1980. — Sapa.

Flood of foreign doctor applicants

(93) CT 27/9/91 Own Correspondent

PORT ELIZABETH. — While doctors at state hospitals complain of being overworked and underpaid, as many as 10 applications from doctors abroad desperately seeking employment arrive at the Provincial Hospital here weekly.

Medical superintendent Dr Graham White said the hospital was understaffed but that the Cape Provincial Administration had made no extra medical officers' posts available, so he could not employ any of the applicants.

Since May this year Dr White has received close on 100 applications from doctors in Eastern European countries, Pakistan, Central Africa, South America and the Soviet Union.

"I would really like to help these people, but I can't. The applications have been coming in since May," Dr White said this week.

A young Polish intern who for her first three months at the Provincial worked without a salary because of the unavailability of a post, Dr Agata Chróstowska, said her countrymen gain good experience working at South African hospitals.

Doctors in anti-VAT campaign

By MOKGADI PELA, JOE MDHLELA and Sapa

THOUSANDS of doctors yesterday closed their surgeries countrywide in protest against the implementation of Value Added Tax on medical services. Sowetan 29/10/91.

Several surgeries in the PWV-area, Natal, the Eastern Cape and Western Cape were closed.

Dr AS Hussein of the Pretoria Medical Discussion Group, said about 50 doctors had closed their surgeries in the Pretoria areas of Eersterus, Laudium and Marabastad.

While their surgeries were closed, the doctors would be available for emergencies, Hussein said.

About 70 doctors joined an anti-VAT protest march in Port Elizabeth. The Medical Association of South Africa said it supported the campaign, but took a firm standpoint against any mass demonstrations.

Their spokesman, Dr Ron Benson of the Eastern Cape branch, said they would continue making

●To page 2

Doctors in VAT protest

Sowetan 29/10/91

From page 1

representations to the Government not to impose VAT on medical services.

Dr Diliza Mji, publicity secretary of the National Medical and Dental Association, said the situation was not clear.

Mji said the Durban Medical Centre, which supplied a large sector of the public in Beatrice Street, was "virtually quiet" yesterday.

Mji said: "Our response to the call has been good, but we regret that Masa did not see fit to join us. We hope that if additional tactics and actions are taken to stop VAT on medical services and basic food, Masa will reconsider and join us." Sowetan 29/10/91.

Protest

The deputy secretary of the Southern African Medical Discussion Group, Dr Thamsanqa Bomvana, said his group decided at a Johannesburg hotel at the weekend to back the protest. He said doctors would today hold a demonstration against VAT at the Methodist Church in downtown Johannesburg.

In the Western Cape, 300 doctors joined others countrywide and closed their surgeries.

The 300 - mainly from Mitchell's Plain, Grassy Park, Elsies River, Retreat and Blue Downs - stopped working for two days.

country to a halt. It emerged at a VAT meeting last weekend that De Klerk dealt with South Africa's people with great contempt, he said.

Doctors plan VAT protest

Cpress 6/10/91

By DERRICK LUTHAYI

HUNDREDS of doctors countrywide are to close their surgeries on October 28 and 29 to protest the implementation of VAT.

The steering committee of the South African Dispensing Practitioners (SADP) decided on the mass closure of surgeries at a meeting at Lesedi Clinic this week.

The SADP call has been endorsed by the National Medical and Dental Association.

Trade unions and consumer organisations have also agreed to ask their medical aid societies not to collect VAT.

SADP chairman Dr PJ Maelane said the mass closure was not a stayaway and appealed to the public to use hospitals and clinics on these days.

"Our services will be available at public institutions. We request all health professionals to support this campaign," he said.

Crimes curtail medical services

By THEMBA KHUMALO

DOCTORS in the Pretoria townships of Soshanguve and Mabopane are planning to reduce their working hours in the wake of a crimewave in the area. City Press 6/10/91.

Dr E Sekoaila is recovering from a gunshot wound after three robbers shot him in the hip in his surgery in Mabopane. The three men went into the doctor's consulting room after pretending that one of them had been seriously wounded and needed emergency treatment.

"I suspected them at once and tried to reach for my gun but I was too late as one of them shot me in the hip. They walked away without taking anything. That left me wondering what their motive was," said Sekoaila.

Subsequently he was rushed to Ga-Rankuwa Hospital where he was admitted and discharged days later.

He hopes to resume his duties tomorrow. Meanwhile, a colleague is standing in for him at his surgery.

"In view of this renewed crimewave the only thing we doctors can do is to reduce our working hours. Instead of closing at 8 pm we want to close as early as 5 pm to safeguard our lives," said Sekoaila.

Dr Vincent Msibi said it was unfortunate the country was in a state of turmoil and that the countrywide violence was now affecting community workers such as doctors.

Other doctors City Press spoke to expressed dismay and were shocked at the latest crime wave against them. They were not sure of the measures they would take to protect themselves but said they would definitely meet their colleagues to discuss the matter.

Barend tilts at 'greedy' doctors

Star 9/10/91, 93

Political Correspondent

STRAND — Finance Minister Barend du Plessis has dismissed objections to VAT on medical services with a sharp swipe at doctors who charge high fees and profit from private hospitals.

He was responding to a resolution at the Cape National Party congress calling for VAT to be lifted on medical services. Delegates said this was tantamount to a tax on sickness.

Mr du Plessis said VAT on medical services did not concern morality. "It concerns practical things."

The Minister drew applause when he said one did not hear doctors raising this sort of moral argument when their fees were increased — sometimes by as much as 18 percent. Nor did one hear this argument when doctors were shareholders in private hospitals.

"So let's leave this moral argument and let's look at practical matters," he said.

Services

Illustrating how VAT could bring medical costs down, he said a radiologist would not pay tax on equipment such as his x-ray machines and x-ray plates — all of which he had paid GST on.

Mr du Plessis said that for the poor, VAT was better than GST as it extended tax to services, while GST had been paid mainly on goods.

Richer people were more inclined to use services such as electricity, whereas the poor used goods such as paraffin and coal. Because the rich were paying more tax, the overall VAT rate could be kept down.

South Africa did not want to repeat the mistakes of Britain by exempting too many things. In Britain, even baby clothes were exempt from VAT which meant that the rich paid no tax on "Pierre Cardin" baby outfits.

The result of all these exemptions was that VAT had climbed to 17,5 percent.

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Barend denies calling doctors greedy

(93) AEG 10/10/91

Political Staff

STRAND. — Finance Minister Mr Barend du Plessis has denied that he said or insinuated that doctors were greedy or that he criticised their fees directly or indirectly.

He was reacting in an interview to a report in the Star, which carried a headline saying he had criticised "greedy" doctors.

The story reported his speech to the Cape National Party congress in the Strand on Tuesday where he responded to a doctor delegate who said that charging VAT on medical fees was immoral as it was a tax on sickness.

At the congress, Mr Du Plessis dismissed this moral argument and said the argument was never raised when doctors increased their fees.

I didn't (93) call doctors greedy, Star 10/10/91. says Barend

By Peter Fabricius
Political Correspondent

Finance Minister Barend du Plessis has denied that he said or insinuated that doctors were greedy or that he criticised their fees directly or indirectly.

He was reacting in an interview to a report in The Star yesterday.

The story reported his speech to the Cape National Party congress in the Strand on Tuesday where he responded to a doctor delegate who said that charging VAT on medical fees was immoral as it was a tax on sickness.

At the congress, Mr du Plessis dismissed this moral argument and said the argument had never been raised when doctors increased their fees — sometimes as much as 18 percent — nor when they were shareholders in profit-making private hospitals.

Mr du Plessis said yesterday he regretted the wrong impression created by the headline to the story and was distressed that it might adversely affect his valued relationship with the Medical Association of South Africa (Masa).

"I never used the word greedy or greed. I didn't even suggest it or in the least insinuate it.

"I didn't criticise their fees directly or indirectly."

He had had many discussions with Masa and he respected its view that VAT on medical fees was unacceptable to them.

He believed it accepted his view that the Government had an overall responsibility for the efficacy and integrity of the tax system as a whole.

"What we appreciate is the fact that despite its objection, Masa, as a responsible body, has not passed on to patients the full 10 percent VAT but has given them the benefit of VAT input credits.

"We have also agreed to monitor the effect of VAT on those 20 percent of patients who are affected by it and to dynamically seek solutions when problems arise," the Minister said.

● More NP congress reports — Page 6

Med aids blamed for doctor row

93 AMG 12/10/91

25

DI CAELERS
Weekend Argus Reporter

LOW fees paid by medical aid societies have been blamed for the continuing war between pharmacists and dispensing doctors.

The renewed row follows reports that dispensing was becoming a lucrative sideline for doctors whose "rewards" from pharmaceutical distributors included free trips, TV sets and videos.

Pharmacists, who have been labelled the "innocent casualties" in the battle, say medical aids are destroying the medical service.

It is claimed that they do not pay doctors what they deserve — and the manufacturers fuel the fire by offering better price structures to dispensing doctors than to pharmacists.

Mr Gus Ferguson, director of the Cape-Western Province branch of the Pharmaceutical Society of South Africa, has expressed concern over the patient's position in this chain.

He said automatic control over pharmacists existed simply because they did not choose what they dispensed.

"Doctors are in an awkward retail position ethically. Generally speaking they dispense primarily with profit as a motive.

"And certain pharmaceutical companies are using unorthodox promotional methods to get doctors to dispense their medicines."

Financial statistics had revealed that increases in doctors' rates had not kept pace with inflation.

Doctors were therefore dispensing medicines for purely economic reasons and "not because they hate the pharmicists".

"The perks offered are obviously very tempting for these people who enter a career like medicine expecting it to be a lucrative one," Mr Ferguson said.

Mr Billy Bannatyne, national president of the South African Association of Retail Pharmacists, said he believed doctors had reacted to the pressure put on them by medical aids and their established tariffs, and had looked for other sources of income.

"Medical aids are the problem and I think pharmacists and doctors are in fact co-victims in this very bleak picture."

He said medical aids were orchestrating health care and its future in South Africa.

A major overhaul was necessary "looking to a future which sees maximum use being made of the people and resources we already have.

"If we want health care to work, our suppliers of the health care service (such as doctors, nurses, and medical aids) must work in unison."

Fish Hoek pharmacist Mr John Frylinck echoed this position.

"Dispensing doctors are here to stay. The only real alternative I see is that of group practices where doctors, pharmacists and nursing sisters set up a single practice and operate together," he said.

"That way, instead of fighting each other, we provide a better service which sees the consumer benefiting most."

Mr Frylinck said competition between doctors and pharmacists was unhealthy and created a situation in which the consumer was the ultimate loser.

Pharmacists were in a bad position. "We can't be competitive in the market when our major opposition is dispensing doctors, and with the situation as it stands, what we need first and foremost is a single exit price on medicines from the manufacturers," he said.

A Mowbray pharmacist, who did not wish to be named, said although he believed doctors were poorly compensated by medical aids for their responsibilities, he could not condone them dispensing certain medicines in return for economic bonuses.

Doctors within a 5km radius of a pharmaceutical service should not be allowed to sell medicine, he said. "Doctors are creating a monopoly at the expense of the patient and the pharmaceutical service."

Mr Bannatyne explained that America's national association for retail druggists had succeeded in getting doctors to dispense medicines only in emergencies.

"And they achieved that purely on the principle that it is not in the best interests of the public for the person who diagnoses and prescribes, to supply the medicine too. I think that's the only principle that matters," he said.

Said a Hout Bay pharmacist: "Any good doctor shouldn't have time to be dispensing which deviates from his main line of business.

"That's when you get a sausage machine situation where doctors churn out patients and spend less time on diagnosing because they need to leave time at the end of the appointment to do the dispensing."

Woman intern gets the sack because she has no degree

(93)

13/10/93 Times

By MARLAN PADAYACHEE

A WOMAN doctor at one of South Africa's busiest hospitals was kicked out of her job when it was discovered she wasn't qualified.

For almost a year, Geeta Reddy, 33, of Overport, Durban, worked as an intern at Durban's King Edward VIII Hospital before investigations revealed she had not qualified at a medical college in India.

Dr RV Agrawal, dean of BJ Medical College and Sasson General Hospital in Poona, India, confirmed in a letter that Reddy, who began studying medicine in 1981, had passed only her first and second-year medical examinations after several attempts.

She had not completed the degree course and was therefore not awarded a certificate.

Removed

SA Medical and Dental Council registrar Nico Prinsloo confirmed in Pretoria that Reddy was deregistered after she appeared at an inquiry on May 3 this year after complaints from doctors.

"It has been proved to the SAMDC's executive committee that Reddy's qualification had been entered in the register through misrepresentation and in circumstances not authorised by Act 56 of 1974," Mr Prinsloo said.

"Reddy's entry has been removed from the council's register of interns. She cannot work as an intern or locum doctor."

The SAMDC has reported the matter to the Attorney-General in Pretoria.

The SAMDC received one complaint a month on average from doctors and patients about "bogus" doctors practising in hospitals and general practitioners' surgeries, said Mr Prinsloo.

He urged patients not to be shy or afraid about asking a doctor about his or her credentials.

GEETA REDDY

HARESH KATHARD

The state-appointed SAMDC published a register of doctors and their qualifications every year. This was available at public libraries.

Dr CG Mackenzie, deputy director-general of health services for the Natal Provincial Administration, said Reddy's services were terminated on April 30, before she appeared before the SAMDC.

The NPA would not take action against Reddy because the SAMDC had deregistered her, Dr Mackenzie added.

Reddy's former husband, Dr Haresh Kathard, 30, this week admitted he had reported his former wife to the SAMDC.

Dr Kathard, who qualified in 1988, said he had met his ex-wife in 1985 in India.

They had married in the Chatsworth magistrate's court in Durban soon after returning to South Africa in December 1985.

"The marriage fell apart and we got divorced," he said, admitting he was opposed to his former wife using his surname and allegedly posing as a doctor.

Dr Kathard and his second wife, Dr Marisa Flores, formerly of Goa, India — who are both working at Coronation Hospital in Johannesburg — gave evidence at the SAMDC inquiry into Reddy's qualifications.

Happy

Dr Joey Gobind, chairman of the Overseas Medical Graduates' Association, said he had asked the SAMDC to investigate Reddy's qualifications.

"We wanted the SAMDC to tell us why it had registered Reddy when it had turned down applications for registration from more than 500 other qualified overseas doctors.

"We are happy with the SAMDC's decision. We want to weed out bogus doctors.

"We are also investigating two other doctors from European countries.

"We suspect they did not complete their medical course," said Dr Gobind.

Reddy refused to comment, saying she had handed the matter to her lawyers.

Don't be shy to check doctors' qualifications

ARG 16/10/91

MARIKA SBOROS (43)

PATIENTS visiting a doctor for the first time should not be afraid to check out his or her credentials, says Nico Prinsloo, registar of the South African Medical and Dental Council.

Mr Prinsloo was commenting on the case of bogus doctor Andre Esterhuizen who was convicted in Kempton Park for posing as a paediatrician for nearly 10 years, and for culpable homicide relating to the deaths of babies in his care.

Mr Prinsloo agrees that many parents would be too embarrassed to ask a doctor outright about qualifications, but they can telephone the council to verify a doctor's qualifications.

"No one would possibly have an objection to a patient doing that," he says.

"Obviously if a patient notices something which appears extraordinary, they should telephone us and check it out."

The council is a State-appointed body whose function it is to protect the public, he says. However, the council only has jurisdiction over registered doctors.

"If it comes to our notice that a person is practising as a doctor without being registered, the matter is passed on to the police for investigation."

To be registered, doctors must submit original documentation of their qualifications. They are sent a certificate of registration, and a practising certificate which is renewed annually.

Biko doctor back on roll

93

PORT ELIZABETH. — A doctor who treated black consciousness leader Mr Steve Biko shortly before his death in detention in 1977 has been reinstated on the medical roll. CT 16/10/91

Dr Benjamin Tucker of Port Elizabeth was suspended for six years after being found guilty of disgraceful conduct.

An SA Medical and Dental Council spokesman said Dr Tucker had shown enough remorse concerning his behaviour. — Sapa

Council reinstates negligent Biko doctor

(93) Star 16/10/91

Pretoria Correspondent

The Port Elizabeth doctor found guilty of disgraceful conduct for negligence in treating Black Consciousness leader Steve Biko can practise medicine again.

The South African Medical and Dental Council yesterday readmitted Dr Benjamin Tucker to its register — six years after he was barred from practising.

SAMDC president Dr Len Becker said the council was satisfied that Dr Tucker met the requirements for readmission to the register.

He said an application by Dr Tucker in 1989 had failed as the SAMDC had not then been convinced he had fulfilled the necessary requirements.

In July 1985 an SAMDC disciplinary committee found Dr Tucker guilty of disgraceful conduct for negligence in treating Mr Biko, who died of brain damage in 1977 while in detention.

Eight years after Mr Biko's death, the disciplinary committee recommended that Dr Tucker be suspended from practising for three months, but suspended the operation of the sentence for two years.

In October 1985 the SAMDC was forced by Supreme Court order to review the sentence, and ordered that Dr Tucker's name be removed from its register.

The same disciplinary committee found a second district surgeon, Dr Ivor Lang, guilty of improper conduct over his treatment of Mr Biko. Dr Lang was cautioned and reprimanded.

Readmitted 'Biko doctor' gets cheer

Sowetan 17/10/91

93

A LEADING member of the Black Consciousness Movement yesterday congratulated "Biko doctor" Benjamin Tucker on his readmission to the South African Medical and Dental Council's register.

The council on Tuesday said Tucker, who was found guilty of disgraceful conduct for negligence in treating BC leader Steve Biko, had met the requirements for readmission to the register.

Durban-based medical doctor and deputy president of the Azanian People's Organisation, Dr Nchaupe Mokoape, congratulated Tucker.

Mokoape said he had paid "for his dereliction and I would not be more vindictive than that.

"One has to understand that a person like Tucker was operating in a political milieu in which black life is cheap. He has paid his dues and let us hope he will mind his life and leave the past behind."

Tucker had been barred from practising medicine for six years.

In 1985, eight years after Biko's death, a panel of the South African Medical and Dental Council ruled Tucker had failed to provide adequate care to the imprisoned activist.

Sapa reports Biko died of multiple head injuries in police custody in September 1977.

Tucker examined Biko twice during his detention but did not suggest he be taken to hospital or receive medical care.

South African Medical and Dental Council president Dr Len Becker said on Tuesday that Tucker had shown remorse and had acknowledged he was negligent in his treatment of Biko.

Biko died on September 12 1977, three weeks after being detained in East London.

His family said his fatal head injuries were the result of police beatings. Police denied the allegation and said Biko accidentally hit his head against a wall during a scuffle when he became violent during interrogation.

The injured Biko was transported 1 200km in the back of a police Land Rover to Pretoria's Central Prison, where medical facilities were better.

NCHAUPE MOKOAPE

He died shortly after arriving.

Tucker had examined Biko during interrogation and just before he was moved to Pretoria.

Biko doctor's remarkable confession 14 years after he mistreated tortured activist

Tucker tells of his shame in the 'wilderness' when he realised he had sinned

I am guilty

Star 20/10/91 (93)

Chris Barron

FOURTEEN years after he sent Steve Biko to die in a Pretoria prison cell, Dr Benjamin Tucker has confessed his guilt.

The Sunday Star has a copy of a remarkable affidavit in which he spells out for the first time his involvement in the detention, torture and death of the black activist by the Security Police in 1977. And his shame.

He admits that he did little to prevent Mr Biko's death, and that it took years for him to admit to himself his role in the scandal.

Now, for the first time, the former district surgeon has shared his shame, in an emotional affidavit to the SA Medical and Dental Council, asking to be readmitted as a doctor because he had repented and reformed.

The affidavit, signed before a Humewood postmaster in Port Elizabeth in June, succeeded this week, and once Dr Tucker pays a restoration fee of about R100 he will be back on the roll. He was struck off in 1985.

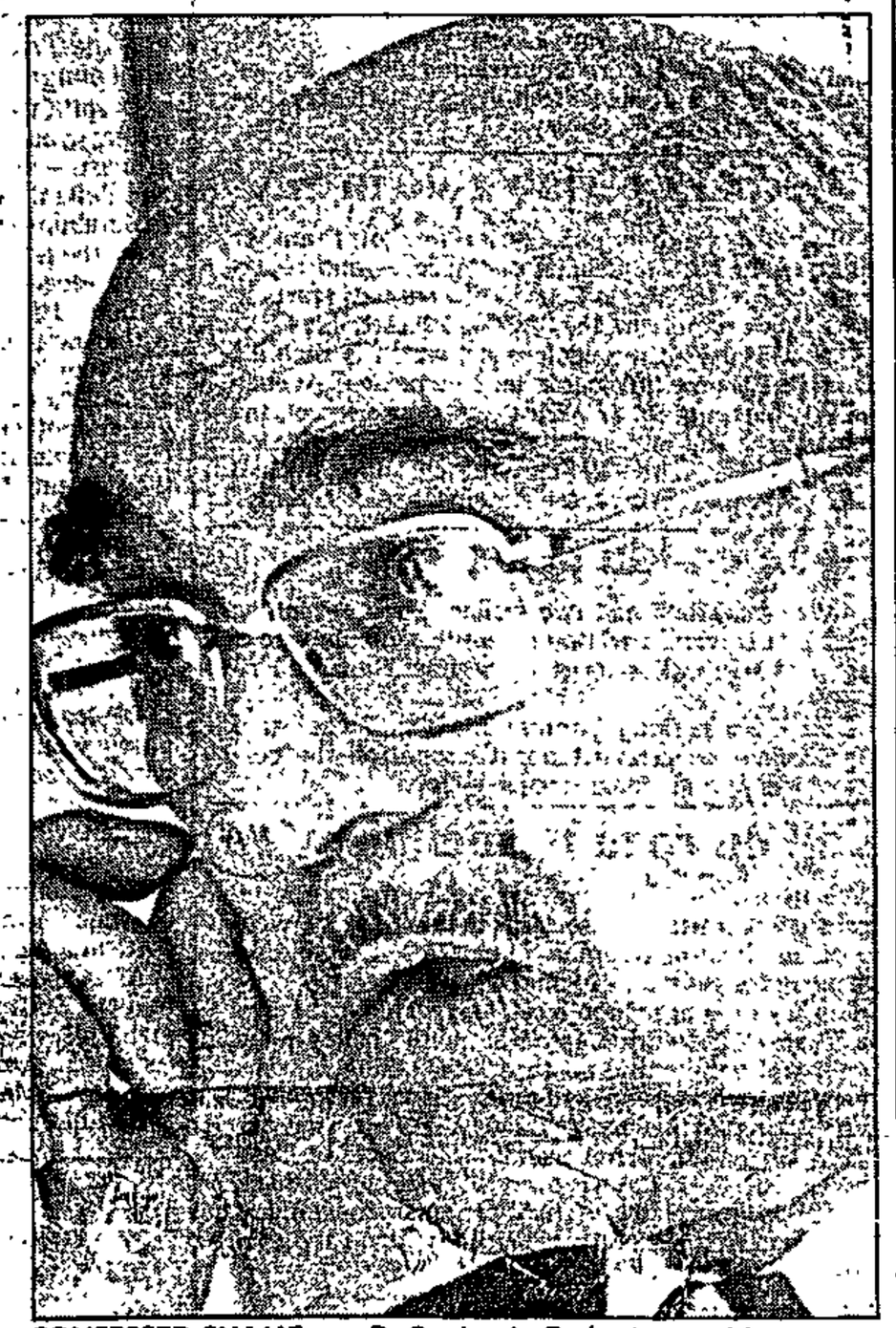
Chief District Surgeon of Port Elizabeth at the time, his name became known across the world as outrage at Mr Biko's death developed.

But, while he remained silent, it is clear from his statement that Dr Tucker's contrition comes from years of personal deprivation and suffering.

He says the shame of his misconduct has forced him to live almost as a recluse for about five years.

"I have largely withdrawn from public and social life. Any contact outside my usual circle of family and friends invariably results in my part in the death of the late Mr Biko being raised again and the old wounds being reopened," his statement says."

"I have come to a[illegible]



CONFESSED SHAME . . . Dr Benjamin Tucker's contrition comes from years of per[illegible]

Terror of a sex pest

When Nicola Lang (right) was confronted by a colleague with sex on his mind and her in his sights, her first reaction was one of nervous disbelief.

This was her first job and this was a nice guy, safely married.

But nice guys don't inflict locker room filth on their colleagues.

He persisted, the disbelief became fear and when appeals for help fell on deaf or indifferent ears, Nicola was truly alone.

She waited and hoped her tormentor would overplay his hand with a physical advance.

Eventually Nicola found help, an execu-

curity Police in 1977. And his shame.

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"I have largely withdrawn from public and social life. Any contact outside my usual circle of family and friends invariably results in my part in the death of the late Mr Biko being raised again and the old wounds being reopened," his statement says."

"I have come to avoid people because of the stigma attached to me and the inevitable reminder thereof."

He has been unemployed since his name was struck from the register.

"I have been in the wilderness, leading a vegetative life, suffering the deprivation of contact with my profession and colleagues," he says. "To keep myself occupied I did gardening, performed household repairs.

"I cannot stress too much the humiliation and constant abuse which my family and I have been suffering since the inquest into the death of the late Mr Biko."

Now 70, he said that at the time he "attempted to rationalise my acts and ommissions in an attempt to vindicate my conduct and exonerate myself of any blame in the matter".

But now he admits: "I failed in my duty towards the late Mr Biko."

In possibly his most startling admission, Dr Tucker discloses that he had become "too closely identified with the interest of the organs of the State, especially the police force", and that this prevented him from acting with the "fearless independence that is required of a medical practitioner."

● **My years of sorrow and despair — Page 4**

CONFESSED SHAME . . . Dr Benjamin Tucker's contrition comes from years of personal deprivation and suffering.

Years of sorrow, despair

Star 20/10/91 (93)

This is an extract from the affidavit submitted by Dr Benjamin Tucker, one of the "Biko doctors", to the SA Medical and Dental Council, in support of his application to be restored to the medical roll.

"I AM advised that, when considering my application for restoration to the register, the Council will have to regard, inter alia, the following:

- Whether there has been reformation on my part to the extent that I will conduct myself as an honourable member of the medical profession, should my name be restored to the register.
- Whether I am a fit and proper person to be restored to the register.

I wish to impress on the Council my sincerity in stating in all humility that I am reformed to the extent that I will conduct myself as an honourable member of the medical profession, should the Council restore my name to the register.

I am well aware that this statement on my part may be viewed with scepticism as being no more than empty mouthings designed merely to attain restoration of my name to the register.

Genuine, complete and permanent reformation was, however, the culmination of recognition and appreciation by me of my wrongful conduct and the entrenchment of deep, sincere and permanent contrition, both of which had, in turn, been born from many years of psychological trauma and stress, humiliation, despair and suffering.

For a long time following the events of September 1977 and even subsequent to the inquest into the death of the late Stephen Bantu Biko and the disciplinary inquiry into my conduct by the Council, I had attempted to deny to myself the truth of my role in what has become known as the "Biko affair".

After many years of dedicated and loyal service as a medical practitioner, I found it difficult to admit to myself that my conduct with regard to my attendance to the late Mr Biko, and also my conduct subsequent to his death, fell far short of the standards required of a medical practitioner.

I attempted to rationalise my acts and omissions in an attempt to vindicate my conduct and exonerate myself of any blame in the matter.

The realisation that the truth cannot be denied was brought home to me espeically in the many long, empty hours and days following my removal from the register and I accepted that, in order to make peace with myself, I had to admit to the fact that I had failed in my duty towards the late Mr Biko when he was my patient.

Assumptions

Without wishing to traverse all the facts surrounding the late Mr Biko's death, I realise and appreciate that I failed in my duty towards the late Mr Biko in accepting certain information as given facts and making assumptions about important aspects relating to the late Mr Biko's condition, without having made proper enquiries or investigations thereafter.

In failing to make full and proper enquiries from the patient himself, from members of the South African Police, and from colleagues about matters relevant to the late Mr Biko's condition; and in failing and neglecting to examine the late Mr Biko thoroughly and adequately, I was the author of my own misfortune.

I compounded these failures by allowing myself to be swayed by security considerations, thus failing to insist on the hospitalisation of the late Mr Biko, all to the detriment of my patient's well-being.

On reflection on the cause of this failure, I came to realise that, over the period of the 30 years I had at that time been employed by the State as a district surgeon, I had gradually lost the fearless independence that is required of a medical practitioner when the interest of his patient are threatened.

I had become too closely identified with the interest of the organs of the State, especially the police force, with which I dealt practically on a daily basis.

In the circumstances of the late Mr Biko's case, I too readily accepted the decisions of the Security Police, without safeguarding the interests of my patient.

I have spent many years of utter despair and self-recrimination at my actions following the recognition and appreciation by me of the part I had played in the events leading to the late Mr Biko's death.

I have experienced the deepest contrition and remorse.

Although I had felt sorrow about the death of the late Mr Biko, the sorrow without admission by me of my failure in my duty towards him, the appreciation of my dereliction of duty leave me without words to describe the emotional disturbance and feeling of depression and anger at myself that have resulted from the part I played in this most dismal episode of my life.

I cannot adequately express how deeply sorry I am, and forever will be, for my actions at the time and my omissions in failing to do what I should have done.

As a result of my conduct, not only my patient's interests suffered, but also those of the medical profession and my country.

I have suffered for many years under the weight of the knowledge that my part in the late Mr Biko's death has caused well-nigh irreparable harm to the medical profession and my country, but this is a load which I have come to accept in the recognition of my failure.

I have come to realise that a medical practitioner's primary consideration is the well-being of his patient, and that a medical practitioner cannot subordinate his patient's interest to extraneous considerations.

In his examination, diagnosis and treatment of a patient, a medical practitioner should fearlessly take those steps which are required for the well-being of the patient.

To enable the Council to determine whether I am a fit and proper person to be restored to the register, I wish to set out my curriculum vitae, refer to my activities since the removal of my name from the register and discuss my future plans, should the Council restore my name to the register."

IN ALL HUMILITY ... Dr Benjamin Tucker says an appreciation of his conduct has led to "deep, sincere and permanent contrition".

Conduct found to be disgraceful

(93)

Star 20/10/91

Dr Tucker, who was chief district surgeon of Port Elizabeth, and Dr Ivor Lang, the district surgeon, both treated Steve Biko in the days before his death in detention in September 1977.

Mr Biko died of head injuries and brain damage in a Pretoria prison after he had been in detention for 26 days.

When Dr Tucker and Dr Lang were called before a disciplinary committee of the Souh African Medical and Dental Council in 1985, both men pleaded not guilty to denying Mr Biko adequate medical care and the falsification of medical reports.

Dr Tucker was found guilty of disgraceful conduct for failing to prevent Mr Biko being sent 1 200 kms from Port Elizabeth to Pretoria on the floor of an open Land Rover, without medical attention.

He had observed that Mr Biko, frothing at the mouth and hyperventilating, was apathetic and unable to communicate and had collapsed.

The committee also found Dr Tucker guilty of disgraceful behaviour for not preventing Mr Biko being taken to Pretoria, for not insisting that he be taken by ambulance and for failing to insist that Mr Biko's medical report should go with him.

Dr Tucker was also found guilty of improper conduct for believing that the patient was feigning illness despite symptoms which contradicted this opinion, for failing to conduct a proper examination and failing to give proper treatment.

The committee accepted evidence that the police and other doctors would have treated Mr Biko differently if Dr Tucker and Dr Lang had fully communicated the facts about Mr Biko's condition.

Biko doctor: SAMDC move slammed

Star 20/10/91

(93)

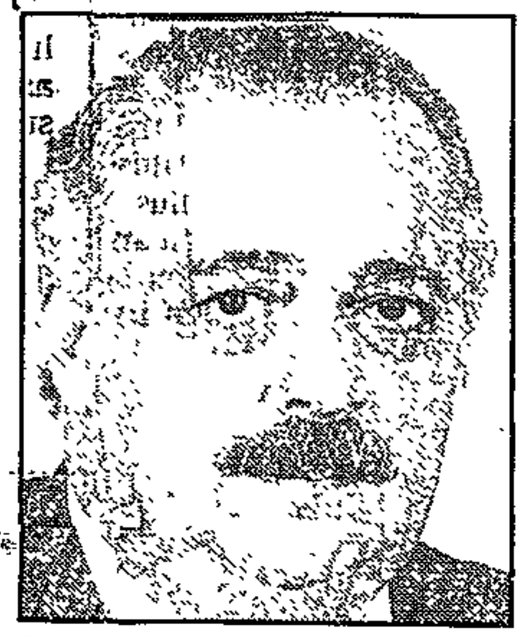
Chris Barron

ONE of the six doctors who took Supreme Court action to force the SA Medical and Dental Council (SAMDC) into holding an inquiry into the conduct of Dr Benjamin Tucker has called its decision to reinstate him six years after being struck off the roll, "a foolish strategic more".

Professor Frances Ames, at the time head of neurology at the University of Cape Town and Groote Schuur Hospital, this week criticised the SAMDC for showing "a singular lack of sensitivity" and feared its move might suggest to doctors both here and abroad that it was "still not taking the matter seriously".

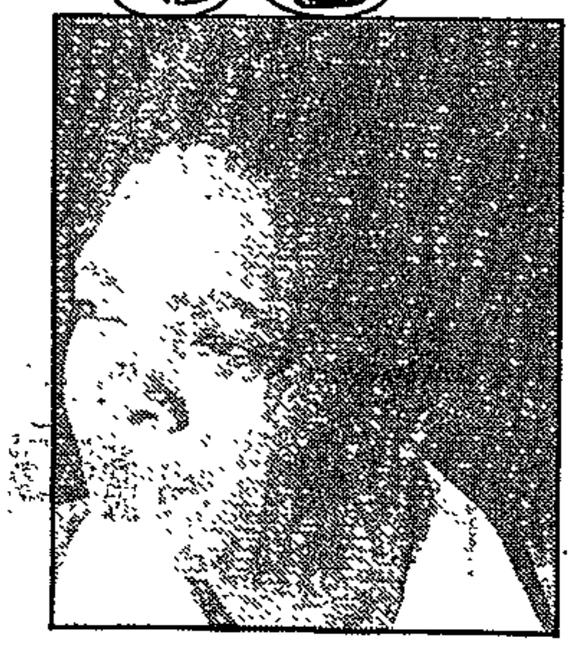
"I don't feel personally vindictive towards Dr Tucker. My argument is with the SAMDC for their whole attitude to this thing."

Coming after its "unbelievably grudging response" when the Supreme Court forced the SAMDC to hold an inquiry into the conduct of Drs Tucker and Ivor Lang eight years after Steve Biko's death in detention, Professor Ames felt the council's decision was "a foolish strategical move at a time when everyone is trying to promote the image of a new South Africa."



DISAGREES WITH THE ACTION . . . George Bizos.

Advocate George Bizos, a member of the team that represented the Biko family at the inquest into his death, said that although "one must try to forgive and forget" he found it "somewhat difficult to accept that Dr Tucker has paid fully for his dereliction of duty after such a comparatively short period.

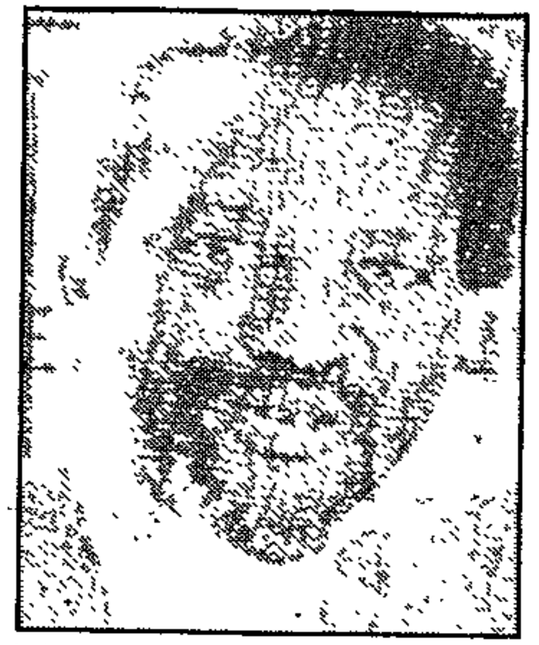


IT WON'T BRING STEVE BACK . . . Ntsiki Biko.

"The primary responsibility for Biko's health was Dr Tucker's," he said. "I know of no greater dereliction of duty than he was guilty of."

On the other hand, another of the doctors who took the SAMDC to the Supreme Court for its failure to act on the doctors involved in the Biko case, Professor Trevor Jenkins, said he did not "feel too aggrieved" about the decision to reinstate Dr Tucker.

"Doctors can make mistakes and learn from them," said Professor Jenkins, head of human genetics at the School of Pathology at the SA Institute for Medical Research and Wits University.



WELCOME BACK . . . Dr Nchaupe Mokoape.

"In my opinion the real villain was the SAMDC. We wanted to bring it to order for not doing its job, not holding a full inquiry."

Professor Jenkins said he found the SAMDC's stated reason for re-instating Dr Tucker — that he had "fulfilled the necessary requirements" — "intriguing".

"I remember at the time Dr Tucker felt he had been hard done by. He believed he had done nothing wrong and would do the same under similar circumstances."

Mr Biko's widow, Ntsiki Biko, said nothing Dr Tucker did would sufficiently atone for not looking after her husband properly when he was in detention.

"I have no feelings about his reinstatement one way or the other," she said. "Whether he is re-instated now or later is not going to bring Biko back."

A leading member of the BC movement this week congratulated Dr Tucker on his re-admission, reports **Yogin Devan.**

Durban-based medical doctor and deputy president of the Azanian People's Organisation, Dr Nchaupe Mokoape, said Dr Tucker had paid "for his dereliction and I would not be more vindictive than that".

"One has to understand that a person like Dr Tucker was operating in a political milieu in which black life was cheap. He has paid his dues and let us hope he will mind his life and leave the past behind."

A sorry affair

Sowetan 21/10/91 (93)

This is an extract from an affidavit by Dr Benjamin Tucker, one of the "Biko doctors", to the South African Medical and Dental Council, in support of his application to be restored to the medical roll.

I AM advised that, when considering my application for restoration to the register, the Council will have to regard inter alia, the following:

Whether there has been reformation on my part to the extent that I will conduct myself as an honourable member of the medical profession, should my name be restored to the register.

Whether I am a fit and proper person to be restored to the register.

Sincerity

I wish to impress on the council my sincerity in stating in all humility that I am reformed to the extent that I will conduct myself as an honourable member of the medical profession, should the council restore my name to the register.

I am well aware that this statement on my part may be viewed with scepticism as being no more than empty mouthings designed merely to attain restoration of my name to the register.

Genuine, complete and permanent reformation was, however, the culmination of recognition and appreciation by me of my wrongful conduct and the entrenchment of deep, sincere and permanent contrition, both of which had, in turn, been born from many years of psychological trauma and stress, humiliation, despair and suffering.

Truth

For a long time following the event of September 1977 and even subsequent to the inquest into the death of the late Stephen Bantu Biko and the disciplinary inquiry into my conduct by the council, I had attempted to deny to myself the truth of my role in what has become known as the "Biko affair".

After many years of dedicated and loyal service as a medical practitioner, I found it difficult to admit to myself that my conduct with regard to my attendance to the late Mr Biko.

Conduct

My conduct subsequent to his death, fell far short of the standards required of a medical practitioner.

I attempted to rationalise my acts and omissions in an attempt to vindicate my conduct and exonerate myself of any blame in the matter.

The realisation that the truth cannot be denied was brought home to me especially in the many long, empty hours and days following my removal from the register and I accepted that, in order to make peace with myself, I had to admit to the fact that I had failed in my duty towards the late Mr Biko when he was a patient.

Without wishing to traverse all the facts surrounding the late Mr Biko's death, I realise and appreciate that I failed in my duty towards the late Mr Biko in accepting certain information as given facts and making assumptions about important aspects relating to the late Mr Biko's condition, without having made proper inquiries or investigations thereafter.

'I have spent many years of utter despair and self-recrimination at my actions . . .'

In failing to make full and proper inquiries from the patient himself, from members of the South African Police, and from colleagues about matters relevant to the late Mr Biko's condition; and in failing and neglecting to examine the late Mr Biko thoroughly and adequately, I was the author of my own misfortune.

I compounded these failures by allowing myself to be swayed by security considerations, thus failing to insist on the hospitalisation of the late Mr Biko, all to the detriment of my patients's well-being.

On reflection on the cause of this failure, I came to realise that, over the period of the 30 years I had at that time been employed by the State as a district surgeon, I had gradually lost the fearless independence that is required of a medical practitioner when the interest of his patient are threatened.

I had become too closely identified with the interest of the organs of the State, especially the police force, with which I dealt practically on a daily basis.

In the circumstances of the late Mr Biko's case. I too readily accepted the decisions of the Security Police, without safeguarding the interests of my patient.

I have spent many years of utter despair and self-recrimination at my actions following the recognition and appreciation by me of my part I had played in the events leading to Mr Biko's death.

Contrition

I have experienced the deepest contrition and remorse.

Although I had felt sorrow about the death of Mr Biko, the sorrow without admission by me of my failure in my duty towards him, the appreciation of my dereliction of duty leave me without words to describe the emotional disturbance and feeling of depression and anger at myself that have resulted from the part I played in this most dismal episode of my life.

I cannot adequately express how deeply sorry I am, and forever will be, for my actions at the time and my omissions in failing to do what I should have done.

As a result of my conduct, not only my patients's interests suffered, but also those of the medical profession and my country.

Suffered

I have suffered for many years under the weight of the knowledge that my part in Mr Biko's death has caused well-nigh irreparable harm to the medical profession and my country, but this is a load which I have come to accept.

I have come to realise that a medical practitioner's primary consideration is the well-being of his patient, and that a medical practitioner cannot subordinate his patient's interests.

Fearlessly

In his examination, diagnosis and treatment of a patient, a medical practitioner should fearlessly take those steps which are required for the well-being of a patient.

MASA won't back doctors' VAT protest

By Carina le Grange (93) Star 21/10/19

The Medical Association of South Africa (MASA) has said it could not support protest action by doctors against VAT on medical services if the action involved the closing of surgeries.

The Society of Dispensing Family Practitioners (SDFP) earlier gave the thumbs-down signal to what it called the "ad hoc" call by a group of doctors for medical practitioners to close their practices on October 28 and 29.

Masa reaffirmed its opposition to VAT on medical services and said it would continue to make representations for a review of the situation.

But it said it could not support the closing of practices since it would be unethical for doctors to withhold services unless they had ensured alternative care.

The SDFP said it could not support the action since patients and not the Government would be inconvenienced and it was illegal for doctors to strike in terms of the Medical, Dental and Supplementary Health Services Act.

● Cape general practitioners last night backed the strike but resolved that emergency medical cover be retained.

The Western Cape Dispensing Family Practitioners Association agreed to the closure.

The DFPA represent about 350 doctors and claim a patient base of up to three million.

DFPA spokesman Dr Robert Rapiti said "the last resort" action was caused by the Government's unwavering stance on tax on health care services.

Dr Rapiti said the GP's patients would be bused to state medical institutions during the strike.

The DFPA also discussed plans to withold VAT payments on medical services. — Sapa.

More doctors oppose threatened GP strike

93

By Jacqueline Myburgh

Local doctors have condemned a threatened strike by general practitioners in the Cape to protest against VAT on medical services, saying it would be unethical and contravened the rights of patients to treatment.

All doctors have, however, supported the renewed call for the lifting of VAT on medical services.

The Ministry of Finance yesterday declined to react to the VAT protest plan.

Last night National Health Minister Dr Rina Venter said that if the doctors went on strike, it would be the responsibility of the SA Medical and Dental Council, which looked after the welfare of patients, to take steps against them.

Soweto doctor and community leader Dr Nthato Motlana said he would be "unhappy" to support the strike by general practitioners next Monday and Tuesday. Star 22/10/91

"I feel very uneasy about supporting such an action," he said.

The Western Cape Dispensing Family Practitioners Association agreed last week to close doctors' rooms while demanding the withdrawal of VAT on health care services.

The Society of Dispensing Family Practitioners in the Transvaal, which represents about 1 200 doctors, has also condemned the planned strike.

National co-ordinator Dr Fazel Mukadam has dismissed the call as that of an ad hoc group of about 40 militant doctors.

Leading surgeon Dr Marius Barnard said he could not support any action detrimental to the well-being of the patient.

South 24/10 – 30/10/91.

Anger at Biko doctor

THE NATIONAL Medical and Dental Association (Namda) has expressed concern over disgraced Dr Benjamin Tucker's readmittance to the medical roll.

Tucker, a former district surgeon, treated Black Consciousness activist Steve Biko shortly before his death in detention in 1977. (95)

Namda said its concern was that, "the structure and function of the South African Medical and Dental Council (SAMDC) has not changed since Tucker's suspension in 1983". — PEN

Doctors plan VAT protest

A MASS closure of doctors' surgeries will go ahead next Monday and Tuesday following urgent talks between organisations opposed to VAT on medical services. Sowetan 24/10/91

As many as 3 000 private general practitioners are expected to take part, [illegible] in the country. (93)

A Co-ordinating Committee on VAT spokesman said he did not believe the closure of surgeries would be in contravention of the South African Medical and Dental Council's rules, as the doctors would make alternative arrangements for the care of their patients.

(93)

Medical Association rejects huge shutdown

ARG 24/10/91

The Argus Correspondent

JOHANNESBURG. — The Medical Association of South Africa has reiterated its refusal to support "protest action against VAT on medical services in the form of mass demonstrations and the closure of medical practices for any period of time".

Masa was approached for comment after a meeting of members of the health sector of the Co-ordinating Committee on VAT to attempt to create unity on closures.

Masa delegates were at the meeting but did not sign a statement outlining mass protest action, including the "voluntary, responsible" closure of medical practices next Monday and Tuesday.

Federal council chairman Dr Bernard Mandell reaffirmed Masa's opposition to the imposition of VAT on medical services.

But he said Masa could not support the closing of medical practices since it would be unethical unless doctors made sure of alternative professional support for patients.

A spokesman for those in favour of closing said: "All efforts would be made to avoid putting patient-care in jeopardy."

At a Press conference here the protesting doctors warned: "The closure will be followed by sustained action. This is the first part of a long, strategic campaign."

Said Dr Aslam Dasoo: "We will not concede on this. We have no option but to continue. We have a moral and ethical duty to our patients."

Namda spokesman Dr David Green said the protest could be supported by a "conservative figure of about 3 000 doctors countrywide".

Support was widespread in rural areas and mainly among doctors working with poorer communities in urban areas.

Cosatu said it urged "all doctors and patients to support the action on October 28 and 29. We call on patients to attend state hospitals on these two days to expose the inadequacy of these hospitals".

MEDIC ALERT ... Doctors from the health sector of the Co-ordinating Committee on VAT announce protest action. ■ Pic: ANDRIES MCINEKA

Doctors take to the streets in VAT protest

By DERRICK LUTHAYI (Pres 27/10/91)

ARE South African hospitals well equipped enough to attend to millions of patients a day?

This will be answered tomorrow and Tuesday when about 3 000 doctors in private practice voluntarily close their surgeries for two days in protest against the implementation of Value-Added Tax.

Tomorrow doctors will hold a protest meeting at the Central Methodist Church in Johannesburg to be followed by a march the next day to the Reciever of Revenue in Rissik Street.

The health sector of the Co-ordinating Committee on Vat (CCV) said the government had exempted State health services from Vat as they provided health care for the poor.

Spokesman Dr David Green said the protest was voluntary and the doctors would make their services available to local state clinics and hospitals.

"All efforts are being made to prevent putting patient care in jeopardy. Participating doctors will be available to provide emergency care to their patients (93)

"Our voluntary responsible closure of practices will demonstrate our resistance to this unethical and unjust tax among the medical profession.

"We believe we are acting in the best interest of the patients at large and we find ourselves compelled to act in this way because of the government's intransigence.

"We are determined to keep pressure on the government until we have removed this unethical tax from medical services.

"Any doctor who feels patient care would be compromised by closure of his surgery should not do so," said Green.

Cosatu and the National African Federated Chamber of Commerce supported the doctors' action.

Cosatu said if a viable and comprehensive national health service existed in the country, there would be no need to zero rate medicines and private medical services.

Trade unions will show their anger by staying away from work on November 4 and 5.

Doctors' VAT protest today

Sowetan 28/10/91.

ABOUT 3 000 doctors are expected to close their surgeries today and tomorrow in protest against the implementation of Value Added Tax on medical services.

The action will launch a series of protests organised by the health sector of the Co-ordinating Committee on VAT against what the group feels is Government intransigence by refusing to exempt medical services and basic foodstuffs from VAT.

Today's strike will be followed by a mass meeting of doctors at 7pm at the Central Methodist Church in Johannesburg and a march to the Receiver of Revenue at lunchtime tomorrow.

The Natal VAT Forum, comprising doctors, pharmacists and physiotherapists, is to join the two-day strike. The decision was taken at a meeting on Saturday.

Natal VAT Forum spokesman Dr Mohamed Kathree said drastic action was needed after petitions and protests had fallen on deaf ears.

The strike was also backed by general practitioners in Cape Town last week as a "last resort" action.

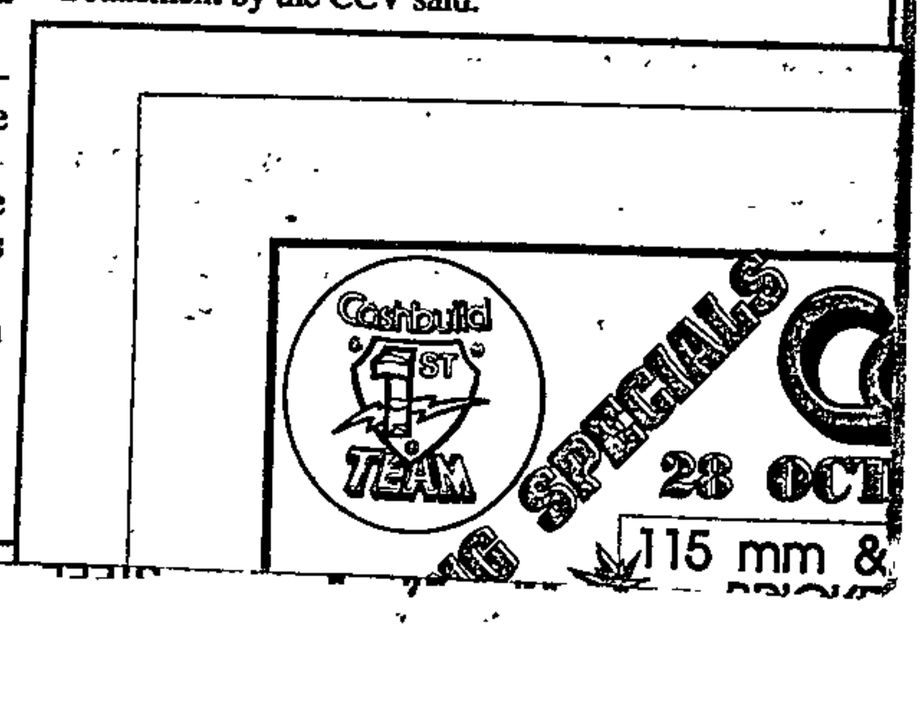
The Government has exempted only State health services from VAT, saying they provide health care for the poor.

By SONTI MASEKO

Kathree said the closure would demonstrate that private practitioners provided health care to the majority of South Africans, most of whom were poor.

"By taxing health care given by general practitioners, the Government will be making health care unaffordable and inaccessible to many South Africans.

"The State health services, already overburdened, underfinanced and understaffed will not be able to cope with the increased burden caused by taxing healthcare," a statement by the CCV said.



Question mark over 'strike' by private doctors

Star 28/10/91

93

By Carina le Grange
Medical Reporter

Up to 3 000 private practitioners may today and tomorrow close their surgeries in protest against VAT on medical services — but it is not clear whether the South African Medical and Dental Council would take disciplinary action against what some critics have called a strike.

The health sector of the Co-ordinating Committee on VAT, comprising several health care organisations, last week decided to go ahead with a "voluntary closure" of private doctors' surgeries despite opposition from certain sections within the profession.

Some professional bodies who oppose the action have said it was unethical for doctors to close surgeries or to "strike", and that it may also be illegal.

The Medical Association of SA said it could not support the action, adding it was unethical for doctors to withhold their services unless adequate arrangements had been made for alternative care, as patient care should never be jeopardised.

The Society of Dispensing Family Practitioners said: "It is illegal for doctors to strike in terms of the Medical, Dental and Supplementary Health Services Act and doctors who go on strike could be struck off the roll by the South African Medical and Dental Council."

But the SAMDC made reference to public-sector doctors on strike when approached for comment.

Registrar Nico Prinsloo said the reaction of council president Dr Len Becker was that the Medical Act provided for "a conviction in a court of law (in cases of) medical practitioners who participate in a strike which may disrupt the rendering of a public health service".

Mr Prinsloo said it was only after conviction that the matter would be reported to the council for investigation and possible action.

The doctors who propose action are however in private practice and said their action should be seen as a "protest demonstration" and not a strike. They would also make their services available to State clinics during the closure.

Dr Becker had also said, however, that "every medical practitioner remains personally responsible for his actions" and that he hoped they would not act in any way which would be detrimental to their patients.

Doctors plan to march against VAT

93 ARG 29/10/91

The Argus Correspondent

JOHANNESBURG. — Hundreds of doctors will march on the offices of the Receiver of Revenue here today in a protest against the imposition of VAT on health services.

Yesterday about 3 400 doctors closed their rooms countrywide, said Dr David Green, spokesman for the Co-ordinating Committee on VAT.

At a militant meeting here last night, doctors warned that the closure and march were only the first actions taken in a sustained programme of resistance against VAT on medical services.

Addressing about 200 doctors, Cosatu secretary-general Mr Jay Naidoo said doctors were sending out a clear message to the government: "Tax on health is immoral and we will not be used as your tool to collect it."

The number of closed surgeries yesterday varied from area to area, said Dr Green. While the protest was effective in townships and rural areas, most doctors in major cities operated normally.

Almost all doctors closed their surgeries in areas such as Mafikeng, Port Shepstone and Port Elizabeth, as did 88 percent of Soweto doctors.

About half of Cape Town and East London's doctors came out in support of the protest while support in the far northern Transvaal was split down racial lines.

Doctors countrywide join in VAT protest

ABOUT 3 700 doctors and dentists closed their doors yesterday to protest against the imposition of VAT on medical services.

National Medical and Dental Association (Namda) director Dr David Green said about 3 300 practices around the country had been closed on the first of the two-day protest, co-ordinated by Namda and various health organisations.

He said that as far as he knew no doctors in Johannesburg's northern suburbs had closed their doors but in Soweto about 80% of private doctors and dentists had.

Many had worked at Soweto's Mofolo Clinic and attended to outpatients at Baragwanath Hospital. Taxis had transported patients to the public hospitals free of charge, he said.

Sapa reports that about half of Cape Town's private doctors, serving both black and white areas, had joined the protest yesterday.

In the Northern Transvaal townships about 75% of doctors closed their practices, while in Port Shepstone there was a 100% stayaway from work by doctors and dentists, Green said.

TANIA LEVY

The Natal VAT Forum, which consists of doctors, pharmacists and physiotherapists, said more than 300 doctors in Natal would keep their surgeries closed today.

Green said doctors in Middelburg and Witbank had been told not to close their practices because alternative treatment at public hospitals was far away and patients could have been compromised.

Green said he expected fewer practitioners to take part today.

The Medical Association of South Africa is not supporting the work stoppage and has urged its members not to take part as it was "unethical for doctors to withhold their services" from patients.

Doctors march against VAT

Sowetan 93
30/10/91.

Sowetan Correspondent

THE voluntary closure of some surgeries by doctors ended yesterday with a march to the Johannesburg Receiver of Revenue offices to protest against the imposition of VAT on health services.

"No tax on health, Barend you must be sick", chanted the small group of doctors and other health workers.

At times they were cheered on by members of the public while some pedestrians merely gave bemused smiles.

Numerous banners held aloft indicated exactly where they stood: "Doctors are not tax collectors," said one while another read "No VAT on health".

Dressed mainly in suits and even medical attire, they marched briskly - a strong and often lone voice leading them in the American spiritual "We shall overcome".

Johannesburg's Receiver of Revenue Mr Kobus Stone received a memorandum addressed to President FW de Klerk, Finance Minister Barend du Plessis and Minister of Health Dr Rina Venter.

South African Dispensing Practitioners chairman Dr Joe Maelane said they rejected VAT on medical services.

"It is unethical and immoral to charge Value Added Tax on health services, particularly for the disadvantaged community and the poor whites," Maelane said.

The doctors called for the zero-rating of all health services, medicines, basic foodstuffs and other essential services as well as the reconsideration of VAT as applied to small businessmen.

National Health Forum spokesman Dr Aslam Dasoo described the protest as a success. He told cheering marchers more than half the private practitioners in the country had responded to the call to close their surgeries voluntarily.

Co-ordinating Committee on VAT health forum spokesman Dr David Green said more than 3 400 doctors had closed their practices countrywide.

Right on docs - callers

Sowetan 30/10/91 (93)

DOCTORS who went on "strike" to protest against the imposition of Value Added Tax on medical services received massive support from callers to the *Sowetan*/Radio Metro Talkback Show yesterday.

Most callers praised the doctors for showing solidarity with the "masses".

One caller told show host Tim Modise that "we are happy that unity is within our reach".

Solko from Virginia in the Free State said the decision by doctors to "close shop" was welcomed.

He said the Government did not want to listen to the "legitimate grievances of the people".

"They did a good thing and the people supported them fully," he said.

Zintinti of QwaQwa said: "The oppressed masses are very happy at the stand taken by the doctors.

"We dismiss arguments that we as patients will be suffering. We have suffered under the National Party regime and we are hoping that what the doctors are doing will be to our benefit," he added.

Vusi of Secunda said: "The doctors who went on strike surely took the right decision.

"They took the decision after weighing the pros and cons of the whole matter. We support them," he said.

From Yeoville in Johannesburg, Hugh said: "It was the right decision by the doctors to show their support for the oppressed majority." - *Sowetan Reporter.*

FISTS UP, STETHOSCOPES DOWN: About 200 doctors marched to the Receiver of Revenue in Johannesburg to register their protest against VAT. PIC: ELMOND JIYANE — DI

VAT protests not over, doctors warn govt

South 31/10 - 6/11/91 (B) (93)

By Mono Badela

ALMOST 4 000 doctors countrywide stopped working for two days this week in protest against VAT. In Johannesburg doctors ended their protest with a march to the Receiver of Revenue where they handed over a memorandum.

The doctors have vowed to embark on "more radical action".

"One of the options is a defiance campaign by doctors to refuse to pay or charge VAT," said Dr Aslam Dasoo of the South African Health Workers' Congress (SAHWCO).

He said a decision on this option would be taken by November 10.

The march, supported by more than 100 doctors and other health workers, was in protest against the continued imposition of VAT on medicine, doctors' and other health services.

The marchers, cheered and encouraged by onlookers, some of whom joined in, handed a memorandum to the Receiver of revenue.

It listed a demand for the zero-rating of basic foodstuffs and other essential services like water and electricity.

The voluntary closure of surgeries on Monday and Tuesday was very successful, especially in black townships and rural areas, said the National Medical and Dental Association.

Crackdown on bogus docs

S Times 3/11/91 (93) (784)

By MARLAN PADAYACHEE

ALL doctors and dentists in future will be registered only after passing a foolproof screening system.

The system is aimed at preventing bogus medical practitioners operating in South Africa.

The decision by the SA Medical and Dental Council follows an investigation by the Sunday Times which disclosed that Geeta Reddy, 33, of Overport, Durban, had not qualified as a doctor in India.

Reddy, who worked at one of the country's busiest hospitals for almost a year, was kicked out of her job after the council de-registered her in May this year.

In future the council plans to contact all medical schools — in SA and elsewhere in the world — to verify medical certificates produced by doctors seeking registration.

Previously, newly-qualified and immigrant doctors had to submit sworn affidavits of their qualifications, their original medical certificate, and statements by two independent doctors.

The Natal Provincial Administration's health services terminated Reddy's employment at Durban's King Edward VIII a week before she appeared before the council's eight-member executive committee under president Dr LH Becker.

SAMDC registrar Nico Prinsloo said the documents in Reddy's application had appeared to be genuine when she was registered in 1989. He said the council began making inquiries about the validity of her qualifications after a tip-off.

The council contacted Dr RV Agrawal, dean of the BJ Medical College and Sasson General Hospital in Poona, India.

He revealed that Reddy had only passed her first and second year medical examinations, after several attempts, and had failed to complete her degree.

Doctors continue anti-VAT fight

By Brian Sokutu

About 1 000 private practitioners vowed yesterday to sustain protest action against value added tax until the Government zero-rated health services and basic foodstuffs. Star 11/11/91

At a meeting in Johannesburg of the Health Forum of the Co-ordinating Committee on VAT, the doctors resolved to:

- Call an urgent meeting with President de Klerk and Finance Minister
- Refuse to charge their patients VAT.
- Reject a 16 percent increase in medical aid tariffs due next year.
- Refuse to register as VAT vendors.
- Urge the World Medical Association to not admit the Medical Association of South African (Masa) as member.
- Urge all South African doctors to resign from Masa.

The meeting was also marked by a heated debate between the doctors and Masa secretary-general Dr Hendrik Hanekom. Speakers took Dr Hanekom to task over his organisation's failure to pledge solidarity with doctors who closed their surgeries in protest against VAT last month.

Angry doctors may quit Masa

JOHANNESBURG — The South African Dispensing Practitioners organisation has proposed a mass resignation from the Medical Association of South Africa (Masa) for failing to support it in its fight against VAT on health services. CT 11/11/91

The proposal, made at a meeting in Johannesburg, followed Masa's opposition to the SADP shutting of surgeries on October 28 and 29 (93)

ARG 18/11/91

Dispensing doctors reject move for fixed prices to all

VIVIEN HORLER, Medical Reporter

A GROUP representing doctors who dispense medicines has rejected a campaign aimed at persuading pharmaceutical manufacturers to sell their products at a single fixed price.

Dr P J Maelane, chairman of SA Dispensing Practitioners, questioned the motives of the National Wholesale Drug Association.

There has long been some antagonism between pharmacists and doctors who dispense medicines, with pharmacists claiming that doctors are trespassing on their turf, and doctors saying their patients have the right to available medicines.

There also have been claims from pharmacists that the practice of doctors diagnosing and then supplying the treatment is open to abuse.

Mr Lex Tannenbaum of the National Wholesale Drug Association announced the association's campaign this week, saying many manufacturers gave dispensing doctors big discounts, which gave them an advantage over pharmaceutical wholesalers and retailers.

"There are many documented cases of trading doctors being in a position to offer medicines to pharmaceutical wholesalers at prices substantially lower than those made available to the wholesaler by the manufacturer."

Dr Maelane said it was true "a few manufacturers of medicines assist us in subsidising the poorer patients and we are grateful that this development of a social conscience in big business seems to have started, but I must emphasise that very few manufacturers offer discounts that are greater than those received by the wholesalers."

Dr Abdul Barday, president of the Medical Association of South Africa's Cape Western region, said he had no problem with the concept of manufacturers having a single fixed price, known in the trade as an exit price.

"I believe any doctors who are selling discounted medicines back to the wholesalers should be exposed. I hope Mr Tannenbaum isn't using these doctors as an excuse to paint all dispensing doctors with the same brush.

"I am a dispensing doctor myself and I have no problem at all with the concept of a single exit price."

Two pharmaceutical manufacturers, Glaxo and Sandoz, said they did not offer discounts to dispensing doctors. A Glaxo spokesman said they offered discounts to bulk buyers, but not to small buyers like doctors.

Mr Michel Boulle of Sandoz said his company already had a single price which was applicable to all customers in the private sector.

He said doctors who sold medicines to their patients had a purchasing power not available to the pharmacist.

"If a doctor happens to have a large stock of a certain antibiotic on his shelf, imagine the potential for abuse. Doctors are human and are responsive to the profit motive.

"Our view is that every final seller, be it the private hospital or clinic, the retail pharamcist or the dispensing doctor, must pay the same price under the same circumstances."

DOCTORS' DILEMMA

GPs warned to retain legible notes of their consultations in case of malpractice suits

93

S/Times 24/11/91

By EVELYN HOLTZHAUSEN

AN INCREASE in the number of doctors being sued for malpractice has led to a warning to general practitioners to keep detailed, legible notes of all their consultations.

"Far too often, when it is too late, the doctor realises that his case notes are totally useless — illegible, incomplete, unintelligible, or all three," says Dr Fred Saunders in the SA Medical and Dental Journal.

Useless notes, he adds, "by their very uselessness, convey a message not only of reduced credibility, but also of seeming negligence to the person charged with judging the case".

The call has been supported by the SA Medical Association.

A SAMA spokesman said that, while no records were kept of the number of doctors who had been sued for malpractice in South Africa, there was an increase in the number of doctors asking the association for legal advice.

Pretoria attorney "Hekkie" Schoeman, whose firm, MacRobert, De Villiers, Lunnon and Tindall, has been defending doctors in court for more than 20 years, confirmed an increase in the number of doctors facing court action.

"We have not yet reached the stage where doctors are afraid of stopping to help at road accidents in case they end up in court, as I believe has happened in America, but there has been a dramatic increase in the number of doctors approaching us for legal assistance," he said.

Mr Schoeman said a negative effect of the trend would be that more doctors would begin practising "defensive" medicine — in which patients are referred for extensive, costly, and sometimes medically unnecessary, examinations — to reduce the risk of a negligence charge.

He confirmed that doctors who did not take detailed, legible notes were at greater risk than those who did.

"It can take a long time — may-be three years — for a case to get to court, by which time it is very difficult for the doctor to remember in detail what took place. This could mitigate against him and even lose him the case."

Dr Rod Colburn, deputy dean of the University of Cape Town Medical School, supports the warning. However, he pointed out that doctors should not take notes with the possibility of legal action in mind, but to record better case histories and so ensure the best treatment for their patients.

A Cape Town doctor, who cannot be named, predicted there would be an even greater increase in court actions against doctors as "medical standards continue to drop".

"The trust between doctors and patients is slowly being eroded, as low financial reward has led some doctors to create assembly-line practices. Some are treating up to 50 patients a day to make enough money to survive," he said.

"The honeymoon of the 'noble profession' is over."

No one at the South African Medical and Dental Council, the statutory body governing doctors in South Africa, was available for comment.

Masa calls on Venter to quit

w/Mail 29/11/- 5/12/91

(93)

By RAY NXUMALO

BY CALLING for the resignation of Health Minister Dr Rina Venter, the Medical Association of South Africa has healed its rift with doctors who had felt the organisation had not responded adequately to the VAT issue.

Masa yesterday slammed the minister for lack of leadership, vision and insight.

"Virtually no support came from the minister of national health for Masa's representations to the minister of finance that all medical services be zero rated," it said in a statement.

Dissident doctors who had threatened to leave Masa as a result of its failure to support a two-day doctor's strike against VAT, appear to be climbing down as a result of the resignation call.

"It was a drastic thing for Masa to do," says Dr Kishore Deva, who had taken part in the street protests against VAT. "It is certainly aimed at mollifying the doctors."

Masa has also registered its objection to the deterioration of academic medicine and public health services caused by unsatisfactory conditions in provincial clinics and hospitals. Salaries, outdated equipment and lack of adequate incentives has caused an outflow of qualified personnel, Masa alleged.

A vote of no-confidence in Venter has been echoed by various other medical bodies. National Medical and Dental Association (Namda) and the South African Dispensing Practitioners (SADP) — who do not want Venter to sink alone — have supported Masa's call.

In a supporting statement, the SADP charged that Department of Health and Population director Dr Coen Slabber "must resign his position immediately for the same reason as those of Dr Rina Venter as they are both not competent to handle the rapidly deteriorating health care delivery systems in the country".

A source of even greater concern is the unilateral decisions by the Department of Health. The Draft Bill of the Amendment of the Medical Aid Schemes Act is alleged to have been drawn up by the Representatives Associations of Medical Schemes without consulting people in the medical profession or other organisations that represent public interest.

New doctors add voice to health storm

JOHANNESBURG. — Junior doctors yesterday added to the storm over South Africa's health services under Minister of Health Dr Rina Venter. (93) CT 7/12/91

The Junior Doctors' Association of South Africa (Judasa) voiced its strong support for earlier criticism of the minister by the Medical Association of South Africa.

Judasa said it had made several submissions to Dr Venter to discuss grievances, including long hours, service contracts and low pay.

"No progress has been made in resolving any of our problems in spite of the submissions to the minister and the director-general of the department, Dr Coen Slabber," a Judasa spokesman said. — Sapa

Doctors' fury over Rina's bid to slash health bills

S Times 8/12/91 By CHARLENE SMITH (93)

DOCTORS are fighting a proposed new law which would allow the establishment of medical care systems that have proved they can slash medical costs by almost half.

Such schemes, claim their supporters, could extend medical aid benefits to 11-million more South Africans.

Anger at the proposed law is at the root of the recent demand by the 12 500 doctors in the Medical Association of South Africa for the resignation of Dr Rina Venter, the Minister of Health.

The draft Medical Schemes Act — which has been rejected in its entirety by Masa — would for the first time allow medical schemes to contract only with doctors or medical services that are prepared to operate within affordable rates.

It would also spur the establishment of what is called Managed Health Care Systems, also known as Health Maintenance Organisations.

These systems involve the setting up of medical facilities and personnel by medical schemes themselves. Each patient has a budget and doctors, who are paid a flat salary, earn incentives for keeping below budget. Patients also have incentives not to over-use medical services.

DR RINA VENTER
Call for her resignation

Diagnose

This would mean doctors would have to diagnose more carefully — and prescribe, or refer, more prudently. Patients, for their part, would have to use medical services more sparingly.

Two of these schemes are in operation in South Africa, although theoretically forbidden by law, and have shown dramatic cost cuttings.

● Vaalmed, in the Vanderbijlpark area, has 20 000 members and operates at about 60 percent of the cost of traditional medical service costs, reports a recent SA Chamber of Business paper.

Costs of medicines are also greatly reduced because it buys in bulk directly from manufacturers. Average prescription costs under conventional medical aid schemes are R77. At Vaalmed they are R34.

This means a major reduction in costs for the member. Vaalmed charges patients in the highest earning brackets — an income of more than R2 500 a month — R351 for a member with three dependants. This includes a cost hike of 11 percent to members in January next year — or R175,50 after the employer has paid his half of the fee.

Conventional medical aid schemes charge between R600 and R1 000 a month.

● A Medicaid health maintenance organisation in Pietermaritzburg which consists of rooms for doctors, nurses and

□ To Page 2

Doctors' fury at Rina

S Times (93) 8/12/91

□ From Page 1

a pharmacy, has shown savings of about 40 percent in health care costs. Here too, there are also massive savings on medicines — in some cases up to 60 percent — because it stocks generic or non-brand name products.

Again, the cost to the member is dramatically reduced. Medicaid's cost to a member with three dependents is between R250 to R310 a month — of which 50 percent is normally paid by the member's employer.

Greg Candy, a health care specialist at auditors Deloitte Pim Goldby, says recent figures released by a local health maintenance organisation show its annual increases in fees over the pastseven years have been 16 percent, "whereas (those for) medical aids have been 22 percent". He says this shows health management organisations can reduce the cost of health care by up to 40 percent.

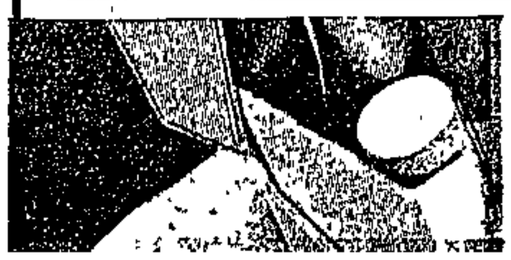
Mr Quentin Robinson a director of Medicaid, says income earners in the R40 000 to R50 000 per annum category will soon not be able to afford medical aid — his estimation is supported by other industry sources.

He says health maintenance organisaions are the way of the future for around 11-million employees, who are presently not covered by medical assistance schemes.

Dr Bernard Mandell, federal council head of Masa, was reluctant to elaborate on the dispute with the Minister this week. However, he denied that the association's stand supported vested interests.

In an 11-page critique of the draft bill, Masa says it generally supports Managed Health Care Systems (or health maintenance organisations) but in two pages of warnings against such systems, and the concomitant strengthening of medical aids, says it would be against any systems that operate for "financial exploitation".

It wants state responsibility for the provision of health care clearly defined. It does not want "Managed Health Care Systems granted special monopolistic powers by statute, which may be used to irreplacably destroy valuable existing health care delivery infrastructures".



Doctors want reform, but not at cost of health

STAR 10/12/91

By Carina le Grange

Several organisations representing the medical profession have rejected proposed amendments to the Medical Schemes Act, despite their belief that the health care system in South Africa is in need of change.

The SA Academy of Family Practice and Primary Care said it believed change was necessary — but that it needed greater collaborative planning between the deliverers of health care, the patients and the medical schemes, so that everyone's agenda would be accommodated.

The Medical Association of SA (Masa) believed the amendments were drawn up mainly from a "cost minimisation" point of view with no guarantee of a suitable minimum health service for poor patients.

The National Medical and Dental Association and the Dispensing Family Practitioners Association believe the Bill will have repercussions for the "already overburdened" public-sector health services, by forcing those patients with chronic illness or disability on to State hospital services.

Two of the most controversial issues proposed in the amendments, and opposed by doctors, are the abolition of compulsory direct payment by schemes to the providers of services, and the abolition of prescribed minimum benefits which members now enjoy.

Compelled

These changes implied that medical schemes would no longer be compelled to guarantee payment or to offer benefits at a certain minimum for a specific service, Masa has said.

The academy said that if the amendments went through, some practitioners might expect immediate cash payment from patients if direct payment were not guaranteed. Doctors might also raise fees to cover the possible loss of payment.

The abolition of the fixed scale of benefits, as now determined by the Representative Association of Medical Schemes (Rams), could also result in each of the 260-odd medical schemes determining their own rates for specific services, doctors have said.

The academy has said the proposals implied that much of the decision-making of health care would be in the hands of medical schemes, which would also be making clinical decisions since, in the absence of direct payment, it meant the schemes decided what should be paid for and what not.

Another issue is the proposed reconstitution of Rams, which is seen as a move to give it monopolistic powers. Since membership of Rams would be mandatory, it would not be democratically representative of medical schemes and this would be in conflict with the principle of freedom of association, medical bodies have said.

Bill 'plan to kill off independent medical doctors'

(93)

AFG 11/12/91

STEWART ALCOCK
Staff Reporter

HEALTH Minister Dr Rina Venter's draft Medical Schemes Act was nothing more than "corporate gangsterism" and would lead to the end of the general practitioner.

This was said by Dr R Rapiti at a meeting last night, co-hosted by the Dispensing Family Practitioners' Association and the Dental Practitioners' Association to discuss the implications of the Bill.

Dr Rapiti said the Bill would allow medical aid schemes to move from simply managing funds to actually providing the health care, through a health maintenance organisation, to cut costs.

"It may be cheaper but it will mean a loss of quality care as the emphasis shifts to making profits. Doctors will lose all their independence and patients will have no choice as to which doctor they see," said Dr Rapiti.

"This production line health care will mean the end of the general practitioner, as doctors will end up being paid by administrators, whose only concern is with profits.

"I can't see a profit-conscious organisation helping out those who cannot afford it, or allowing sick patients to see a doctor without first paying. Making a profit out of sickness is immoral," he added.

Dr Rapiti said the general practitioner was acknowledged as the backbone of primary health care, which would cease to exist if the Bill was passed.

"In countries such as America this system has not only failed but has led to some tragic cases where critically-ill patients were kept waiting for hours to see their assigned doctor, or where poorly-qualified doctors were employed because they could be paid less by the cost-conscious administrators.

"The Bill is a ruthless plan to kill off the independent doctor to save the medical aid schemes. Maybe it should be the other way around — those schemes which are struggling should close," he said.

Dr Rapiti also attacked the Bill's proposal to do away with a guaranteed payment to doctors.

"It is our ethical duty to treat patients in need, so we are caught in the middle if there is no guaranteed payment. It will result in patients shopping around for the cheapest doctor and an inevitable drop in medical standards," he said.

Also speaking at the meeting was Mr Dullah Omar, a member of the ANC executive.

He urged the government not to privatise health care without urgent consultation with all those affected, as this would only worsen the health crisis, making health care "less and less accessible to more and more".

"Although a future government will have a national health care system, it will be impossible to rebuild hospitals that have been bled to death by privatisation," he said.

Mr Omar accused the government of "privatising apartheid" in order to entrench its policies.

Four doctors found guilty of unethical, disgraceful conduct

STEWART ALCOCK
Staff Reporter

FOUR doctors have been found guilty of disgraceful and unethical conduct by a disciplinary committee of the South African Medical and Dental Council (SAMDC) at an inquiry held at the University of Cape Town medical school.

Dr F van Eetveldt was found guilty of prescribing medicines together worth more than R1 330 to Mr D Pillay and Mrs C Pillay in 1989 without examining either of them.

The committee referred the case to the full council, which next meets in April, for sentencing.

Dr A Salidulker and Dr S Ndlazilwana were each fined R1 000 for employing Dr H Ashtiker and Dr D Bomela, who were not registered as medical practitioners, to perform as doctors.

Dr Ashtiker, who was employed by Dr Salduker, was suspended from his job at Tygerburg Hospital for a year, 10 months of which were suspended on condition that he was not found guilty of similar charges during that time.

Dr Ashtiker's council argued in mitigation of sentence that the fact that he had qualified to practise medicine in India meant he was unaware of the "sensitivity" surrounding registration of doctors in South Africa.

"His failure to register was a result of naivety, and not recklessness," it was argued.

It was also argued that Dr Ashtiker's financial predicament, should he lose his job as a result of suspension, would lead to his estate being sequestrated.

The disciplinary committee's findings serve as recommendations to the full sitting of the SAMDC, which may either confirm the decisions or refer them back to the committee.

Doctors given leeway

(93) 11/12/91 CT

Own Correspondents

JOHANNESBURG. — Doctors at public hospitals would be allowed to consult privately in a bid to stem their flow to the private sector, it was announced yesterday.

Health Minister Dr Rina Venter said highly-qualified staff from academic and state hospitals were to be allowed "restricted private practice, subject to certain conditions".

She declined to comment on the conditions.

Medical associations said last night they supported the move, although they expressed reservations.

A spokesman for the Medical Association of South Africa (Masa) said limited private practice "was not the answer" to the problem of underfunding in academic and public sector doctors.

It was the government's responsibility to look after public sector doctors, he said. But, in the absence of realistic alternatives, Masa would accept the plan.

Moonlighting

He said many academic doctors already saw private patients, as they were allowed to do so by the universities they worked for. However, the majority of public sector doctors did not practise privately, although some "moonlighted", seeing patients during the weekends and after hours to earn extra money.

The spokesman said one of the conditions laid down by the government would be that the doctors should consult private patients in their own hospitals.

He expected another condition to be that the money earned by a doctor practising privately would go to a "pool" in the hospital, with a proportion going to the hospital, another to academic doctors who were not able to consult privately, and about half going back to the doctor.

Association of Private Hospitals' spokesman Mr Brian Davidson said his organisation approved of the proposals in principle as long as they did not lead to state hospitals competing with the private sector for patients on price alone.

"The concept was discussed with us a couple of months back," Mr Davidson said.

"We supported the principle and the reasoning behind it at the time."

Mr Davidson said it was important to maintain and improve standards in academic hospitals, which were the basis of training in the medical profession.

Subsidising

"Private patients in state hospitals should be charged fees commensurate with the cost of nursing and treating them in private hospitals," he said.

"Otherwise what will happen is that the taxpayer will be subsidising private patients in state hospitals."

However, state hospitals should not try to compete for patients with the private sector on price alone.

UN High Commissioner for Refugees chief of mission in SA Kalu Kalumiya said yesterday the exile repatriation process was moving swiftly. Picture: ROBERT BOTHA

the image of the force.

They will be equipped with weaponry, equipment and vehic funds allowed, their own uniform Merwe said the police required funding to increase their effectiv police budget was R4,6bn last y

The new unit will be headed

Public doctors 'go private'

B10 cm 11/12/91. 93

DARIUS SANAI and SUSAN RUSSELL

DOCTORS at public hospitals would be allowed to consult privately in a bid to stem their flow to the private sector, government announced yesterday.

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"The concept was discussed with us a couple of months back," Davidson said.

"We supported the principle and the reasoning behind it at the time."

"I think we remain in support of the principle because we are most concerned about the situation in the public sector which we understand is underfunded."

Davidson said it was important to maintain and improve standards in academic hospitals, which were the basis of training in the medical profession.

However, state hospitals should not try and compete for patients with the private sector on price alone.

"Private patients in state hospitals should be charged fees commensurate with the cost of nursing and treating them in private hospitals," he said.

"Otherwise what will happen is that the taxpayer will be subsidising private patients in state hospitals."

Own Correspondent

Blowing the whistle on the gravy train

W Mail 13/12 – 18/12/91. (93) (18)

CRITICAL CONSUMER

Pat Sidley's weekly advice on what to buy ... and what to avoid

A VERY ill 80-year-old man in Johannesburg, a mere fortnight away from his eventual death from cancer of the pancreas, was subjected to a battery of the most expensive and sophisticated tests and procedures by a phalanx of doctors attached to his private hospital.

The tests were all carried out in the same group of private hospitals, but necessitated trips in ambulances to various appliances. And he would have been spared countless other uncomfortable procedures if anybody had listened to his own private physician. The physician knew the end was close and had suggested simply making the patient comfortable till the end.

One of the reasons why nobody listened involved the inevitable hopes and pressures of a family resistant to the notion that the patriarch was dying — but another reason was that the elderly physician was not hooked into that particular private hospital chain, and had no financial incentive in forcing the dying man through extra tests.

The other doctors, however, all operated their lucrative private practices out of the group of hospitals — which in turn owned all the expensive equipment, which needed frequent use to recoup the capital expense and considerable running costs.

One of the tests involved the use of a Magnetic Resonance Imager (MRI) scanner, a piece of equipment which costs many millions of rands in capital outlay and maintenance. There are at least 13 in private hospitals and clinics in this country and two in public or state-owned hospitals. This is considerably more than there are in the United Kingdom, which has some 60-million inhabitants compared to our 38-million.

What's more, those with access to such equipment here total six or seven million — or some 18 percent of the population. This defies rational medical explanation in an environment where there is not enough money, for instance, to give every woman a pap smear to detect cervical cancer.

Describing how this happens helps to explain some of the extraordinary spiralling costs in medicine. It's a tale, too, of corruption and questionable ethics — and the main victim, of course, is the health consumer of the nation.

The private hospitals, many of which have spent millions of rands sprucing up their image, need to have their facilities used in order to make a profit — their *raison d'etre*.

To do this, they rent space to doctors, often at subsidised low rentals. The doctors are expected to keep the hospital beds full and to use the expensive equipment, which has been bought partly to attract doctors who like to have the use of fancy hi-tech equipment. Of course, patients play a role in this too because it is comforting to know that fewer mistakes will be made when the Cat-scan or MRI scanner is used to diagnose a problem.

An example is the scam offered to pregnant women in the form of a "deal" on the use of the Ultra-sound scan. This equipment, when used appropriately in the diagnosis of problems, can save the lives of mothers and their unborn children. For the pregnant woman, in turn, there is little more exciting or comforting than to be able to see the developing baby's heart beating in her uterus, to watch the miniature arms and legs moving and to know that there is a life inside.

Many women are offered the opportunity of having three scans during their pregnancy, with a de-escalating price for each scan. In normal pregnancies one scan is sufficient (and often not even necessary) — three, however, approaches the level of satisfying the doctor's pecuniary needs with no medical justification whatsoever.

Doctors locked into these arrangements with hospitals find themselves unable to get off the gravy train or blow its whistle without severe consequences. A well-known eye specialist in Johannesburg has waited until his retirement to disclose the problems to the press.

If a doctor does not keep the beds full or use the equipment, he may find that his rental has gone up or that the lease is simply not extended. Many doctors actually own shares in the companies which own the hospitals and so, along with the fact that they gain in any event from the charging for hospital visits and the diagnostic charges for equipment, they stand to gain from their dividends when the hospital chain makes money.

Keeping hospital beds full means that often procedures are carried out which are either not necessary at all or do not require a bed in a hospital. And it often involves keeping patients in hospital a couple of extra days, so that the hospital and the doctor can gain from the costs involved.

Many of these practices are denied by the perpetrators, who give other (plausible) explanations for them. But whatever the cause, they drive costs up, have broken the backs of many medical aids and have made life slightly more comfortable for the hospital owners and many doctors.

Doctors divided on new plan

(93)

CT 16/12/91

CITY doctors working in public hospitals differ sharply on the government proposal that they be allowed to also practice privately, a Cape Times survey done at Groote Schuur and UCT medical school has found.

The new move by the Department of National Health and Population Development is a bid to stem the flow to the private sector.

A professor in geriatrics said he did not even want to consider the question of private practice because doctors would not have time for it.

However, a doctor in the department of forensics at UCT Medical School said he supported the private practice idea because the government could not afford to pay doctors better.

(93)

Bolt hole closed for SA doctors

STAR 17/12/91.

PERTH — SA doctors who have made preparations to use Australia as a "bolt hole " will no longer be able to do so after January 31 1992.

From that date, overseas-trained doctors who have approval to practise in Australia will be deregistered if they are not living or working in the country.

There have been reports recently that doctors trained in SA, Hong Kong and Indonesia have sought registration in Australia and then returned home. They knew they could return if the political climate became too uncomfortable in their home countries.

Australian health ministers have decided to deregister doctors who are not living in Australia on January 31 and have not practised in Australia for three of the past six years or for a total of six years. — Star Foreign Service.

'Purple rain': Medics aid exiles after settlement

ARG 19/12/91

JOHN YELD Staff Reporter

THE 11 doctors and health care workers awarded payments by police after being arrested during mass protests on "Purple Rain Day" in September, 1989, are giving substantial amounts to a group helping with the repatriation of exiles.

The 11 received payments of between R3 500 and R6 500 each from the Minister of Law and Order as out-of-court settlements for claims of wrongful arrest, unlawful detention and assault.

The payments were made without admissions by the minister.

The 11, who asked to remain anonymous for professional reasons, announced at a Press conference yesterday that they would be giving "substantial" portions of their payouts to the Emergency Services Group.

On the day of their arrest they had been acting under the auspices of the group which co-ordinates the activities of health care professionals at events where "represssion-related activities" are expected.

A spokesman for the 11 said the changing political scenario in South Africa meant the group was now more actively involved in the repatriation of exiles and the release of political prisoners.

Many in these groups had physical and psychological problems

"There is a huge need which has to be met with limited resources, and we hope the public will take cognisance of their plight."

In a statement about their arrests, the 11 said their treatment had demonstrated "not only the State's flagrant disregard for the rights of health care workers themselves, but also a callous indifference to the plight of all those people injured by police brutality who needed medical attention".

"It is hoped that the State's settlement of these claims serves to entrench the right of people to treatment and of health workers to administer health care, at all times and in whatever situation, without police interference," the statement said.

A spokesman for the police, Captain Craig Kotze, confirmed the payouts.

Referring to a demand by UCT vice-chancellor Dr Stuart Saunders at the time of the arrests that the police officers involved should be disciplined, Captain Kotze said that as the payments had been made without any admissions of liability, there was no question of disciplinary action.

MOTHER'S GRIEF: A Croatian mother hugs the coffin of her son at a mass funeral for 43 Croatians. Relatives say the dead were all victims killed by retreating Serbians.

Medics paid out for wrongful arrest

STAR 19/12/91

Own Correspondent

'Purple Saturday' settlement

CAPE TOWN — The Minister of Law and Order has paid tens of thousands of rands in an out-of-court settlement to 11 doctors and health workers arrested on "Purple Saturday" — September 2 1989, a day of mass protest in Cape Town.

The medics, who sued for wrongful arrest, were among a 60-member volunteer medical team on duty when thousands of people took to the streets for the Mass Democratic Movement's attempt to march on Parliament.

The protest was met with tough counter-action by police during a day of running battles during which Burg Street was sprayed purple from a dye-loaded police water cannon.

The minister has not made any admissions in making the payments.

The medics were among more than 21 doctors, nurses, medical students and other health workers, all wearing clearly distinguishable Red Cross badges, who appeared in court late on the day of protest.

They reported being variously arrested, beaten, teargassed, sprayed with purple dye, having their first-aid kits searched, and being ordered to move mobile units and clinics during the day.

The medics said the police action in preventing them from treating people injured during the protest was a direct contravention of the Geneva Convention and the Tokyo Declaration, both of which South Africa was a signatory.

The police were also strongly condemned by University of Cape Town vice-chancellor Dr Stuart Saunders and by staff of UCT's faculty of medicine.

In a hard-hitting statement, Dr Saunders said one doctor had been held for 10 hours and he and his colleagues had not been given food or water for seven hours — "and then only when they had access to lawyers".

Dr Saunders called for an apology from the then Minister of Law and Order, Adriaan Vlok, and said he expected him to insist on the policemen involved being disciplined.

"Failure to do so will indicate clearly to what depths South African society has sunk."

In its statement, UCT's faculty of medicine expressed grave concern that police had prevented medical personnel from attending casualties.

Profesor Ralph Kirsh of the university's medical school said the arrest of the medics had made a mockery of the word "civilisation" as it applied to South Africa.

20 Mowszowski R61m

The Mowszowksi family business is the Elcentre Group, which has interests in the distribution of power cable, commercial and industrial electrical, electronic and lighting products, as well as hardware and tools. They are looking to expand their UK interests.

Though Elcentre now has a market capitalisation of more than R220m, it is not only controlled, but also managed largely by family members. Three of the four executive directors are sons of the founder, Wolf Mowszowski: chairman and MD Reuben (47), Nathan (42) and Chanania (40).

When the ranking was compiled, the family held an unchanged 34m shares in the pyramid, Elcentre Group Holdings. At 180c, these were worth R61,2m. That compares with the year-ago R51m, on the then 150c. By mid-December, however, the price had slipped back to 160c, for a value of R54,4m. ■

FIVE-STEP PROCEDURE

The shareholder information was prepared for the *FM* by McGregors Online Information, using a five-step procedure:

☐ Examine the controlling shareholder of every company listed on the JSE for director or family control;

☐ Examine annual reports, share registers, circulars and other supporting documentation for holdings by families/directors in relevant companies and other companies listed on the JSE from the findings above;

☐ Scan the computer data base for any individual, trust or family holding company, using search software;

☐ All relevant companies were contacted to verify the information; and

☐ Calculate the value of shares held, using share price at the close of November 29.

HEALTH CARE

FM 20/12/91.

Dr Venter's prescription

93

Deregulation of the medical closed shop would begin to meet the challenge

Judging by recent calls for Health Minister Rina Venter to resign, you'd think she was an intern who had left a scalpel in a patient's stomach. Objections to her have come from what looks on the face of it to be a powerful lobby — people such as the Medical Association of SA (Masa), the National Medical & Dental Association, the SA Dispensing Practitioners, and others.

Venter is accused of lacking leadership and failing to deal with admittedly critical problems facing health care — in particular, spiralling costs. Health-care services in the public sector continue to deteriorate fast in the face of increasing demand by a growing number of impoverished — but also increasingly politically empowered — claimants.

In the private sector, almost half of the medical aid schemes report operating losses totalling around R100m for 1990 as they battle to contain claim costs within the limits of subscription revenue. Medical scheme expenditure on benefits rose by an alarming 36% over 1989, which resulted in subscriptions for 1991 being increased by over 25%. Many members are reviewing or even surrendering their policies.

Venter's critics come mainly from this sector — within the commercial health-care delivery system — and their accusations smack of self-interest. Certainly, she hasn't presented a cure-all grand national plan to redress the gross imbalances of the public health service, an apartheid legacy, but she has made certain proposals which, if implemented, will go a long way towards deregulating health care and introducing competition in a sector that over the years has embraced a closed-shop mentality.

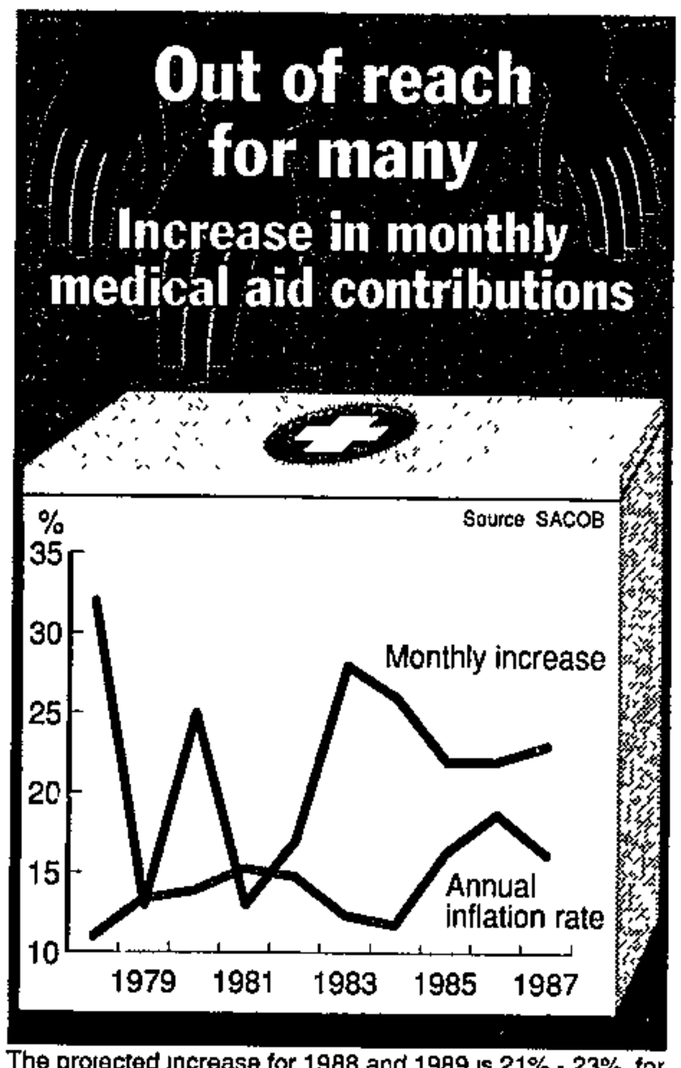
Critics have found particularly objectionable her support of amendments to the Medical Schemes Act to end statutory guaranteed payments and scales of benefits, which are said to encourage the overuse of health-care services. Her most far-reaching and controversial innovation, however, is an amendment that would allow medical schemes to provide health-care services themselves — that is, run hospitals and employ doctors, nurses and other practitioners at fixed salaries to cater for members' needs.

Doctors see this as a threat to their absolute discretion in dispensing services, and are concerned that medical schemes could acquire unlimited powers to control the use and provision of services. Says Masa health policy director Reg Magennis: "The involvement of medical schemes in the employment of medical practitioners holds the danger that the requirement placed on schemes to minimise costs could translate into an improper pressure on professionals to conform to the cost-saving dictates of lay people."

So doctors see in Venter's proposals a dilution of their professionalism. Magennis warns that the involvement of medical schemes in employing practitioners will partially destroy the scope for the financial cross-subsidisation practised by some doctors serving both affluent and poorer communities. The poor will be thrown back into the inadequate State sector, increasing the ultimate burden on the taxpayer.

But Venter and supporters of the amendments say that health maintenance schemes run by medical schemes have proved cheaper than the current fee-for-service system that offers no incentives to doctors — or patients — to be cost-effective.

Rob Speedie, executive director of the Representative Association of Medical



The projected increase for 1988 and 1989 is 21% - 23%, for 1990 it may be more than 25%


Venter

continued

Doctors warned on insulin test

S/Times [CM] 29/12/91

SOUTH African doctors have been warned to be "extremely" careful when they use an insulin test to explore growth hormone functions which has resulted in the death of at least five children in Britain.

By EVELYN HOLTZHAUSEN

In the "Insulin Hypoglycaemia Tolerance Test" (IHTT), children suspected of being growth hormone deficient are injected with insulin to stimulate its production.

If the insulin makes the blood sugar level fall too low, they may sometimes require the injection of small amounts of glucose.

But in the case of five children in Britain too much insulin was injected, with fatal results.

In the most recent tragedy Dr Eugene Panieri, a South African registered doctor who is visiting Britain, is alleged to have "overdosed" a young boy who recovered.

Five days later, in June this year, at St Alban's City Hospital, Hertfordshire, he apparently administered the test to a second child, four-year-old Bethan Little, who died.

St Albans police are investigating the case.

Dr Panieri could not be contacted for comment this week at an address in Queenstown, provided by the South African Medical and Dental Council, with whom he is registered.

"The test is done in South Africa," confirmed Prof Francois Bonnici, Head of the Endocrine Diabetics Unit at the University of Cape Town.

"It is a standard test but an extremely dangerous one if not properly supervised and not done by a doctor qualified and trained to administer it."

He said that as far as he knew there had been no fatalities in South Africa resulting from the test.

"We are so careful that we have only used it twice on children this year, and our unit is the biggest in the country," he said.

A Deparment of Health spokesman said the department was "not in a position to comment" as specialists who had knowledge of the test were "all on leave".

Prof Bonnici said even though the test was not often performed in South Africa, he welcomed any warning about its dangers.

"When it is done, the patient must be monitored all the time, there must be qualified staff on hand to deal with an emergency and the doctor must be trained in the test — specially in how to deal with complications," he said.

Meanwhile, health authorities in Britain are in the process of writing to paediatricians practicing in Britain to warn them that the test should be done only in "exceptional circumstances" and under proper supervision.

The warning follows an official inquiry into Bethan Little's death and the death, as a result of the test, of four other children.

The inquiry was set up to investigate how a healthy child could have been killed by a "simple diagnostic test."

Bethan was taken to hospital by her parents, Bob and Helen Little of St Albans, because of her short stature to examine whether she was producing growth hormone in the normal way.

Now, British doctors have been told to use alternative tests wherever possible, to make sure highly qualified staff are on hand to monitor the test an ensure they have the training to cope if the test goes wrong.

"The problems that have arisen have not come from the test itself, but from what has happened when the child has become hypoglycaemic," Dr Peter Swift, consultant paediatrician at the Leicester Geneneral Hospital and secretary of the British Society for Paediatric Endocrinology told reporters in Britain.

According to reports, several hospitals in Britain have stopped using the test in favour of other tests known as the glucagon, clonidine and arginine tests.

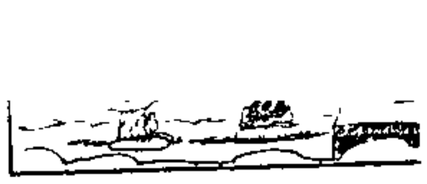
All the tests apparently have certain "hazards" which need monitoring but British doctors have been told they should now be used in preference to the IHT test, unless the circumstances are exceptional.

HEALTH & DISEASES – DOCTORS

1992

said the firm wanted to expand its Cape Town office in order to provide a better service.

challenge the embargo on programmes.
The hearing continues.



Pool cleaner chemical 'unsafe'

BT Day 16/11/92

GAVIN DU VENAGE

SWIMMING pool chemicals containing trichlorolsacyanuric acid (TCICA) might not only be dangerous to humans, but also had the potential to do ecological damage, said Control Chemicals MD Peter Buchan at a news conference yesterday.

He was responding to a statement released by AECI on Tuesday saying products containing the chemical were safe to use.

Buchan, whose company manufactures pool chemicals using a locally manufactured rival product called Calcium Hypochlorite, said TCICA was a static, or non-biodegradable, compound that would eventualy find its way into the water table where it had the potential to build up to harmful levels.

He said the chemical was originally tested as a weedkiller, but was found to kill barley and radishes.

He estimated that 4 000 tons a year would find their way into the water table. The Agriculture Department released a report in November last year setting an approved concentration level of 100mg/l, but adding it had no chronic toxicity potential under normal use.

Buchan denied his company had a commercial interest in creating a dispute. He said Control Chemicals operated in an open market, that had "plenty of space for everybody".

"My interest is purely to inform the public," he said.

Meanwhile, AECI group communications manager Michael Blizzard called Buchan's statements "generalisations and gross exaggerations", and said he was trying to gain a bigger market share by using foul tactics. He added a full chemical report disproving Buchan's statements would be made available today.

Pledge to medics

BT Day 16/11/92

KATHRYN STRACHAN

HEALTH Minister Rina Venter has told young doctors that new contracts are being worked out for them.

At a meeting earlier this week with the Young Doctors' Association of SA (Yudasa), Venter confirmed she was strongly opposed to the possible abuse of young doctors, and specifically interns, because of their status as employees-in-training. (93)

Venter also noted Yudasa's concern that unsatisfactory working conditions lead to high level manpower flowing out of SA.

She agreed to discuss registration of foreign doctors with the SA Medical and Dental Council.

Venter undertook to submit a draft contract which would be available within one month for comments by the Medical Association of SA of which Yudasa is an affiliate. However, she warned against unrealistic expectations.

PLAYBOY DOCTOR DIES OF AIDS

A DOCTOR'S wife said this week her husband had died from AIDS contracted from casual sex with women in the Transkei. (1992) 93

He is one of six people — including another doctor — who have died of AIDS in the homeland since January 1988. S/Times

But health officials say the figure could be a lot higher. 2/2/92.

The 36-year-old Ugandan-born doctor died of organ failure in Umtata General Hospital just seven months after the disease claimed another expatriate doctor working for the Transkei government.

By TERRY VAN DER WALT

Concerned health officials declined to give details about the two doctors or the circumstances of infection. Their patients have not been tested.

The bitter and grieving wife, who asked not to be identified, said her husband took a post at a hospital in Transkei in April 1989 and she joined him from Kenya the following year.

"When I got here in August 1990 I discovered he was involved with other women," she said.

"I was not happy and refused to have sexual contact with him. He did not try to hide his affairs and his friends told me he was having sex with nurses at the hospital and with girlfriends at Port St Johns when he went there to do clinic work."

The couple continued living together for their daughter's sake.

"He would disappear on a Friday and only return on Sunday. If I asked him where he was, he would tell me to leave him alone, that he had been with women.

"The women here want to go with foreigners and are very loose. Even married women have boyfriends.

"These people either don't know about AIDS or don't believe it exists."

She got the first sign that her husband was not well in October.

He had been on the Reef to register for a post-graduate course at Wits and returned home with a continual nose bleed.

"He went to the Umtata General Hospital and was given medicine, but his condition worsened and he was admitted on October 19.

"They were treating him for tuberculosis and, because of this, I had tests, but they were negative."

The doctor insisted on being treated at home and was discharged three days later.

His condition improved and he was even able to take a two-hour trip to Port Shepstone on the Natal South Coast to buy gifts for his daughter's birthday party on November 3.

"He was doing well until November 13, when we had to take him back to hospital. He died two days later.

"They only did an HIV test on him when he was unconscious and he died without knowing he had AIDS," she said.

The woman is planning to return to Kenya with her daughter.

Public concern over AIDS infected doctors

Sowetan 3/2/92 93

By MOKGADI PELA

HEALTH authorities in South Africa and its satellite states have a major task to convince the public that there are no practising doctors infected with the HIV-virus.

This concern by patients comes in the wake of the death of a Transkeian physician who died of Aids a month ago.

Hot on the heels of the Transkeian case are fresh rumours that two hospitals near Pretoria have doctors who are infected with the virus.

The authorities better be advised not to take the public for granted.

Their denial that some doctors could be HIV-positive suggests that they are being economical with the truth.

The Transkeian case only came to light after the doctor's death from the disease. Surprisingly, the Transkeian health department said patients should not fear to be infected by HIV-infected doctors.

Bophuthatswana epidemiologist, Dr Delphin Tshibangu, categorically denied suggestions that some practising doctors could be HIV-positive.

He could not explain how he reached that conclusion judging by the fact that there is no compulsory testing of practitioners.

He eventually conceded that "the possibility exists that some could be HIV-positive."

In its guidelines on the duties of doctors infected with HIV, the South African Medical and Dental Council said: "It is imperative that any doctors who suspect that they could be HIV-positive, should be tested and if found to be infected, they should be counselled.

"They should also seek specialist advice on the extent to which they should limit their practice in order to protect patients. It is unethical for doctors who know or believe themselves to be infected to put patients at risk by failing to seek apppropriate advice or act upon it when given," SAMDC said.

The organisation further says the doctor who has counselled a colleague who is infected with HIV to modify his practice in order to safeguard patients, and is aware that such advice is not being followed, has a duty to inform an appropriate body that the doctor's fitness may be impaired.

If the circumstances so warrant, the council is empowered to take action to limit practice of such doctors or to suspend their registration.

These arrangements also safeguard the confidentiality and support which doctors when ill, like other patients, are entitled to expect.

The issue of HIV-infected health workers is a subject of serious debate in the United States.

In its July 1991 guidelines, the Center for Disease Control recommends that providers who perform exposure-procedures should have themselves tested for HIV.

If positive, they should refrain from performing those procedures unless they have sought counsel from an expert review panel and been advised under what circumstances, if any, they may continue doing such duties.

Illinois and Alabama require public health officials to review records of HIV infected providers and to notify patients treated by those providers if they deem it necessary.

In Texas, one the first states to turn the CDC guidelines into law, infected health workers who fail to comply are subject to disciplinary measures by the appropriate licencing authority.

Under the Illinois law, if the health department determines that patients may have been exposed to HIV, providers are given an opportunity to notify their patients.

If they refuse, the health department will notify patients and offer them HIV counselling and testing.

The law was passed after a dentist in Illinois died of Aids and the health department chose not to notify patients. A senior health officer said "Our health department doesn't understand that the public health folks have a policeman function."

South Africa and some states in the US seem to favour informed consent of the patient. For invasive procedures like taking of blood and caesarian operations, the consent of the patient is mandatory.

This right of the patients to know if they are being treated by healthy doctors and health workers should be protected.

It is therefore not enough for Transkei to tell patients that they will not be infected by HIV-positive health workers.

Equally, doctors have the right to know if their health is not being endangered by treating HIV-infected patients. This right however, falls away in cases of emergency.

Hospitals rocked by Aids rumours

Sowetan 3/2/92

TWO Pretoria hospitals have been rocked by allegations that some doctors were practising at the institutions while infected with the HIV-virus.

By MOKGADI PELA

A highly placed medical source, who spoke on condition of anonymity, said a practitioner at Garankuwa Hospital and three at Odi Hospital were suffering from the virus which causes Aids.

However, Professor Ephraim Mokgokong of the Medical University of Southern Africa, who was attached to the clinical section of Garankuwa Hospital until recently, denied any knowledge of an HIV-positive doctor at the Hospital.

He confirmed, however, that in October last year, Garankuwa Hospital deported a Ugandan doctor after he tested HIV-positive.

The superintendent of Odi Hospital, Dr Lekojoane Sebati, dismissed the allegation saying she did not believe that any doctor, nurse or cleaner at her institution was HIV-positive.

Dr Vincent Msibi, the district surgeon of the Odi region under whose jurisdiction Odi Hospital falls, said if any doctor was diagnosed HIV-positive, he would be allowed to continue working as long as he did not perform any "invasive procedures."

Msibi said HIV-positive doctors would have to take precautionary measures like wearing gloves.

The South African Medical and Dental Council document on the subject says: "it is unethical for doctors who know or believe themselves to be HIV-positive to put patients at risk by failing to seek appropriate counselling or to act upon it when given."

* See Page 7

More exiles return

MORE South African exiles and refugees are expected to arrive in the country today.

Sowetan 3/2/92

A spokesman for the United ... High Commssion ... (UNHCR), which is ... coming, said ... about ... Tanz...

Guidelines for HIV doctors

Sowetan 5/2/92 92 93

IT IS unethical for doctors who know they are infected with the Aids virus to carry on practising without seeking and acting on specialist advice.

These are the guidelines drawn up by the South African Medical and Dental Council last year, following public anxiety that doctors who are HIV-positive might endanger their patients.

The issue has been highlighted by reports earlier this week that a Ugandan doctor working at Garankuwa Hospital was found to be HIV-positive.

Mr Piet Wilken, director of communications at the Transvaal Provincial Administration, yesterday confirmed that the doctor had left the hospital at the end of last year, and had apparently returned to Uganda.

Sowetan Reporter

If doctors are found to be HIV-positive, they should have regular medical supervision, and should seek specialist advice on whether they should limit their practice to protect patients.

"They must act upon that advice, which in some circumstances would include a requirement not to practice or to limit their practice in certain ways," the guidelines say.

Further, where a colleague who has advised a doctor to modify his practice is aware that this advice is not being followed, he has a duty to inform an "appropriate body" that the doctor's fitness may be seriously impaired.

Rules for doctors with HIV

93

STAR 5/2/92

Pretoria Correspondent

It is unethical for doctors who know they are infected with the Aids virus to carry on practising without seeking and acting on specialist advice.

This is according to guidelines drawn up by the SA Medical and Dental Council last year, following public anxiety that doctors who are HIV-positive might endanger their patients.

The issue was highlighted by reports this week that a Ugandan doctor working at Ga-Rankuwa Hospital was found to be HIV-positive.

TPA director of communications Piet Wilken yesterday confirmed the doctor had left the hospital at the end of last year, and had apparently returned to Uganda.

Mr Wilken stressed that the doctor had resigned of his own accord, and said it was not TPA policy to summarily dismiss employees who were suffering from an illness, whether from Aids or any other medical condition.

The SAMDC's guidelines state that doctors who know or suspect they are infected with the Aids virus are obliged to undergo testing.

If found to be HIV-positive, they should have regular medical supervision, and should seek specialist advice on whether they should limit their practice to protect patients.

If the circumstances so warrant, the council is empowered to take action to limit practice of such doctors or to suspend their registration.

JCCI slams dispensing doctors' ad

THE Johannesburg Chamber of Commerce and Industry intends lodging a complaint with the Advertising Standards Authority over the placing of an advertisement by dispensing practitioner associations protesting against proposed changes to the Medical Schemes Act.

The JCCI charged the advertisement was "one-sided" and "inaccurate".

The chamber said opposition from dispensing doctors was understandable as the changes would introduce "an element of competition".

JCCI CE Marius de Jager said in a statement: "The truth is the Act will deregulate medical aid schemes, enabling them to create medical aid packages for members to choose from according to their needs."

He said the Act would also allow medical aid schemes to participate more fully in the provision of health care, "substantially reducing the cost".

The JCCI said the advertisement "alleges the proposed changes will lead to an end to private practice, the emigration of doctors and dentists and the loss of the patient's option to consult the doctor of his choice".

"This is simply not true," De Jager said.

"Members of a medical aid will be able to continue to visit the doctor of their choice, if they so desire and are prepared to pay the excess.

"If they want to use more cost-effective services, they will be able to do so through the medical aid."

De Jager said the advertisement was "emotionally distasteful, alarmist . . . and an insult to a . . . dedicated profession". — Sapa

Bitter pill, say doctors about medical aid plan

South (Southside) 20/2-26/2/92 (93)

COULD YOUR health end up being decided in the boardrooms of big business? This is the debate inflaming people involved in medical services, prompted by the Medical Schemes Amendment Bill which is due to be passed during the current parliamentary session.

The Bill has arisen out of the needs of cash-strapped medical aid schemes, threatened with the loss of business by rising medical costs.

Under the new scheme, medical aid companies will no longer reimburse patients for bills paid to family doctors. Instead, provision of health care will rest with Health Maintenance Organisations (HMO) administered by the companies.

The draft legislation and its consequences are being sold to the public as a way of cutting medical aid contributions that are threatening to rise beyond the means of most employers and employees.

Dr Robert Rapiti, chairperson of the Dispensing Family Practitioners' Association (DFPA), says people are being kept uninformed about the most worrying effect of the new plans — medical aid subscribers will not be able to be treated by the doctor of their choice.

Mr Robin Melville, who works in medical aid schemes administration, denies the patient would have no choice of doctor. He admits the choice will not be as wide as a present, but says patients could still choose from a number of doctors contracted to the HMO.

Rapiti fears doctors will become salaried employees of a profit-making concern, and could be offered incentives by their employers to cut down on costs — which will cause them to compromise on the quality of their treatment and the medicines prescribed. He points out the possibility of hospitals falling under direct control of big business and considering their operating costs rather than the quality of care.

"Big business is seeing health in monetary terms," he says , "not in personal terms, not in terms of service."

Melville believes the workings of the HMO subscribers at a rate negotiated between the HMO and the doctor.

Rapiti also fears that the HMO system will bring about the demise of the family practitioner, which could encourage South African doctors to emigrate.

A source in the medical aid business says the presence of HMOs will have no adverse effect on family doctors. "There is nothing to stop a family doctor from having a private practice at the same time as contracting to an HMO. Family doctors could even benefit.

"We may however see the demise of the dispensing doctor. Medicines from an HMO are far more competitive owing to bulk buying."

The HMO system has been operating for 20 years in the United States. According to Rapiti, the system is unpopular, with no more than 14 percent of the US population subscribing to HMO services.

In December the DFPA and the National Medical and Dental Association (Namda) issued a statement rejecting the Medical Schemes Amendment Bill and called for the immediate suspension of any further moves towards the Bill's implementation.

The statement condemned the bill as a "badly planned attempt to restructure the health care arena," and one which was implemented "without adequate consultation with those parties affected by the changes".

While the DFPA continues to campaign against the new legislation by means of newspaper advertisements, Melville joins others in the medical aid business in assuring that in South Africa there will be "a place in the sun for the HMO". □

JUSTIN PEARCE

Business Day 21/2/92

Dispensing doctors (93)

DOCTORS in urban areas are "discouraged" from acting as dispensing doctors by an amendment to the Medical, Dental and Supplementary Health Service Professions Amendment Bill.

The amendment has been accepted by the Standing Committee on Health.

REPORTS: Business Day Reporters, Sapa-Reuter, Political Staff.

When a doctor becomes a social problem

Focus on immigrants

W/mail 21/2 - 27/12/92 (93)

Immigrant doctors feel they are often over-qualified for their posts. Local doctors say the new arrivals lack experience and take posts away from jobless South Africans.

By PHILIPPA GARSON

HUNDREDS of doctors from eastern Europe, the Asian subcontinent and African states have poured into South Africa over the past two years, generating a fair amount of controversy.

The steady brain drain of local doctors from state hospitals — either to private hospitals or lucrative posts abroad — left in its wake a critical shortage of doctors in the state sector.

By scrapping the examination requirements for foreign-trained doctors to obtain limited registration in April 1990, the South African Medical and Dental Council (SAMDC) opened the floodgates: immigrant doctors flowed into the country at an unprecedented level to fill vacant posts in urban, peripheral and "homeland" state hospitals.

Of the 1 897 foreign-trained doctors who came into the country from April 1990 to December last year, 1 700 were immigrants. A small percentage of the remaining 200 were returning exiles; the rest were South Africans who, for various reasons, had studied abroad.

Most immigrant doctors are from eastern Europe, the second-largest group is from Africa and the third from Pakistan, Bangladesh and India. A fair number are from central and western Europe.

Comments SAMDC registrar Nico Prinsloo: "The council was addressing the particular problem (of the doctor shortage). You must consider that 1 900 doctors are now treating thousands of patients a day when before these people were without medical care."

Now health groups like the South African Healthworkers' Congress (Sahwco) and the National Medical and Dental Association (Namda) are concerned about the lack of available posts for returning exiles.

"We believe training posts must be given in the first instance to South Africans — either qualifying here or abroad," says Dr Aslam Dassoo, Sahwco's publicity secretary. "We have no problem accepting foreigners if there are available posts, but at the moment there are 1 800 posts blocked and a large number of South Africans who qualified abroad are sitting without jobs."

After meeting with the African National Congress' health department, the Medical Association of South Africa, the Overseas Medical Graduates' Association (Omega) and the Unity Forum — the new umbrella body for progessive organisations, including Sahwco and Namda — the SAMDC reinstated the examination requirements last month. The council and other health bodies are now working out a new entrance procedure which will streamline the requirements for foreign-trained graduates, with a possible bias towards returning South Africans.

Meanwhile, local doctors are grumbling that many immigrant doctors, who graduate from institutions with vastly differing standards, don't make the grade. Problems often arise from an inability to communicate, says Omega secretary-general Huski Soni. An important component of the entrance examinations is an English language paper. "The correct advice may be given, but might not be understood. This has happened in the past and the results have been disastrous."

The SAMDC's Prinsloo says rumours about incompetent foreign doctors have filtered to the council, but no formal complaints have been lodged.

Soni explains that in the absence of water-tight evidence of criminal or gross negligence, a formal complaint is useless. He also points out that a foreign doctor whose service is terminated becomes a "social problem".

The rich mix of doctors from varying backgrounds has its positive side, particularly in the academic arena. An Asian doctor interviewed by *The Weekly Mail* noted the presence of some brilliant surgeons from eastern Europe.

Many immigrant doctors occupy some of the most senior posts in hospitals and — as is the case with many African doctors — are often over-qualified for those posts they take up.

A Polish doctor employed in a Johannesburg government hospital for the past 10 years says his Polish colleagues — who undergo training of a high standard compared with other eastern European countries like Bulgaria — in general fulfil the expectations of the council and hospital authorities. However, some either lack practical experience or are unused to the "free market ethic of hard work", coming from socialist backgrounds where remuneration is guaranteed.

A Hillbrow Hospital doctor says healthworkers have raised numerous complaints about racist behaviour. "They come here and work in black hospitals and treat black patients like education fodder. I have seen with my own eyes in the obstetrics and gynaecology wards, black women exposed during physical examinations to an obscene degree. The women, generally less educated and in fear, offer no complaints."

A local doctor employed at a Transvaal Provincial Adminstration hospital says the foreign doctors are docile with regard to working conditions. "The influx of foreign doctors has watered down the militancy of doctors employed in the state sector. We feel we're being messed about by the state. We now battle to find a representative group because these recent immigrants just don't want to make problems for themselves."

The flow of doctors into South Africa from other parts of the continent, particularly Zaire, Zambia, Zimbabwe, Uganda and Ghana, are contributing to the brain drain of much-needed professionals in the rest of Africa.

"We are part of the continent and we need an internationalist approach. There are other African countries more in need than ours," says Dassoo. "African doctors are coming here for better working conditions and salaries — which is a fair thing. We can't bar them from coming, but we should limit their period of residency and show an element of responsibility to the countries they come from," he adds.

An African doctor recently employed at Baragwanath spent 10 years working in Zambia before coming to South Africa. He, like many others, was attracted by the high academic standard, better salary and "the challenge of practising medicine where you have a combination of Third and First worlds."

Doctors implicated in drugs syndicate

93

S/Times 23/2/92

A NUMBER of Natal doctors and pharmacists may be implicated in a massive drugs syndicate.

The investigation into the syndicate, which has allegedly stolen millions of rands worth of scheduled drugs, began with the discovery of about R50 000 worth of drugs and the arrest of a man on the South Coast.

Last Thursday members of the South African Narcotics and Alchohol Bureau in Port Shepstone arrested the man at a Scottburgh pharmacy after a tip-off. More than 4 000 stolen tablets were found in the pharmacy and about 11 000 in the boot of a car.

By RYAN CRESSWELL

Captain Leon Pretorius, head of Sanab in Port Shepstone, said many more arrests were expected soon.

"This is just the tip of the iceberg. A number of doctors and pharmacists in Natal could be implicated in these thefts," he said.

Mr Peter Miller, the MEC for health in Natal, said: "I have had reports from members of the pharmaceutical profession that members of the medical profession have been letting it be known which of these stolen drugs they want and how much they are prepared to pay.

"These pharmacists have hinted that some doctors are involved in the receiving of these drugs."

Captain Pretorius said police believe a large portion of the drugs being sold were stolen from provincial hospitals in and around Durban.

"We are now following leads to the North Coast and Maritzburg," he said.

The arrested man has already been connected to the sale of drugs worth R2,5-million since September.

It is also understood that the investigation could spread to other provinces.

Captain Pretorius said the drugs — usually expensive products used to treat blood pressure, stomach ulcers and acne — were being sold for 50 to 75 per cent less than cost price.

Private

The officer said his investigative team was now working in conjunction with the Department of National Health and Population Development.

A spokesman for the department said about R170-million worth of medicines were stolen from various sources in South Africa every year.

Mr Miller confirmed that drugs were being stolen from provincial hospitals in and around Durban.

Department of National Health and Population Developement spokesman Dr G Oberholster said the department had enough evidence to "surmise the existence of one or more syndicates" that operate countrywide.

Dr Oberholster said the Medicines Control and Registration Directorate of the department estimated that drugs worth R15-million were stolen every month — or about R180-million a year. But he said private organisations had released figures that were much higher.

...now erupts at Lenmed Clinic

93

By MOKGADI PELA

AN Indian doctor at Lenmed Clinic in Lenasia is subjecting black nurses to humiliating remarks, health workers have alleged.

The workers also told *Sowetan* that the doctor was, on the other hand, very polite to white nurses and "patronises" them.

Sowetan 24/2/92

They further complained that the doctor gave preferential treatment to white nurses.

The clinic's manager, Mr A Nana, said he was not aware of the allegations.

"We are always prepared to investigate any grievance which may be brought by staff members," he said.

The nurses are also complaining about the matron, who they accuse of being rude towards them.

Other allegations about her are that she changes their roster arbitrarily, the standard of care was deteriorating because of the low morale among staff, she forced nurses to join the South African Nursing Association and refuses to meet the junior staff.

Lenasia Neighbours

Own Affairs:

Certain school: undiplomaed teachers

*1. Mr S S OOSTHUIZEN asked the Minister of Education and Culture:†

(1) Whether any undiplomaed teachers are currently employed at a certain primary school, the name of which has been furnished to the Minister's Department for the purpose of his reply; if so, (a) how many and (b) what is the name of this school;

(2) whether any diplomaed teachers applied for the posts concerned; if so, for what reason were they not appointed;

(3) whether he will make a statement on the matter?

C9E

†The MINISTER OF EDUCATION AND CULTURE:

(1) (a) One.

(b) Meiring Primary School

(2) The application of the first nominated teacher was incomplete and the second nominated teacher was already appointed in a post to which he allocated a higher personal preference.

(3) No. A statement is not deemed necessary.

†Mr S S OOSTHUIZEN: Mr Chairman, is the hon the Minister prepared to reply to a supplementary question?

†The MINISTER: I am quite prepared to reply to a question, but I would advise him to address his colleague. It was in his colleague's time that these problems existed. However, I shall still try to help the teacher if there is a problem.

†The CHAIRMAN OF COMMITTEES: Order! The hon the Minister is not prepared to reply to a question.

†Mr T ABRAHAMS: Mr Chairman, may I put a question arising out of the hon the Minister's reply?

†The CHAIRMAN OF COMMITTEES: Order! I think that the reply given by the hon the Minister to the hon member Mr S S Oosthuizen, indicated that he is not prepared to reply to a supplementary question. Did I understand the hon the Minister correctly?

†The MINISTER: Mr Chairman, I would advise the hon member to put another question down for written reply. I shall then reply to it.

†The CHAIRMAN OF COMMITTEES: Order! The hon the Minister is not prepared to reply. The hon member must rather follow the correct channels and put the question down for written reply.

Certain school: complaints about principal

*2. Mr S S OOSTHUIZEN asked the Minister of Education and Culture:†

(1) Whether his Department has at any time received complaints about the principal of a certain primary school, the name of which has been furnished to the Minister's Department for the purpose of his reply; if so, what is the name of this school;

(2) whether these complaints related to the employment of undiplomaed teachers at the said school; if so, what are the relevant details;

(3) whether any other complaints have been received about the principal concerned; if so, what complaints;

(4) whether any steps have been taken against the principal in respect of the complaints referred to in paragraphs (2) and (3) of this question; if not, why not; if so, what steps;

(5) whether he will make a statement on the matter?

C10E

†The MINISTER OF EDUCATION AND CULTURE:

(1) No.

(2), (3), (4) and (5) Not applicable.

HOUSE OF DELEGATES

INTERPELLATION

The sign * indicates a translation. The sign +, used subsequently in the same interpellation, indicates the original language.

General Affairs:

University of Natal: Medical Faculty

Mr M RAJAB asked the Minister of National Health:

(1) Whether a task group has been set up by her Department to determine whether the facilities available at the Medical Faculty of the University of Natal comply with international requirements for the training of medical personnel; if not, why not; if so, what are its findings and recommendations;

(2) whether she will make a statement on the matter?

D106E.INT

The MINISTER OF NATIONAL HEALTH: Mr Chairman, the answer is yes. As a background I should like briefly to outline the present situation and the reasons for it.

The Cabinet decided recently that all planning regarding three new academic hospitals—Pretoria, Durban and Medunsa—should be suspended immediately due to a lack of funds. In view of the proved need for academic hospitals of a high standard, it was decided as an alternative to appoint a task group, firstly, to determine whether the present training facilities could be upgraded meaningfully; secondly, to determine whether additional facilities were needed; thirdly, to examine the possibility of employing alternative facilities in Durban and fourthly, to determine the manpower and financial implications of the recommendations.

The following people have been appointed to investigate the matter: the Director-General of the Department of National Health and Population Development or his representative; the Directors-General of the provincial administrations or their representatives; the deans of the faculties of medicine at the universities; persons, including members of the supervisory boards, deemed necessary due to their expertise, and members of the KwaZulu health department.

It is fair to ask why the Cabinet decided to investigate the upgrading of these hospitals instead of building new academic hospitals, especially in view of the fact that the need for new academic hospitals in Durban and Pretoria was recognised as early as 1981. The answer is simply a lack of funds.

Mr M RAJAB: Mr Chairman, I am pleased to hear the hon the Minister say the task group has in fact been appointed. We welcome the fact that the people appointed to the task group are widely representative of all interested parties. I am also pleased to hear the hon the Minister tell us very bluntly that the problem with this particular issue is one of funding. That is really the perspective from which we should view this matter.

However, there are two questions that arise out of this. The first question is: Would sufficient funds be available once this task group has completed its task for a massive upgrading and redevelopment programme at King Edward VIII to take place? I will explain to this House just now why I believe this is important. The other question that arises naturally is: Has the hon the Minister given this task group a time frame within which to operate? In other words, will this task group report back to her after a short period of time has elapsed? We believe it is important that the task group completes its work as quickly as possible.

In so far as the King Edward VIII medical school is concerned, let me say immediately that the decision by the Cabinet not to go ahead with the building of that academic hospital was shocking in the extreme, as far as we are concerned. We believe the region deserves priority in order for it to overcome its disadvantage in relation to the other academic hospitals that exist elsewhere in the country. The implications for the Natal-KwaZulu region would be grave and far-reaching, were that hospital not to be built in the near future.

I want to take the opportunity this afternoon to appeal to the hon the Minister. Firstly, because of the excellent record of the medical school in the provision of health care professionals in South Africa generally and, secondly, in the interest of justice and health care in the Natal-

Cont--P

KwaZulu region, I urge the Government and the Cabinet to rescind their decision immediately and allow this academic hospital project to proceed without any further delay.

As an academic hospital, the King Edward VIII Hospital requires a massive amount of money, to upgrade the hospital not just to proper standards, but to ordinary standards. It is essential that this is done as quickly as possible. We believe that the King Edward VIII Hospital and the medical school require radical surgery, and not just cosmetic surgery. [Time expired.]

The LEADER OF THE OFFICIAL OPPOSITION: Mr Chairman, what we would like to know from the hon the Minister is whether there was not an extensive investigation prior to the Cabinet's decision to proceed with the provision of an academic hospital for Natal in Durban. Was this not as a result of investigation by experts? If so, does the Government not believe that the decision to provide this facility was the result of sound expert advice?

For a considerable period of time the provision of medical facilities in the country, especially training facilities, was based on political, rather than professional or need considerations. By uttering the last few words of her reply, the hon the Minister really let the cat out of the bag. She stated that the true reason for stopping this particular task was a lack of funds. If a lack of funds is going to be the excuse, it means that that decision was not taken on the basis of sound professional advice.

I agree with the hon member for Springfield that, compared to other areas, Natal has been treated very, very shabbily by the present as well as the previous Government. For example, Natal is the only province in this country that does not have training facilities for dentists. There is discrimination as a result of the limited facilities.

I want to place on record that we do not need any investigation as far as the quality of our training is concerned. The very fact that medical personnel in South Africa were responsible for historical developments in that field, and that our trained medical personnel have performed excellently in other countries . . . [Time expired.]

The MINISTER OF NATIONAL HEALTH: Mr Chairman, a proper investigation was conducted and I believe it is important for me to say that the hon member should consider the decision against the background that, according to a rough estimate, we need approximately R1 billion more for our health services system in South Africa. It is estimated that in practice today we need a staff of approximately 8 000 and an additional annual amount of more than R1 billion to operate the three new academic hospitals. The building of these hospitals alone would require more than R2 billion in capital expenditure.

In view of the present economic and financial constraints, it is in my view a practical and wise decision to explore every possible alternative in order to upgrade these hospitals as soon as possible without adding significantly to current State expenditure. It is gratifying to see how concerned hon members are about this issue. The Government is extremely concerned and it is for this reason that we have appointed a specific task group to investigate what we can do under the difficult circumstances in which we find ourselves.

There are no arguments about the need for these hospitals. We know that we need a new academic complex in Durban. We do not dispute that. The question is how we can afford it.

It is clear to me that the correct manner in which to approach the problem at this stage, if we look at State expenditure, is to try to utilise the facilities we have to the best of our ability. This is what the task group's responsibility is at this stage, namely to consider all avenues and to explore every single avenue to find an answer as to how the upgrading of the facilities can best be accomplished. [Time expired.]

Mr M NARANJEE: Mr Chairman, I, too, want to join other hon members in welcoming and supporting the establishment of a task group for the reasons set out. I believe its main task will be to determine whether the existing facilities meet with acceptable standards. I believe standards are one thing and needs are another. However, I also believe that emphasis must be placed on upgrading these facilities, because this is long overdue. Financially it has not been possible to do these things in the past, but as time passes the cost becomes even greater, so that there may come a time when it will be beyond our reach to do this.

I also hope that the task group's terms of reference will include the establishment of a

usage and demand programme of priorities, so that we may urgently upgrade these facilities according to our financial abilities, and that there may be a programme for upward mobilisation.

Finally, I want to stress that the department should ensure that it takes the necessary urgent steps to bring about upliftment where the need has reached crisis proportions.

Mr M RAJAB: Mr Chairman, there is no doubt that when one considers the position very carefully, Natal has, in fact, been short-changed and discriminated against. There is no doubt about it when one considers that a sixth of the population of this country lives and works in Natal, and that Natal is at present the growth point. There is no doubt that something needs to be done about this situation very urgently.

When one considers that the conditions at this medical school are, in my view, so far below the required standards that, as I said, they require radical surgery rather than just cosmetic surgery, and that we believe it will cost a lot of money, the question is simply this: Is it not better in the longer term to plan for the provision of a new academic hospital rather than to patch up an existing one? That is the simple issue, and it is our belief that in the long term it is far better to find out how we can get that money and spend it now on the provision of a new academic hospital, than to patch up the existing one which is bad. [Time expired.]

The MINISTER OF NATIONAL HEALTH: Mr Chairman, with respect, the hon member for Springfield will realise that that is exactly the question the task group will have to answer, namely what will be the most practical way to solve the problem, as it stands, with each university. There will be a separate investigation for each complex.

I think it is also important that the hon member asked me how much could be spent, and I think this will have to be done within affordable terms. That is why I have asked the task group to face the problem and to come back with recommendations as soon as possible, because I want to approach the Cabinet in this financial year, and come up with some sort of solution to negotiate for funds, so that we will have a definite answer this year as to how this problem could be solved.

I will be meeting with the University of Natal to address the specific situation of Natal in the near future to find out what they have found as a result of their investigation.

I would also like to mention that if the hon member looks at the formula for the allocation of funds, he will find that the allocation for the province of Natal is well within the formula. It is the KwaZulu government that has been underfunded over many years, and that is where the backlog developed. We will be looking at the region as one unit in future to re-evaluate the allocation of funds to that region.

I want to face reality, and it is not my policy to live on promises. I would rather face reality, and find practical solutions to the problems we have to deal with.

Debate concluded.

QUESTIONS

†Indicates translated version.

For oral reply:

General Affairs:

SAP: non-police staff

*1. Mr M RAJAB asked the Minister of Law and Order:

Whether any non-police staff occupy posts in the South African Police Force which can be filled by members of the Police Force; if so, (a) how many and (b) why? D80E

The MINISTER OF LAW AND ORDER:

Yes.

(a) 13 866 on 25 March 1992.

(b) Civilian posts were primarily created for office and other administration duties in order to release permanent members for functional Police work.

SAP: promotions

*2. Mr M RAJAB asked the Minister of Law and Order:

How many (a) commissioned and (b) non-commissioned officers were promoted in the South African Police Force solely on the strength of obtaining the relevant graduation

Cont →

between the traders and the department. There the meaning of the term "mutually accepted" was translated into its proper, practical meaning. They came back to the traders, however, and said the hon the Minister of Housing had given instructions that he was not prepared to accept this mutual agreement, and they raised the price. I shall prove that. I shall give hon members the information. The hon the Minister must get McLachlan out into his office and arrange an all-party meeting. I shall get the traders. It is on record that it was a Ministerial instruction that the prices agreed upon would not be acceptable. This is what was reported, and I have confirmed it to be the truth. [Time expired.]

The MINISTER OF HOUSING: Mr Chairman, as far as the Mobeni Heights shopping centre is concerned, the reason that consideration was extended to them is that they were able to furnish the financial guarantee for the money on the basis of the sale price agreed upon.

I want to make it absolutely clear that shopping complexes are valued at the market price. Those prices are discounted for the trauma our people have gone through as a result of the Group Areas Act. As far as I am aware, there have been prolonged negotiations with regard to Montford and Moorton. Ultimately there was an agreement. After all, even if they ask us to sell the shopping centres for peanuts, we cannot simply do that. It is not money belonging to the Minister; it is State money.

There is a method of valuing the property. What we did and are doing all over with regard to shopping complexes, is to discount the open-market value by considering what our people have suffered, due to displacement. The price in terms of the agreement is arrived at on that basis. I want to make it very clear that I cannot simply give away shopping complexes. I do not want to become popular. It is State money and I am answerable for it.

What we want to ensure is that people expedite the negotiations. One cannot carry on negotiations for six months or a year. If that deal were given to a lawyer to handle on our behalf, it would have been closed, one way or the other, long ago. I have indicated that I am prepared to advise that my officials talk to these people again if they want to talk about the matter.

We need the money. There is the Cabinet directive. The Treasury imposes certain conditions. I am not involved in these negotiations I have no interest in them. I went out of my way, even as far as Havenside was concerned, to help finalise matters as far as possible. Fortunately Havenside has also produced its guarantee. Mobeni Heights has produced a guarantee. What we are charging is a fair market value, not the market value as determined by people like Issac Geshen and Company. We accept that figure, and then we try to discount the price on the basis of the trauma our people have gone through. [Time expired.]

Debate concluded.

QUESTIONS

† Indicates translated version.

For written reply:

General Affairs:

Vacant posts: King Edward VIII Hospital/Natal Medical School (93)

13. Mr M RAJAB asked the Minister of National Health:

(1) Whether any professional posts are vacant at the (a) King Edward VIII Hospital and (b) Natal Medical School; if so, (i) (aa) how many, (bb) in which departments and (cc) in respect of what date is this information furnished, (ii) what are the reasons for these vacancies and (iii) when is it anticipated that they will be filled;

(2) whether she will make a statement on the matter?

D52E

The MINISTER OF NATIONAL HEALTH:

(1) (a) Yes and

(b) yes,

(i) (aa) King Edward VIII—11.

Natal Medical School—13,

(bb) King Edward VIII—Clinical Wards.

Natal Medical School—Urology, Gynaecology and Obstetrics, Neuro-Surgery, Anatomy, Chemical Pathology, Haematology, Microbiology, Pharmacology, Forensic Pathology and Virology,

(cc) King Edward VIII—29 February 1992.

Natal Medical School—5 March 1992,

(ii) King Edward VIII—Retirements, promotions and resignations.

Natal Medical School—Unattractive conditions of service and the fact that private practice is more lucrative and

(iii) King Edward VIII—Personnel were selected and will assume duty soon.

Natal Medical School—Posts are being advertised;

(2) no:

Case by case exploration of medical law

B Day 30/3/92 (232) (93)

DOCTOR, PATIENT AND THE LAW, by S A Strauss (J L Van Schaik, R102,27)

AS THE frontiers of modern medicine are extended, more and more complex legal problems present themselves.

S A Strauss, law professor at Unisa and a former vice president of the World Association for Medical Law, has explored some of these problems in detail.

His book — a third edition — is not a textbook on medical law but rather a selection of practical legal issues relating to the doctor-patient relationship in many, varied situations.

"The involvement of modern medicine with the law has become total. It is recognised that medical science cannot advance unless the legal environment is sympathetic. Yet it is for the law also to define the permissible limits within which medicine may be practised," he says.

The diverse range of topics covered include abortion, transsexualism, alcohol abuse, drunken driving, professional secrecy over patient records, medical care of prisoners and detainees, anaesthetic mishaps and missing swabs.

The book is not "legalese" but contains many interesting examples.

In a chapter dealing with professional secrecy, Strauss looks at the position of a doctor who has dealt with a married couple for years and then is suddenly involved in a legal confrontation between them.

The wife could be a patient being treated for a serious neurosis, and the doctor would know she is not a good mother. Or the husband might have received treatment for venereal disease he contracted in an adulterous affair. What does the doctor do when required to supply medical information to one spouse about the other? The answers are in the book.

Ethical issues are also tackled. On malpractice liability, Strauss says the image of the doctor as benevolent father-figure has become, in a patient's eyes, more like that of impersonal super-technician who must be called to account.

He says medical malpractice liability is not confined to liability for negligence. It can include liability for "assault" in the form of an operation performed on a patient without the person's informed consent.

Few malpractice trials are brought in SA. By comparison, 16 out of every 100 doctors in the US have faced actions by patients. Most of the claims are settled out of court.

Strauss says the number of cases seems to be rising but at present SA law has a somewhat protective attitude towards the medical profession.

The book is not a light read, but you never know when you might need it.

DIANNA GAMES

Looking at doctors, law and patients

93

Sowetan 3/4/92

Title: Doctor, patient and the law
Author: S A Strauss
Publisher: J L Van Schaik
Price: R102,27
Reviewer: Mokgadi Pela

THE power of modern medicine is awe-inspiring and the range of possibilities it offers to patients is apparently inexhaustible, says Strauss in his opening remarks.

This is understandable considering complex procedures like transplantation, cosmetic surgery, in- vitro fertilisation and sex change.

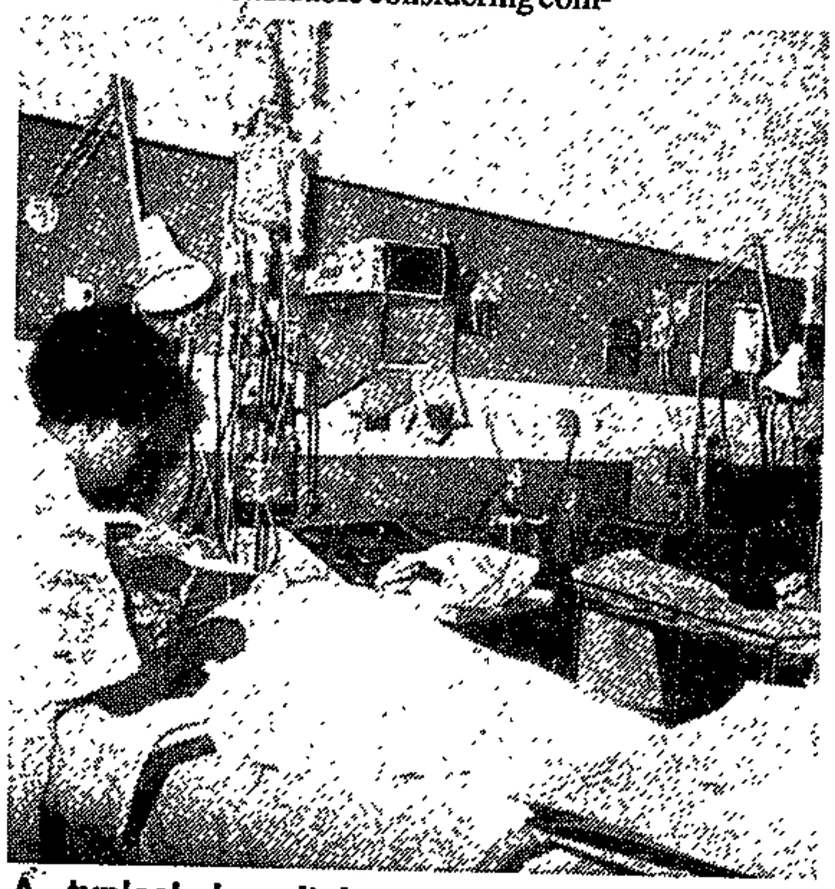
He adds that independent from any contract between doctor and patient, the former owes the latter a duty of care: when performing an operation or treating a patient, the procedure should be executed with such professional skill as to avoid injuring the patient.

Failure to do so amounts to a delict or civil wrong, entitling the patient to claim damages.

An important issue that regularly crops up in the book is that of consent. Strauss says by calling out or consulting a doctor for his complaint, the patient tacitly consents to treatment the doctor believes is medically indicated.

It is therefore important for the doctor to obtain consent from a person who is legally competent to give it. Secondly, it has to be an informed consent.

The book is simple to read though at times it deals with very complicated medico-legal issues. Like a good teacher, Strauss regularly provides the reader with decided cases.



A typical hospital scene. The consent of patients to any treatment is important.

No. R. 995 **3 April 1992**

WET OP BEDRYFSIEKTES IN MYNE EN BEDRYWE, 1973: VERHOGING VAN SEKERE VOORDELE

Ek, Elizabeth Hendrina Venter, Minister van Nasionale Gesondheid, verhoog hierby kragtens artikel 2 (3) van die Wysigingswet op Bedryfsiektes in Myne en Bedrywe, 1991 (Wet 137 van 1991), na oorlegpleging met die advieskomitee, die voordele wat onmiddellik voor 1 April 1992 ingevolge van die Wet betaalbaar is, vanaf daardie datum, in die geval van—

(a) 'n voordeel beoog in artikels 80 en 82 met 15 persent;

(b) 'n voordeel beoog in artikels 87 en 88 met 17 persent;

(c) 'n voordeel beoog in artikel 106 met 22 persent;

(d) 'n voordeel beoog in artikels 79 (1) (a) en 86 (1) (a) met R31,00; en

(e) 'n voordeel beoog in artikels 79 (1) (b), (c) en (d), 79 (4) (a) en (b), 79 (6), 83 (1) (a) en (b), 84 (1) (a), 86 (1) (b) en (c), 91 (1) (a) en (b) en 92 (1) (a) met 10 persent.

By die berekening van so 'n voordeel word 'n breukdeel van 'n rand tot die volgende volle rand bereken.

In hierdie kennisgewing beteken "die Wet" die Wet op Bedryfsiektes in Myne en Bedrywe, 1973 (Wet 78 van 1973), en, tensy uit die samehang anders blyk, het 'n woord of 'n uitdrukking waaraan 'n betekenis in die Wet geheg is, daardie betekenis.

E. H. VENTER,
Minister van Nasionale Gesondheid.

No. R. 995 **3 April 1992**

OCCUPATIONAL DISEASES IN MINES AND WORKS ACT, 1973: INCREASE OF CERTAIN BENEFITS

I, Elizabeth Hendrina Venter, Minister of National Health, hereby increase in terms of section 2 (3) of the Occupational Diseases in Mines and Works Amendment Act, 1991 (Act 137 of 1991), after consultation with the advisory committee, the benefits which were payable immediately prior to 1 April 1992 in terms of the Act as from that date, in the case of—

(a) a benefit contemplated in sections 80 and 82 by 15 per cent;

(b) a benefit contemplated in sections 87 and 88 by 17 per cent;

(c) a benefit contemplated in section 106 by 22 per cent;

(d) a benefit contemplated in sections 79 (1) (a) and 86 (1) (a) by R31,00;

(e) a benefit contemplated in section 79 (1) (b), (c) and (d), 79 (4) (a) and (b), 79 (6), 83 (1) (a) and (b), 84 (1) (a), 86 (1) (b) and (c), 91 (1) (a) and (b) and 92 (1) (a), by 10 per cent.

In calculating such a benefit in fraction of a rand shall be calculated to the next complete rand.

In this notice "the Act" means the Occupational Diseases in Mines and Works Act, 1973 (Act 78 of 1973), and any word or expression to which a meaning has been assigned in the Act shall bear such meaning.

E. H. VENTER,
Minister of National Health.

No. R. 997 **3 April 1992**

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REGULASIES BETREFFENDE DIE REGISTRASIE DEUR GENEESHERE EN TANDARTSE VAN ADDISIONELE KWALIFIKASIES: WYSIGING

Die Minister van Nasionale Gesondheid het kragtens artikel 61 (1) (o) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet No. 56 van 1974), op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, die regulasies in die Bylae hiervan uiteengesit, uitgevaardig.

BYLAE

1. In hierdie Bylae beteken die uitdrukking "die Regulasies" die regulasies afgekondig by Goewermentskennisgewing R. 2275 van 3 Desember 1976, soos gewysig.

2. Die Regulasies word hierby gewysig deur—

(a) die byvoeging van die volgende kwalifikasies onder die opskrifte soos aangedui:

No. R. 997 **3 April 1992**

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

REGULATIONS RELATING TO THE REGISTRATION BY MEDICAL PRACTITIONERS AND DENTISTS OF ADDITIONAL QUALIFICATIONS: AMENDMENT

The Minister of National Health has, in terms of section 61 (1) (o) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), on the recommendation of the South African Medical and Dental Council, made the regulations set out in the Schedule hereto.

SCHEDULE

1. In this Schedule the expression "the Regulations" means the regulations published by Government Notice R. 2275 of 3 December 1976, as amended.

2. The Regulations are hereby amended by—

(a) the addition of the following qualifications under the headings as indicated:

(a) GENEESHERE

Eksaminerende liggaam	*Kwalifikasie*	*Afkorting vir registrasie*
Die Kollege van Geneeskunde van Suid-Afrika	Diploma in Geestesgesondheid	DGG (SA)
	Diploma in Obstetrie.....	Dip Obst (SA)
	Diploma in Oftalmologie	Dip Oft (SA)
	Genootskap van die Fakulteit van Gemeenskapsgesondheid	GFG (SA)

Eksamінerende liggaam	*Kwalifikasie*	*Afkorting vir registrasie*
Kollege van Narkotiseurs, Verenigde Koninkryk	Fellow	FC Anaes (UK)
	Diploma in Narkose	DA (UK)
Kollege van Oftalmoloë van Londen	*Fellow	FC Ophth Lond
Royal College of Obstetricians and Gynaecologists	Diploma	DRCOG
Royal College of Physicians of London	Associateship of the Faculty of Occupational Medicine	AFOM RCP Lond
Universiteit van Gdansk	Doktor in Wysbegeerte	PhD Gdansk
Universiteit van Ierland (National University)	Diploma in Kindergesondheid	DCH NU Irel
Universiteit van Leuven	Doktor in Wysbegeerte	PhD Leuven
Universiteit van Londen	Master of Science in Nuclear Medicine	MSc (Nuc Med) Lond
McGill-universiteit	Master of Science in Epidemiology and Biostatistics	MSc Epidemiology and Biostatistics McGill
Universiteit van Osmania	Doktor in Geneeskunde	MD Osmania
Universiteit van Pretoria	Doktor in Wysbegeerte (Geneeskunde)	PhD Pret
Universiteit van Rajasthan	Magister in Chirurgie	MS Rajasthan
Universiteit van Tulane	Magister in Volksgesondheid	MPH Tulane
Universiteit van die Witwatersrand	Magister in Huisartskunde	M Fam Med Witwatersrand
Wright State University	Master of Science	MSc Wright State Univ

* Die kwalifikasie word slegs as 'n addisionele kwalifikasie erken indien dit na eksaminering toegeken is.

(a) MEDICAL PRACTITIONERS

Examining authority	*Qualification*	*Abbreviation for registration*
The College of Medicine of South Africa	Diploma in Mental Health	DMH (SA)
	Diploma in Obstetrics	Dip Obst (SA)
	Diploma in Ophthalmology	Dip Ophth (SA)
	Fellowship of the Faculty of Community Health	FFCH (SA)
College of Anaesthetists, United Kingdom	Fellow	FC Anaes (UK)
	Diploma in Anaesthetics	DA (UK)
College of Ophthalmologists of London	*Fellow	FC Ophth Lond
Royal College of Obstetricians and Gynaecologists	Diploma	DRCOG
Royal College of Physicians of London	Associateship of the Faculty of Occupational Medicine	AFOM RCP Lond
University of Gdansk	Doctor of Philosophy	PhD Gdansk
University of Ireland (National University)	Diploma in Child Health	DCH NU Irel
University of London	Master of Science in Nuclear Medicine	MSc (Nuc Med) Lond
University of Louvain	Doctor of Philosophy	PhD Louvain
McGill University	Master of Science in Epidemiology and Biostatistics	MSc Epidemiology and Biostatistics McGill
University of Osmania	Doctor of Medicine	MD Osmania
University of Pretoria	Doctor of Philosophy (Medicine)	PhD Pret
University of Rajasthan	Master of Surgery	MS Rajasthan
University of Tulane	Master of Public Health	MPH Tulane
University of the Witwatersrand	Master of Family Medicine	M Fam Med Witwatersrand
Wright State University	Master of Science	MSc Wright State Univ

* The qualification shall be recognised as an additional qualification only if granted after examination.

(b) TANDARTSE

Eksamінerende liggaam	*Kwalifikasie*	*Afkorting vir registrasie*
Universiteit van Londen	Master of Science (Orthodontics)	MSc (Orth) Lond
	Master of Science (Dental Radiology)	MSc (Dental Radiology) Lond
Universiteit van Pretoria	Magister Scientiae (Odontologie)	MSc (Odont) Pret
	Doctor Scientiae (Odontologie)	DSc (Odont) Pret
	Diploma in Odontologie	Dip Odont Pret
	Magister in Tandheelkunde (Maksillofasiale Chirurgie Medicus)	MChD (Chir Max Fac-Med) Pret
Universiteit van Stellenbosch	Nagraadse Diploma in Tandheelkunde	NDT Stell
Die Kollege van Geneeskunde van Suid-Afrika	Genootskap van die Fakulteit van Tandheelkunde (Prostodonsie)	GFT (SA) Prostodonsie
Universiteit van St Louis	Certificate in Orthodontics	Cert in Orth St Louis
Royal Australasian College of Dental Surgeons	Fellow	FRACDS

(b) DENTISTS

Examining authority	*Qualification*	*Abbreviation for registration*
University of London	Master of Science (Orthodontics)	MSc (Orth) Lond
	Master of Science (Dental Radiology)	MSc (Dental Radiology) Lond
University of Pretoria	Master of Science (Odontology)	MSc (Odont) Pret
	Doctor of Scientiae (Odontology)	DSc (Odont) Pret
	Diploma in Odontology	Dip Odont Pret
	Master of Dental Surgery (Maxillo-Facial Surgery Medicus)	MChD (Chir Max Fac-Med) Pret
University of Stellenbosch	Post-graduate Diploma in Dentistry	PDD Stell
College of Medicine of South Africa	Fellowship of the Faculty of Dentistry (Prosthodontics)	FFD (SA) Prosthodontics
University of St Louis	Certificate in Orthodontics	Cert in Orth St Louis
Royal Australasian College of Dental Surgeons	Fellow	FRACDS

(b) die skrapping van die volgende kwalifikasie onder die opskrifte soos aangedui:

(b) the deletion of the following qualification under the headings as indicated:

(a) GENEESHERE

Eksaminerende liggaam	*Kwalifikasie*	*Afkorting vir registrasie*
University of London	Master of Medicine (Nuclear Medicine)	MMed (Nuc Med) Lond

(a) MEDICAL PRACTITIONERS

Examining authority	*Qualification*	*Abbreviation for registration*
University of London	Master of Medicine (Nuclear Medicine)	M Med (Nuc Med) Lond

(c) die vervanging in die Afrikaanse teks van die benaming van die volgende kwalifikasies of die afkortings daarvan in kolom (a) vermeld deur dié daarteenoor in kolom (b) vermeld onder die opskrifte soos aangedui:

(c) the substitution in the Afrikaans text for the names of the following qualifications or the abbreviations thereof listed in column (a) of those listed opposite them in column (b) under the headings as indicated:

(a) GENEESHERE

Universiteit van Stellenbosch

(a)	**(b)**
Magister in Geneeskunde (Anestesiologie): MMed (Anaes) Stell	Magister in Geneeskunde (Anestesiologie): MMed (Anes) Stell
Magister in Geneeskunde (Oogheelkunde): MMed (Ophth) Stell	Magister in Geneeskunde (Oogheelkunde): MMed (Oftal) Stell
Magister in Geneeskunde (Ortopedie): MMed (Orthop) Stell	Magister in Geneeskunde (Ortopedie): MMed (Ortop) Stell
Magister in Geneeskunde [Patologie (Anatomies)]: MMed (Anat Path) Stell	Magister in Geneeskunde [Patologie (Anatomies)]: MMed (Anat Pat) Stell
Magister in Geneeskunde [Patologie (Chemies)]: MMed (Chem Path) Stell	Magister in Geneeskunde [Patologie (Chemies)]: MMed (Chem Pat) Stell
Magister in Geneeskunde in Patologie (Geregtelik): MMed (Forens Path) Stell	Magister in Geneeskunde in Patologie (Geregtelik): MMed (Geregt Pat) Stell
Magister in Geneeskunde (Hematologiese Patologie): MMed (Haem Path) Stell	Magister in Geneeskunde (Hematologiese Patologie): MMed (Hem Pat) Stell
Magister in Geneeskunde [Patologie (Klinies)]: MMed (Clin Path) Stell	Magister in Geneeskunde [Patologie (Klinies)]: MMed (Klin Pat) Stell
Magister in Geneeskunde [Patologie (Mikrobiologies)]: MMed (Mikrobiol Path) Stell	Magister in Geneeskunde [Patologie (Mikrobiologies)]: MMed (Mikrobiol Pat) Stell
Magister in Geneeskunde (Pediatrie): MMed (Paed) Stell	Magister in Geneeskunde (Pediatrie): MMed (Ped) Stell
Magister in Geneeskunde (Psigiatrie): MMed (Psych) Stell	Magister in Geneeskunde (Psigiatrie): MMed (Psig) Stell

(a) GENEESHERE

Universiteit van Stellenbosch

(a)	(b)
Magister in Geneeskunde (Anestesiologie): MMed (Anaes) Stell	Magister in Geneeskunde (Anestesiologie): MMed (Anes) Stell
Magister in Geneeskunde (Oogheelkunde): MMed (Ophth) Stell	Magister in Geneeskunde (Oogheelkunde): MMed (Oftal) Stell
Magister in Geneeskunde (Ortopedie): MMed (Orthop) Stell	Magister in Geneeskunde (Ortopedie): MMed (Ortop) Stell
Magister in Geneeskunde [Patologie (Anatomies)]: MMed (Anat Path) Stell	Magister in Geneeskunde [Patologie (Anatomies)]: MMed (Anat Pat) Stell
Magister in Geneeskunde [Patologie (Chemies)]: MMed (Chem Path) Stell	Magister in Geneeskunde [Patologie (Chemies)]: MMed (Chem Pat) Stell
Magister in Geneeskunde in Patologie (Geregtelik): MMed (Forens Path) Stell	Magister in Geneeskunde in Patologie (Geregtelik): MMed (Geregt Pat) Stell
Magister in Geneeskunde (Hematologiese Patologie): MMed (Haem Path) Stell	Magister in Geneeskunde (Hematologiese Patologie): MMed (Hem Pat) Stell
Magister in Geneeskunde [Patologie (Klinies)]: MMed (Clin Path) Stell	Magister in Geneeskunde [Patologie (Klinies)]: MMed (Klin Pat) Stell
Magister in Geneeskunde [Patologie (Mikrobiologies)]: MMed (Mikrobiol Path) Stell	Magister in Geneeskunde [Patologie (Mikrobiologies)]: MMed (Mikrobiol Pat) Stell
Magister in Geneeskunde (Pediatrie): MMed (Paed) Stell	Magister in Geneeskunde (Pediatrie): MMed (Ped) Stell
Magister in Geneeskunde (Psigiatrie): MMed (Psych) Stell	Magister in Geneeskunde (Psigiatrie): MMed (Psig) Stell

(d) die vervanging in die Engelse teks van die benaming van die volgende kwalifikasies of die afkortings daarvan in kolom (a) vermeld deur dié daarteenoor in kolom (b) vermeld onder die opskrifte soos aangedui:

(d) the substitution in the English text for the names of the following qualifiations or the abbreviations thereof listed in column (a) of those listed opposite them in column (b) under the headings as indicated:

(a) MEDICAL PRACTITIONERS

93

University of the Orange Free State

(a)	(b)
Master of Domestic Medicine: M Fam Med Orange Free State	Master of Family Medicine: M Fam Med Orange Free State

University of Stellenbosch

Master of Medicine (Medicine): MMed (Int) Stell	Master of Medicine (Medicine): MMed (Int Med) Stell
Master of Medicine (Neurosurgery): MMed (Neurochir) Stell	Master of Medicine (Neurosurgery): MMed (Neurosurg) Stell
Master of Medicine (Surgery): MMed (Chir) Stell	Master of Medicine (Surgery): MMed (Surg) Stell

(a) MEDICAL PRACTITIONERS

University of the Orange Free State

(a)	(b)
Master of Domestic Medicine: M Fam Med Orange Free State	Master of Family Medicine: M Fam Med Orange Free State

University of Stellenbosch

Master of Medicine (Medicine): MMed (Int) Stell	Master of Medicine (Medicine): MMed (Int Med) Stell
Master of Medicine (Neurosurgery): MMed (Neurochir) Stell	Master of Medicine (Neurosurgery): MMed (Neurosurg) Stell
Master of Medicine (Surgery): MMed (Chir) Stell	Master of Medicine (Surgery): MMed (Surg) Stell

(e) die vervanging van die benaming van die volgende kwalifikasies of die afkortings daarvan in kolom (a) vermeld deur dié daarteenoor in kolom (b) vermeld onder die opskrifte soos aangedui:

(e) the substitution for the names of the following qualifications or the abbreviations thereof listed in column (a) of those listed opposite them in column (b) under the headings as indicated:

Universiteit van Stellenbosch

(a)	(b)
Magister in Geneeskunde (Gemeenskapsgesondheid): MMed (Gemeenskapsgesondheid) Stell	Magister in Geneeskunde (Gemeenskapsgesondheid): MMed (Gem Ges) Stell
Magister in Geneeskunde (Obstetrie en Ginekologie): MMed (O et G) Stell	Magister in Geneeskunde (Obstetrie en Ginekologie): (O & G) Stell
Magister in Geneeskunde (Oor-, Neus- en Keelheelkunde): MMed (L et O) Stell	Magister in Geneeskunde (Oor-, Neus- en Keelheelkunde): MMed (ONK) Stell
Magister in Geneeskunde (Plastiese en Rekonstruktiewe Chirurgie): MMed (Plast en Rekon) Stell	Magister in Geneeskunde (Plastiese en Rekonstruktiewe Chirurgie): MMed (Plast en Rekons) Stell
Magister in Geneeskunde (Torakschirurgie): MMed (Torakschir) Stell	Magister in Geneeskunde (Torakschirurgie): MMed (Tor Chir) Stell

University of Stellenbosch

(93)

(a)	(b)
Master of Medicine (Community Health): MMed (Community Health) Stell	Master of Medicine (Community Health): MMed (Comm Health) Stell
Master of Medicine (Obstetrics and Gynaecology): MMed (O et G) Stell	Master of Medicine (Obstetrics and Gynaecology): (O & G) Stell
Master of Medicine (Otorhinolaryngology): MMed (L et O) Stell	Master of Medicine (Otorhinolaryngology): MMed (ENT) Stell
Master of Medicine (Plastic and Reconstructive Surgery): MMed (Plast and Recon) Stell	Master of Medicine (Plastic and Reconstructive Surgery): MMed (Plast and Recons) Stell
Master of Medicine (Thoracic Surgery): MMed (Torakschir) Stell	Master of Medicine (Thoracic Surgery): MMed (Thor Surg) Stell

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No. R. 999 **3 April 1992**

WET OP GESONDHEID, 1977
(WET No. 63 VAN 1977)

REGULASIES BETREFFENDE HINDERLIKE BEDRYWE: WYSIGING

Die Minister van Nasionale Gesondheid het kragtens artikel 39 (1) van die Wet op Gesondheid, 1977 (Wet No. 63 van 1977), die regulasies wat van toepassing is op die regsgebied van die Dorpsbestuur van Richardsbaai, soos uiteengesit in die Bylae hiervan, uitgevaardig.

BYLAE

1. In hierdie Bylae beteken "die Regulasies" die regulasies afgekondig by Goewermentskennisgewing No. R. 1287 van 23 Junie 1978.

2. Regulasie 2 van die Regulasies word hierby gewysig deur—

(a) die uitdrukking "die rasse en" in paragraaf (f) van subregulasie (2) te skrap;

(b) die uitdrukking "rasse en" in paragraaf (g) van subregulasie (2) te skrap.

3. Regulasie 6 van die Regulasies word hierby geskrap.

No. R. 999 **3 April 1992**

HEALTH ACT, 1977
(ACT No. 63 OF 1977)

REGULATIONS RELATING TO OFFENSIVE TRADES: AMENDMENT

The Minister of National Health has, in terms of section 39 (1) of the Health Act, 1977 (Act No. 63 of 1977), made the regulations applicable to the area of jurisdiction of the Richards Bay Town Board, as set out in the Schedule hereto.

SCHEDULE

1. In this Schedule "the Regulations" means the regulations published by Government Notice No. R. 1287 of 23 June 1978.

2. Regulation 2 of the Regulations is hereby amended by—

(a) deleting the expression "races and" in paragraph (f) of subregulation (2);

(b) deleting the expression "races and" in paragraph (g) of subregulation (2).

3. Regulation 6 of the Regulations is hereby deleted.

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hoped for maybe ...

I could not believe my nose." Scamp signed off with a paw print.

ALERT EARS ... blind Scamp in the nets watch

Doctors may sue private eyes in surgery bugging uproar

ST Times 19/4/92

(93)

By HEATHER ROBERTSON

A DETECTIVE agency bungled an attempt to bug the rooms of two Cape Town doctors.

Now the doctors, acquitted of fraud charges by the SA Medical and Dental Council, are considering legal action.

Attorneys representing Dr Fuad Jakoet and Dr MC D'Arcy said this week they had advised their clients to sue Southern Airconditioners and Speurkor Detective Agency.

Concerned about the large number of employees taking sick leave, Southern Airconditioners employed Speurkor to investigate the doctors.

Speurkor planted bugging devices on agents dressed in Southern Airconditioner overalls, who requested medical certificates from the doctors.

Based on evidence recorded on tape, Southern Airconditioners claimed the doctors had agreed to issue medical certificates and medicines to the Speurkor agents even though they said they were not ill.

The company accused the doctors of defrauding the company's sick fund, causing loss of revenue in terms of man hours.

The Medical and Dental Council decided to launch an inquiry into the charges in January.

As the company's evidence was based on the Speurkor tape-recordings, the case was postponed to March 25 so the tapes could be examined by Dr Len Jansen, the only forensic expert in tape analysis in South Africa.

Dr Jansen, a former police brigadier, said the tape quality was barely audible and those parts that could be discerned differed dramatically from what Speurkor had transcribed.

"They made many fundamental mistakes with basic technology," Dr Jansen said.

"In one case, Speurkor used a pocket tape recorder, which was operating on low speed instead of high speed," he said.

Mr Yunus Khan, legal representative for Dr Jakoet, said he had advised his client to take legal action because the company had laid serious allegations of fraud against him, causing him stress and bad publicity.

"According to the transcripts written by Speurkor, the tape said that Dr Jakoet freely issued a certificate to a patient who wasn't sick. But the tape does not say this," he said.

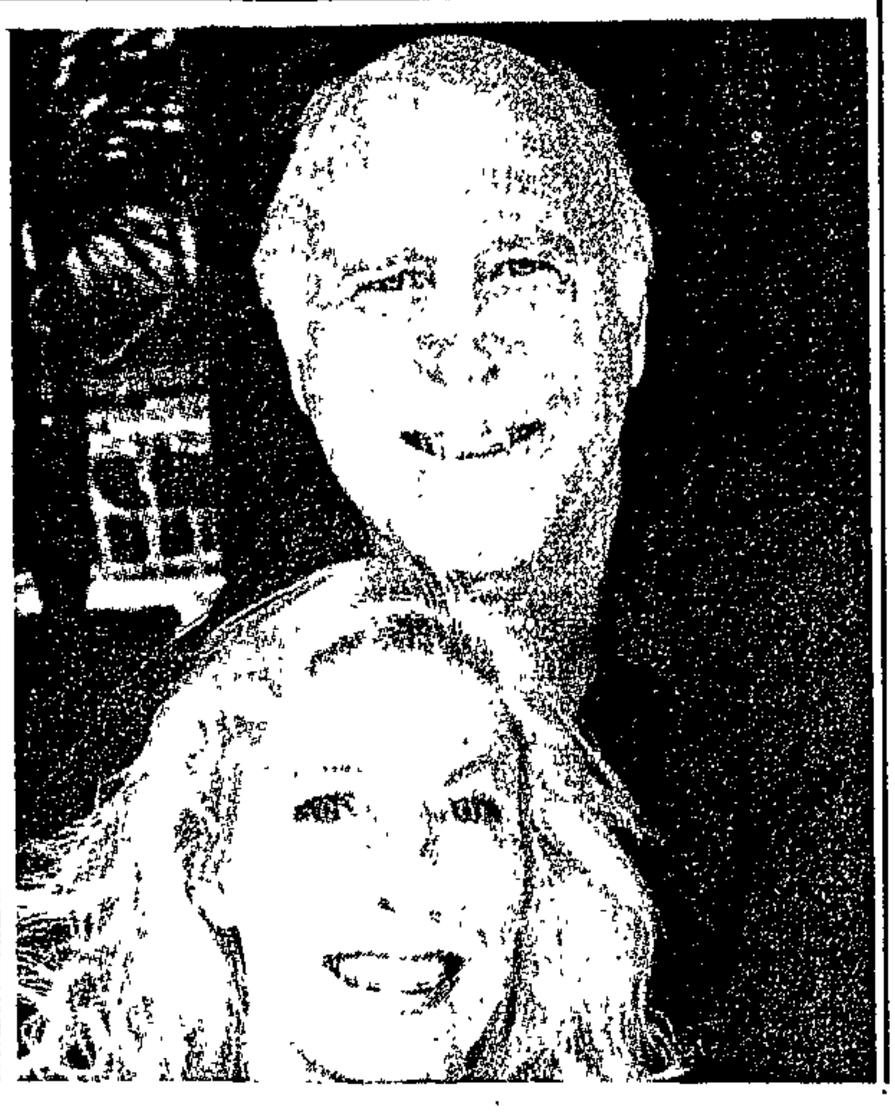
Mr Basheer Waglay, representing Dr D'Arcy, said he had instructed his client to take civil action as "he was charged on wrongful grounds".

A spokesman for Southern Airconditioners said the company had pursued the charges because it was thought the tapes were reliable evidence.

"We acted in good faith with evidence from people who called themselves professional detectives," the spokesman said. "It turned out that the transcript which we acted on was incorrect."

Director of Speurkor Frik Westhuizen denied there was anything wrong with the tapes.

"We erred only in giving the original tapes to Southern Airconditioners," he said.



eats mouse

porter

hneider
burger

When he discovered just what he had eaten, Mr Schneider vomited.

He had to wrestle the

Beaming health to starved Africa

W\Mail 24/4-29/4/92

For doctors in Africa it is prohibitively expensive to get details of the latest medical developments. Now a health satellite will beam information to Africa every month.

By **ALLAN THOMPSON**

A NEW health satellite project will help doctors and academics in southern Africa to get access to vital medical information and to communicate better with their counterparts in other developing countries.

Through the Healthnet satellite network, information from libraries, hospitals and universities in the industrialised countries will be beamed directly to medical research facilities and hospitals.

The lack of foreign exchange makes it often extraordinarily expensive to receive the latest medical information in countries like Zambia, Tanzania and Zimbabwe.

Because of limited resources, the University of Zambia was forced a decade ago to cancel its subscriptions to medical journals. In Tanzania, it can cost the equivalent of two-thirds of a week's salary for a doctor to send a fax message, and nearly as much to receive one. And telephone and mail services are often poor. In Uganda, where an estimated 24 percent of the population is HIV positive, current information about the Aids-causing virus is scarce.

Healthnet hopes to ease communication between doctors in Africa. Its organisers say innovative use of satellite technology will help them receive journal articles and communicate with medical centres around the world.

The Healthnet project was begun by SatelLife, a United States-based international non-profit agency. SatelLife was conceived by the International Physicians for the Prevention of Nuclear War, in a reaction to President Ronald Reagan's Strategic Defence Initiative, known as Star Wars. It got off the ground in 1989.

Last July, SatelLife's low-earth orbit satellite was launched to transmit information and receive messages from ground stations based at medical institutions in the developing world.

Said Julia Royall, deputy director of SatelLife: "The idea is to facilitate transmission of medical information in Third World countries, for doctors to enhance communication not only with each other, but with colleagues in the rest of the world."

The satellite, no bigger than a beachball, revolves around the earth at an 800km orbit twice a day. Initially, ground stations have been set up in six countries: Zambia, Tanzania, Uganda, Kenya, Zimbabwe and Mozambique. Each has an IBM-compatible computer, a type of ham radio and a modem to connect the computer and radio.

The satellite sends and receives messages using radio waves. Its continuous signal is picked up by the radio attached to the computer. Once the signal is recognised, a message transfer takes place at the ground station. The information can either be stored in the station's computer or printed out.

Doctors and academics will be able to make requests for specific information from libraries and university databases. Tanzania's station, for example, has established an information-sharing arrangement with Massachusetts General, John Hopkins Hospital and Massachusetts Library.

The satellite stays within range of each ground station for about 15 minutes, transmitting a page every second. It can deliver about 50 000 pages of electronic mail each month to Africa. Included in the transmissions will be literature from the *New England Journal of Medicine*, which is donating its articles for the project.

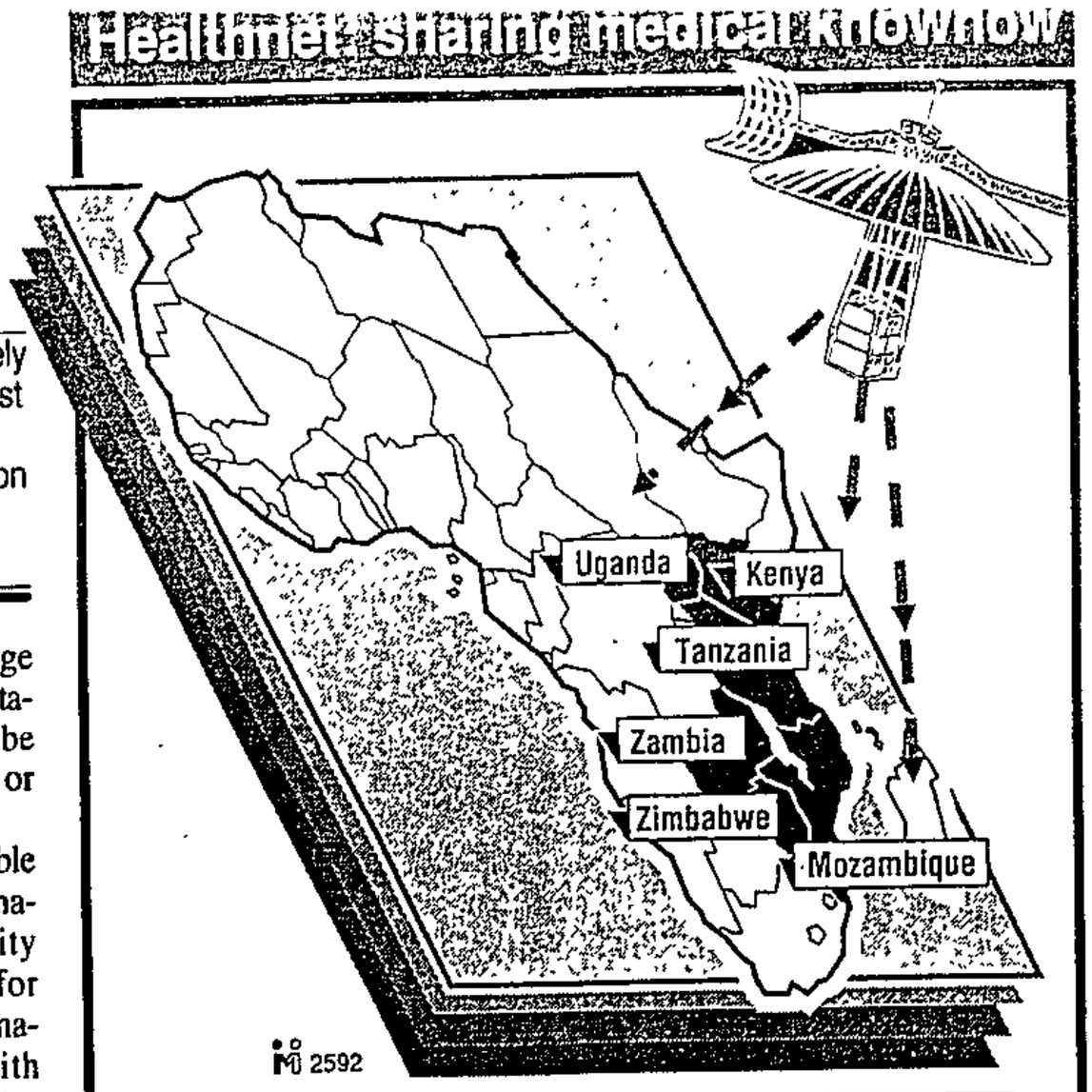
Organisers hope to set up stations in 15 African countries and, if successful, will expand the system to other parts of the world. Within each country, it is hoped the ground stations will act as a hub for the distribution of medical information by telephone or through special computer software.

The host countries must provide a secure location for the ground station and an operator to be trained to run the equipment. A user council is established in each country with representatives from a variety of medical and scientific organisations.

SatelLife does not own the satellite; it bought the operating capacity from Survey Satellite Technology, the British company that launched it into orbit.

The cost of the ground stations — about $7 500 each for the experimental stage — has been covered by such sources as the McArthur and Rockefeller foundations in the US. Canada's International Development Research Centre has helped by buying 10 percent of the satellite's air time. The operating capacity, a million-dollar item, has been funded by a grant from NEC Corporation, of Tokyo.

There have already been twinning arrangements between some libraries in Canada and Zambia, for example. And the Aids Network, a group established in east Africa to help spread information about the disease, will also be able to make use of the satellite. — Gemini News.



	Pop (1989)	Pop per doctor (1984)	Health expenditure (as% of GNP) 1986
Zambia	7.8m	7,150	1.2
Zimbabwe	9.5m	6,700	2.9
Tanzania	23.8m	26,200	1.2
Kenya	24m	9,970	1.7
Uganda	16.8m	21,900	0.2
Mozambique	15.3m	37,960	1.8

Source: Human Development Report, World Bank

Healthnet will help doctors in Africa share medical knowhow

Harare's a step ahead

W\Mail 24/4-29/4/92.

By ANDREW MELDRUM: **Harare**

WHILE work is progressing to get the SatelLife's Healthnet system up and running throughout southern Africa, the University of Zimbabwe's medical library already has in place a computer system to retrieve information for staff and students at the Medical School, and a newsletter to bring rural hospitals and clinics up to date.

"It's an amazingly quick, easy way of getting instant access to the current literature in the international health field," said Helga Patrikios, the medical library's director. "And then it is relatively easy to get that information out to our doctors and other health-care personnel in the rural areas."

Three microcomputer workstations have been funded by the Carnegie Corporation of New York to bring optical disc databases to Zimbabwe's health professionals — in particular Medline, the index to 3 500 biomedical journals. CD-ROM (Compact Disc Read-Only-Memory) is the medium — it combines enormous storage capacity (over 400 MB per disc) with user-friendly retrieval software. The world's most comprehensive biomedical database, Medline is stored on seven discs and updated every month.

According to Zimbabwean professionals the CD-ROM system is fully appropriate to the country's needs, indeed, appropriate for use throughout southern Africa and the developing world.

"More and more doctors, nurses and students are coming to us for literature searches," said Patrikios. "Last year we were doing about 120 searches a month — this year, with two extra work stations, it's up to about 190 or 200 a month. We're pleased that for the first time we can deliver really current information to our users."

One of the important spin-offs of the CD-ROM service is the news digest that is produced and sent to health workers throughout the country. Doctors choose articles from the monthly update discs that focus on the major health issues in Zimbabwe and the region. The digest, *Current health information Zimbabwe (CHIZ)*, is printed by the Zimbabwe Ministry of Health and is circulated to health professionals throughout Zimbabwe and to the World Health Organisation and Ministry of Health offices in neighbouring countries.

PIs probe doctors after complaints about sick notes

(93)

AMG 28/4/92

ESANN van RENSBURG
Staff Reporter

DOCTORS often issue false sick certificates, say private detectives who have investigated complaints by Cape Town companies trying to find solutions to absenteeism problems.

Two doctors were recently cleared by the South African Medical and Dental Council of issuing false medical certificates after their surgeries were bugged by a detective agency investigating them on behalf of a Cape Town firm.

Now the agency, Speurkor, faces legal action by the doctors.

Mr Kenny Uytenbogaardt of CIP detective agency said he had handled at least five similar cases recently.

He said he did not bug the rooms of doctors suspected of giving patients false certificates, but approached them directly.

"I confront them with the facts and, in all cases so far, they retracted when told that a case would be made against them or that they would be taken to court. They were not prepared to stand by their own diagnoses."

Mr Uytenbogaardt said more doctors faced investigation if they were not careful.

"They often issue medical certificates in cases where it's difficult to identify the problem. They should exercise more caution and not just book a person off."

He said companies were desperate to find a solution to the problem of absenteeism and Speurkor had every right to do its investigation.

"Maybe they went about it the wrong way, but somebody has to do something."

Spokesmen for three other detective agencies said they had investigated similar cases and found that some doctors issued false certificates.

Director of Speurkor Mr Frik Westhuizen said it was the first such case his company had investigated.

Asked whether it was accepted practice for detectives to bug the rooms of doctors, he said he did not suppose so, "but there is more than one opinion on that".

During the medical council inquiry a forensic expert in tape analysis said the tape was barely audible and parts that could be heard differed dramatically from the transcript.

● Mr Hendrik Hankom, secretary-general of the Medical Association of South Africa, said the issue of questionable sick certificates by doctors was the exception rather than the rule.

"Masa has drawn up a standardised sick certificate which provides all the information required regarding a patient's health. The standardised version is available to the profession."

Public told of medical ethics

STAR 11/5/92. (93)

Doctors with financial interests in private hospitals or clinics were not permitted to refer patients to these establishments, South African Medical and Dental Council president Dr Len Becker said on Saturday.

Only if there were a conspicuous notice displayed in his waiting room saying he had an interest in a specific hospital could the doctor refer the patient to the hospital concerned.

The SAMDC's ethical code also prohibited the receiving or paying of commission by a doctor for referring patients, Dr Becker added. — Sapa.

Kickbacks for doctors to be probed

STAR 13/5/92

Staff Reporter (93)

Specific allegations of doctors receiving kickbacks or financial incentives for referring patients to particular clinics will be investigated and appropriate action taken, says the SA Medical and Dental Council.

The council stepped in at the weekend after media reports alleged that some doctors were receiving financial kickbacks from particular private hospitals.

"A doctor who has a financial interest in a private hospital or clinic may not refer or treat his patient at such a hospital unless a conspicuous notice indicating he has such an interest is displayed in his waiting rooms," said SAMDC president Dr Len Becker.

The SAMDC's ethical code prohibited the receiving or paying of commission by a doctor for referring patients.

"Doctors may also not share fees with anybody who has not taken part in a patient's treatment."

The council said it would protect the interest of patients by taking further steps if a specific allegation was made.

Anyone who had knowledge of instances where a doctor had been party to such a scheme should report the matter to the Registrar, SAMDC, Box 205, Pretoria 0001.

Assuredly, it was inevitable

STAR 14/5/92

Spiralling medical costs have made it inevitable that life assurers would enter the health care market.

So says Yves D'Halluin, executive director, Individual Business at Liberty Life.

The company's entry into the market has paid off handsomely — in the four months following the launch of their "medical lifestyle" in August last year, Liberty Life sold 50 000 policies.

"Health care is no longer the preserve of the medical aids," says Mr Halluin.

"Medical expenses are soaring above inflation, the gap between medical expenses and the amounts paid out by medical aid schemes is widening all the time and the State lacks the funds to provide the required level of health care.

"Our market, the upper income group, have become dissatisfied with the value for money they have been receiving from medical aids and are turning to insurance-type products to provide the coverage they are looking for."

He believes the potential for the health insurance market is enormous and runs into billions of rands This includes the expenditure by medical aids (R6 billion), the self-insured market (R3,6 billion) and the state (R8 billion).

Yves D'Halluin . . . health care is no longer the preserve of the medical aids.

Money

"We estimate the health insurance market to be four or five times bigger than the life assurance market and its growth rate in excess of 25 percent per annum.

"Health care products are certainly affordable because the money is already being spent. We believe that South Africa is following the same trends as the USA where health insurance forms a large proportion of the long-term insurance industry," says Mr Halluin.

Old Mutual's employee benefits manager Lindsay Walker says that a similar situation is developing in South Africa to that being experienced in the USA, with many smaller employers no longer offering health benefits, leaving individuals to pay for themselves.

He added: "The graph of the cost to the employer for the funding of retirement benefits has remained fairly constant as a percentage of overall salary for the past 10 years, while that for health benefits funding has rocketed.

"Smaller employers are going to be squeezed out of providing health benefits, while others will be hard pressed to maintain their current level of benefits.

"Over the past two years membership of medical aid schemes has been stable. However, recently there has been a slight decline, indicating that people cannot afford to join," he said.

As the funding of comprehensive cover becomes more and more expensive, a growing number of employers will be providing only basic cover.

"In this event, a person wanting a high standard of medical care is going to have to meet the expense himself, or ensure he is adequately covered by an individual policy," says Mr Walker.

Individuals buying into medical aid schemes are finding rates high and increases sometimes as much as 70-80 percent. In some cases these people choose to opt out of the medical aid system altogether and move into medical insurance.

"The medical aid schemes pick up the majority of the members' medical expenses — sometimes 100 percent of the costs.

"Higher earners and those who use medical services less tend to subsidise lower earners and high use members.

"On the other hand, insurance does not cover the member for everyday medical expenses such as a visit to the doctor for a cold.

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"If a client wants to be insured for hospitalisation, we would enter into a contract which would specify the basic daily benefit amount payable, eg R300. He would then be charged the cost of this benefit."

Expensive

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However, medical aid schemes charge that the "playing fields are not level", saying they are obliged to accept all risks and that they end up with a majority of members who have health problems, namely the elderly or infirm.

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STAR 14/5/92

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The idea of the Bill, which was published by the Minister last year, is to create incentive to control rising health care costs.

One of the proposals would permit medical aid schemes to contract only with doctors or medical services prepared to operate within affordable rates in so-called Health Maintenance Organisations.

Medical Association of South Africa (Masa) secretary general Dr Hendrik Hanekom says:

"While we agree that every effort should be made to render private health care more affordable, we don't think the Bill will achieve this.

"It is not in the interest of the poor and the elderly and it will limit the choice of doctors, dentists, pharmacists and other health professionals."

Masa objects to the Bill because it believes certain crucial issues have not been resolved.

Masa is concerned that the Bill will result in the removal of the protection provided to retired members who are currently entitled to continued membership of medical schemes.

The amendment may limit medical aid cover, which means contributing members run a greater risk of not being able to afford the necessary health care.

It could also lead to risk-rating of patients, and preference being given to young, healthy financially active contributors due to the removal of the medical aid scheme's obligation to provide certain minimum benefits.

"Masa will be able to support amendments to this legislation only if the responsibility of both medical schemes and of the state in assuring health care for patients who may suffer financial hardship as a result, has been spelt out," says Dr Hanekom.

Masa believes the ideal health system should be an affordable, non-racial comprehensive effective, unitary system to which all have the right of equal access.

Says Dr Hanekom: "It is unlikely that a restructured health care system for South Africa will involve only one method of funding and providing health-care services, therefore Masa is looking at all options including fee-for-service, managed health care and a National Health Insurance Fund.

"The review and restructuring of the health system must take place in accordance with the unique and divergent needs of SA's people and resources "

On the subject of Health Management Organisations, Masa says improved management of health care resources is of critical importance, but stresses that this should in no way compromise the patient's interests.

"Health care professionals should also neither directly or indirectly be not prevented from doing what is best for the patient.

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"Changes to the legislation are under way which will permit the formation of multi-speciality or multi-professional practices, where doctors, nurses, dentists and other health care professional can get together, share resources and compete with Health Management Organisations to provide a cost-efficient service," says Dr Hanekom.

He argues that if medical aids are allowed to create Health Management Organisations prior to the deregulation of the profession, it will create structural inefficiencies and irregularities in the health system.

Masa is reviewing a national health insurance system as an attempt to defuse the crisis in health care

However, it is keen that it should not undermine the role played by medical aids — a system which they say is founded on basically sound principles

'Market-driven' approach needed

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Chief executive officer Timothy Gelman says a market-driven approach is needed, providing a range of services that cater for tailor-made health care solutions with an awareness of the real cost of treatment.

"We have a private medical system which is excellent by world standards. Our solutions must retain this excellence while increasing the base and accessibility of it," says Mr Gelman.

He says part of the solution is the introduction of Heath Maintenance Organisations.

The concept involves a monthly prepaid subscription by members in return for a full range of benefits and services rendered by a group of medical and paramedical practitioners, often sharing facilities.

"We believe this could provide huge benefits to everyone in the health care chain.

"It would dramatically increase the cost efficiency of medical services and share responsibility for cost effective health care amongst practitioners, funders and members," says Mr Gelman.

AMA marketing director Ray Welman says the cost of medical scheme cover has increased across the board by as much as 172 percent over the past five years.

Difference

A cost study by AMA carried out last year showed that the difference between the doctors' tariffs and the RAMS rates was 60 percent on average.

However, the difference can go as high as 120 percent for minor services such as consultations.

He says there are a number of main reasons for the escalation of medical aid subscriptions. Not all of these are due to inflation.

He says many members unnecessarily over-utilise medical services and a minority of private medical practitioners are over-servicing patients.

"This includes over-subscription of medication, unnecessary consultations and treatment.

"There is also a high incidence of medical aid fraud by a small number of members and practitioners.

"This includes the illegal use of a member's card by non-dependents, not only for consultations, but also for expensive hospitalisations; illegal dual membership of more than one medical aid; selling medical aid membership cards; accounts falsified by both members and practitioners; and, pharmacy purchases against the value of a prescription without the medicine being issued," says Mr Welman.

AMA is addressing the problem of spiralling health costs in a number of ways, including offering tailor-made medical aid packages to suit specific groups of people and individuals as compared to straight funding.

"This means the member chooses his mix of funding and pays proportionately for it," says Mr Welman.

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GPs dislike generics – survey

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Researchers interviewed a sample of general practitioners in active, full-time practice and pharmacists in large retail pharmacies. They found that respondents considered price to be the only real advantage of generic products

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But Graham Midlane, executive officer of the National Association of Pharmaceutical Manufacturers, said generic medicines had been used for the past 30 years in the public sector — which accounts for the greater part of medicine consumption in this country.

"Why not use them in the private sector as well? The arguments against generic substitution don't stand up to closer scrutiny," he says.

Assuredly, it was inevitable

STAR 14/5/92

Spiralling medical costs have made it inevitable that life assurers would enter the health care market.

So says Yves D'Halluin, executive director, Individual Business at Liberty Life.

The company's entry into the market has paid off handsomely — in the four months following the launch of their "medical lifestyle" in August last year, Liberty Life sold 50 000 policies.

"Health care is no longer the preserve of the medical aids," says Mr Halluin.

"Medical expenses are soaring above inflation, the gap between medical expenses and the amounts paid out by medical aid schemes is widening all the time and the State lacks the funds to provide the required level of health care.

"Our market, the upper income group, have become dissatisfied with the value for money they have been receiving from medical aids and are turning to insurance-type products to provide the coverage they are looking for."

He believes the potential for the health insurance market is enormous and runs into billions of rands. This includes the expenditure by medical aids (R6 billion), the self-insured market (R3,6 billion) and the state (R8 billion).

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Doctor 'demanded R5 000'

CT 20/5/92

Own Correspondent

DURBAN. — Suspended King Edward VIII Hospital chief medical superintendent Dr Justin Morfopoulos demanded a "R5 000 donation for the children's ward" from a family that was running a tuckshop at the hospital, witness Mrs Zaiboonnisa Joosab told the Regional Court here yesterday.

Mrs Joosab said Dr Morfopoulos came to her tuckshop at the hospital in 1986 and said: "Maritzburg" (meaning the Natal Provincial Administration) wanted a donation of R5 000 for the children's ward.

She said for the next four years Dr Morfopoulos demanded the R5 000 donation and she complied because the accused said she "could lose the business".

The hearing continues today.

†The MINISTER OF LOCAL GOVERNMENT AND NATIONAL HOUSING:

(1) No, but a document which deals with the involvement of local authorities in the establishment and maintenance of schools did in fact serve before the Council for the Co-ordination of Local Government Affairs on 27 March 1992. The Council decided to appoint a committee, including representatives of education departments, to advise it in this regard.

(2) and (3) Fall away.

Disappearance of certain person

*3. Mr L FUCHS asked the Minister of Justice:

(1) Whether an investigation has been conducted into the disappearance of a certain person, whose name has been furnished to the Minister's Department for the purpose of his reply; if not, why not; if so, (a) what are the circumstances surrounding this person's disappearance and (b) what is his name;

(2) whether he will make a statement on the matter?

B610E

The MINISTER OF JUSTICE:

(1) Yes. The investigation by the South African Police is still continuing.

(a) Evidence regarding the circumstances surrounding the disappearance of Mr Sono is privileged and the particular Attorney-General is not prepared to disclose the evidence.

(b) Lolo Sono.

(2) No.

Mr L FUCHS: Mr Chairman, arising from the answer of the hon the Minister, the question I have asked has absolutely nothing to do with the present charges against Mrs Winnie Mandela. I would like to know from the hon the Minister on what basis he suggests that the evidence is privileged.

The MINISTER: Mr Chairman, I do not know whether the hon member is still practising, but I assume he has been away from his practice for some time, otherwise he would not have asked the question. [Interjections.] I would like to refer him to Van Niekerk, and I shall be translating as I proceed, to read what the author says about the matter in question in his book entitled, *Privileges in the Law of Evidence, First Edition*. Any investigation into crime and the identification of offenders indicates that the public—and that would also include members of Parliament—should co-operate. The identification of information concerning an offence and the identity of offenders should be made known to the SA Police, and the very identity of the people concerned needs protection and is protected.

The reason for the privileges is situate in the fact that if a person's identity, his circumstances or the possible content of evidence is made known, one may have retribution and intimidation, and the very purpose the hon member has in mind will be defeated.

If the hon member wants to argue against the case I would rather counsel him to consult these authorities.

Mr L FUCHS: Mr Speaker, further arising from the hon the Minister's answer, I should like to know whether the matter is still being investigated at the present time. When can we expect to see a conclusion to those investigations?

The MINISTER: Mr Speaker, it is difficult for me to say. I am not carrying out the investigation myself It is in the hands of the Police. I would suggest that the hon member put this question to the people concerned.

Mr A J LEON: Mr Speaker, further arising from the hon the Minister's answer, could he indicate whether, as a result of answers given over a year ago by the hon the State President in this House, any attempt is being made to institute witness protection schemes? That is one of the reasons that is now adduced for the problems relating to witnesses in the Winnie Mandela case. Does the hon the Minister have any information in this regard?

The MINISTER: Mr Speaker, section 185(a) of the Criminal Procedure Act provides for such a scheme as the hon member has in mind. I can recall vividly that he supported that scheme.

Mr L FUCHS: Mr Speaker, further arising from the hon the Minister's reply, I should like to know whether he has asked the hon the Minister of Law and Order to investigate the matter. Is he prepared to ask the hon the Minister of Law and Order to do that?

The MINISTER: Mr Speaker, is the hon member suggesting that I should be his messenger or is he asking me because he is afraid of the hon the Minister of Law and Order? What is the purpose of his request?

Limiting of private practice: legislation

*4. Mr M J ELLIS asked the Minister of National Health:

Whether she intends introducing legislation limiting private practice for full-time hospital specialists; if not, (a) why not and (b) what is the position in this regard at present; if so, (i) when is it anticipated that such legislation will be introduced and (ii) what matters will be provided for in it?

B611E

†The MINISTER OF NATIONAL HEALTH:

No,

(a) the Public Service Act, 1984 (Act 111 of 1984), limits it sufficiently and

(b) measures have already been announced which enable registered medical practitioners, dentists and medical/dental specialists in the Public Service to participate in limited private practice;

(i) and (ii) fall away.

***The State vs Chili*: Winnie Mandela**

*5. Mr L FUCHS asked the Minister of Justice:

(1) Whether, with reference to a statement placed on record during the trial in the matter of *The State vs Chili*, particulars of which have been furnished to the Minister's Department for the purpose of his reply, he intends to (a) investigate and (b) charge (i) Mrs Winnie Mandela and/or (ii) any other persons or political organizations involved; if not, why not; if so, what are the relevant details;

(2) whether he will make a statement on the matter?

B613E

The MINISTER OF JUSTICE:

(1) (a) (i) and (ii)

The Attorney-General concerned has already requested the South African Police to investigate the allegations in the statement and report to him

(b) (i) and (ii)

The investigation concerning the allegations has not yet been completed. As soon as the investigation is completed, all relevant evidence will be submitted to the Attorney-General for his decision

(2) No.

Harmful chemicals: Kommetjie

*6. Mr J H MOMBERG asked the Minister of National Health:†

(1) Whether her Department has taken or is going to take any steps with regard to the harmful chemicals recently washed ashore on the beach at Kommetjie; if not, why not; if so, (a) what steps and (b) when;

(2) whether her Department has inquired into the origin of the chemicals concerned; if not, why not; if so, with what result;

(3) whether she will make a statement on the matter?

B621E

†The MINISTER OF NATIONAL HEALTH:

(1) Yes,

(a) the Western Cape Regional Services Council was contacted in connection with the collection and disposal of the containers, and enquiries were made as to the origin thereof and

(b) immediately after news of the washing up of the containers was received;

(2) yes, the chemicals are used for the fumigation of grain and most likely originate from a ship transporting maize The Maize Board has been requested to ask via its overseas suppliers that crew members exercise more care;

(3) no.

SA's just what the doctors ordered

93

DJ\Mail 22|5-28|5|92

For the many foreign medical students flocking to South Africa's crowded hospitals it's a case of the more "traumas" the better.

By **BEATHUR BAKER**

EACH year a steady supply of foreign medical students — mainly from First World countries — apply to complete three months of their final-year practical training in South African hospitals. The big attraction: unlike their own hospitals, local institutions have an endless supply of knife and gunshot victims.

Baragwanath Hospital, for instance, is regarded as one of the best training grounds in the world in dealing with victims of violence — or trauma cases, as they are known to medics.

"In this country we get better experience of injuries which come out of brutality such as gunshot wounds and stab wounds," says Ulra Gausmann (26), a sixth-year medical student from Germany. She has been in the country for six weeks, attached to the surgical units of the Baragwanath Hospital.

With Lisa Baden (30), based at Hillbrow Hospital, she applied to come here through the University of the Witwatersrand's Medical School Foreign Student Elective Programme.

In the hospitals where they work, trauma or casualty units deal mainly with "cold cases": ulcers, cancer treatment or motor car accident injuries, for example. Gunshot and knifing victims appear once or twice a year.

They say that in Germany there is more concentration on theoretical training.

"There, as a final-year student, you are not allowed to ask many questions; you are expected to know because of your advanced level of training," says Gausmann. "In the Bara unit where I work, training is of great quality and very practical. But we do attend lectures and tutorials, and you are much freer to learn by asking seniors."

Baden says she has been seeing "a lot of things here that I would not have in Germany" and feels the course is a good experience for any medical student.

One of the more gruelling aspects of training is a 24-hour shift of "intake duty" in the trauma section, says Gausmann.

"In a hospital like Bara, this is a responsibility in itself. There are already very few doctors and these few have to work around the clock almost non-stop.

"But you get used to it. We like it a lot because you learn so much from being there and assisting in various procedures, maybe going into surgery a few times as well."

According to the Wits Medical School administration, more than 300 inquiries are received annually and between 150 to 175 students are placed in hospitals for clerkships ranging from four to 16 weeks. The applications come mainly from Europe, North America and Australia.

The sixth year is a junior intern year or practical training year. Final examinations at the end of the sixth year lead to graduation and to internship at a hospital for one year.

The foreign students programme — technically the "foreign student elective clerkship" — is open to students who have completed basic medical training and at least one year's clinical training in a hospital.

There are more than 50 professors and associate professors, some located in the clinical departments at teaching hospitals, to oversee final year students.

Foreigners applying to work at an academic hospital have to register with the South African Medical and Dental Association after arriving in South Africa.

In an information brochure, the medical school puts Baragwanath Hospital's main attraction this way: "Experience both First and Third World conditions endemic to Africa and the effect of urbanisation and Western cultural influences on a deprived and rapidly changing community."

These students are also given a choice between two psychiatric hospitals — Sterkfontein and Tara centre.

Three basic options available to students are:

- A clerkship in the clinical departments of two different teaching hospitals.
- Working in a rural hospital but spending part of their training in a teaching hospital.
- Spending the duration of their visit working in a rural hospital, which as emphasised by administration, is not a teaching hospital.

Local hospitals are also differentiated from each other by a listing of the number of beds they can accommodate. For example, Baragwanath Hospital's maximum bedding capacity is 3 000, Coronation, 500 beds, and Hillbrow, 800 beds. Johannesburg Academic Hospital takes 650 beds and the JG Strijdom 450.

The brochure explains the "clearly identifiable characteristics" of each hospital as being due to "the heterogenous society that comprises the South African population".

GR

Concern at the swing to private practice

AN ANALYSIS of trends in numbers and distribution of medical practitioners since 1979 shows that, despite an increase in doctors, there has been a substantial shift to the private sector and to the 10 largest metropolitan areas in SA.

According to the Centre for Health Policy's Patrick Masobe, the number of registered physicians increased by 63% between 1979 and 1990 and the number in practice by 69%.

While 53% of practising doctors were in the public sector in 1979, this had declined to 41% in 1990. Private sector doctors increased from 47% to 59% over the same period.

If the number of interns in the public sector is left out, 63% of all practising doctors work in the private sector. Of these 4% work full-time in private hospitals, clinics or industry.

The other 96% were in "independent fee-for-service practice" which means a seperate payment is made for each intervention and procedure performed.

According to Masobe, one consequence of the shift by doctors to private practice is that the ratio of population per doctor in the public sector is now seven times greater than in the medical aid sector. In 1979 it was four times greater.

When it comes to the geographical distribution of doctors, the 10 largest metropolitan areas account for 82% of all doctors and there are 5,5 times as many people per doctor outside these metropolitan areas.

Masobe says these trends are similar for dentists and nurses and demonstrate the expansion of the private sector at the expense of the public sector.

Masobe believes that in a future health system doctors in the private sector will have to be incorporated in a way that ensures they are accessible to many more people than those on medical aid.

Masobe believes substantial state intervention or regulation of the private sector is needed to ensure that the public health sector is not compromised. "Both public and private resources need to be utilised more efficiently."

Vaal doctors live with fear

By SOPHIE TEMA

DOCTORS practising in black townships in the Vaal are contemplating quitting following the reign of terror in the area and the war declared on them by faceless gangsters.

Doctors say the situation has worsened since the death of one doctor whose body was found in an open veld a week ago.

Since the death of Doctor Dan Mogabudi, several other doctors have been threatened with their lives by gangsters who move around the townships robbing and in some cases attacking doctors.

Several doctors claimed that they had been visited by several suspicious youths who claimed they were members of the ANC asking for donations.

After the doctors had asked them to produce their ANC membership cards and the fund-raising numbers the youths became aggressive and threatened to burn down their consulting rooms because they refused to co-operate.

The doctors said attacks against them started about 18 months ago when one doctor was shot in the leg and robbed of his vehicle.

This week medical practitioners in the Vaal were to have held a meeting in Roshnee to discuss the volatile situation that has developed in the area and put the lives of doctors at high risk.

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Hijacked

So far, about five of them have been robbed of money and their vehicles taken from them at gunpoint.

A Soweto doctor who was practising in Orange Farm had his brand-new car hijacked and the engine burnt out.

A doctor who requested that his name not be published, said: "I had a nasty experience after it had been rumoured that I had been shot and killed by gangsters.

"Two days after the rumour, two men were reported to have visited my surgery. Fortunately, I was not in and they found the nursing staff.

"The one who came into the rooms wanted to know where I was and the nurse told him that I had gone out.

"I am now very scared. I am also thinking of moving out of this place. I grew up here, went to school here and after I had completed my studies as a doctor I returned to my home town to offer my services to my people.

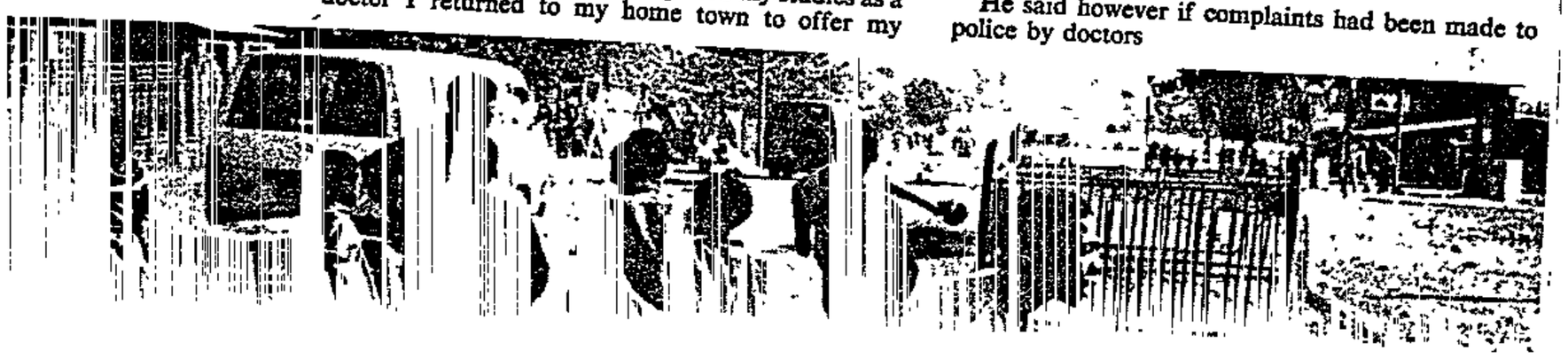
"But now I am terribly scared. I close my surgery earlier than usual because I can no longer guarantee the safety of myself and my workers."

Most of the doctors have laid complaints with the police.

Vaal police liaison officer, Captain Piet van Deventer, said he only knew of an investigation into the death of Dr Mogabudi.

He said however if complaints had been made to police by doctors

END OF THE ROAD ... Areas of the Vaal Triangle resemble war zones, with burnt-out vehicles and gutted houses bearing testimony to the violence raging in the area.



gangsters who move around the townships robbing and in some cases attacking doctors.

Several doctors claimed that they had been visited by several suspicious youths who claimed they were members of the ANC asking for donations.

After the doctors had asked them to produce their ANC membership cards and the fund-raising numbers the youths became aggressive and threatened to burn down their consulting rooms because they refused to co-operate.

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END OF THE ROAD . . . Areas of the Vaal Triangle bearing testimony to the violence raging in the ...

STREET LEGAL . . . Sebokeng's troubled streets, where children enforce the law. Residents have delared a curfew and any vehicle found travelling through the township an night runs the risk of being torched.

■ Pics: EVANS MBOWENI

Disgraceful conduct: Doc guilty

(93) CT 4/6/92

A PORTERVILLE doctor who had failed to exercise proper control over the dispensing of medicine was yesterday found guilty of disgraceful conduct.

A disciplinary committee of the SA Medical and Dental Council also found Dr Willem de Klerk, 35, a general practitioner, guilty of having 50 dangerous tablets unaccounted for. Dr De Klerk pleaded guilty to improper conduct on all charges but denied his actions were disgraceful.

His licence to practise medicine was revoked for six months but the sentence was suspended for three years.

Dr De Klerk admitted that before leaving on holiday he left the keys to his dispensary and blank, signed prescription forms with his nursing staff.

He said he left instructions that medicines were to be dispensed in accordance with the repeat prescriptions of his regular patients while he was away.

The 50 addictive tablets had been dispensed to a regular patient before Dr De Klerk left, but the sale was not entered on the register due to an administrative failure.

draft operating budget of R1 060 million of the Corporation for the 1992/93 financial year. A further R28 million is required, for which approval must still be obtained.

(a) The additional amount of R28 million is required because of the fact that the Corporation's five year security plan has been shortened to three years, and on account of the Goldstone Commision's investigation into violence on trains. The five year security programme which would have ended on 31 March 1995 has been expedited and shall already be fully phased in on 31 March 1993. This entails that all stations will be secured for policing by erecting security fences, providing lighting, introducing access control and providing on-site accommodation for the SAP. Communication between the train driver, control room and the SAP is being improved to permit the speedier reporting of dangerous situations and incidents Approximately R96 million of the draft capital budget of the Corporation of R288 million for the 1992/93 financial year, will be spent on security.

(b) The five year security plan has been shortened to three years with the aim to protect travel fare income by means of more efficient access control, and to appoint additional personnel to ensure better control at stations, to ensure better safety and to accomplish better crowd control.

A total amount of R250 million has been budgeted for the five year plan and will remain the same for the three year programme.

Tax deduction scheme: films

*9. Mr K M ANDREW asked the Minister of Finance:

(1) Whether, with reference to the film incentive tax deduction scheme, the Receiver of Revenue has reached a decision in respect of tax deductions for films for which deductions were claimed for the tax year ended 29 February 1988; if not, (a) why not and (b) (i) when is it expected that a decision will be reached and (ii) how long has the Receiver of Revenue been considering this decision; if so, what decision was taken;

(2) whether he will make a statement on the matter?

B734E

The DEPUTY MINISTER OF FINANCE (Dr T G Alant):

(1) As the methods of finance as well as various other aspects of schemes of this nature differ from each other, it is necessary that every case is judged on its own merits and circumstances and each film scheme is decided upon separately. There is therefore no general decision which applies to all films.

In so far as the tax year ended 29 February 1988 is concerned, decisions have already been taken in respect of those films where sufficient information has been supplied by taxpayers. At present all film schemes are being dealt with by a special division which is situated in the office of the Receiver of Revenue, Johannesburg. Although it is a difficult and time-consuming task, the point has now been reached where assessments in respect of most of those schemes will be issued to the relevant taxpayers during the next few months.

(a) Not applicable.

(b) (i) Not applicable.

(ii) Not applicable.

(2) No.

Exemption of life-saving drugs from VAT

*10. Mr M J ELLIS asked the Minister of Finance:

(1) Whether he is considering or will consider exempting life-saving drugs from value-added tax (VAT); if not, why not;

(2) whether he will make a statement on the matter?

B735E

†The DEPUTY MINISTER OF FINANCE (Dr T G Alant):

(1) No The reasons are furnished in the following statement.

(2) During March 1992 the hon member posed a question in regard to medical services and as his question was fully answered at that stage, I do not consider it necessary to discuss VAT on medical services in general.

It is well known that sales tax at the rate of 13 per cent was payable on all medicines prior to the introduction of VAT. As the VAT rate is only 10 per cent and suppliers of medicines are now in a position to pass on to consumers the benefits of input credits in respect of capital and intermediate goods which are provided under the VAT system, the VAT system has created the climate to bring about a reduction in the cost of medicines.

As regards life-saving drugs, the question arises what are life-saving drugs. For one person a certain drug may be a life-saving drug but not for another. For practical reasons it is not possible to provide for the same item to be supplied to one person without VAT and to another with VAT.

Mr K M ANDREW: Mr Chairman, arising from the hon the Deputy Minister's reply, may I ask him, in the light of the fact that he has the answer to next week's question which has not as yet been asked, does he possibly have the results of the next by-election which has not as yet been held? [Interjections.]

(Question arising from wrong answer read by Deputy Minister of Finance (Dr T G Alant).)

Limited private practice: public service medical practitioners

*11. Mr M J ELLIS asked the Minister of National Health:

With reference to her reply to Question No 4 on 20 May 1992, what measures have been announced which enable registered (a) medical practitioners, (b) dentists and (c) (i) medical and (ii) dental specialists in the public service to participate in limited private practice?

B736E

The MINISTER OF NATIONAL HEALTH:

(Reply laid upon the Table with leave of House).

DEPARTMENT OF NATIONAL HEALTH AND POPULATION DEVELOPMENT

S29/7/3
S29/7/4

1 April 1992

POLICY IN CONNECTION WITH LIMITED PRIVATE PRACTICE

1. *Introduction*
With regard to the national goal of an effective, efficient and affordable health service, the Cabinet approved the principle of limited private practice during a session on 2, 3 and 4 December 1991 and on 11 March 1992 which will enable medical and dental personnel to perform work outside employment in the Public Service and receive and retain the income which is generated from this, subject to certain conditions.

2. *Purpose of limited private practice*
To promote the recruitment and retention of medical and dental personnel

3. *Scope of application*
All officers and employees employed in a full-time or part-time capacity who are registered with the SA Medical and Dental Council as medical practitioners, dentists and medical/dental specialists, qualify for participation in limited private practice

4. *Operational measures*
4.1 Approval for participation in limited private practice by officers/employees still rests with the relevant Minister/Administrator or his delegate.
4.2 Limited private practice is performed outside and over and above the prescribed official duty times and duty hours, in other words such work must be performed outside the approved duty times and after the official minimum of 40 hours of service per working week or 56 hours of service per working week in the case of personnel who declare themselves willing to comply with a working week of at least 56 hours, or in the case of part-time personnel after the relevant number of hours of duty. (A working week is that period which extends from midnight between a Saturday and

cont—D

Sunday to midnight between the following Saturday and Sunday).

4.3 A maximum number of hours equal to 20% of the official hours may be spent on limited private practice. In respect of full-time personnel it is 8 hours per working week of 40 hours and 11½ hours per working week of 56 hours.

4.4 Additional control measures aimed at achieving the goals and in order to comply with the conditions in this document, may be laid down by departments/administrations (The South African Defence Force is naturally also a department) after consultation with the supervisory board where applicable.

4.5 The type of limited private practice or combination of practices (faculty group practice, departmental group practice/unitary group practice and individual private practice) is the option of the relevant department/administration in consultation with the supervisory board and the faculty where applicable. A faculty group practice is recommended where possible. Limited individual private practices at academic hospitals should only be permitted if the Policy Council for Academic Hospitals approves the principle thereof.

4.6 The supervisory board of each academic complex must itself manage and finance the implementation and operation of limited private practice. At non-academic hospitals/institutions the relevant department/administration must ensure that the principle of non-involvement by the government is maintained.

4.7 Private practice may in special circumstances and in the discretion of the department/administration, be performed outside the own institution at private institutions or other state institutions. In respect of academic hospitals the supervisory board must be consulted beforehand.

4.8 Participation in limited private practice will be with retention of salary, compensatory payments (including the non-pensionable professional allowance) and other conditions of service including future adjustments/improvements of the dispensation.

4.9 Because of the possible implications of limited private practice on the private sector, this should be discussed with local interest groups in the health sphere prior to the implementation of limited private practice.

4.10 Private patients who are prepared to serve as training cases will not receive any discount.

5. *Preconditions*

5.1 Personnel must submit applications to operate a private practice for consideration in accordance with the provisions of section 24 of the Public Service Act, 1984 (Act 111 of 1984).

5.2 Limited private practice is a privilege and not a right. The continuation thereof will be considered from time to time to determine whether its objectives are still being met. The first such evaluation for the period ending on 31 March 1993 must be done by the submission of a report to the Department of National Health and Population Development.

5.3 *Neither the care of state dependant patients, nor the training of personnel or research may in any way be curtailed and may under no circumstances be jeopardized by private practice.*

5.4 Expansion related to the administration of limited private practice—financial or otherwise—may not be defrayed from state funds. State revenue may not be sacrificed and no resources/facilities may be utilized without the necessary levy. If levies other than those already approved occur, motivated requests must be referred to the Department of National Health and Population Development for co-ordination and submission to the Department of State Expenditure.

5.5 Private patients must still be able to exercise a free choice regarding their medical practitioner, dentist or specialist and in respect of treatment by the limited private practice.

5.6 It is not the intention that the financial needs of health authorities regarding treatment of state dependant patients be offset against funds generated by limited private practice.

5.7 Limited private practice must be administered within the current scale of benefits which is determined by the Representative Association of Medical Schemes.

5.8 At hospitals where limited private practice is in operation, the 30% levy on professional fees applicable to patients who are treated by participants of the scheme, is discontinued.

6. *Legal requirements*

6.1 The legitimate rules and regulations of the hospital/institution/clinic where limited private practice is in operation must still be observed by the relevant personnel.

6.2 Personnel who participate in limited private practice are accountable in respect of that practice and all resulting claims will consequently be the responsibility of the persons concerned.

6.3 Registration of the group practice with the SA Medical and Dental Council and the Association of Medical Schemes is the responsibility of the faculty/personnel.

6.4 Existing agreements between health authorities and universities must, where necessary, be adjusted.

6.5 The measures contained in this document may at any time be adjusted, amended or revoked.

Kaolin mine at Noordhoek

*12. Mr C W EGLIN asked the Minister of Environment Affairs:

(1) Whether the Government has inspected the site of the proposed kaolin mine at Noordhoek to determine whether protected trees and other flora are growing on the site; if not, why not; if so, (a) when and (b) what are the findings;

(2) whether he has taken any steps to safeguard any such protected trees and other flora; if so, what steps?

B739E

The MINISTER OF ENVIRONMENT AFFAIRS:

(1) The Department of Environment Affairs itself did not undertake a vegetation survey on the site. Such a comprehensive vegetation survey was however done by the consultants, Steffen, Robertson & Kirsten with the assistance of personnel of the National Botanical Institute at Kirstenbosch, as part of the environmental impact study which accompanied the application. This report clearly states that no rare or endangered plant species in terms of the Red Data book occur on the site itself. But even if that were the case, the conditions pertaining to the authorization to mine require that appropriate measures shall be applied to protect and conserve non-alien flora on the site.

Moreover, the said conditions oblige the mining company to rehabilitate the land and, if required to do so by the monitoring committee, to introduce fynbos on the rehabilitated land.

(2) Falls away.

Publications Appeal Board: new appointments

*13. Miss M SMUTS asked the Minister of Home Affairs:

(1) Whether new appointments are to be made to the Publications Appeal Board; if so, when;

(2) whether he is taking or intends taking any steps to ensure that the said board will in future be more representative of the South African population than it is at present; if not, why not?

B740E

The MINISTER OF HOME AFFAIRS:

(1) Yes. New appointments will be made in the forthcoming month or two.

(2) Section 35(3)(b) of the Publications Act, 1974 (Act 42 of 1974), requires that persons designated must be persons who by reason of their educational qualifications and experience are fit to perform the functions entrusted to the appeal board. The Act does not specifically require appointments to be representative of the South African community, but every reasonable effort will be made to designate properly qualified persons to reflect as far as possible the norms of the entire South African community in all its variations.

Mr P G SOAL: Mr Chairman, arising out of the hon the Minister's reply, he says that every effort will be made to achieve the desirability of having a representative board, for which we are grateful, but will he consult those parties and organizations involved with Codesa to ensure representativeness?

The MINISTER: Mr Chairman, I do not have any intention of doing so, because I am ade-

foodstuffs for 200 000 | the policy of economic patronage pursued by the NP since it came to power, Andrew said.

says the object of the measure is to commercialise the state's forestry and timber processing activities.
BDay 10/6/92 REPORTS: Sapa

Doctors protest against amendments to Bill

BDay 10/6/92 (93)

CAPE TOWN — About 120 doctors, dentists and other medical practitioners converged on Parliament yesterday to present a memorandum to National Health Minister Rina Venter opposing the amendments to the Medical Scheme Bill.

The group, marching under a banner calling for health care for all, handed the memorandum to Venter's administrative secretary Eric Cronjé at the gates of Parliament.

The memorandum objects to the Medical Scheme Amendment Bill on the grounds that it "laid open low socio-economic and under-served areas" to exploitation by businessmen seeking to profit from sickness.

Dispensing Family Practitioners Association (DFPA) chairman E Rapiti read the memorandum before handing it to Cronjé.

"We further object to the fact that the Bill dismally fails to address the dire needs of health care of the ... indigent, unemployed and pensioners who reside in the peri-urban and rural areas," he said.

The signatories to the memorandum demanded the Bill be stopped immediately and that a forum comprising all relevant players be convened to discuss a health policy.

The Bill was signed by the DFPA, the Dental Practitioners' Association, and the Physiotherapists, Health Workers and Allied Medical Professionals.

The Mitchells Plain branch of the ANC aligned itself with the protest.

Amendments to the Bill would only benefit the "fat cats". — Sapa.

Doctors and advertising

(93)

BIDay 16/6/92.

THE desirability of advertising by medical practitioners needs to be weighed against competence, trust and confidence in a chosen professional, says SA Medical and Dental Council president Dr Len Becker.

Becker was speaking at the opening of the sixth international congress of the SA Optometric Association at Sun City yesterday.

He said advertising could easily mislead the public with padded claims of cheaper or better products, and could omit the most important factors, which were the quality of the service and its cost-effectiveness.

The council would oppose any form of deregulation which could bring about a lowering of standards. Minimum requirements laid down for registration with the council would remain in force, said Becker. — Sapa.

specified periods. As far as question (iii) is concerned the required information will only become available after 30 June 1992. To obtain the information now, all magistrate's offices would have to be contacted which is not economically feasible.

(i) 35 922 for the period 1 July 1989 to 30 June 1990.

(ii) 43 260 for the period 1 July 1990 to 30 June 1991.

(iii) Not readily available.

(b) (i) 5,53%

(ii) 6,8%

(iii) Not readily available.

(2) The circumstances in which sentences imposed by magistrates are subject to automatic review, are set out in section 302 of the Criminal Procedure Act, 1977 (Act 51 of 1977). The other circumstances in which criminal cases can be reviewed, are set out in section 304(4), 305 and 306 of the said Act, as well as section 24 of the Supreme Court Act, 1959 (Act 59 of 1959).

(3) Statistics are not kept in regard to sentences mitigated but in regard to sentences/convictions set aside or amended. The available statistics are as follows:

Period	*Set aside*	*Amended*	*Total*
(i) 1.7.89 – 30.6.90	695	867	1 562
(ii) 1.7.90 — 30.6.91	516	882	1 398

(iii) Not readily available

End-of-year exams written/passed: schools in PE metropole

293. Mr E W TRENT asked the Minister of Education and Training:

How many pupils in schools falling under his Department in the Port Elizabeth metropole (a) wrote the end-of-year examinations for, and (b) passed, each standard in 1989, 1990 and 1991, respectively?

B731E

The MINISTER OF EDUCATION AND TRAINING:

	1989		1990		1991	
	(a)	(b)	(a)	(b)	(a)	(b)
Sub A	9 456	8 404	10 504	9 355	10 445	9 111
Sub B	7 278	6 547	7 753	6 974	8 172	7 293
Std 1	6 487	5 911	7 379	6 699	7 533	6 776
Std 2	5 594	5 288	6 421	6 022	7 069	6 570
Std 3	5 419	4 623	6 336	5 427	6 878	5 929
Std 4	5 563	5 014	5 774	5 057	6 351	5 489
Std 5	8 498	7 660	6 276	5 473	6 095	5 340
Std 6	4 094	2 920	9 054	6 003	8 807	5 856
Std 7	3 503	2 358	3 967	2 616	8 454	5 475
Std 8	3 250	2 188	3 894	2 561	4 824	3 404
Std 9	2 955	1 975	3 214	2 266	4 284	2 735

End-of-year exams: primary schools in Uitenhage

294. Mr E W TRENT asked the Minister of Education and Training:

How many pupils in each of the primary schools falling under his Department in the Uitenhage metropole (a) wrote and (b) passed the end-of-year examinations in 1989, 1990 and 1991, respectively?

B732E

The MINISTER OF EDUCATION AND TRAINING:

School	1989		1990		1991	
	Wrote	Passed	Wrote	Passed	Wrote	Passed
Alex Jayiya	566	483	439	389	468	381
Ashton Gontshi	476	393	427	372	424	370
Ilinge	539	483	389	355	359	320
James Ntungwana	677	573	609	494	602	536
J N Tulwana	625	565	523	451	537	443
Little Flower	428	379	391	369	391	359
Mjuleni	833	728	768	672	806	737

School	1989		1990		1991	
	Wrote	Passed	Wrote	Passed	Wrote	Passed
Mngcunube	882	764	798	693	842	716
Mghayi			587	455	622	484
Mtonjeni	930	841	816	785	840	784
Nokhwezi	785	656	559	466	1 288	982
Nosipho	958	851	1 103	955	1 243	1096
Ntlemeza	527	450	446	386	492	428
Phakamile	893	780	1 304	1 083	1 488	1 319
R H Godlo	879	796	738	710	818	755
Stephen Nkomo	664	639	594	534	587	540
Vuba	587	538	551	475	599	513
James G Ndulula	553	507	624	560	706	627
Phindubuye	919	792	937	794	1 170	1 010

End-of-year exams: schools in Uitenhage

295. Mr E W TRENT asked the Minister of Education and Training:

How many pupils in schools falling under his Department in the Uitenhage metropole (a) wrote the end-of-year examinations for, and (b) passed, each standard in 1989, 1990 and 1991, respectively?

B733E

The MINISTER OF EDUCATION AND TRAINING:

	1989		1990		1991	
	(a)	(b)	(a)	(b)	(a)	(b)
Sub A	3 279	2 787	2 328	1 980	3 049	2 506
Sub B	2 093	1 811	2 281	1 997	2 268	1 934
Std 1	1 868	1 655	1 941	1 665	2 344	2 081
Std 2	1 766	1 572	1 833	1 627	1 856	1 657
Std 3	1 215	1 074	1 727	1 496	1831	1 633
Std 4	1 138	1 029	1 253	1 067	1 676	1 446
Std 5	1 362	1 290	1 240	1 166	1 258	1 143
Std 6	911	615	1 233	683	1 478	847
Std 7	750	526	571	346	1 077	631
Std 8	692	413	621	371	818	449
Std 9	439	299	420	256	631	290

Flats in doctors' quarters: Addington Hospital

296. Mr M J ELLIS asked the Minister of National Health:

(1) Whether any flats in the doctors' quarters of Addington Hospital in Durban have been converted into luxury flats; if so, (a) how many flats were used to effect the conversion, (b) (i) how many luxury flats were developed, (ii) what is the size of each such flat and (iii) what does each comprise, (c) (i) for what purpose are these flats to be used and (ii) what are the names of the persons who are to use them, (d) what was the (i) total and (ii) itemized cost of (aa) converting and (bb) equipping these flats and (e) from which vote or votes was the cost of (i) constructing and (ii) equipping these flats financed;

(2) whether any funds from the 1991–92 budget were used for these flats; if so, (a) what total amount and (b) how was this effected in terms of the practice of unutilized moneys in the budget having to be returned to the Treasury at the end of the financial year;

(3) whether the decision to convert these flats was taken by the Executive Committee of the Province of Natal; if not, why not;

(4) whether one of these flats is for the use of a director-general; if so, (a) for which director-general, (b) why and (c) at whose discretion?

B738E

The MINISTER OF NATIONAL HEALTH:

(1) Yes, however the flats are modern living quarters and cannot be termed luxurious,

(a) three,

(b) (i) two average standard flats,

(ii) flat A is 153m^2
flat B is 74 m^2

(iii) flat A — two bedrooms, living/dining room, one

study, one kitchenette, two bathrooms

flat B — one bedroom, one open plan living room/ kitchenette, one bathroom,

(c) (i) for overnight accommodation for the Administrator, Mrs Botha and the Director-General and

(ii) Mr C J van R Botha
Mrs C J van R Botha
Dr N E Howes,

(d) (i) (aa) total cost (converting) = R155 474,00 and

(bb) total cost (equipping) = R75 505,02 and

(ii) (aa) **itemized conversion costs:** (Costs strictly for conversion)

Construction of walls, painting and tiling	R32 723,00
Supply of airconditioning units	R30 420,00
Light fittings	R1 681,00
Bathroom fixtures and fittings	R19 820,00
Doors outside and internal (5 doors)	R4 550,00
Floor covering	R13 055,00
Built-in cupboards and fittings	R20 948,00
TOTAL	R123 197,00

(Costs associated with normal maintenance which would have been undertaken irrespective of the conversion)

Replacement of window frames	R5 083,00
Replacement of inferior wiring	R9 226,00
Normal lift renovations	R1 837,00
Replacement of obsolete distribution board	R7 230,00

Replacement of galvanised plumbing fittings	R8 901,00
TOTAL	R32 277,00

and

(bb) **itemized equipment/ furnishings:**

Crockery and cutlery	R8 038,50
Software (linen)	R4 212,88
Re-upholstery of furniture	R5 540,00
New furniture	R29 393,98
Curtaining	R18 602,57
Kitchen equipment and utensils	R9 717,09
TOTAL	R75 505,02

and

(e) (i) Vote 4L1 (Natal Provincial Administration)—Works Branch—Minor Works, Buildings and

(ii) Vote 4F1 (Natal Provinical Administration)—Works Branch—Furniture and Equipment;

(2) yes,

(a) R123 133,00 of the conversion costs was committed and passed for payment from the 1991/92 budget, the balance will be paid from the 1992/93 budget. R37 549,30 of the equipment costs was committed and passed for payment from the 1991/92 budget and the balance of R37 956,32 will be paid during the 1992/93 financial year and

(b) all unspent money was returned to the Treasury at the end of the 1991/92 financial year;

(3) no, as this was a minor works project and such projects are not subject to prior Executive Committee approval;

(4) yes,

(a) Director-General of the Provincial Administration of Natal

(b) to provide overnight accommodation as the Director-General frequently has to attend meetings, seminars and conferences in Durban which either end late or are spread over more than one day.

This has in the past necessitated either returning to Pietermaritzburg by car late at night and sometimes returning the next day, which in the present situation involves a considerable safety risk and expense, or staying overnight in hotel accommodation at considerable expense and

(c) at the discretion of the Director-General in consultation with the Administrator.

Exploitation of applied space technology

298. Mr C W EGLIN asked the Minister for Public Enteprises:

(1) Whether the Government has initiated and/or intends to initiate an investigation into the commercial feasibility of exploiting the applied space technology available at a certain company, the name of which has been furnished to the Minister's Department for the purpose of his reply; if so, (a) what are or will be the terms of reference of such investigation and (b) what is the name of this company;

(2) with reference to the persons who are conducting or will conduct this investigation, (a) what are their names and (b) what position does each hold in the (i) private or (ii) public sector?

B747E

The MINISTER OF PUBLIC ENTERPRISES:

(1) An investigation is at present being undertaken and co-ordinated by Denel (Pty) Ltd in co-operation with other interested parties in the total RSA industry as well as a variety of foreign space related organisations, on the feasibility of a space industry in the RSA. The chief aim with the investigation is to determine the market opportunities as well as the risks and profitability of such an industry. The investigation is being undertaken within the framework of the free market system and is merely of a commercial nature.

(a) and (b) Fall away.

(2) Falls away.

Employees of Armscor laid off

299. Mr J M BEYERS asked the Minister of Defence:†

(a) How many employees of (i) Armscor and (ii) its affiliates have been laid off since 2 February 1990 as a result of the scaling down of the activities of the South African Defence Force and (b) in respect of what date is this information furnished?

B753E

The MINISTER OF DEFENCE:

(a) (i) 720

(ii) 4 749

(b) As at 31 May 1992.

SADF: members laid off

300. Mr J M BEYERS asked the Minister of Defence:†

How many members of the (a) Air Force, (b) Army and (c) Navy were laid off during the latest specified period of 12 months for which figures are available as a result of the rationalization of the South African Defence Force?

B754E

The MINISTER OF DEFENCE:

For the period 1 May 1991—30 April 1992, the figures are as follows:

(a) 200

(b) 18

(c) 6

Ship destined for Iraq: instructions to turn back

302. Mr W A BOTHA asked the State President:†

(1) Whether he personally gave instructions that a ship carrying electronic export goods destined for Iraq was to turn back to South Africa; if so,

(2) whether he gave these instructions after he had learned that the United States of America was going to declare war on Iraq; if not, what are the relevant details;

600 doctors admit to mercy killings

ST Times 21/6/92. (93)

By CAS St LEGER

AT least 648 South African doctors have admitted they have performed mercy killings on terminally ill patients — and thus technically committed murder.

A shock survey released this week also revealed that another 1 206 doctors have practised passive euthanasia and 108 have helped their patients commit suicide.

The methods used were not spelt out by the medical practitioners, who participated anonymously.

Euthanasia of the terminally ill was supported by nearly half the doctors who responded to a "right to die" survey conducted by Strategic Marketing Services of Johannesburg.

The survey — conducted across a broad medical spectrum — also shows:

● Nearly one in 10 medical practitioners in this country has taken deliberate clinical steps to cause the death of a patient directly;

SHOCK SURVEY: GPs back the right to die

● Almost half of those surveyed have deliberately taken clinical actions that would indirectly cause a patient's death.

The survey, conducted for the magazine Modern Medicine of SA in April and May 1992, discloses that 36 percent of private general practitioners, family practitioners and specialists surveyed have taken the direct action of removing incurably ill patients from life-sustaining therapy.

"Do not resuscitate" authorisations have been issued by two-thirds of the doctors.

Questionnaires investigating whether doctors recognise a moral difference between withdrawing life-support systems, doctor-assisted suicide and euthanasia were sent to 9 009 doctors.

There were 1 856 usable replies.

Secretary-general of the Medical Association of SA Dr Hendrik Handkom said of the results: "Masa believes in the principle that a doctor has a moral obligation to preserve the sanctity of life and to exercise his skills in the best interests of his patients."

Masa subscribed to the World Medical Association's declarations on euthanasia and terminal illness that: "Euthanasia, the act of deliberately ending the life of a patient, even at the patient's own request or at the request of close relatives, is unethical. This does not prevent the physician from respecting the desire of a patient to allow the natural process of death to follow its course in the terminal phase of sickness."

Answers

The project was developed in conjunction with Professor Solly Benatar, head of the department of medicine at the University of Cape Town, and the Cleveland Clinic Foundation Department of Bioethics in the United States.

Doctors were asked about their experience with end-of-life clinical situations and personal, professional and legal factors that would influence their actions.

Their answers show that religious affiliation and formal ethical training were highly significant in doctors being unwilling to commit euthanasia.

Removal of life-sustaining equipment apppears as a complex decision for doctors. Many — 40 percent — would not remove a ventilator from an unconscious patient who had given legal permission by signing a Living Will.

Twenty-five percent would deny the patient's request for reasons of professional ethics, while 14 percent would refuse because of personal considerations.

Younger doctors, aged 25 to 34, and those with a Christian or Jewish religious affiliation, agnostics and atheists, seemed more likely to have issued a "do not resuscitate" order.

Muslims and Hindus appeared less likely to comply with a request for euthanasia.

The legal consequences were the strongest influences on doctors' decisions.

Influences

The South African results compare with an American survey conducted in 1991 by the Harvard School of Public Health, where 63 percent of doctors believed they should be allowed to end the lives of patients with incurable diseases if they and their families requested it.

Said Dr Pete Vincent, medical editor of Modern Medicine and a Cape Town general practitioner: "It is the doctor who is standing by the bedside. He or she is ultimately responsible for delivering medical care to the patient. In short, the buck stops at the bedside."

Call to probe doctors involved in MMF

B'Day 22/6/92

DIRK HARTFORD (93)

MEDICAL professionals involved in third party insurance scams should be urgently investigated by the SA Medical and Dental Council, the National Health Unity Forum said yesterday. The forum represents medical professionals.

Police could investigate about 1 000 cases — involving as much as R100m — as a result of a report by the Melamet commission of inquiry into the Multilateral Motor Vehicle Accidents Fund.

Transport Minister Piet Welgemoed said on Friday that 200 files had already been handed to the Office for Serious Economic Offences, and the figure would double this week.

Forum spokesman Faizel Randera said the Melamet report followed reports of doctors getting kickbacks from private hospitals, which gave the public the impression that doctors were just out to make money. "It is disturbing that certain members of the profession are giving doctors a bad name," he said.

Medical Association secretary-general Dr Hendrik Hanekom said the association had requested a copy of the report, but would not comment further.

● See Page 6

Strike sends ailing to private doc ep

STAR 25/6/92

By Helen Grange
and Staff Reporter

Soweto's private doctors are desperately trying to cope with queues of patients avoiding Baragwanath Hospital, where the ongoing strike is slowly grinding the hospital to a standstill.

Emergency operations at State hospitals are becoming increasingly perilous, and complications are developing in patients whose operations have been postponed too long.

Doctors at Baragwanath are manipulating limb fractures and dislocations without using the x-ray service. Many limb-function-saving procedures have been delayed far too long, and some of these patients may be permanently disabled, doctors said yesterday. Some elderly patients would probably die, they added.

A doctor at a busy private clinic in Soweto said general practitioners were under great strain. Many patients who could not afford private care should be referred urgently to Baragwanath Hospital, but were being sent home.

At Johannesburg Hospital, which is making use of 700 volunteers, only non-emergency operations are being postponed. However, many patients have been waiting months for operations.

Private clinics have been busier than usual, handling medical aid patients who have been redirected from State hospitals.

Meanwhile, strikers are becoming increasingly angered with the TPAs use of volunteers at the affected hospitals.

National Education, Health and Allied Workers' Union (Nehawu) general-secretary Phillip Dexter said at a press conference yesterday that some strikers wanted to burn down Johannesburg Hospital.

The union would meet this weekend with other public-sector unions. The entire public service could come to a standstill for a day next week, Mr Dexter said.

Nehawu is demanding a minimum wage of R724 a month, a 15 percent salary increase, permanent status for part-time employees and an interim dispute-settling mechanism.

● The strike-hit Kimberley Hospital, which used volunteers to battle through a 98 percent week-long stayaway, yesterday announced it would close down services and limit the number of patients from tomorrow.

Hospital superintendent Dr Chris Engelbrecht said the hospital had been forced to limit services to emergencies only from tomorrow due to a stayaway by more than 250 hos-

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Private doctors are taking strain

93

ARG 25/6/92

The Argus Correspondent

JOHANNESBURG. — Soweto's private doctors are desperately trying to cope with queues of patients avoiding Baragwanath Hospital, where the strike is slowly grinding the hospital to a standstill.

Emergency operations at state hospitals are becoming increasingly perilous and complications are developing in patients whose operations have been postponed too long.

Doctors at Baragwanath are manipulating limb fractures and dislocations without using the X-ray service. Many limb-function-saving procedures have been delayed far too long, and some of these patients may be permanently disabled, doctors said yesterday.

Some elderly patients would probably die as a result of inadequate treatment of the injuries, they added.

Private clinics have been busier than usual, handling private medical aid patients who have been re-directed away from state hospitals.

The strikers are becoming increasingly angered with the Transvaal Provincial Administration's (TPA) use of volunteer labour at the affected hospitals.

National Education, Health and Allied Workers Union general secretary Phillip Dexter said yesterday that some strikers wanted to burn down Johannesburg Hospital.

The union would meet this weekend with other public sector unions. "We're considering bringing the whole country's public service to a standstill on a day next week."

Doctors have critical role

93

By MOKGADI PELA

PHYSICIANS have a vital role to play in the promotion of environmental health, according to the latest South African Medical Journal.

The SAMJ says a visit to the doctor by patients complaining of respiratory infections, fatigue, backache, early pregnancy, minor injury or a check-up should provide the doctor with an opportunity to ask about environmental health problems. Sowetan 26/6/92

Taking an occupational history is a powerful method of establishing environmental health risks. Such procedures can help identify, for example, the role of air pollution in respiratory infections, cramped working conditions in the home or at work as a cause of backache, the need to avoid radiation exposure in early pregnancy, or in males, before insemination.

Strike boosts load of private doctors

By Abdul Milazi (93) STAR 2/7/92

Overworked private doctors on the Reef are handling many more patients than usual because people needing medical care are being turned away from strike-hit hospitals, a survey by The Star has found.

Of the 27 private practitioners interviewed yesterday, 23 said their patient numbers had increased by more than 40 percent — from about 35 patients a day to about 50.

Most of the doctors said the increase could be attributed to the wage strike by the National Education, Health and Allied Workers' Union.

Many patients are now forced to dig deep into their pockets for private medical care. Private doctors charge a consultation fee of R30-R40 and extra for treatment and medicines.

State hospitals usually charge unemployed patients R10 for a consultation, including medicine, while employed people pay according to their salaries.

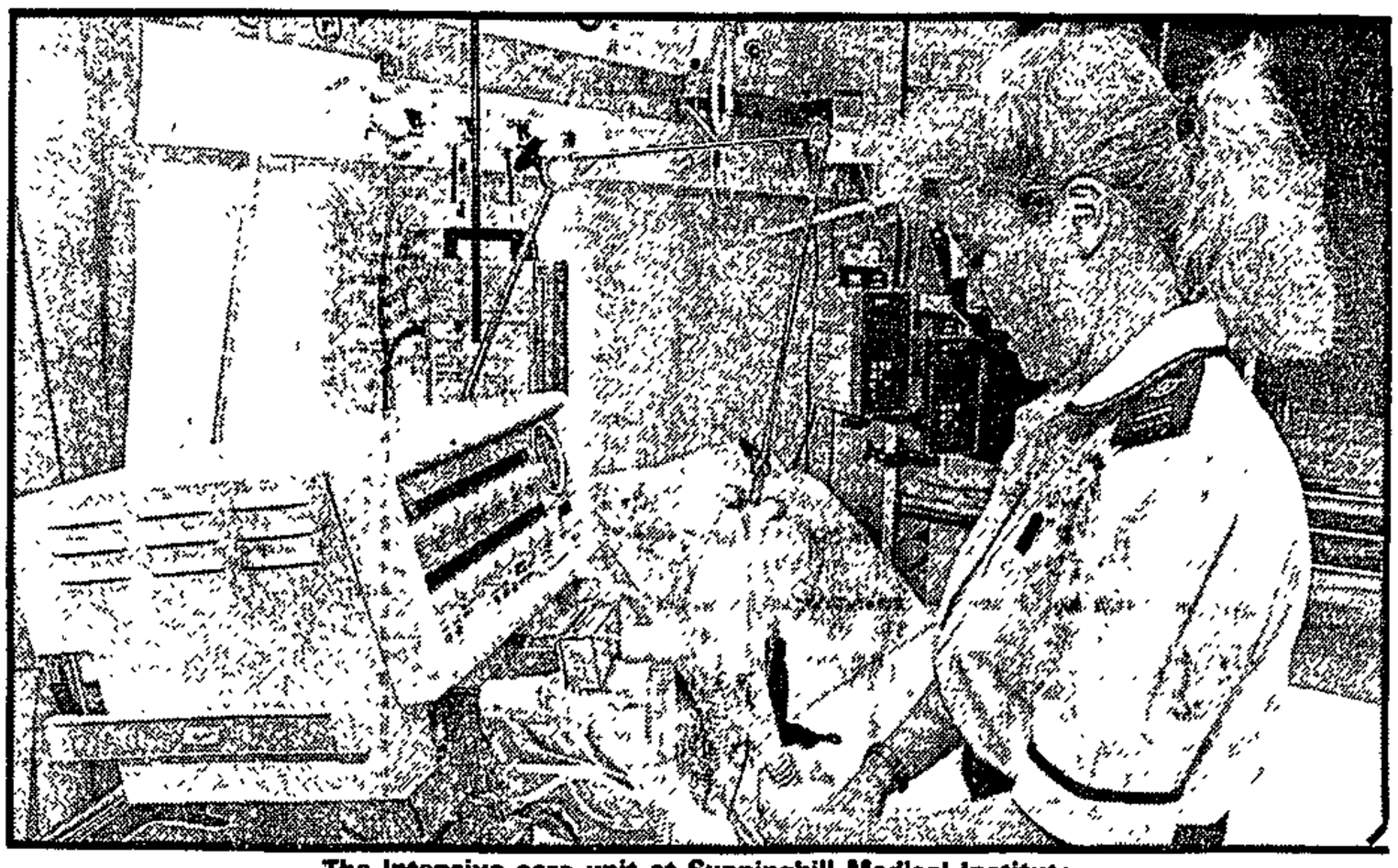
Dr Frank Khumalo of Tembisa said his surgery had been looking like an outpatients ward since the strike began.

"Every morning as early as 7.30 I find a crowd of people outside my surgery. I have never seen something like this."

He gave basic treatment to hospital cases and then referred them to hospitals, even though he was aware of the situation. "There is nothing I can do for them," he said.

Dr Louis Gumede of Soweto said his surgery had a daily spill-over from Baragwanath Hospital, and he had to turn away patients. "Sometimes I find that I cannot cope with the crowds," he said.

Johannesburg practitioner Dr Shashigant Mistry said his surgery was much busier than usual. "I used to see about 30 to 40 patients a day before the strike. Now I treat between 50 and 60."



The intensive care unit at Sunninghill Medical Institute.

Specialists form a group practice

B'Day 3/7/92.

CARDIOLOGISTS and cardio-thoracic surgeons at Sunninghill Medical Institute have formed a group practice, the advantages of which are enormous, they say.

A group practice allows the specialists to give their patients constant service by spreading the load, it grants them a flexibility to fit in teaching sessions and allows them to "pick each others brains" for the best way of dealing with problems.

Heart-related disorders such as heart attacks are, in most cases, acute emergencies. A group practice means someone is available to deal with each situation immediately.

Many of the specialists are also academics who would have been unwilling to break away from their teaching to move into private practice. Teamwork allows the doctors to work in private practice and still fit in their teaching rounds. "Sharing knowledge is essential," they say.

Consultation and idea exchanges, particularly in cardio-thoracic surgery, where there are many different ways of approaching an operation, means each patient is receiving the best medical care.

Sunninghill provides a comprehensive service to patients. Staff at the hospital do everything from screening the patient in the radiology department to admitting patients into intensive care, and rehabilitating the patients after surgery.

Affordable

"Patients are not numbers, they are individuals. We also aim to be affordable by charging medical aid tariffs or being compassionate to those who need financial assistance," one cardiologist says.

Cardiologists treat people with heart-related problems. They are responsible for patient care and diagnostic procedures, says nursing services manager Barbara Moore.

For example, a patient with a heart problem will be examined by a cardiologist who will take him through initial treatment. If there are complications, he will arrange for the patient to be given a catheterisation scan to see if there is an artery blockage near the heart, for example.

If possible, the block will be removed by inserting a catheter through the patient's groin and up into the affected area putting pressure on the vessel to open. "There is always a cardio-thoracic surgeon on stand-by in case of complications," says Moore.

Should the problem require surgery, the cardio-thoracic surgeon is brought in.

Sunninghill also has vascular surgeons who perform surgery on such problems as varicose veins or aneurysms (bulges in blood vessels).

One system the surgeons are very pleased with at Sunninghill is the monitors which link the theatres and ICU ward. If a patient in the ICU ward begins to experience post-op difficulties the surgeon in theatre can see what is happening and give the nursing staff instructions without interrupting the operation.

Doctors flee death threats at hospital

ST Times 5/7/92 93

By RYAN CRESSWELL

ALL six doctors at a country hospital have fled after being terrorised by a string of anonymous death threats.

The intimidation campaign, which has also chased away some nurses, is slowly bringing the 180-bed Appelbosch Hospital, near New Hanover in the Natal Midlands, to a grinding halt. The hospital was once one of Kwazulu's most efficient, serving a rural population of 300 000.

The doctors, three of them British immigrants, left in the past three weeks. The last two left last weekend. But an unknown number of nurses and other staff have left the hospital and its clinics since the campaign began late last year.

The area is predominantly Inkatha Freedom Party territory and is not one of the most violent parts of the fiery Midlands region, although there have been clashes between the IFP and the African National Congress in the New Hanover area.

Dr Peter Evans, regional superintendent for Kwazulu hospitals in the Midlands, said although a campaign of intimidation against staff at the hospital had been going on since late last year, the doctors began receiving calls near the end of June.

The anonymous caller said: "If you don't leave you will be wiped out." Two women doctors received the calls first.

Dr Evans said: "The whole situation is disgraceful. They were excellent doctors providing a very good service. Now the patients will suffer."

'If you don't leave we'll wipe you out'

Greytown said an investigation was under way. Nobody had been arrested.

Inkatha spokesman Kim Hodgson said: "We condemn these threats and the IFP will investigate.

"This kind of thing has happened in other areas. Whether these threats are of a political nature we just don't know, but it seems likely this is a political

WEALTHIER FEELING . . . jubilant Coenrad Mertz, the latest Viva million-rand winner, and his wife, Louise

country hospitals "at the best of times", but now it would be even more difficult.

One of the doctors who fled the hospital, asking not to be named, said the caller seemed to be black, spoke in English and appeared serious.

"He said: 'I'm telling you, you have to go and work somewhere else or we will wipe you out,' " the doctor said.

"I asked who was speaking and he said: 'It doesn't matter. You must go or we will wipe you out.' He repeated this three times.

"I was very shocked when he said: 'We know you have children and we will wipe them out too.'

"I do not have children, but a colleague has. That really worried me," the doctor said.

He added that 17 of the staff, including a transport manager, an administrator and a number of nurses had been threatened with death since November.

Some of the staff, besides those threatened, had left since the threats began because they could not stand the tension.

One of the threatened doctors said: "We had a wonderful hospital when I came out from England two years ago. We had lots of plans and were training doctors. I hoped that would continue."

Discharged

The doctors have all moved to other Kwazulu hospitals — some in northern Zululand.

The Appelbosch Hospital is still running, with nurses trained in primary health care and other staff members doing what they can for patients. Many of the less serious patients were discharged before the doctors left. Now all emergency cases and more serious patients have to travel 60km to Edendale Hospital, near Maritzburg.

About 58 of the staff are looking after 120 hospital patients, three residential clinics, three rural clinics and several mobile clinics.

A resident said people "are very worried" about not having doctors.

The SAP district commissioner, Colonel Tyrone Davis, has visited the hospital accompanied by Kwazulu officials in connection with the threats.

Colonel JM du Plessis of Sifiso Nkabinde said there was a "peaceful" campaign to bring Kwazulu hospitals under the jurisdiction of the Natal Provincial Administration because they were badly run by Kwazulu.

Wounded

"But we do not have a plan to destabilise hospitals. If they (the IFP) say this they are making false accusations because they have no proof."

● On Monday night an ambulance driver from Edendale Hospital was shot and wounded while going to fetch a patient. A car pulled up next to the ambulance and the occupants shot Mr Anton Luswayo, 31, before pulling him from the vehicle. The ambulance was later set alight.

Several drivers from the hospital have been shot and stabbed and their ambulances hijacked in the past two years. Last July driver Mr S Phungula was shot dead and the ambulance service to the Edendale Valley was suspended for some time.

Dear E
an amb

By CAS St LEGER

EVITA BEZUIDENHOUT h offered a top-notch job by th Frene Ginwala.

In a letter written on Frid Ginwala of the ANC women's pation committee said ambas Evita, alias satirist Pieter-D should quit being "Pik's pret pet" and join the Women's N Coalition.

She said the new and exci would offer a challenge f Bezuidenhout's "not inconsi diplomatic skills".

Miss Ginwala, convenor of alition, said Evita's present would be affected by the chan ing place in the country.

"A new democratic South would no longer recognise Ba weti as a foreign country to has to send an ambassador."

Although there would be countries which would accep African ambassadors, she w that after Evita's "very hecti the frenzy of diplomatic activi would find any other post "v and boring".

There has so far been no res the offer from Evita, who is a the arts festival in Grahamst

US doctors head to SA

From SIMON BARBER

WASHINGTON. — A top US trauma specialist heads to Cape Town on Friday to do volunteer work at the Universities of Cape Town and the Western Cape and in Khayelitsha.

Dr Arthur Yancey, who practises and teaches at Johns Hopkins and Howard Unversities, is the first of a series of senior black and Jewish American doctors being sent to South Africa as part of a pilot project funded by the Kovler Institute for Black-Jewish Relations. The volunteers are to spend up to six months in the Cape.

The project, to be formally launched tomorrow, is being run by a Washington-based organisation.

Hospital row goes to court

JOHN VILJOEN
Staff Reporter

A HEAD of department at Victoria hospital in Wynberg has gone to the Supreme Court, claiming victimisation at work.

Dr Harold Scheinfeld claims a superior unlawfully demoted him because of a personal dislike.

Dr Scheinfeld yesterday applied for a temporary interdict to set aside a decision by Dr Andrew Loubser, medical superintendent of the South Peninsula Hospitals Group, to remove him from his post as head of casualty and out-patients at Victoria Hospital.

In papers Dr Scheinfeld said Dr Loubser's failure to give him an opportunity to be heard before relieving him of his duties was a "gross disregard for the rules of natural justice and renders his decision unlawful".

Dr Loubser's decision was disciplinary and punitive and was based on a personal dislike for him, Dr Scheinfeld said.

The decision was unrelated to the needs of Victoria Hospital or the Cape Provincial Administration and was calculated to humiliate him, Dr Scheinfeld said.

Also named as respondents in the application were the Administrator, the Director-General of the CPA and Dr Naomi Visser, appointed Dr Scheinfeld's acting replacement.

By agreement, Mr Justice Thring postponed the application to next wednesday.

In papers Dr Scheinfeld said he had been employed by the CPA since 1979.

He was appointed head of the department of casualty and out-patients at Victoria Hospital from November 1 1990.

He began encountering problems with Dr Loubser and "his style of management" in December 1990, Dr Scheinfeld said.

Dr Loubser had asked him to stand in as Medical Superintendent while he took leave, but he found the request "irregular and inappropriate" and refused.

This decision "irritated" Dr Loubser who persisted in his request that Dr Scheinfeld deputise for him, which he reluctantly did.

When Dr Loubser returned to his post his relationship with Dr Scheinfeld deteriorated.

Dr Scheinfeld found him "unsympathetic", "obstructive", "autocratic", "argumentative" and "arrogant".

Dr Scheinfeld said he now had to follow the instructions of the acting incumbent in the position he had held until a few weeks ago. He felt humiliated and embarrassed.

His demotion would seriously affect his name and reputation and would be seen in local medical circles as an indication of a lack of competence.

FOCUS: *Is alternative medicine a real alternative?*

Not all healers are quacks

wlmcaf 10/7-16/7/92. 93

ACUPUNCTURE, homoeopathy, medical herbalism, chiropractice ... Do they help? Or are they the province of cranks?

Doctors of the type who charge a great deal of money to throw an expensive brand-name antibiotic (often inappropriately) at your viruses frequently decry any type of health help consumers may look to unless it has been ratified by their own training.

Often, of course, charlatans masquarade as healers and may either be of little or no help, or actually do damage.

But many forms of health help have persisted for centuries and millions of consumers swear by the help they have received. The Consumers Association's *Which? Way to Health* has put together a report on many of these disciplines to give its normally conservative and well-respected views on these issues.

Most "ordinary" doctors will require proof that alternative or complementary medicine works. But a great deal of the evidence available is word of mouth — and this can be powerful. The Consumers Association conducted a survey among its members in 1986 in which 31 percent of the respondents said they had been cured by alternative medicine and another 51 percent said they had been helped.

Locally, the figures are likely to be significantly higher if one takes traditional healers into account.

Some doctors use two standard arguments against these figures: the patients, they say would have got better anyhow without any treatment; and the patient believed it would help so it did (this is known as the placebo effect).

Which? Way to Health questions whether the usual way of proving medical efficacy — clinical trials — is always the right kind of test. The magazine points out that fewer than one in five medical procedures used today were tested in that way.

"So complementary therapies are being asked to pass a stiffer test than most orthodox treatments," the magazine comments.

CRITICAL CONSUMER

Pat Sidley's weekly advice on what to buy ... and what to avoid

The magazine notes that some traditional forms of clinical trials would not necessarily lend themselves to "proving" the efficacy of complementary medicine: it is difficult to imagine constructing what is known as a double blind trial (where the patient does not know what he or she is getting) for a treatment like acupuncture, where it is obvious whether or not the patient is being pricked with needles.

But they do argue than even some traditional double blind trials have come up with convincing evidence that some herbal medicines have benefits. They cite chamomile for wounds and ginger for sea-sickness among others.

Which? Way to Health also quotes therapists querying: what is wrong with placebos anyway? "Placebo literally means in Latin 'I will please'. The placebo effect describes benefits from a medicine or treatment which can't be explained by its chemical or physical properties ... And it's not just in the mind: the placebo effect has been shown to cause many physiological changes in the body such as reducing blood pressure, healing of ulcers, and reduced facial swelling."

The magazine quotes a study showing that four out of 10 patients who believed the shot of salt and water they had been given after an operation was morphine also believed their pain had been reduced. And placebos, according to *Which?Way to Health,* can override the real effects a drug should have and can imitate side effects.

It notes that the considerably longer time complementary practioners tend to spend with patients can also increase the placebo effect of the type of treatment.

Some scientists reject what they can't explain, the magazine says, giving the example of Doctor Ignaz Philipp Semmelweiss in 1847 who demonstrated that when doctors washed their hands in chlorinated lime after examining corpses and before going on to examine pregnant women, the incidence of women dying from childbirth fever was dramatically reduced. But the method was opposed vigorously at the time by doctors, as it could not be explained according to scientific principles then accepted.

Which? Way to Health suggests that it may be more useful to use a system of "medical audits" where doctors' success rates are compared as well as the differences in their treatment. It recommends, too, "consensus conferences where many practioners come together and pool their observations and experiences of a given treatment or technique".

Meanwhile, the Consumers Association sets out several ways a consumer can check on whether the person consulted is a quack or someone who will be of assistance:

- Is the practioner registered with an association?
- What qualifications and training, if any, does the practioner have and did he or she undergo to get there?
- How long has the person been in practice?
- Has the practitioner some form of indemnity insurance so consumers can sue if something goes badly wrong?
- Check if the registering body has a code of ethics with disciplinary procedures for practioners who break the code and a complaints system for dissatisfied consumers.

Scenes such as this occur daily at hospitals around the country as the strikes go on with no end in sight. There was a new development yesterday when doctors, nurses and paramedics at Garankuwa Hospital near Pretoria joined the strike in support of dismissed general workers.

PIC: PAT SEBOKO

Strike spreads to medics

■ DRAMATIC TURN Despite official warnings, Garankuwa doctors and nurses down tools in solidarity with dismissed workers:

By Alinah Dube, Ruth Bhengu and Sapa

DOCTORS, nurses and paramedics at Garankuwa Hospital near Pretoria went on strike yesterday in solidarity with dismissed general workers.

The decision to join the National Education, Health and Allied Workers' Union (Nehawu) strike was taken at a meeting of professional workers at the Medical University of Southern Africa (Medunsa) on Monday.

A spokesman for the superintendent's office yesterday referred all inquiries to the Transvaal Provincial Administration (TPA) who were not readily available for comment.

For the past two weeks the group has been holding two-hourly demonstrations at the hospital protesting against the Government's handling of the strike nationally.

They said conditions under which they worked during the strike were such that they were unable to offer basic health care to patients.

Their decision to strike came after circulars were distributed among workers at the hospital, in which the hospital authorities warned doctors and nurses against striking and said those who did would be "dealt with".

The circulars further said the TPA's decision to dismiss striking employees was final and the recruitment of new staff was underway.

Meanwhile, one of the four survivors of last week's hospitals' strike-linked petrol bomb attack on a Soweto house died at Baragwanath Hospital yesterday.

Joel Khatleli (13) died in the morning, according to Baragwanath superintendent Dr Chris van den Heever.

He said the three remaining family members - Mrs Sannah Madikane (63), Portia Khatleli (17) and Mbali Khatleli (4) - were in a serious but stable condition.

Joel died a day after three other family members injured in the attack on the house at Naledi Extension 2, had died. They were Miss Zodwa Madikane (22), Miss Buyiswa Khatleli (24) and Miss Nomgqibelo Khatleli (40). The three were sisters.

At Pelonomi Hospital in Bloemfontein police arrested 153 people on Monday night after they had occupied part of the hospital.

Ninety women and 56 men, mostly dismissed workers, occupied the administrative section and police were called in when they refused to leave.

Doctors to join strike

Sowetan 15/7/92

93

IN SOLIDARITY: Health professionals down tools after 6 000 hospital workers lose their jobs:

DOCTORS, nurses and paramedics at Garankuwa Hospital went out on strike yesterday in solidarity with fired hospital workers.

This now brings the hospital, which was recruiting labour to replace dismissed staff, to a virtual standstill.

Professional workers at other Transvaal hospitals where workers have been fired, or are still on strike, will now be under pressure to go on strike.

More than 6 000 hospital workers who had been out on strike over salaries and working conditions have been fired by the TPA.

See story page 2

Embracing the right to die

DEATH comes to us all, but in some cases the Grim Reaper may be invited to perform his dread duties sooner rather than later, with the help of a medical doctor.

The debate about active euthanasia (mercy killing) is increasing. More people are asking to die. Ironically this appears to be related to the success of modern medicine. Patients are being kept alive beyond expectations and sometimes their wishes, when they no longer desire to live.

But while "euthanasia" is a loosely used term (see box) doctors are concerned that a distinction be drawn between active euthanasia and witholding or terminating treatment under defined conditions and in consultation with the patient — an acceptable part of medical practice.

A nationwide survey of 9 000 family practitioners and specialists on "The Right to Die" shows that one in 10 doctors in South Africa has deliberately taken clinical actions that would directly cause a patient's death; five out of 10 have taken indirect actions.

The survey results are published in a special report in the latest edition of Modern Medicine journal.

Data validates what many health care professionals have known or suspected: many doctors choose actively to participate in their patients' death.

Results show that situations in which patients ask for death are becoming commonplace. Life can be prolonged by technology for months, or even years, and consequently the frequency of end-of-life dilemmas has increased immeasurably.

Patients and doctors will increasingly be caught up in changing technology and demographics, says the report. More patients will look to doctors for help in ending pain and suffering with an assurance and finality that only death can give.

But the medical profession lacks a consistent approach to dilemmas posed by requests to die; many doctors do not have the ethical background or training needed to resolve dilemmas. "At present the institution of medicine does not seem prepared to answer the questions created by their plight."

Doctors' responses are influenced by extraneous factors such as religious "involvement" and legal constraints, the survey finds. Doctors who cite their religious affiliations as Eastern (Moslem or Hindu) appear to be less likely to comply with a patient's request to die than those of Christian, Jewish, agnostic or atheistic affiliation.

Many doctors sacrifice moral, ethical and clinical judgements to statutory laws.

Assisting a suicide is seen as a greater evil than killing a person as in active euthanasia.

Modern Medicine editor Dr Pete Vincent says the doctor stands by the bedside and the "buck stops there". He or she is the patient's advocate and ultimately the one responsible for delivering medical care. This responsibility is to strive as hard as possible to preserve life in most cases, but also to recognise that there are times when this can be abused by excessive use of invasive technology.

"... Doctors must recognise when it is time to stop active management. The fundamental principle is respect for the patient which includes issues such as right to know or not to know, to accept or refuse therapy and to a dignified death."

Professor Solomon Benatar, of UCT's department of medicine, says his personal view is that members of the medical profession should not become involved in active euthanasia despite increasing requests. To do so would interfere with the trusting relationship between patient and doctor or nurse.

The image of medicine is of a healing art. There is nothing in the ethos of medicine associated with intentionally terminating life, nor should there be.

If society at large should decide on active euthanasia, there should be some debate to decide who is going to perform it, says Professor Benatar: "I wouldn't like to see that laid at the doctor's doorstep."

In an article in the South African Medical Journal on "Dying and 'euthanasia'", Professor Benatar writes: "The love, meaning and feeling of worth we all seek in life and with even greater intensity in our dying days are dependent on compassion, empathy, physical comfort and the opportunity to communicate desires and fears openly in a supportive environment.

"Doctors need to acquire deeper insights into their shared vulnerability with those they serve and through this existential focus develop the ability to establish meaningful relationships with their dying patients.

"The hospice movement is an example of a highly successful response to the needs of dying (people).

"Requests for euthanasia are uncommon — if not unknown — in societies where people do not feel worthless and unloved when they are dying and in which access to hospice facilities provides a focus on holistic care, rather than on sustaining mere biological life."

A Norwood GP who cannot be named for ethical reasons says he would never perform active euthanasia. But his practice is one of the few that is happy to help terminally ill patients die in the privacy of their own home.

Many doctors are uncomfortable with death, he says, and prefer to handle it in a hospital environment where they feel more in control. "They forget they are not gods."

A home death can also be much cheaper, he adds.

● The Right to Die survey was inititated by editorial staff of Modern Medicine, and developed in conjunction with Professor Solomon Benatar and a US department of bioethics.

The many faces of mercy killing

The word "euthanasia" should be used exclusively to describe intentional, active termination of life in the management of seriously ill patients, but it is often used loosely in everyday language to cover a wide range of very different activities:

- Passive withholding treatment (eg antibiotics) from a terminally ill patient.
- Semi-passive withholding nutrition or fluids from a comatose, terminally ill patient.
- Semi-active withdrawing treatment (eg artificial ventilation).
- Unintended ("double-effect") side-effect of, for example, drugs given to relieve pain.
- Assisted suicide providing a patient with the means to terminate life rapidly and effectively.
- Active intentional termination of life.
- Information taken from Dying and "euthenasia" by Professor Solomon Benatar, head of the department of medicine at the University of Cape Town, writing in the South African Medical journal.

Doctors speak out on death-bed duties

What South African doctors had to say about doctor-assisted death in the Modern Medicine survey on "The Right to Die":

- We should allow terminally sick patients to die with dignity with the family's consent.
- The decision to cause death should belong to the doctor alone and he bears the possible "guilt" which follows.
- "Thou shalt not kill" is a commandment. Why request the doctor to end life?
- As a Roman Catholic, my religion prohibits me from directly causing a patient's death.
- Mistakes do occur (I personally know of such instances) eg ... brain death diagnosed in ignorance ... where the patient walked out of hospital!
- I would not have the guts to deliberately cause a patient's death, but I would not blink an eye if one of my colleagues would comply.
- It is just as wrong to actively prevent death in a terminal illness as to actually cause death deliberately.

Doctors move to join strike

AS the dispute between the TPA and hospital strikers rages on, patients continue to suffer and services might be halted following threats that the medical staff might join the strike.

Hundreds of doctors, nurses and other professionals at Baragwanath Hospital, the biggest in the country, took to the street this week and voiced their anger against the unending dispute.

South African Health Social Services Organisation publicity secretary Dr Aslam Dasoo said medical staff at Baragwanath agreed that the authorities should address the workers' demands.

Cpress 19/7/92

Hospitals' emphasis on cost criticised

LINDA ENSOR

CAPE TOWN — A doctor's role at academic hospitals had changed from one of saving lives to one of saving cents, departing head of UCT's cardio-thoracic surgery department at Groote Schuur Prof John Odell said yesterday.

He said preoccupation with cost-saving techniques at these hospitals had overtaken concern about clinical work and research.

It had become impossible, without compromising patient care, to make further cost savings, but this was repeatedly being demanded. He said that since announcing his resignation and planned emigration, a number of his colleagues had told him they were also planning to leave SA.

"Financial restrictions forced upon hospital administrations have resulted in an over-zealous and overbearing attitude in the application of cost-containment measures.

"The attitude is that 'rationalisation, cost containment and a new approach' justifies the means, and if someone falls by the wayside, it's 'part of the new SA'.

"It must be realised that the future health of the country's people is dependent on medical schools and teaching hospitals. It is through them that all future medical doctors and health-care workers are trained."

Top surgeon warns on 'stringent cost-cutting' (93)

APLG 21/7/92

ANDREA WEISS, Health Reporter

UCT head of cardio-thoracic surgery Professor John Odell, who is to emigrate, has warned that more academics are likely to follow suit because of stringent cost-cutting measures.

Professor Odell is to take up a job at the prestige Mayo Clinic in the United States following his resignation here.

He said it had been suggested that he would be regarded as a "Pied Piper".

"This is distressing — and in an effort to make the public more aware of what is happening and in order to create greater understanding of the plight of academic doctors, who often work intolerably hard and often under intense frustration, I make this statement."

He saaid that when he was appointed as head of the department he had hoped to build on the foundations laid by his predecessors and to make the department even more prestigious.

"But sadly my aspirations seem to have been repeatedly dashed.

"A wrong attitude is evident. Instead of seeing an answer to every problem there is a problem for every answer.

"The financial restrictions forced on the hospital administration have resulted in an overzealous and overbearing attitude in the application of cost-containment measures. The attitude is that 'rationalisation, cost-containment and new-approach' justifies the means and, if someone falls by the wayside, it's 'part of the new South Africa'."

Professor Odell said it had become impossible to make further cost savings without compromising patient care and heads of departments were being overburdened by cost-containment.

"One's role has changed from saving lives to saving cents."

He hoped his leaving and the comments he had made would provide the stimulus for urgently-needed changes.

"There is a wealth of medical expertise in the country — comparable to the best in the world."

Heart prof tells why he is leaving

STAR 23/7/92

Own Correspondent

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"One's role has changed from one of saving lives to one of saving cents."

He hoped that his leaving and the comments he made would provide the stimulus for changes urgently needed.

"There is a wealth of medical expertise in the country — comparable to the best in the world, their voices should be heard, and their expertise treasured."

It had to be realised that the future health of the country was dependent upon medical schools and the teaching hospitals.

"One cannot disregard the highly technical sectors of medicine, because it is in these areas that many individuals obtain their academic and clinical satisfaction," he added.

"Without cardio-thoracic surgery, for instance, the standards of cardiology, respiratory medicine and in a ripple manner, internal medicine, oncology, radiology and other specialities will decline."

Brain drain fears as top surgeon quits

(93) GERALD REILLY

MORE of SA's best doctors would be lost to the country unless immediate action was taken to relieve the public health care crisis, Medical Association of SA (Masa) full-time practice committee chairman Prof Ralph Kirsch said yesterday.

He was reacting to the announcement that the head of UCT's cardiac thoracic surgery department at Groote Schuur Hospital, Prof John Odell, had resigned and planned to emigrate. BIDAY 22/7/92

Kirsch said a number of his colleagues had told him they also planned to leave SA, adding Odell's decision was symptomatic of the country's health services in general and academic medicine in particular.

Public sector doctors were faced with a growing number of patients while staff, equipment and funds were diminishing.

Doctors were serving patients at the expense of teaching and research. This would lead to a lowering of standards which would take years to restore.

"When, in addition, we are unable to provide the best available drugs or surgical procedures because of their cost, private practice or overseas posts become increasingly attractive," he said.

Kirsch said despite the lack of funds, SA still had 14 ministries of health. Masa viewed this as unworkable and said it used much of the available funds.

He added SA-trained specialists were constanly being offered attractive positions at top institutions overseas.

Black, Jewish US doctors to work in W Cape

(93) ARG 28/7/92

HUGH ROBERTON, The Argus Foreign Service

WASHINGTON. — A volunteer squad of black American and Jewish American doctors will be heading for the Western Cape soon to teach and work.

The medical specialists are being sent to South Africa by Medical Education for South African Blacks (Mesab), an American organisation which this year alone has provided more than 400 scholarships to black South Africans to study medicine at South African universities.

The new project is to be officially launched later this week at a reception in the US Senate hosted by some of the most influential members of Congress, among them Senator Paul Simon, Senator Nancy Kassebaum, Senator Edward Kennedy and Senator Orrin Hatch, and some of the most distinguished medical specialists in the US have either agreed to serve in the corps, or have indicated a strong interest.

Among the first volunteers, who will spend between six weeks and six months in South Africa, will be Dr Gary Dennis, chief of neurosurgery at the Howard University Hospital in Washington, Dr Theodore Steinman, a kidney specialist at Harvard Medical School, his wife Dr Carol Steinman, a psychiatric social worker and Dr Arthur Yancey, a specialist in emergency medicine at Johns Hopkins University in Baltimore.

The first group will work in the Cape Town area, where Mesab organisers say the influx of blacks from desperately poor rural areas has put a heavy strain on medical services, and they will join efforts by the University of Cape Town and the University of the Western Cape to improve training for community service among blacks. Mesab hopes to expand the project to other parts of South Africa soon.

Mesab has this year so far provided more than 400 scholarships at eight universities.

Top US team to train black health workers

STAR 2917192.

By Hugh Roberton
Star Bureau

WASHINGTON — Medical Education for South African Blacks (Mesab), an American organisation which this year alone has provided more than 400 scholarships to black South Africans to study medicine at South African universities, has launched a new project — a volunteer corps of black American and Jewish American medical specialists who will go to South Africa to teach and work.

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Mesab hopes to expand the project in South Africa.

A Mesab spokesman said the new project was being funded by a grant from the Marjorie Kovler Fund, which has a particular interest in promoting better relations between blacks and Jews. The fund has also provided support for Mesab scholarships and training projects. Mesab's major role is in providing financial aid to black students in the health sciences in South Africa.

SA-run clinic to take health care to Maputo

BIOAY 30/7/92. (93)

KATHRYN STRACHAN

A GROUP of SA doctors is to open Mozambique's first private medical clinic, a R6m facility in Karl Marx Avenue, Maputo, next week.

The clinic is expected to upgrade the devastated health facilities in the city.

A Clinica Cruz Azul spokesman, a doctor who cannot be named for ethical reasons, said the project — which is financed mainly by the African Development Bank — would be the first in a chain of private hospitals throughout Africa. Development would begin in Angola this year.

The opening of the clinic followed three years of negotiation between the group and the Mozambican government. Construction of a 250-bed training hospital, attached to the clinic, was expected to begin soon.

The doctor said the "First World island in a Third World sea" would be equipped with all the latest in medical technology, and would charge rates recommended by the Medical Association of SA.

While the clinic was aimed at tourists and foreigners, he said the general population would also benefit. The Mozambican government would take some profit and use the hospital to train state doctors.

The clinic would be staffed by doctors in Mozambique, supplemented by SA specialists. Specialists would also treat patients in state clinics free of charge and provide educational lectures.

A worldwide travel assistance chain, Europ Assistance, has undertaken to set up Maputo's first ambulance system.

Eduardo Mondlane University medical dean Prof Albertino Damasceno said there were about 200 Mozambican doctors serving a population of about 15-million.

No exam for foreign doctors

(93) CT 31/7/92

By DANIEL SIMON

HUNDREDS of foreign doctors are practising in South African hospitals without having written the statutory South African Medical and Dental Council's (SAMDC) evaluation examination.

This was disclosed yesterday by SAMDC registrar Mr Nico Prinsloo, who said the examination was suspended during 1990 and 1991 as there was a "particular need" to recruit doctors, specially in rural areas.

Mr Prinsloo confirmed that when the evaluation exam was reintroduced this year, more than 50% of those tested failed.

2 314 doctors

Mr Prinsloo said that from April 1990 until June this year, 2 314 foreign doctors were granted limited registration.

This allowed them to practise in provincial hospitals under supervision for three years.

Of these, 710 were from East European countries, including Bulgaria, Poland, Yugoslavia and Russia, while 365 were from India and 183 from Pakistan.

Medical graduates from African countries such as Uganda, Nigeria and Zaire had also been granted limited registration during this period.

"The council suspended the examinations as there was a particular need to get doctors in hospitals in certain parts of the country. Foreign graduates had to secure a post at a provincial hospital in order to be registered," he said.

"The needed quantity of doctors was met and as a result the examination was once again reintroduced this year."

Mr Prinsloo said that in March only 86 out of 162 foreign applicants passed the examination.

The examination encompasses a written legal/language, English/ethical and professional paper.

Mr Prinsloo said the examination was reintroduced after the council held consultations with the ANC's health department, the Medical Association of South Africa and the National Medical and Dental Association.

It was learnt that there are 24 East European doctors working in the Groote Schuur Hospital group. The group includes Conradie Hospital, Red Cross Children's Hospital and Mowbray Maternity Clinic.

'Spoon-fed'

Earlier this month a senior Groote Schuur doctor said some of these doctors had to be "coaxed and spoon-fed" by colleagues in their duties.

He said the number of East European doctors was steadily increasing and their training was "not of the same standard as South African doctors".

Groote Schuur chief medical superintendent Dr Jocelyn Kane-Berman said she was satisfied with the performance of two Polish and two Turkish doctors working at the hospital.

These doctors spoke English and were highly regarded by their department heads, she said.

(93)

Top US medic arrives for an exploratory visit

MRG 7/8/92

ANDREA WEISS
Health Reporter

THE first of a group of top American doctors who will work in the Western Cape for periods of up to six months has arrived on an "exploratory visit".

Trauma specialist Dr Arthur Yancey from Washington will probably return to Cape Town early next year to do volunteer work in trauma units.

Dr Yancey practices and teaches at Johns Hopkins and Howard universities and the Washington Hospital Centre.

He plans to bring his attorney wife Laurel and their twins, which are due in November.

His stay will be sponsored by the Kovler Foundation.

The project to bring top American doctors to South Africa is being co-ordinated by Medical Education for South African Blacks which sponsors bursaries for black South African students.

Professor John Knottenbelt, head of trauma at Groote Schuur Hospital, who met Dr Yancey yesterday, said South African medicine was "hungry" for outside appraisal after years of isolation.

One of the organisers, Dr Hannah-Reeve Sanders said the project was a pilot study to get skilled people to "learn, teach and experience".

Dr Yancey's interest was sparked by contact with a South African, Dr Carel Ijsselmuiden, who was "paired" with him when he was studying for a masters' degree in public health in the United States.

Dr Yancey's visit to Cape Town was delayed for a day because of the mass action.

He said he was born in Tuskegee, Alabama, in the Deep South in 1949 and was no stranger to action of this type.

He said he had already noticed more similarities between South Africa and the parts of the United States he was familiar with than he had noticed differences.

"The details are different, but the concepts are the same," Dr Yancey commented.

Picture: CLIVE SMITH

CT 8/8/92 (93)

Action delays US medic

Staff Reporter

MASS action in the city delayed by a day an American doctor who will lecture, study and work in South Africa next year.

Dr Arthur Yancey, who will offically start his scholarship early next year, came to Cape Town to plan the details of his stay, part of a Medical Education for South African Blacks Fund programme.

Mass action protests near D F Malan airport on Wednesday forced Dr Yancey to postpone his visit for a day.

The visit of two other doctors, a neurosurgeon and a nephrologist, is still being negotiated.

Dr Hannah Reeve-Sanders, the visit co-ordinator, said that they will study at UCT's medical school, teach at UCT and UWC, practise at some Cape Town hospitals and do research work.

Dr Yancey, an emergency medicine specialist, said he was also coming over to learn.

Vaal doctors dodge death

C/Pres 9/8/92 (93)

Some forced to abandon surgeries

By SOPHIE TEMA

FACELESS gangsters have forced several doctors practising in Vaal Triangle townships to withdraw their services.

At least 10 doctors are believed to have shut down their surgeries following attacks by unknown persons.

Since violence erupted in the area doctors have been subject to constant threats. Lawlessness and anti-white sentiments have reached unprecedented levels in the townships and doctors – mostly white – have been targets of robberies and their surgeries have been damaged.

Police spokesman Capt Eugene Opperman warned whites against venturing into Vaal townships and cited several incidents in which whites had been attacked and harassed by unruly elements.

A white doctor who practised in Sebokeng's Zone 13 lost his surgery after he had been threatened with violence by a group of gangsters, forcing him to flee under police escort.

A few days after he had left his surgery was plundered and destroyed by a group of youths, forcing him to quit the area.

A white doctor in Sharpeville was robbed of his luxury car about a month ago and he has not reported to his surgery since.

So far about 10 doctors have been targets of robberies by the gangsters.

Vaal liaison officer Capt Piet van Deventer said he was aware of the predicament in which doctors find themselves in the Vaal.

"But so far only two doctors have made reports to the police. One is the white doctor who had his BMW taken from him."

A month ago Dr M Ismail had a narrow escape when she and one of her nurses were held at gunpoint by a group of youths on the Golden Highway.

Dr Ismail and her nurse were saved when police in a private vehicle arrived on the scene.

Several of the youths were injured in a shootout with the plainclothes police while the rest dashed to safety in nearby Evaton township.

A black doctor who requested that his name not be published said: "These gangsters are using high levels of violence as an opportunity to attack and rob us.

"No doctor practising in any of the Vaal townships feels safe anymore."

Foreign doctors 'should write exams'

CT 11/8/92 (93)

Staff Reporter

FOREIGN doctors wanting to practise in South Africa's provincial hospitals should write the SA Medical and Dental Council examination to qualify for medical posts, a Polish blood specialist said yesterday.

Dr Richard Kaftanski, 45, who immigrated to SA six years ago to take up a post at Groote Schuur Hospital's haemoglobin section, yesterday said he was at first granted limited registration for three years and had not been asked to write any council examinations for his post.

Dr Kaftanski, who fled Poland and Libya, has since written the examination and been granted full registration to practise privately.

"I applied for a position in the hospital while I was working in Glasgow. Professor Peter Jacobs, who is head of my section, thought I was the right person for the job and gave it to me."

Dr Kaftanski said he would not be going into private practice, as his expertise was needed at the hospital.

● The SA Medical and Dental Council disclosed that between April 1990 and June this year, 2 314 foreign doctors had been granted limited registration.

Engineering sector hard hit

SHARON SOROUR
Labour Reporter

THE Western Cape engineering sector has been hard hit by the two-week nationwide strike by tens of thousands of workers, with strategically important companies being crippled by the industrial action.

According to National Union of Metalworkers of SA (Numsa) regional secretary Mr Adrian Sayers, about 2 000 regional workers have downed tools.

He said it was the first time the Western Cape engineering sector had been severely affected by a strike.

Mr Sayers said the last strike, in 1988, had barely had an effect, but this year companies in the docks were involved, as well as other "strategic engineering firms". Artisans were also on strike.

Workers were set to march to Seifsa's Foreshore offices this afternoon following a deadlock in talks with the employer body.

Seifsa spokesman Mr Hendrik van der Heever said the meeting had ended in deadlock.

Numsa was not prepared to withdraw its key demand for a moratorium on retrenchments, he added.

Seifsa would appeal against a Pretoria Supreme Court dismissal of its application for an interdict declaring the strike illegal. ARG 19/8/92

Dispute over fired workers

ARG 19/8/92

Labour Reporter

CLOTHING union Sactwu has launched a campaign to secure the reinstatement of about 100 dismissed workers who were fired for joining a city centre protest march in June.

According to SA Clothing and Textile Workers' Union regional organiser Mr Ronald Bernickow, six Western Cape employers had refused to reinstate workers.

The companies, SA Cap, Teeny Tages, Alpa-Rose Manufacturing Co, Maxmore, HK Manufacturers and Shareen Knitwear, had also refused to enter into talks, he said.

Workers demonstrated outside the factories yesterday and handed a memorandum to the Cape Clothing Manufacturers' Association (CCMA).

● CCMA executive director Mr Peter Cragg was not available for comment.

Walmer Estate decision soon

ARG 19/8/92

Municipal Reporter

A CABINET decision on selling the seven ministerial residences in Walmer Estate is expected soon, a Department of Public Works spokesman said.

There had been a lot of interest from corporate potential buyers.

The department had drawn up a memorandum asking the Cabinet for guidelines for disposing of the property.

Responding to a proposal by the Woodstock/Walmer Estate/Salt River management committee that the houses be sold to the Saudi Arabian government, the director-general of public works said the future use of the houses had not been determined.

Professor's plea to keep transplant ops

ARGUS 19/8/92

ANDREA WEISS, Health Reporter

PROFESSOR John Odell, outgoing head of heart surgery at Groote Schuur Hospital, has made an impassioned plea for the survival of transplant surgery under a new dispensation.

Professor Odell was responding to ANC health secretary Dr Ralph Mgija's view that heart transplant surgery may well be scrapped to make way for broader health needs in the future.

Professor Odell

Speaking at a mayoral function to launch Organ Donor Week, Professor Odell said the ANC view was "rather shortsighted".

He said transplantation and organ donation had no racial barriers.

If transplantation was stopped it would set a precedent which would have a negative ripple effect on other related disciplines.

Transplantation was cost effective because the results were excellent and patients returned to active life.

It could also not be offered only in private practice because if only the affluent were to benefit from transplantation it would be impossible to approach the families of brain dead people to ask for their organs.

He said if transplantation was stopped, there would be impassioned pleas to raise money for transplants abroad. The money would leave the country and everybody would be reminded of the standard of medicine the country once practised.

Dr Mgija said the ANC's position was that basic health-care should be available to all. Once this had been budgeted for, the remaining money could be allocated to things like "heart transplants and other exotic operations".

Dr Mgija added that, given this background, it was highly likely that heart transplants would be scrapped.

Registration fees for doctors to be increased

ARG 19/8/92

The Argus Correspondent

JOHANNESBURG. — Registration fees for doctors will increase from R258,50 to R281 (including VAT) next year, according to the latest South African Medical Journal.

Meanwhile, doctors have called on the Medical Association of South Africa (Masa) to investigate the structure of the South African Medical and Dental Council (SAMDC) and look at alternative ways of funding for the organisation.

The SAMJ said the fees were payable to the SAMDC by all registered practitions on or before January 1 next year. Practitioners who failed to pay their fees might find themselves removed from the register.

"Although the percentage increase for 1993 is well below the inflation rate, the fact that these fees have risen steadily over the past few years has resulted in widespread criticism from among the ranks of the profession," said the journal. The fees have risen from R100 in 1987 to R235 plus VAT this year.

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SA doctor presents new medical research

Business Day Reporter (93)

AN SA general practioner yesterday told a Copenhagen medical conference of a major breakthrough in the treatment of chronic pain and fatigue.

The conference, MyoPain '92, is being attended by over 500 delegates from around the world.

The 43-year-old Alberton doctor, who may not be named for ethical reasons, said he and a colleague had conducted a five-year research programme involving a new "wonder drug". BIOMY 21/8/92

He said the research finding had been well received by the conference which was mainly attended by medical academics and heads of teaching hospitals.

"SA is still leading the world in medical research. What we have done is to find a cure for previously untreatable disorders such as migraine and yuppie flu."

Treatment consists of three consecutive intravenous infusions of the drug. The administration of the drug does not require hospitalisation.

"We have a reasonably large practice and have conducted extensive research over the past few years with the co-operation of our patients. The results have been fantastic."

A colleague said the doctor had been invited to attend the conference after writing a thesis outlining the research. He was the only general practioner among the speakers who addressed the delegates.

"This has brought new hope to people suffering from chronic pain and fatigue. Although a lot of research still has to be carried out we have brought relief to people who up to now were considered untreatable.

"Judging by the reception at the conference it seems as though SA is once again in the forefront of medical research," he said.

Focus on productivity

THE National Productivity Institute (NPI) is to hold a five-day series of workshops and seminars on productivity from August 31 for Productivity '92.

The highlight of the programme, which has the theme Productivity Through Creativity and Co-operation, will be a series of day-long workshops on creativity and idea-generation by Chic Thompson of the Creative Management Group in the US.

Thompson, founder and president of the management group, started a crusade in the US to wipe out "killer phrases" such as "It'll never work", "Yes, but..." or "It's not in the budget", according to an NPI statement.

THEO RAWANA

The Chic Thompson workshop in Johannesburg will take place on August 31. It will be held in Durban on September 1 in the Royal Hotel, and in Somerset West at the Lord Charles on September 2.

One of the speakers at a one-day seminar on Customer Care — Key to Profitability on September 1 at the Jan Smuts Holiday Inn will be a 1992 National Productivity Award winner who maintained high quality standards and improved customer service while reducing costs by R10,6m.

His name will be announced on the day.

BMay 21/8/92

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State hospital doctors promised private practice

Walk-out threat

(93) ARC 22/8/92

■ Doctors in state hospitals have been promised they will be allowed "limited private practice" to make up the shortfall in their salaries — but administrative headaches are hampering the implementation of the scheme.

ANDREA WEISS
Health Reporter

DOCTORS in state hospitals are threatening mass resignations if they are not allowed limited private practice, a move approved in principle by the cabinet in March.

But hospitals in Cape Town are facing administrative headaches and disagreement on how the scheme, intended to stop the brain drain from state institutions, should be implemented.

Groote Schuur Hospital head Dr Jocelyn Kane-Berman said there had been a "great deal of discussion but not a significant degree of consensus" on the policy.

She said they were looking for a model which would not "damage the ethos and culture of Groote Schuur Hospital and which would maintain the current standards of patient care, teaching and research".

She did not believe that private practice in state institutions was the answer.

"The problem is that medical staff salaries have fallen behind the inflation rate." She said the total remuneration rate had risen by only 14 percent in three years while the purchasing power of the rand had declined significantly.

She believed doctors should be remunerated properly for their expertise and skill and not "exploited" by being required to work extra hours to earn more money.

Tygerberg Hospital administrators have put forward a plan to pay specialists R1 000 a month out of money levied from medical aid patients treated there. All "private" patients have to pay a 30 percent surcharge and the "bonus" for doctors would come out of this fund.

But doctors have criticised the proposal and are pushing to be allowed to send accounts directly to private patients.

A source in the hospital said that up to 50 percent of the doctors there were considering leaving by the end of the year if the salary problem was not addressed.

Dr Kolie Strauss, chief medical superintendent of Tygerberg Hospital, said no decisions had been made about the issue. A meeting was scheduled for the end of the month to discuss all the options.

"The 30 percent scheme is part of the discussion process."

Treatment row over yuppie flu

(93)
CT 25/8/92

Johannesburg Bureau

CONTROVERSY continued to grow around Dr Cecile Jadin and her treatment for yuppie flu when she did not meet with health minister Dr Rina Venter yesterday.

Dr Jadin was reported at the weekend as saying she was scheduled to meet with Dr Venter yesterday to discuss having the blood tests she currently sends to her virologist father in Belgium, done locally.

Health spokesman Mr Coenie Oberholster denied a meeting had been scheduled.

Her practice of sending the samples overseas is reportedly being investigated by the SA Medical and Dental Council.

Dr Jadin said she has isolated the cause of yuppie flu as the rickettsia organism and her treatment of huge doses of the antibiotic tetracycline had proved successful.

However, other medical doctors have questioned Dr Jadin's treatment, saying it is possibly harmful.

Dr Jadin could not be reached for comment.

Girl alleges doctor hit her

(93)
CT 28/8/92

A SCHOOLGIRL who claims to have been sworn at, slapped and hit with a stethoscope by a district surgeon has laid an assault charge against the man.

Station commander of the Lutzville police office, Warrant-Officer C Mostert, confirmed yesterday that a charge had been laid but declined to confirm details of the 19-year-old pupil's statement, saying the matter was under investigation.

A teacher claimed the incident had taken place on Tuesday afternoon at a clinic.

"While with the doctor, the girl was allegedly slapped, sworn at and hit with a stethoscope. She has a black eye," the teacher said.

The alleged incident was brought to the attention of the Department of Health and Welfare.

Small rights . . . they may be little but they have big patients' rights.

What the South African Medical and Dental Council says:

The Council was established ~~60~~ years ago to protect patients' interests, says registrar Nico Prinsloo.

"This is done by ensuring the highest standards of training of doctors and other health personnel, and by laying down ethical norms with which practitioners have to comply.

"If any person is dissatified with the services of a doctor, he can lodge a complaint with the council. All complaints are investigated and, if there are grounds, the council will take disciplinary steps."

Mr Prinsloo says the council believes records made by doctors are done to assist that doctor in the treatment of the patient. "But a patient is entitled to a written report from his doctor if he requests one."

"Informed consent" means patients are being told the risks of treatment, Mr Prinsloo says; doctors are already required to inform patients "of the pros and cons".

While there is a rule regarding "supercession" in which a doctor may not take a patient from another doctor without a patient informing his own doctor, the patient can go to the practitioner of his choice.

"The patient has freedom of choice. All he has to do is tell his doctor he wants to go to another doctor," says Mr Prinsloo.

No. R. 2534 **11 September 1992**

DOEANE- EN AKSYNSWET, 1964

WYSIGING VAN BYLAE No. 1 (No. 1/1/511)

Kragtens artikel 48 van die Doeane- en Aksynswet, 1964, word Deel 1 van Bylae No. 1 by genoemde Wet hiermee gewysig in die mate in die Bylae hiervan aangetoon.

J. A. VAN WYK,
Adjunkminister van Finansies.

No. R. 2534 **11 September 1992**

CUSTOMS AND EXCISE ACT, 1964

AMENDMENT OF SCHEDULE No. 1 (No. 1/1/511)

Under section 48 of the Customs and Excise Act, 1964, Part 1 of Schedule No. 1 to the said Act is hereby amended to the extent set out in the Schedule hereto.

J. A. VAN WYK,
Deputy Minister of Finance.

BYLAE

Pos	Subpos	T. S.	Artikelbeskrywing	Statistiese Eenheid	Skaal van Reg	Annotaties
17.01			Deur pos No. 17.01 deur die volgende te vervang:			
"17.01			**Rietsuiker of beetsuiker en chemies suiwer sukrose, in soliede vorm.**			
	1701.1		Rou suiker wat nie bygevoegde geursel of kleursel bevat nie:			
	1701.11	6	Rietsuiker	kg	67,7c/kg	
	1701.12	2	Beetsuiker	kg	67,7c/kg	
	1701.9		Ander:			
	1701.91	2	Wat bygevoegde geursel of kleursel bevat	kg	67,7c/kg	
	1701.99	3	Ander	kg	67,7c/kg"	

Opmerking.—Die skaal van reg op riet- of beetsuiker en chemies suiwer sukrose, in soliede vorm, word van 20% of 115c/kg min 80% na 67,7c/kg gewysig.

SCHEDULE

Heading	Subheading	C. D.	Article Description	Statistical Unit	Rate of Duty	Annotations
17.01			By the substitution for heading No. 17.01 of the following:			
"17.01			**Cane or beet sugar and chemically pure sucrose, in solid form.**			
	1701.1		Raw sugar not containing added flavouring or colouring matter:			
	1701.11	6	Cane sugar	kg	67,7c/kg	
	1701.12	2	Beet sugar	kg	67,7c/kg	
	1701.9		Other:			
	1701.91	2	Containing added flavouring or colouring matter	kg	67,7c/kg	
	1701.99	3	Other	kg	67,7c/kg"	

Note.—The rate of duty on cane or beet sugar and chemically pure sucrose, in solid form, is amended from 20% or 115c/kg less 80% to 67,7c/kg.

DEPARTEMENT VAN NASIONALE GESONDHEID EN BEVOLKINGS-ONTWIKKELING

No. R. 2514 **11 September 1992**

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REGULASIES BETREFFENDE DIE KWALIFIKASIES WAT GENEESHERE EN TANDARTSE DIE REG OP REGISTRASIE VERLEEN: WYSIGING

Die Minister van Nasionale Gesondheid het kragtens artikel 24 van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet No. 56 van 1974), op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, die regulasies in die Bylae hiervan uiteengesit, uitgevaardig.

DEPARTMENT OF NATIONAL HEALTH AND POPULATION DEVELOPMENT

No. R. 2514 **11 September 1992**

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

REGULATIONS RELATING TO THE QUALIFICATIONS ENTITLING MEDICAL PRACTITIONERS AND DENTISTS TO REGISTRATION: AMENDMENT

The Minister of National Health has, in terms of section 24 of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), on the recommendation of the South African Medical and Dental Council, made the regulations set out in the Schedule hereto.

BYLAE

1. In hierdie regulasies beteken "die Regulasies" die regulasies afgekondig by Goewermentskennisgewing No. R. 1243 van 8 Junie 1990, soos gewysig.

2. Die Regulasies word hierby gewysig deur in Aanhangsel A die volgende opskrifte en daaronder die volgende kwalifikasie met die ooreenstemmende afkorting by te voeg:

Universiteit of eksaminerende liggaam en kwalifikasie	*Afkorting vir registrasie*
"REPUBLIEK TRANSKEI	
Universiteit van Transkei—	
Baccalaureus in Geneeskunde, Baccalaureus in Chirurgie	MB ChB Transkei".

3. Die kwalifikasie bedoel in regulasie 2 word slegs deur die Raad erken indien dit voor 31 Desember 1992 behaal word.

No. R. 2563 **11 September 1992**

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

REGULASIES BETREFFENDE DIE SAMESTELLING, WERKSAAMHEDE, BEVOEGDHEDE EN PLIGTE VAN DIE BEROEPSRAAD VIR FISIOTERAPIE: WYSIGING

Die Minister van Nasionale Gesondheid het, op aanbeveling van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, kragtens artikel 61 (1) (a) gelees met artikel 15 (5) van die Wet op Geneeshere, Tandartse en Aanvullende Gesondheidsdiensberoepe, 1974 (Wet No. 56 van 1974), die regulasies in die Bylae hiervan uiteengesit, uitgevaardig.

BYLAE

1. In hierdie Bylae beteken "die Regulasies" die regulasies afgekondig by Goewermentskennisgewing No. R. 2297 van 3 Desember 1976, soos gewysig.

Wysiging van regulasie 2 van die Regulasies

2. Regulasie 2 van die Regulasies word hierby gewysig deur die inleidende gedeelte en subregulasie (1) deur die volgende te vervang:

"2. Die beroepsraad bestaan uit tien lede en word soos volg saamgestel:

(1) Een persoon deur die raad aangewys wat 'n lid van die raad is;".

SCHEDULE

1. In these regulations "the Regulations" means the regulations published by Government Notice No. R. 1243 of 8 June 1990, as amended.

2. The Regulations are hereby amended by the addition in Annexure A of the following headings and thereunder the following qualification with the corresponding abbreviation:

University or examining authority and qualification	*Abbreviation for registration*
"REPUBLIC OF TRANSKEI	
University of Transkei—	
Bachelor of Medicine, Bachelor of Surgery	MB ChB Transkei".

3. The qualification referred to in regulation 2 will be accepted by the Council only if it is obtained before 31 December 1992.

No. R. 2563 **11 September 1992**

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

REGULATIONS RELATING TO THE CONSTITUTION, FUNCTIONS, POWERS AND DUTIES OF THE PROFESSIONAL BOARD FOR PHYSIOTHERAPY: AMENDMENT

The Minister of National Health has, in terms of section 61 (1) (a) read with section 15 (5) of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), on the recommendation of the South African Medical and Dental Council, made the regulations set out in the Schedule hereto.

SCHEDULE

1. In this Schedule "the Regulations" means the regulations published under Government Notice No. R. 2297 of 3 December 1976, as amended.

Amendment of regulation 2 of the Regulations

2. Regulation 2 of the Regulations is hereby amended by the substitution for the introductory phrase and subregulation (1) of the following:

"2. The professional board shall consist of ten members and shall comprise—

(1) one person designated by the council who shall be a member of the council;".

ADMINISTRASIE: VOLKSRAAD

DEPARTEMENT VAN LANDBOU-ONTWIKKELING

No. R. 2582 **11 September 1992**

KORENTE-VETTE-BESPROEIINGSDISTRIK, AFDELING RIVERSDAL, KAAPPROVINSIE: INSTELLING

Ek, André Isak van Niekerk, Minister van Landbouontwikkeling in die Ministersraad van die Volksraad, verklaar hierby kragtens die bevoegdheid my verleen

ADMINISTRATION: HOUSE OF ASSEMBLY

DEPARTMENT OF AGRICULTURAL DEVELOPMENT

No. R. 2582 **11 September 1992**

KORENTE-VETTE IRRIGATION DISTRICT, DIVISION OF RIVERSDALE, CAPE PROVINCE: ESTABLISHMENT

I, André Isak van Niekerk, Minister of Agricultural Development in the Ministers' Council of the House of Assembly, under and by virtue of the powers vested in

Operation Upgrade for family doctors

STAN 17/9/92 (93)

WANTED: General Practitioner as family doctor. Must be: caring, efficient, concerned, interested and above all punctual!! Remuneration to be based on performance of all the above qualities. — *Advertisement in The Star.*

BEHIND the scenes and virtually unnoticed by the public, there have been dramatic steps to improve the status, role and training of the family doctor.

South Africa has about 20 000 registered doctors, of which slightly fewer than half are general practitioners. Of the 20 000, about 15 000 are not specialists. However, of these 15 000 only 9 000 are general practitioners — the rest includes retired doctors, medical officers and potential specialists.

Professor Bruce Sparks, head of the Department of Family Medicine at the Wits Medical School, says the family doctor has come under renewed scrutiny.

"We are concerned that a high standard must be attained," says Professor Sparks. "We realise there are practitioners who are not attaining these standards."

He acknowledges that medical training often produces specialist clones while "family practice is a much broader discipline".

During undergraduate training, family medicine is sometimes not seen as a career choice, he says. But now many more students are viewing this as an option.

Often the training doesn't prepare the student for the socio-economic realities.

The South African Academy of Family Practice and the universities are now striving to produce an appropriately trained family practitioner to meet the needs of the community. Already the South African Medical and Dental Council has provided registration for family practitioners. Doctors attain this through additional training — at their own expense, without promise of additional reward.

Doctors finally go public

By THEMBA KHUMALO

MORE trouble is expected at Baragwanath and other Transvaal hospitals this week following shocking revelations by doctors relating to the sharp decline in patient care and health standards.

At a recent media conference, three doctors said they were risking their jobs by exposing "repression and the compromise of health and patient care at Bara and other Transvaal hospitals hit by the strike."

"Behind the facade of normality, hospital authorities are trying to tell the public there is a lot of dissatisfaction among health workers," they said.

They accused the TPA of making a political decision by firing striking members of the National Education and Health Workers' Union.

A Baragwanath doctor said after she told the media "the real happenings in the wards" she was told that her contract would not be renewed at the end of the year as she had defied an order not to attend the media conference.

South African Health and Social Services Organisation national secretary, Dr Aslam Dasoo, said his organisation would do everything to prevent their "brave members" and other health workers from losing their jobs for revealing hospital irregularities.

He appealed to other health workers to tell the public about the problems they experienced after the dismissal of Nehawu members.

He alleged that hospital authorities had no respect for black lives, and the horrifying conditions did not exist in "white" hospitals.

A Baragwanath doctor said because of staff shortages doctors and nurses were forced to scrub floors.

She said that after waiting three weeks, an elderly woman cancer patient was discharged and told she would be called back once the theatres were "back to normal".

Operations which should have been performed on five children were cancelled, and some paediatric surgery patients were told to return in a month.

A radiographer at Thembisa Hospital said a patient died recently after she was discharged prematurely.

The crisis, she said, had forced the authorities to reduce the number of wards from 21 to 14.

TPA spokesman Jan Van Wyk said he would issue a statement later.

FOCUS: *Patients should have access to their medical files*

Your right. Not so, say GPs

W/M 25/9-1/10/92 (93)

YOUR doctor has diagnosed an illness which you do not have, and has scribbled his incorrect diagnosis as fact in his notes. As a result, your life insurance premiums are loaded — not to mention the fact that your illness did not clear up as it should have.

You know the diagnosis is wrong, because a specialist gave a different diagnosis and treated the complaint, curing you. But he did not write to the general practitioner to give him the correct information.

This will make you wonder what else is wrong in the GP's file on you, what the doctor knows and has not told you and what effect this may have on your life. You ask the doctor if you can see your file.

"Emphatically no," is likely to be the response in this country — and it is backed up by law as well as by doctors' belief that patients are not qualified to have access to information compiled by professionals.

Questioned about this attitude, the response will be to fall back on the law stating that the file is the property of the doctor and he or she is not obliged to give the information to anybody.

In Britain, however, the law has recently been changed to give patients a legal right to see their medical records, both on paper and on computer, says the Consumer Association's *Which? Way to Health*. The magazine sent out several patients to test their rights — and got some rather startling results.

These were some of the comments recorded: "The surgeon's letter to the GP informed him ... there is no cure. I should have been told."

"The rheumatologist I had seen suggested a possible alternative diagnosis ... which I had not been informed about."

Doctors recorded their own, pretty vile, impressions at times: "The records said my relationship with my father was incestuous," and "this miserable ... woman".

One researcher's doctor had recorded depression when the patient had complained about vision — which in this country would have serious insurance implications.

CRITICAL CONSUMER

Pat Sidley's weekly advice on what to buy ... and what to avoid

Britons can ask to see any part of the records and they do not need a reason. The information must be shown to the patient within 40 days, and under certain conditions, it has to be within three weeks. Even children can see their records in Britain — and parents may *not* see these records without the child's consent.

If the information is wrong, the patient can ask for it to be corrected. If the GP disagrees he must record a note of the patient's views.

Additionally, if other health professionals have written to the GP about the patient, the patient has the right to see this communication.

Those notes sent by GPs to insurance companies can, in Britain, be vetted by the patient who has a right to veto certain information.

The only circumstances under which a doctor may refuse to give certain information is if he feels it would seriously damage the patient's health. The doctor may also legally not tell the patient that the information is being withheld.

In South Africa, a society in which secrecy is a national pastime, doctors are horrified at the suggestion that patients have a right to information about themselves.

A spokesman for the medical profession, Dr Roy Davey, who is chairman of the National General Practitioner's Group (a special interest group of the Medical Association of South Africa), articulated the views this Critical Consumer found in a random sampling of GPs in Johannesburg.

"The doctor's notes belong to him," he said, adding that notes between two doctors were the property of the doctors. X-rays were the property of the patient but the notes written by the radiologist were the property of the radiologist. He felt it would be a problem if a "person who does not have insight" saw such notes as he may "misconstrue" the information.

If a patient had a problem about his doctor and thought this may be reflected in his or her file, a complaint should be made to MASA, which would see to it that a "peer group" of fellow professionals reviewed the notes and evaluated the circumstances, said Davey. He did not seem to harbour the slightest notion that doctors would not break ranks easily and criticise one another.

If the issue was malpractice — when records could be vital — then the issue should be reported to the Medical and Dental Council, the statutory body governing the behaviour of doctors.

"It's sometimes very embarrassing," he said. The doctor may have written something about "husband and wife interaction" and then only one of the parties gets sight of it.

The notes, he explained, are also often "cryptic ... we don't write nice full sentences".

Aside from the moral and ethical implications of local doctors' belief that their patients are not entitled to see information recorded about themselves, the issue has practical implications.

Insurance is one area. But more serious would be problems leading to a medical malpractice suit. South African patients would be required to lodge a complaint and then subpoena the notes through a court (which may not agree to issue the subpoena).

Davey did not see this as a problem, believing that at no stage should patients see the information. Peer review groups, the Medical Council or a court process involving professionals were the only people competent to assess what the GP has scribbled.

A healthy run for charity

ST Times [Cape Metro] 27/9/92. (93)

Doctors try to save 'special patient'

STETHOSCOPES and scalpels will be set aside and other sharp timing devices installed when medical practitioners line up for the Parke-Davis Medical 10 Kilometre Road Race on Saturday.

Proceeds from this annual event — which is only open to medical doctors — will go towards a "patient" that is desperately in need of "reconstruction and upgrading" — the Victoria Hospital Casualty Unit.

This 10 kilometre fun run for the medical profession and a three kilometre fun run for cardiac rehabilitation patients from the Heart Foundation of SA — better known as "Heart Throbs" — will start and finish at Parke-Davis' head office in Retreat.

By RENÉ DU PREEZ

Last year a record number of medical doctors, dentists and veterinary surgeons competed, with entrants coming from as far as Namibia.

Winner

Runners are handicapped 30 seconds a year of age from 40 upwards, with a floating trophy going to the fastest runner overall on actual time and gold medals for the fastest male and female on handicap.

The Heart Foundation of Southern Africa will nominate the winner of the Ian Taylor Memorial Award, which is presented annually to the most deserving cardiac rehabilitation patient.

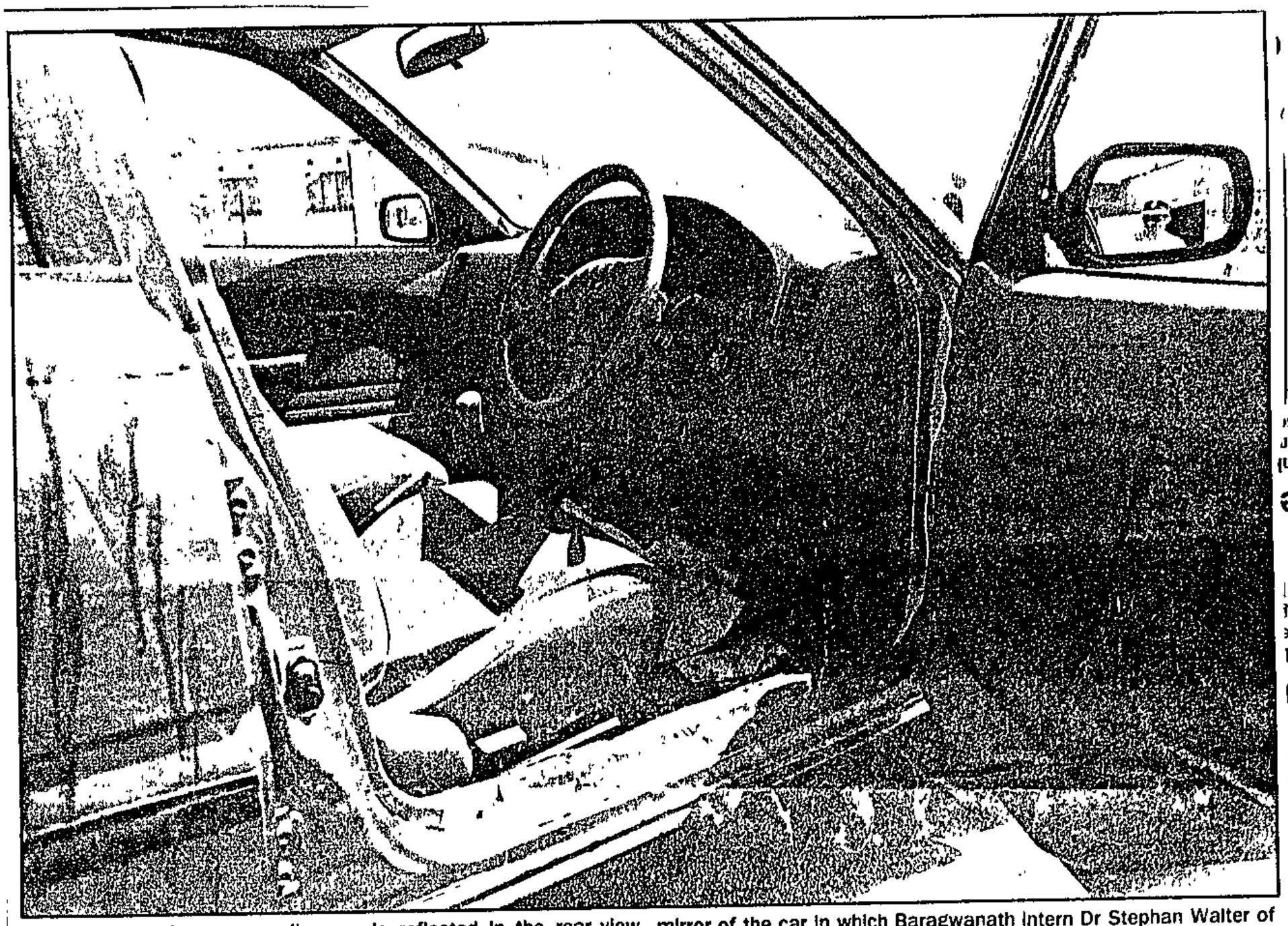
A Metro helicopter, Pri-Med Ambulance and medical staff from Victoria Hospital will be on stand-by.

Paula Chapman, one of the organisers of the run, said that there was a desperate need for funds to upgrade the Casualty Unit at Victoria Hospital, which provided an important service to a large section of the Cape Peninsula.

"We want as many doctors as possible to enter as this fund, which was launched last year desperately needs to gain momentum," she said.

● Any doctors wishing to take part should contact Mrs Buddy Raw at ☎ (021) 710-4111.

CONFUSION? . . . although there was some confusion as to which way to go for their training run, doctors Andrew Van Den Heever, left, and Tobias Greten have assured patients at Victoria Hospital that this kind of action does not take place in the operating theatres. The two doctors will join a large contingent of people in the medical profession taking part in the annual Parke-Davis Medical fundraising 10 Kilometre road race on Saturday-
Picture: AMBROSE PETERS



Motiveless murder . . . a policeman is reflected in the rear-view mirror of the car in which Baragwanath intern Dr Stephan Walter of Munich was shot dead on Monday.
Picture: Jacoob Rykliff

Killing of young German doctor stuns Bara staff

STAR 30/9/72.

By Bronwyn Wilkinson
Crime Reporter (93)

Baragwanath doctors were shattered yesterday by the senseless murder of a promising young German doctor who was shot dead in his car in Diepkloof on his way home from the Soweto hospital on Monday.

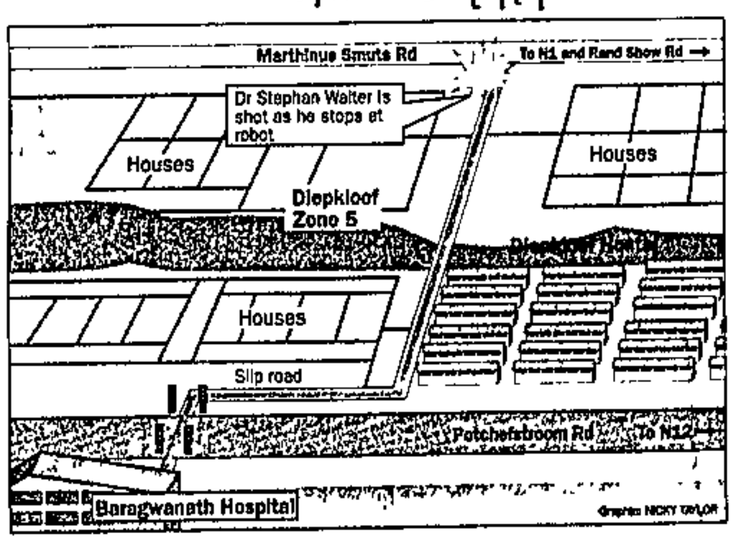
Police said they were baffled by the apparently motiveless killing of Dr Stephan Walter (29).

The bachelor intern had come to Baragwanath from Munich in January because he wanted the experience of working in one of the world's busiest trauma units, a colleague said.

Dr Walter left the hospital just after 5 pm on Monday and took a common short cut through Diepkloof towards the Randshow Road interchange on the N1. It was his usual route to the Sandton home he shared with two other doctors.

Dr Walter stopped at a traffic light at Marthinus Smuts Road (which becomes Randshow Road) and was shot through the driver's window. The bullet hit Dr Walter behind the left ear.

Bloodstains on the outside of the car and in the road yesterday showed where Dr Walter had staggered out of his car before falling unconscious on the tarmac.



He was taken to Baragwanath Hospital where colleagues battled for two hours to revive him.

But Dr Walter never regained consciousness and died at about 8 pm.

Soweto Murder and Robbery Unit head Colonel Neville Thoms said the police did not know how many gunmen had attacked Dr Walter or what the motive was.

Nothing was stolen from his Toyota Conquest and Baragwanath spokesman Annette Clear said Dr Walter's watch and wallet had been untouched.

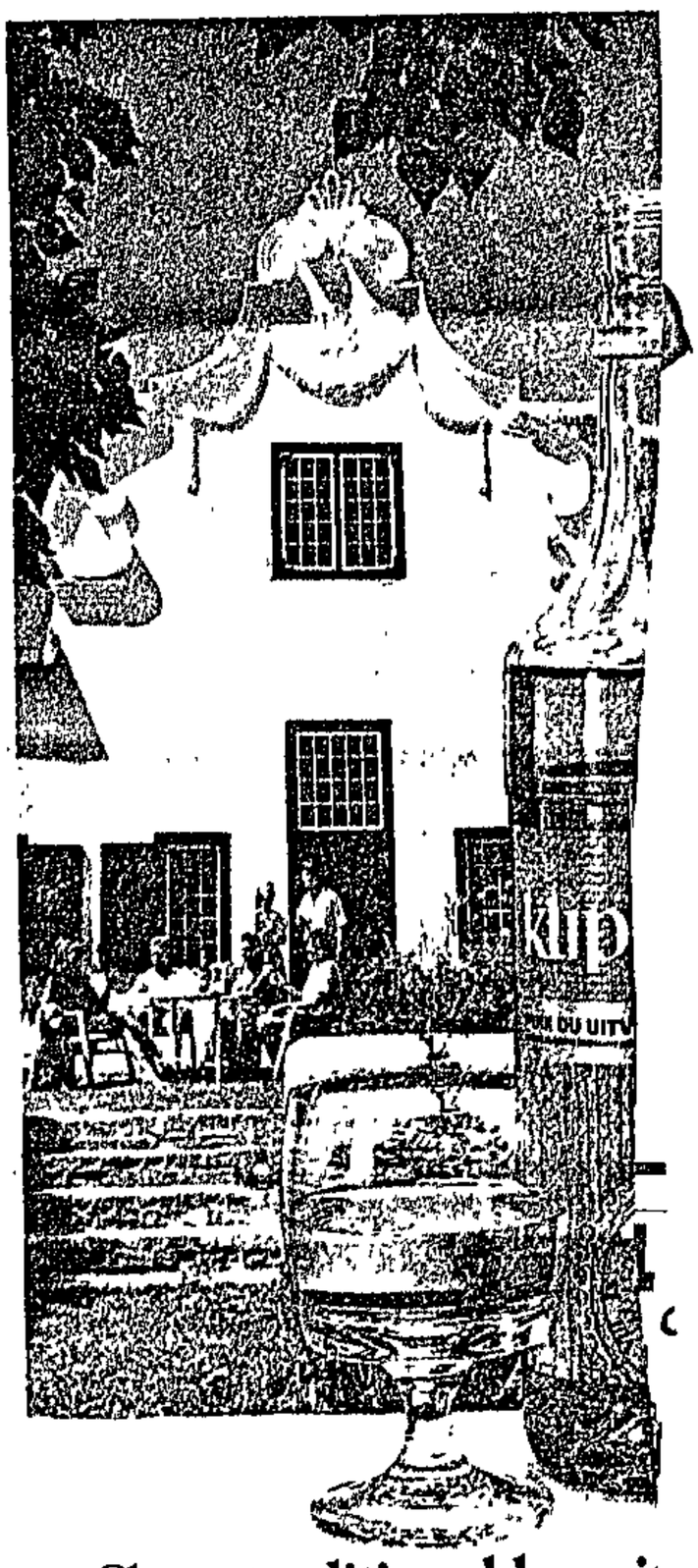
Mrs Clear said it was impossible to tell what effect Dr Walter's murder would have on other doctors.

"Doctors and nurses are very tired following the (now resolved) Nehawu strike," she said. "I am sure this could affect morale."

Doctors in the hospital's casualty unit said morale hit an all-time low as news of the murder spread.

"We just can't believe it It could be any of us. We all take that route home and we all expect that we are immune to the violence we see all around us. This just proves that we are as human as anyone else," a German doctor said.

Dr Walter's parents are expected to arrive in South Africa today.



Share traditional hospi

Isotec probe shows drip contamination

KATHRYN STRACHAN

ISOTEC Nutrition yesterday admitted its investigations had found bacterial contamination in drips which allegedly caused the deaths of seven babies last week.

Isotec MD Iain Rosekilly said the results of independent laboratory testing, commissioned by the company, were released yesterday. Three intravenous solutions were contaminated, he said.

Investigations are being conducted by the SA Institute of Medical Research and the Medicines Control Council, as well as researchers abroad, to find the exact cause of the contamination. The preliminary results of these tests will be available today.

Isotec buys some of the ingredients for the solutions from Sabax, the company which supplied drips given to 13 babies who died in 1990.

Rosekilly said that due to the highly complex nature of the solutions, a sterilisation process of the final product could not be performed.

The components therefore had to be mixed in a totally isolated sterile environment and sealed prior to distribution, he said.

"This is not a generally prescribed intravenous solution," said Rosekilly. "They are in fact highly specialised solutions which are usually only prescribed and administered to patients who are already critically ill."

Meanwhile, two babies who were given intravenous feeding last week are still in intensive care. A Johannesburg General Hospital spokesman said 19-day-old Louise Bender was still in a critical condition, but the condition of the baby at Park Lane Clinic had improved.

35 hurt as police open fire on Ratanda march

AT LEAST 35 residents of Ratanda township near Heidelberg were injured — two seriously — when police opened fire on protesters at Ratanda police station yesterday, ANC PWV spokesman Ronnie Mamoepa said.

The residents marched to the police station to demand demolition of the Ratanda Hostel from which a grenade attack, in which one person was killed and others were injured, was allegedly launched on Monday.

Ten protesters were arrested during the demonstration, he said.

Ratanda Hostel is believed to be among 15 hostels targeted by government and ANC negotiators for fencing by mid-November.

The ANC called for urgent security measures to be implemented at the hostel "to prevent further flare-ups in the area".

But the call to fence hostels has elicited furious protests from Transvaal hostel residents, with one threatening "bloodshed" if such a move is attempted, reports THEO RAWANA.

President F W de Klerk and ANC president Nelson Mandela agreed at their meeting on violence that hostels would be "adequately fenced" and that there would be security patrols and a police presence outside the hostels.

But East Rand Hostel Residents' Association chairman Zakhele Mlambo said De Klerk and Mandela should first explain why hostels should be fenced.

RAY HARTLEY

"It is not acceptable, because governmen took a decision without the hostels' leadership It is not going to happen — there will only be bloodshed if it is attempted," said Mlambo.

While Mandela said hostels were sources o violence, hostel dwellers saw Umkhonto we Sizwe at its root, he said.

Transvaal Hostel Residents' Association chairman Joe Kubheka said his organisation was surprised at the agreement on hostels. It would meet today to decide what to do.

"We are going to react strongly," he said.

"Even National Housing Minister Leon Wessels recommended to the Goldstone commission that hostels should not be fenced."

Meanwhile, Sapa reports that four people were killed on Monday night at Chicken Farm squatter camp near Kliptown, Soweto.

Khabisi Mosunkuthu of the Soweto Civic Association said yesterday the four were shot and hacked in separate attacks.

"Residents managed to apprehend seven of the attackers, but three escaped later," he said. The suspects were handed over to police.

In Umlazi's G section, Durban, Gabriella Dlamini was found shot in the head late on Monday night. The body of an unidentified man was found in Umlazi's T section yesterday.

Hospital staff alarmed by murder of doctor

KATHRYN STRACHAN

STAFF at Baragwanath Hospital in Soweto were deeply shocked and upset at the killing of a German doctor on his way home from the hospital, sources at the hospital said.

Dr Stephan Walter, 29, was shot by unknown gunmen after leaving work on Monday evening. He was found unconscious at the turnoff on the M1 North, close to Baragwanath, and was taken to hospital. He died without regaining consciousness.

Walter came to SA from Munich in January to work at Baragwanath.

Baragwanath Hospital spokesman Annette Clear said the killing had not only shocked those close to Walter, but had left a feeling of fear and uncertainty that could be sensed throughout the hospital.

It was also possible that the attack would turn away doctors and nurses who might otherwise have applied for jobs at the hospital, she said.

"All staff members fear for their safety wherever they go," said Clear, adding that the attack had intensified that fear.

"This hospital has been through a trying time in the past few months with the strike and the violence, and this has only made it worse," she said.

Clear said Walter was shot on a road which many of the staff used as a short-cut through the township.

Hospital superintendent Chris van den Heever appealed to staff members yesterday not to go into areas about which they had any doubts.

Train boycott looms in PWV

RAY HARTLEY

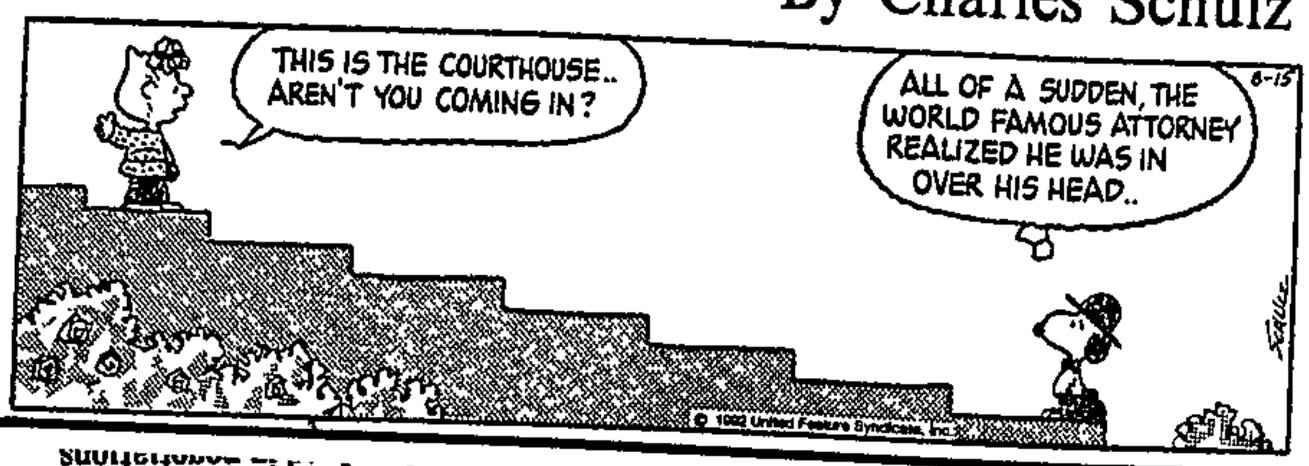
ANC-aligned organisations in the PWV have agreed in principle to boycott commuter trains because of the failure of police and SA Rail and Commuter Corporation to implement agreements.

The decision was taken at a PWV Action Council meeting which included representatives of Cosatu, the SACP and the ANC, but would have to be vetted by individual organisations before it was implemented, ANC PWV spokesman Ronnie Mamoepa said.

He said it was unacceptable that a new rail guard would only come into operation in April 1993 instead of the end of the year.

PEANUTS

By Charles Schulz



NEWS Mass resignations of white hospital staff ● Meeting has groundbreaking agreement

the nation in brief

Sowetan 30/9/92

New staff stay on

PEOPLE employed to replace dismissed hospital workers when talks between the Transvaal Provincial Administration (TPA) and the National Education, Health and Allied Workers Union (Nehawu) deadlocked will not lose their jobs, it was confirmed yesterday.

A TPA spokeswoman said although Nehawu and the administration reached an agreement on the re-employment of dismissed workers, it does not mean the newly employed would have to lose their jobs.

She said there were open posts and a possibility of resignations by some employees who were among those who went on strike.

The four-month-old hospital dispute came to end last week when the TPA and Nehawu signed a settlement on the re-employment of dismissed workers. - *Sapa*

Sowetan 30/9/92

Two new schools

TWO new schools are to be opened at Midrand between Pretoria and Johannesburg next year.

Dr Ken Paine, Transvaal Education Department executive director, said yesterday an English medium primary school and a parallel medium secondary school would start classes at the beginning of the new school year.

Building of the primary school at Noordwyk, Midrand, is on schedule. Construction of the secondary school has just begun. Vacant classrooms at Halfway House Primary School will be used until building is completed.

AA annual rally

THE Soweto branch of Alcoholics Anonymous will hold its annual rally at the Funda Centre this weekend.

The rally, which starts on Saturday at 10am, is open to the public. If you think you have a drink problem or know anyone who has, you will find people who are sympathetic, understanding and able to give practical help.

Alcoholics Anonymous is a fellowship of men and women who help each other to stay away from alcohol and to lead useful lives. There is no fee required to join AA.

Anti-overload drive

THE South African Black Taxi Association (Sabta) will begin a three-month "anti-overload" campaign on October 1 to encourage drivers to comply with loading certificates.

In a statement on Tuesday, Sabta said commuters would also be asked to refrain from boarding full taxis.

Sabta will warn drivers of the braking problems caused by overloading, and the possible denial of insurance benefits in accidents involving overloaded vehicles. Letters have been sent to Sabta affiliates country-wide urging participation. - *Sapa*

Sowetan 30/9/92

Baragwanath doctor murdered

Sowetan 30/9/92

■ **Killing sparks fear among Soweto medical workers**

By Abbey Makoe

SERVICES at Baragwanath Hospital in Soweto could be severely disrupted if white doctors carry out a threat to leave because of fears for their safety.

Sowetan learnt this yesterday following the killing of German-born Dr Stephan Walter, who was ambushed on Nasrec Road on Monday while on his way home after work.

Baragwanath Hospital media liaison officer Mrs Annette Clear expressed shock at the slaying of Walter (28), adding that her feelings were shared by 100 percent of staffers. "We can even lose on new doctors who were willing to join the hospital," she said.

A doctor at the hospital, who asked not to be named, said yesterday there had been "remarkable resignations" by doctors at Baragwanath.

Although she was not moving, she foresaw an escalation in the resignation of doctors, particularly foreign ones.

Clear could not confirm an increase in resignations by doctors lately but said a trend has emerged that could leave the hospital short-staffed of doctors.

Soweto police spokesman Lieutenant Eugene Henning confirmed Walter's killing and said police were investigating. No one has as yet been arrested.

Walter's close associates were yesterday still shocked. He arrived in South Africa in January for a year's internship.

"He could have joined any other hospital in the country but he chose Baragwanath. It is sad that he had to die this way," said a friend.

Doctor imbalance 'serious'

Staff Reporter (93) CT 3/10/92

THERE is one doctor available to every 696 South Africa city dwellers, but only one to every 1 920 people living in platteland areas — an imbalance which could have a serious effect on future heath care.

This was said in a South African Medical Journal article by the Directorate of Strategic Planning in the Department of National Health and Population Development.

The article said 77% of medical practitioners stayed in metropolitan areas, and only 23% in non-metropolitan areas, making the doctor-to-patient ratios 1:696 in metropolitan areas and 1:1 920 in country areas.

Failure to address the imbalance in the availability of doctors would have serious implications for the future provision of acceptable and equitable health care.

The article said South Africa's doctor to patient ratio compared favourably with international ratios. The United Nations recommended one doctor to every 500 metropolitan residents, and one doctor to every 5 000 people in non-metropolitan areas.

Medics' 'union' gets new teeth

(85) (93)

BY EVE VOSLOO

FOR the first time in South Africa, doctors working at state hospitals will have their interests specifically represented in the formal process of collective bargaining.

In an insert distributed with the South African Medical Journal (SAMJ), the secretary general of the Medical Association of South Africa, Dr Hendrik Hanekom, says "this significant breakthrough has been achieved with the recognition of Masa as a staff association by the Commission for Administration". ST Times

"Masa now forms part of the negotiating forum within which each staff organisation has the opportunity of representing the unique and divergent interests of its members," he said.

The recognition of Masa as a staff association took place last month, a Masa spokeswoman said this week. [Cape Mofo]

Enclosing a Masa membership application form with the SAMJ, Dr Hanekom appeals to all state-employed doctors to join "to add to Masa's strength when negotiating full-time practitioners' conditions of service and remuneration". 11/10/92.

Influence

"In an environment in which the quality of medicine is under siege, the influence of the profession depends on you and your membership of the medical association," Dr Hanekom says. "All future negotiations on behalf of doctors in full-time practice and the state will be governed by the Public Service Labour Relations Act."

He said Masa's recognition had already allowed the association to influence cetain provisions in the draft Public Service Labour Relations Act; gained acceptance that the needs of Masa members differed from those of other professional groups and also facilitated the setting up of additional channels for more efficient consultation between the state and the medical profession.

"The proposed Act will also create new machinery and procedures for the protection of state employees from unfair labour practices," Dr Hanekom says.

Doctors debate telephone care

(93)

SDuefen 13/10/92

■ Phone consultations may be billed to the patients if doctors get Medical Association approval:

Mokgadi Pela

DOCTORS are considering charging patients for consultation over the phone.

This matter is also being seriously debated by the Medical Association of South Africa following the South African Medical and Dental Council's approval in principle of the levying of fees for such services.

Most practitioners say they cannot ignore a phone call because they cannot judge the seriousness of a complaint without talking to the other party. Every call, therefore, required their fullest attention and taxed their professional capabilities as much as a consultation would.

However, other doctors disagreed, saying the profession should accept calls from patients as part of their routine. They also believed calls were not in the best interest of patients.

Masa to act as trade union for doctors

B Days 13/10/92

THE 13 000-strong Medical Association of SA (Masa) is preparing itself to act as a trade union for doctors in both the public and private sectors.

Masa's secretary Hendrik Hanekom said Masa had recently been recognised as a staff association by the Commission for Administration and was now party to the negotiating forum with 11 other staff associations in the public sector.

He said Masa was investigating the role it could play in collective bargaining in other sectors as well.

Hanekom said Masa's new role gave it the opportunity to "responsibly represent the medical profession" in matters concerning salaries and wages.

He said that with the right to negotiate, came responsibilities Masa would uphold.

About 45% of Masa's members work as doctors in the public sector.

Masa was the first body to represent doctors in a collective bargaining capacity.

Although some doctors were members of the Cosatu-affiliated National Union of Health and Allied Workers' Union

DIRK HARTFORD

(Nehawu), the union had not yet tried to negotiate on their behalf.

During the recent health workers strike, doctors who supported Nehawu threatened to take action — but this did not happen.

Masa had embarked on a recruitment drive among doctors in the public sector. Doctors have been urged to sign up and to recruit at least one other member so the medical profession can play a leadership role for health care in the public sector.

All negotiations on behalf of doctors working for the state would be governed by the proposed Public Service Labour Relations Act which was due to become law during this sitting of Parliament.

Cosatu and Nehawu have rejected the proposed new law which they believed had been pushed through the back door.

In addition, they said they had not been properly consulted on the law, although they had been the major organisations fighting for public sector workers to enjoy the same rights as workers covered by the Labour Relations Act.

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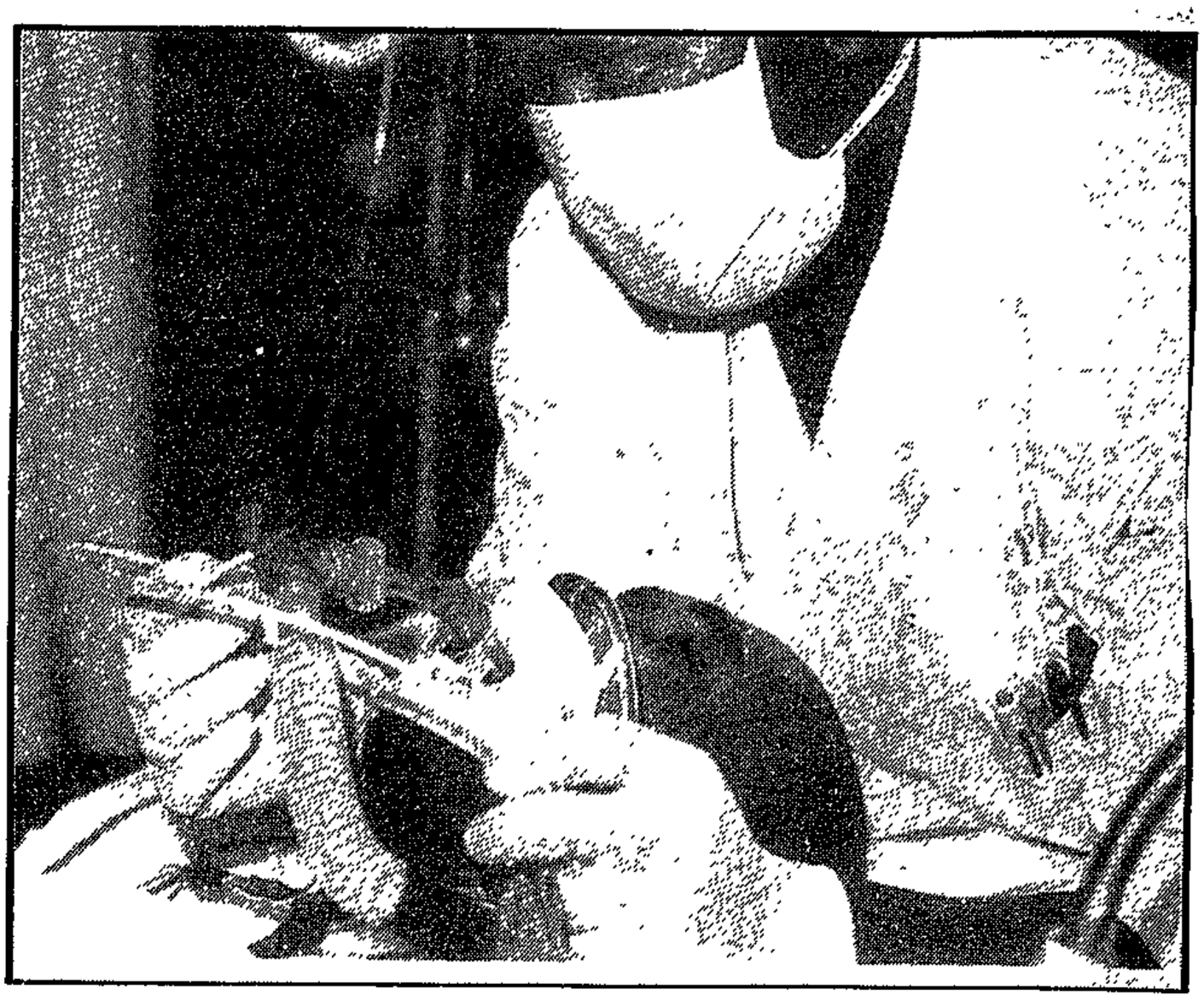
Accused hoped 'to lure investors'

focus on doctors

SO weten 20/11/92 (93)

Junior doctors around the country work notoriously long hours for little pay. Patient care suffers and the doctors themselves cannot keep up, physically or emotionally, with the demands of the job. Medical Reporter **Mokgadi Pela** investigates:



Doctors around the country are doing delicate work while working dangerously long hours.

THE ABNORMALLY-LONG hours that doctors at hospitals countrywide are expected to work are putting patients at serious risk.

This reality has been accepted by both doctors and the Transvaal Provincial Administration.

Both will certainly agree that junior doctors, also referred to as interns or housemen, often work more than 100 hours a week. The South African Medical and Dental Council says doctors should not work more than 30 hours at a stretch and no more than 80 hours a week.

Recently an intern on duty for a 32-hour stretch was driving home late in the afternoon and fell asleep at the wheel. Her car veered off the road and crashed.

An added factor to the interns' problems is the poor wages they receive. An article in the October issue of the *South African Medical Journal* says that in January 1980, the starting salary of a medical officer (including professional allowance but excluding bonus) was R16 944 annually, while a medical officer with five years service received R19 944. By January 1992, the salaries had risen to R55 995 and R73 773 respectively.

The *SAMJ* says with the consumer price index rising 14,56 percent each year, medical officers' salaries have not kept pace with inflation.

Dr Peter van den Berg, chief director of hospitals for the TPA, said the possible solution lay with the restructuring of health services. "You need a multitude of clinics in the community where care can be obtained within walking distance. We are calling for treatment at the correct and adequate level to prevent overusage of doctors and high-technology treatment," he added.

Other possible solutions Van den Berg suggested were:

- That there should be enough systems to keep patients out of hospitals;
- Social and lifestyle changes have to be encouraged;
- More money was needed to build more clinics;

The Junior Doctors Association of South Africa (Judasa) has listed its problems as a shortage of funds and interns countrywide. Other gripes were:

- An inquiry into working hours of interns found that "all housemen work far too long";
- Sandwiches for doctors were being stopped at TPA hospitals in an attempt to stay within the budget;
- There are inadequate sleeping facilities for interns;
- Little or no provision has been made for these doctors' irregular eating hours;
- Poor quality of food at hospitals;
- The lack of service contracts for these doctors is of major concern as is the lack of adequate channels through which they can communicate their grievances to their superiors.

Statistics of a Judasa survey showed that in 1990 student interns spent 30 percent of their time attending to patients, while 29 percent was spent on administrative work, 13 percent on formal training and 17 percent on informal training.

The survey confirmed reports by housemen that they are often called upon to work in excess of 100 hours a week. They said they were being expected to provide optimum patient care while being physically and mentally drained, all without the assurance of a support network.

Judasa chairman Dr Johann Scholtz said the organisation's delegation had presented results of the survey to the Minister of National Health in January 1991. However, they had emerged from the meeting dissatisfied and disappointed. While the minister had assured them she would investigate their working conditions, she had advised them not to raise any expectations regarding salary increases.

Scholtz told the delegates that the minister had given similar assurances in 1989. She had gone on record then as promising to investigate junior doctors' grievances following the death of a patient who was being attended to by an intern.

The patient had died as a result of being injected with a medication she was allergic to, a fact the intern had failed to note after a long and exhausting shift.

With this plight seemingly not about to end, the congruence of the TPA and interns about their unacceptably long working hours and their low salaries gives hope that their problems may soon be addressed. But this will only happen if the authorities' concern about the interns' plight is honest.

Doctors are concerned about hospital funding

■ Baragwanath could lose academic status as a result of cuts:

Sowetan 24/11/92 (93)

DOCTORS at the Baragwanath Hospital are concerned that the sprawling medical institution in Soweto could lose its academic status as a result of ongoing financial stringency measures and plans to rationalise teaching hospitals nationwide.

However, Wits Medical School deputy dean and head of paediatrics Professor Alan Rothberg said the university was still committed to keeping its presence at its five academic hospitals - Johannesburg, Hillbrow, J G Strijdom, Coronation and Baragwanath.

The doctors' concern appears to stem from a questionnaire asking staff what they would do if the hospital lost the Wits University presence.

The questionnaire was circulated at the hospital.

Talks are at present underway between the Transvaal Provincial Administration, the Department of National Health and Population Development and the Medical School to discuss the rationalisation of the university's 5 000 academic beds.

Doctors have warned that several of their colleagues would leave if Baragwanath lost its academic status - which allows doctors to enjoy the main aspects of academic hospitals, such as teaching, patient care and research.

Those remaining would have even more difficulty coping with the heavy workload.

Academic hospital beds, in general, are funded at a higher level than beds in community and regional hospitals, explained Rothberg, as they need more nurses and doctors to care for the patients.

He said Wits Medical School does not want all 5 000 beds funded at academic level but only a percentage at each hospital.

"However, academic staff would accept responsibility for the total patient population," said Rothberg.

Thugs terrorising doctors

(93)

Sowetan 24/11/92

■ Some robbed of cars and money while others pay protection money:

By Nicolette Tladi

ATTACKS on doctors in townships on the Witwatersrand are on the increase and some feel vulnerable in their surgeries.

Doctors interviewed in the PWV area told *Sowetan* they now had to look at every patient entering their surgeries with caution.

In the past few months doctors have been targeted by thugs who threaten them with death if they do not hand over their expensive cars and cash. The gangs even threaten to rape receptionists.

Some have employed bodyguards while others have been forced into paying monthly protection money.

Police spokesman Colonel Tienie Halgryn said an average of seven cars were hijacked every day in Soweto.

He could not specifically comment on the doctors' cases as they were not the only people reporting cash and car robberies.

A doctor said he had to allow the thugs to use his expensive Mercedes-Benz car because he feared for his life.

Another doctor, who was robbed three weeks ago, was so shaken by the incident that he initially refused to speak to the Press, fearing this could anger the thugs.

A Soweto doctor said a youth pretending to be a patient entered his rooms in September. He was followed by four others, who pointed a gun at him and his assistant and demanded cash and the keys to his BMW car.

"I gave them the R200 I had with me. I told them I dealt with many Medical Aid patients and they searched me to make sure," he said.

Time takes toll of two legends

93

STAR 2/12/92.

Chris Barnard and Groote Schuur Hospital are showing wear and tear, says BRENDAN BOYLE.

TIME has damaged the man and the hospital that pioneered the human heart transplant 25 years ago and made Cape Town the mecca of cardiac surgery.

Chris Barnard's 70-year-old hands are swollen with the arthritis that forced him to cut short his surgical career. Dye imperfectly hides the grey in his hair.

Shortage of funds has slashed both the research and the transplant programmes of his once-renowned Groote Schuur Hospital cardiac unit, which is largely State funded.

"It's a great tragedy that this hospital is being allowed to run down like this," said Barnard.

"This hospital has been a great advertisement for South Africa. We used to take in people from all over the world. Now we have to turn them away.

"When the cardiac unit needs a new heart-lung machine, the Government throws up its hands and says there is no money," he said. "But I never heard them say there was no money when the army wanted to go and kill people in Angola."

Nicky Germishuys, who received a new heart from Barnard's successor Professor John Odell in March 1990, said the hospital could perform at least double the 30 transplants a year if it had the money.

At a tea party in Groote Schuur's new wing last week, Germishuys handed Barnard a certificate of appreciation from South Africa's 94 surviving transplant patients.

Fifty-eight of them, including a man whose new heart was only 16 days old, were at the party. The youngest was 13-year-old Nombuyiselo Mabula, who received her new heart at 10.

Also present was 67-year-old Dirk van Zyl, the world's longest-surviving transplant patient. Barnard gave him his new heart in May 1971.

Van Zyl recalls that his white community was outraged that the donor was a coloured man. His children were shunned at school because "their father had the heart of a black man inside him".

The third-floor theatre where Barnard made medical history is now just a shell strewn with the rubble of demolition.

This is where Barnard and a 30-strong team took the heart from 25-year-old Denise Darvall, killed in a road accident, and implanted it in Louis Washkansky (55) on December 3 1967. Washkansky lived for 18 days after the five-hour operation.

"We are going to rebuild it (the theatre) as a museum with all the equipment that was actually used for the first operation," said hospital spokeswoman Elke Schutte.

"We wanted to have it ready for the anniversary but there is no money to finish the job,

Barnard . . . hands swollen.

and I don't know when there will be."

Instead, Barnard was to mark the anniversary today by unveiling a commemorative plaque in the corridor.

The latest victim of the cost clamp is Barnard's successor, Odell. He leaves in March to take up a job in the US.

Asked if he was leaving because of the financial curbs, he said: "Yes, that's a part of it, but I don't want to talk about that too much."

Odell confirmed, however, that a local women's club had to raise funds last year to replace a R350 000 heart-lung machine.

Groote Schuur's transplant programme has been widely criticised as inappropriate in a country unable to offer even primary care to many of its citizens.

But Odell said modern techniques and the anti-rejection drug cyclosporin had cut the cost of a transplant to about R35 000, well below the cost of many procedures.

Barnard remains active as a consultant to researchers in the US. — Sapa-Reuter. □

SA doctors aiding Zimbabwe's blind

ST Times 6/12/92

(93)

By MICHAEL HARTNACK
Harare

FOUR South African doctors this week join Zimbabwean and American colleagues in an ambitious attempt to give 200 rural Zimbabweans the precious gift of restored sight for Christmas.

Dr Andries Stulting, from the Department of Opthalmology at the University of the Free State, and three colleagues fly in this weekend to the remote Sanyati Baptist mission hospital 160km west of Harare where a team of volunteers has been screening villagers for eye cataracts in a huge 80 000 sq km area of drought-devastated bush.

Tomorrow, they plan to begin a four-day round-the-clock "operating blitz" to heal 200 cataract sufferers, working with Zimbabwe's only eye surgeon, Dr Solomon Gurumutunhu, and two colleagues from California.

"I'm honoured to be involved in something so worthwhile," said British nursing sister Debbie Harding, from London's Tower Bridge hospital, whose 15-member team of Operation Raleigh volunteers screened 1 000 impoverished villagers to find cataract sufferers.

"This will not only give people their sight back but improve the quality of life of entire families," she said.

Dust and glaring sunlight make cataracts a common complaint in Zimbabwe.

"Patients will pay nothing for their operations," said Operation Raleigh spokesman Mike Verdin.

This is believed to be the first time since independence in 1980 that a team of South Africans has been involved in a goodwill gesture of this sort in Zimbabwe.

Medics to seek greater safety

Cr 9/12/92 (93)

PRETORIA. — The Medical Association of South Africa has asked for a meeting with the Commissioner of Police, General Johan van der Merwe, to discuss violence and to seek ways of ensuring greater safety at places where health care is delivered.

In the Johannesburg/Vaal Triangle area alone, at least eight doctors had been attacked, of whom three had been killed, in the last 18 months, Masa Federal Council chairman, Dr Bernard Mandell, said in a statement yesterday.

The latest victim was Dr Helga Kuhn, who had been shot dead by robbers who stole her car.

GP accused of 'doctoring' his accounts

(93)
MG 15/12/92

ANDREA WEISS
Health Reporter

SEVERAL patients were called on to testify against a general practitioner accused by the South African Medical and Dental Council of "doctoring" his accounts.

Dr Shameim Adam, who practises at the Rocklands Shopping Centre in Mitchell's Plain, appeared before a council disciplinary hearing yesterday.

It is alleged he falsified several patients' accounts by charging for drugs that were not dispensed.

Among the examples mentioned was alleged charging for 30 tablets when only 20 were dispensed and charging double for ointment dispensed.

The complaint was made to the council by the Pro Sano medical aid scheme, which alleged that Dr Adam had charged too much, had drafted statements in a misleading manner and had not supplied the services reflected in them.

It was also alleged that he had charged amounts he was not entitled to, causing financial prejudice or potential prejudice to Pro Sana members.

Mr Faldie Kamalie, cost containment manager for Medscheme, the administrators of Pro Sano, said in evidence that Dr Adam had been investigated after it was noticed his accounts were substantially higher than those of other doctors in the Mitchell's Plain area.

He said patients had been selected at random and chosen by the medical advisers for interviews. All the accounts in question had been submitted directly to the scheme by Dr Adam.

Following the patient interviews, Dr Adam was asked to attend a meeting with Pro Sano, during which he was asked to explain the apparent anomolies in the accounts selected.

"He appeared to be dumbfounded by what was put to him," said Mr Kamalie.

He said Dr Adam had explained that he had "recovered" a levy charged on dispensed medication by charging for 30 tablets instead of 20 because patients did not pay their levies.

The hearing was postponed to January 21 after a dispute about whether details of a subsequent "without prejudice" meeting between Dr Adam, his legal representative and the medical scheme could be led as evidence.

Dr Adam was defended by advocate Mr Anwar Albertus instructed by attorney Mr Keith Jenkings.

More doctors now victims of attacks

(93) STAR 17/12/92

By Joshua Raboroko

Vaal Triangle doctors have been increasingly targeted for attack and at least four have been murdered in the past few months.

In the latest attack, the Kruger Avenue rooms of Dr C Teichler in Vereeniging were wrecked last week by unknown people who painted slogans on the walls, smashed equipment, overturned pot plants and damaged the rooms so badly he had to abandon them.

Dr Teichler was not available for comment yesterday.

The slogans on the walls included "One settler, one bullet," — apparently in reference to his being a missionary doctor in some of Africa's most deprived areas.

This attack comes after Dr Helga Kuhn was killed by gunmen in her rooms in Palm Springs, near Evaton, on December 3.

Dr Tower Blake was shot in the chest by robbers as he climbed into his car outside his rooms in Kruger Avenue, Vereeniging, on November 20. He survived.

Dr Koos Bornman was killed and robbed of his vehicle outside his rooms in Kruger Avenueon on September 24. His wife found his body the next day.

Dr John Ntsepe, who practised in the black residential areas, was shot in the leg and later died.

Dr S D Mokgabudi, of Dicksonville near Sharpeville, and a friend were found dead from gunshot wounds.

The clinic formerly used by Dr D J Maree in Zone Seven, Sebokeng, is now occupied by residents after he quit the township apparently in fear.

Dr A H Patel was robbed of his car at gunpoint in Evaton two months ago. He had been serving people in the area for almost 40 years. Dr A Karim was assaulted in the same area a week ago.

Dr Patel's son, Dr S Patel, was robbed about six months ago.

CPA uncovers doctors' fraud

(93)
CT 23/9/92

Staff Reporter

THE Cape Provincial Administration has uncovered fraud believed to involve hundreds of thousands of rands, allegedly perpetrated by part-time district surgeons who claimed payment for patients they did not treat.

CPA Community Health Services director Dr Norman Kahlberg confirmed yesterday that an investigation, which is still under way, had implicated five part-time district surgeons in the Western Cape.

One of the surgeons, from Brandvlei, has already appeared in court in connection with fraud. The case has been postponed until next year.

Dr Kahlberg said that a new computer system, advanced computer programming and "expertise" developed in CPA regional offices had led to the discoveries.

"This system enabled us to pick up irregularities which we may not have discovered easily in the past," he said.

'Rotten apples'

He said offenders would receive letters requiring them to explain irregular claims, and "if necessary", matters would be handed over to the police.

"If someone is guilty, then the due process of law must follow its course," he said.

Dr Kahlberg stressed, however, that the five doctors involved were a "minority", as there were 64 part-time district surgeons in the Western Cape and 154 in the entire Cape Province.

"The large majority of part-time district surgeons are 100% honest and we think highly of their services.

"We will identify the rotten apples and get rid of them," he said.

Reports said one part-time district surgeon claimed he had treated 1 371 patients in July this year, although the required magisterial permission was issued for only 391 cases.

The doctor apparently used the same authorisation repeatedly for different patients, thereby artificially inflating statistics, which at R25 per patient involved fraud amounting to R24 500 for that month alone.

DRUG SALES

Ending doctors' profit bonanza

Back in 1984, in an effort to contain escalating drug prices, pharmacists were allowed for the first time to substitute patented drugs with cheaper generic equivalents.

Drug manufacturers, incensed by the reform, began encouraging doctors to buy drugs from them and then sell directly to the public. For many, the offer, sweetened by huge price cuts, was irresistible — doctors could obtain discounts that undercut wholesalers by as much as 50%. For the manufacturer, the doctor often became a valuable marketing tool, pushing drug lines via the prescription pen.

The party, however, could soon be over. Last week the Competition Board released proposals that if accepted by Public Enterprises Minister Dawie de Villiers, would force manufacturers to charge the same price to all buyers of prescription medicine.

The board's recommendations are far-reaching. Describing the special pricing relationship between manufacturers and doctors as uncompetitive, the board proposes that manufacturers should be prohibited from selling or disposing of medicine in any way that discriminates between buyers or recipients of the medicine.

The proposals are certain to become controversial as copies of the report circulate among the industry's players. So far, the organisations whose members would have the most to lose, representing the pharmaceutical manufacturers and doctors, have been muted in their response. Also sure to raise objections are critics of more government intervention in the economy. They'll argue that telling companies how to charge for products is none of government's business; that if manufacturers want to give enormous discounts to doctors, that's their right.

Says Wouter Meyer, of the board's investigations directorate: "The principle underlying the board's thinking is that there should be no discrimination for an equivalent transaction. Put differently, if a buyer purchases 1 000 pills, he should pay less per unit than the person who buys only 100 pills."

He explains that wholesalers have been particularly aggrieved that doctors, who buy relatively small quantities of medicine from manufacturers, obtain larger discounts than wholesalers, who buy the same medicine in bulk. They argue that little or none of these discounts is passed on to the consumer.

Of course, the nub of the issue is an ethical one. Can a doctor who dispenses for profit be objective?

Medical schemes report having processed claims by doctors who have dispensed more than R800 000 in medicines in a single year. Comparative statistics are also telling. Five years ago, only 10% of all private-sector prescriptions were dispensed by doctors. Today, this figure stands at around 30%.

A major bone of contention is that many doctors have become little more than traders, using their discounts to bypass the formal wholesale and retail distribution chain.

They can sell drugs to wholesalers and retailers at less than the manufacturers' prices.

Welcoming the board's recommendations, Wolf Furst, of the National Association of Pharmaceutical Wholesalers, explains that this practice merely inflates the price of medicine to the consumer. "If these sales to dispensing doctors continue — lower volumes at lower prices — the consumer price will have to increase."

Meyer says the board noted that the Medical Act prohibits doctors from trading. The board, however, suggests that the Medical & Dental Council should enforce its own laws in this instance.

Responding to the recommendations, Medical Association of SA health policy director Reg Magennis says dispensing doctors have been somewhat of a mixed blessing. While they have introduced competition to the traditional distribution chain, there are dangers to fragmenting this rigid chain.

He suggests that a less formal distribution chain could threaten quality and standards. He adds: "The association fully supports the values associated with free-market competition, and will therefore continue to support dispensing by doctors, provided it complies with the norms associated with high-quality clinical practice."

Coupled to this thinking is the board's insistence that pharmacies be allowed to advertise fully. Now, they can advertise only prices of specific drugs. While this enables consumers to shop around for repeat prescriptions, it does little to inform them about general discounts available on all medicines.

Meyer doesn't foresee that the dispensing doctor will cease to operate, should the Minister accept the board's recommendations. He says that most doctors — particularly those practising in remote areas and townships — buy from wholesalers and will continue to offer a valuable service to patients. "The doctor who dispenses and trades as a mini-wholesaler, however, could find that his side-dealings become less lucrative."

Of course, the difficulty of policing a single exit price could render the board's recommendations useless. But Meyer disagrees. "We can't expect to catch everyone, but we could make an example of a few people. Wholesalers are especially likely to monitor deals and could report them to the police." A conviction under the Maintenance & Promotion of Competition Act could result in a five-year prison term or a fine of up to R100 000, or both.

On this score the Pharmaceutical Manufacturers' Association makes a valuable point.

It suggests that a deregulated market, in which group practices and medical aid-run health maintenance organisations operate their own cost-effective dispensaries, could well eliminate the need for the board's recommendations and the problem of trying to police it.

Mirryena Deeb

TELECOMMUNICATIONS

Hello, America

Telkom's monopoly on international calls will take a beating in the new year when several private companies switch on. WorldPhone, the local subsidiary of US telecommunications company Viatel, has been operating for about four months.

WorldPhone CE Jerome Swersky won't say how many subscribers he's signed up but he plans to boost the size of his staff early next year. "Our volumes are picking up nicely and more corporates are coming in."

Other long-distance services due to start in the new year include US telephone giant MCI and New York-based International Discount Telecommunications (IDT). AT&T says it won't come in until the ANC calls for an end to sanctions.

WorldPhone and IDT offer cut-rate international services by giving subscribers access to the US telephone network. Subscribers to either company dial assigned numbers at switchboards in the US and then hang up.

TPA to retrench 4 000

Sowetan 29/12/92

By Mzimasi Ngudle

■ Azapo warns that reductions in doctors and nurses could adversely affect health and patient care in SA:

(93)

THE Transvaal Provincial Administration has issued notices to 80 000 employees warning them of retrenchments.

And those affected include doctors and nurses.

Reacting to the announcement, the Azanian Peoples' Organisation yesterday said the Government's decision to lay off thousands of workers would adversely affect the health sector.

The TPA sent letters to employees in all State departments informing them of staff reductions before March 31 next year. Employees who wanted to apply for voluntary retirement were requested to do so before January 15 1993.

In a statement yesterday, the TPA gave an assurance "to make this whole process as painless and as little unsettling as possible".

"Since staff expenditure represents a large portion of the Public Service budget, there is therefore no alternative but to comply with the Cabinet's decision and to prune staff numbers," the TPA said.

Azapo's publicity secretary, Dr Gomolemo Mokae, said the Government would be held responsible for the decline in standards should "the much-vaunted staff reductions in the State sector compromise patient care".

"Azapo's view is that if there need to be cutbacks or reductions, these reductions have to take place within the corridors of power itself.

"In fact, the greatest boom to the economy would be an *en masse* resignation by National Party politicians."

Doctors 'unlikely to lose jobs'

IT WAS unlikely doctors would be affected by the TPA's plan to reduce its staff by 5%, TPA spokesman Lenette Roeleveld said yesterday.

She said it was too early to state conclusively that there would be no cuts for doctors, "but as far as we are concerned the TPA will not cut down on key posts, which includes medical posts," she said.

Roeleveld said the necessity of essential services would be taken into account when the scaling down took place. "It is senseless for any institution to cut back where they most need people," she said.

Employees had until January 15 to apply for voluntary retirement, but Roeveld said the decision on who would be allowed to take the package would have to be approved by a committee.

The criteria used would include the importance and particular skills of the work done by that person, as well as the number of people who decided to take the package.

KATHRYN STRACHAN

TPA deputy director-general Peter Steyn confirmed in a statement that letters had been sent to 80 000 employees informing them of the Cabinet decision that staff numbers in all government departments must be reduced by 5% before March.

He added that all the trade unions and employee organisations involved had been consulted on the retrenchment procedure.

"Since staff expenditure represents a large portion of the Public Service budget, there is therefore no alternative but to comply with the Cabinet's decision and to prune staff numbers," said Steyn.

STAR 31/12/92.

Top neurosurgeon to return home to SA

By Mpine Qakisa (93)

Dr Isaac Thapedi . . .tops in his field in US

South African-born neurosurgeon Dr Isaac Thapedi hopes to return home to serve his people after 33 years in America.

Thapedi, who together with actor Denzel Washington received this year's Dollars and Sense magazine's Par Excellence Award, met leading local doctors this week to discuss prospects for medicine in the new South Africa.

Said Soweto's Dr Nthato Motlana: "I'm very impressed that Thapedi, who by all accounts is a top neurosurgeon in a highly competitive society, still wants to come back home after 33 years in the US.

"Thapedi's pull to his fatherland is almost irresistible, and the fact that he wants to come back home couldn't be a better offer."

Thapedi grew up in Sharpeville, where his teachers spotted his brilliance early on. He skipped Std 5 and Std 8 and finished top of his matric class.

After matriculating, Thapedi worked as a reporter for the Golden City Post and Drum to raise money for a plane ticket to go overseas and pursue his childhood dream of becoming a doctor.

He studied in Canada and the United States. At one stage, he was a consultant to seven US hospitals.

A close friend described him as the most ambitious human being he had ever met, and was confident that Thapedi would prove a valuable servant to black South Africans.

Cost-cutting sets an unhealthy precedent for 1993

STAR 31/12/92. (93)

While the world's eyes were focused on the Aids pandemic during 1992, further cracks began showing in SA's public health system, reports PAULA FRAY.

SOUTH Africa's cash-strapped public health system did not go untouched during the ongoing violence and political change in 1992 as Government embarked on a cost-cutting venture amid calls for more money to be poured into health

As the Transvaal Provincial Administration (TPA) proceeds with cost-cutting plans in the public sector — in line with a Government call to cut staff by 5 percent — overworked doctors are concerned essential services will be first in the firing line.

Already, doctors at State hospitals are being offered substantial incentives if they leave the employment of the TPA

Doctors are particularly concerned about what this will mean for rural health care where it is already difficult to retain good medical staff.

And Wits University Medical School is still discussing cost-cutting moves — to come into effect early next year — at TPA academic hospitals.

The lack of cash and even the shortage of medical staff was highlighted when concerned doctors at J G Strijdom Hospital warned that patients would die unless something was done urgently.

Although the TPA denied that any posts had been frozen, doctors there maintained that posts at consultancy and registrar level had not been filled

The J G Strijdom crisis also highlighted the severe shortage of interns nationwide as high education costs and low pay in state hospitals discourage students from entering the medical field

Many interns worked far longer than the maximum 80 hours a week laid down by the SA Medical and Dental Council. An investigation by the Department of National Health and Population Development found that all interns "work far too long hours as a result of the shortage of interns throughout the country"

Indicative of a health care system riddled with contradictions, it was also revealed that about R1 billion of medical payouts in the private sector each year — nearly 25 percent of all subscriptions — was wasted by continued fraud and over-utilisation of medical aid facilities.

It was a year in which South African medical expertise was used to separate Mauritian Siamese twins Ashlay and Ashil Fokeer The weaker twin Ashil died in the operating theatre while Ashlay is preparing for the journey back home.

It was the year in which alcohol consumption by South Africans reached an all-time high. It is now conservatively estimated that there are at least 1 025 198 alcoholics in South Africa, nearly 30 percent of them women.

It was the year which saw the first fully representative medical congress. The National Aids Convention of South Africa (Nacosa) was labelled the "Medical Codesa" as it brought together a wide range of organisations dealing with the Aids dilemma

In Amsterdam, the world's Aids authorities heard that one new person was infected with the Aids virus every 15 seconds, while between 10 million and 12 million adults — and one million children — already had HIV, according to the World Health Organisation (WHO) More than two million people have developed Aids

The figures, released at the eighth International Conference on Aids, gave a chilling picture of the spread of the pandemic which is outrunning the modest progress of scientific efforts to combat it.

"One person is infected every 15-20 seconds," said Michael Merson, head of the WHO's global Aids programme.

In South Africa, the figures are as startling. At a multi-disciplinary conference in November, Dr James McIntyre of the Department of Gynaecology and Obstetrics at Baragwanath Hospital revealed that.

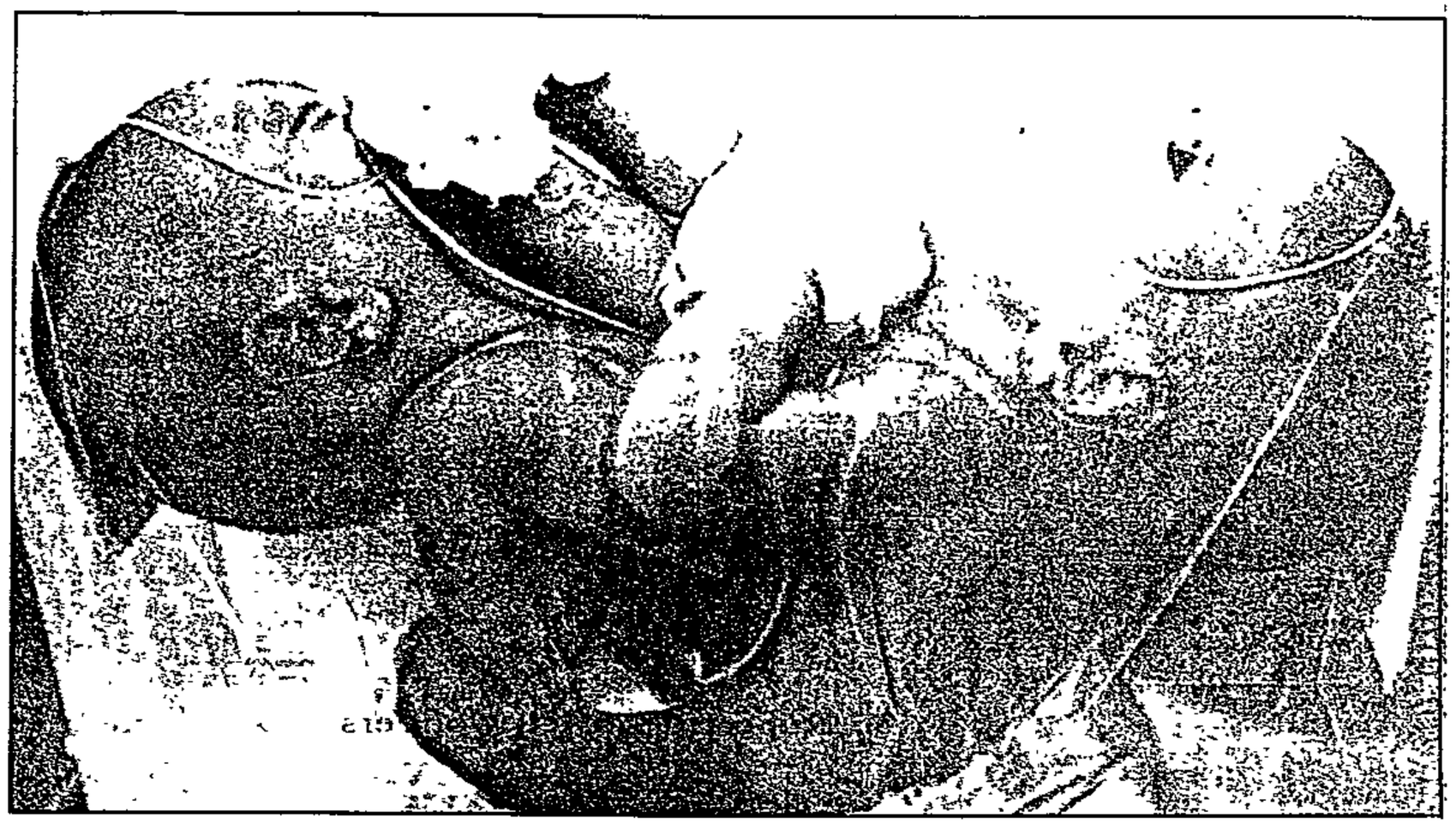
- At least two HIV-positive women give birth daily at Baragwanath.
- About 200 women had been identified as HIV-positive in the first eight months of this year.
- Figures indicated that about 20 000 Soweto women might be HIV-positive

But it was also the year in which South Africa released a Charter of Rights on Aids and HIV which set out 12 basic non-discriminatory principles dealing with the fair and just treatment of those affected by the virus.

Activists believe the charter — signed by a wide range of political, medical, business and social groups — will play an important role in the fight against Aids

However, it is at primary health level where medical experts believe South Africa should begin the fight for equal and adequate facilities for all.

Primary health care organisations believe the basic solution to ongoing problems in the public health sector is a reorganised and restructured public health service oriented towards primary health care, and not in privatisation or procurement by the State.



Achievement . . . Mauritian Siamese twins Ashlay and Ashil were separated in Cape Town, but the weaker twin Ashil died in the theatre. Picture: Eric Miller

This month, health workers and members of the community, met to debate recommendations for the transformation of South Africa's primary health care system at a national conference outside Johannesburg

Malnutrition was identified as a serious threat to the health of the nation, expecially children, at the joint health policy conference of the National Progressive Primary Health Care Network and the South African Health and Social Services Organisation It recognised undernutrition as being caused by the economic inequalities reinforced by the apartheid system. □