HEALTH AND DISEASE - DOCTORS

1993

Attempt to halt spate of attacks on health workers in Vaal Triangle

STAR 13/11/93

By Paula Fray (93)
Medical Reporter

Police and medical representatives have formed a working committee to combat a spate of attacks — including the murder of three doctors — on health workers in the volatile Vaal Triangle.

An emergency number, for specific use by medical staff, has been provided and more policemen have been deployed in the area.

This comes after the Medical Association of South Africa (Masa) approached the Commissioner of Police to relay community concern that recent attacks in the area could lead to a collapse of medical care.

According to a joint SAP and Masa statement issued yesterday, clinics, surgeries and related institutions will receive more attention to ensure the safety of doctors and nurses in the area.

Masa federal council chairman Dr Bernard Mandell said the association believed violence was endemic and affected entire communities, not just health services.

But Masa felt that special attention should be given to health services.

"The nature of health care involves intimate contact with all people at irregular hours, which makes doctors soft targets and security precautions therefore difficult to implement," he said.

Since the start of last year, attacks on doctors included the murders of a Dr Mokabudi, whose body found in a field after he was shot in the head; Dr J J Bornman in Vereeniging and Dr H L Kuhn in Evaton. Five people have been arrested in connection with Kuhn's murder.

The association pointed out that attacks on doctors was a national problem, but was worst in the Vaal Triangle.

Police said it appeared the attacks in the Vaal were criminal in nature. They undertook to leave no stone unturned until the assailants have been brought to justice.

● Anyone who can help solve these crimes should call the SAP's toll-free Crime Stop number, 0800-11-12-13.

need for a comprehensive national policy on the subject.

The private hospital sector accounted from the distorted incentive structure in the private sector." There was an incentive for hospitals and doctors to do too much and for patients to demand too much.

Health personnel ask for stronger security

KATHRYN STRACHAN

CONCERN over the increasing level of danger in their jobs has caused doctors and nurses to call for stronger security measures to ensure their safety.

In a statement issued on Friday, the SA Nursing Association (Sana) expressed its concern at the increase in attempts to free hospitalised detainees.

The statement came in the wake of a report last week that a suspect under police guard at Pholosong Hospital in Tsakane, on the East Rand, was released by five men who shot and killed a policeman with an AK-47 rifle.

Sana executive director S J du Preez said such actions threatened the safety and lives of health personnel and patients. (Blong) 18/11/93.

"Hospitals up to now were seen as safe havens for the sick and places where health care, although sometimes given under stressful conditions, could be delivered without fear and exceptional safety precautions."

Du Preez said although in the past it was unthinkable that nurses could be threatened while they were working, it was now a reality.

And police and medical representatives last week formed a working committee to combat a spate of attacks — including the murder of three doctors — on health workers in the Vaal Triangle.

Medical Association of SA (Masa) chairman Bernard Mandell said while attacks on doctors were a national problem, doctors were most under threat in the Vaal Triangle. On Friday morning two doctors were attacked while on their way to work at the Pholosong Hospital. The doctors, both from Germany, escaped uninjured.

Following doctors' statements that the recent attacks in the area could lead to a collapse of medical care, an emergency number has been provided specifically for medical staff and more policemen have been deployed in the Vaal Triangle. Police will also increase their patrols on surgeries and clinics in the area.

Mandell said the nature of health care meant that doctors had contact with all people at irregular hours, which made them soft targets, and security precautions were therefore difficult to implement.

Helicopters for Safair

STEPHEN COPLAN

FOUR Russian helicopters would be delivered to Safair when an Antonov 124, en route to Windhoek, arrived at Jan Smuts today, a Safair spokesman said.

Negotiations were under way to lease the helicopters, which would be used for civil purposes, he said.

The two Kamov-32s and two MiL-17s were used previously by the Soviet Air Force and Aeroflot.

The MiL-17, nicknamed "Hip", seats up to 32 people and has a range of 375km, travelling at a speed of 225km/h, according to Jane's World Aircraft Recognition Handbook.

More than 10 000 of the utility, medium-range aircraft have been built and it was popular with the Indian Air Force and the former East German Air Force.

The Kamov-32, a civil version of an anti-submarine helicopter, has a unique pair of main rotor blade sets, making the aircraft more manoeuvreable, says Flight International.

The publication said the aircraft, nicknamed "Helix", was ideal for search-and-rescue and night flying. Its range was 800km and it had a five-hour endurance time.

Moments of vision

FM 22/1/93 (93)

Tim Noakes is Liberty Life Professor of Exercise & Sports Science at the University of Cape Town.

It is just over 25 years since the world's first successful human heart transplantation was performed in Cape Town, on December 3 1967. That day was, perhaps, the most important of my life. An impressionable teenager still unsure of what to do in life, I was spending one year in California on a student exchange programme. The epochal news was broadcast as a special announcement by the local Los Angeles radio station.

I was totally incredulous. How could SA upstage the rest of the world? Three months later I awoke knowing that I would study medicine.

Clearly the heart transplantation had germinated a decision in my subconscious.

As with all great human achievements, the first human heart transplant was achieved by men and women who believed that individual effort could improve the lives of others. At a time when SA medicine faces its greatest crisis, including the likely termination of the heart transplantation programme, it is important to recall how South Africans contributed to our nation's single most famous medical achievement and to consider the lessons that event may have for the future.

The successful transplantation of any organ involves the mastery of two separate problems: the surgical transplantation of the organ and the control of the immunological response mounted by the recipient's body as it tries to reject the foreign organ.

The man perhaps most responsible for making the surgical component of heart transplantation feasible was Dr Owen Wagensteen, chairman of surgery at the University of Minnesota in the Fifties. Wagensteen was an unusual visionary who believed that surgeons required not just manual dexterity and the encyclopaedic knowledge of the physician but, more importantly, the ability of the scientist to question dogma and to advance knowledge through laboratory research.

So a surgical fellow training under Wagensteen in the Fifties was expected to devote up to seven arduous years during which he or she would learn two foreign languages, master the art of surgery and earn a PhD in research. The rigours of the training was such that only the world's best sought a post with Wagensteen.

It was to Minnesota that the young South African, Chris Barnard, travelled in 1955 to join a group that would become the world's core of elite cardiac surgeons. Already Barnard had acquired a doctorate in medicine and was therefore technically a specialist physician; more significantly he had also made one monumental contribution to surgical science.

By surgically interrupting the blood supply to the intestine of unborn dog foetuses and then returning the foetuses to the mother's womb, he was able to show that a fatal condition of the newborn, intestinal atresia, was due to an interruption of the blood supply to the intestine before birth. This fundamental finding led to the novel surgical procedure that cured the condition and so saved the lives of children who had previously been doomed.

Barnard began by continuing this line of research at Minnesota but was soon attracted to the work of two of Wagensteen's other students, C Walton Lillehei and Richard de Wall, who were developing the earliest heart-lung machine. The importance of this machine is that by oxygenating and circulating the blood, it can take over the function of the heart which can then be arrested and subjected to surgery. Prior to the development of the heart-lung machine, Lillehei had operated on children's hearts while the child was kept alive by linking its blood circulation to that of a parent.

Barnard ... *has been judged too harshly*

Barnard completed his training under Wagensteen in two years, five years quicker than usual. When he returned to SA he brought with him a rudimentary heart-lung machine and introduced open-heart surgery to Africa. By 1967 he was ready to do a heart transplant.

The heart transplant, which is technically an easier operation than many, was not attempted earlier because of concerns about the legal definition of death. Removing the still beating heart of a donor would constitute murder, if the cessation of the heart beat is the sole definition of death. The acceptance that the absence of brain function may also define (brain) death allowed heart transplantation to become a reality. Still, in the first heart transplant, the heart was removed from the donor only after it had ceased to beat.

The final obstacle was the choice of the recipient for such an operation. Clearly only the illest patient closest to death could be allowed to undergo such experimental surgery. Barnard sought the sage advise of the late Prof Valva Schrire, then head of the Cardiac Clinic at Groote Schuur Hospital. Together they drew up criteria which were somewhat less rigorous than those formulated by the other group most ready to perform the first human heart transplant, Dr Norman Schumway's group at Stanford University in California.

In the end, the heart transplant was performed first in SA because the criteria for the recipient agreed by Barnard and Schrire were the more realistic.

The recipient of the world's first heart transplant, Louis Washkansky, lived for 18 days before succumbing to a fulminating infection. Interestingly, Washkansky would not be accepted as a recipient today; he suffered from too many illnesses in addition to his heart failure, and went into the operation with open wounds on his legs caused by a treatment, popular at that time, which drained the excess body fluid retained as a result of the heart failure.

Twelve days after Washkansky's death, Barnard performed his second heart transplant on Philip Blaiberg who returned to a normal life and lived for a further 18 months, thereby establishing heart transplantation, as performed by Barnard, as a viable treatment option for terminal heart failure.

Barnard's greatness lies in the example he set for medicine and its practitioners in this country. Perhaps he reminded a parochial profession that we work on an international stage and that we must be judged by global, not regional, criteria. His greatness came from his vision of what could be; his intense drive to become his best person so that he could provide a service of international standard to his patients, regardless of their circumstances; and his courage to step into the unknown and to ignore criticism of the harshest and most unpleasant kind, that would have deterred a lesser man. These are eternal lessons for any person in any profession at any age.

Popular opinion, ignorant of the magnitude of his achievement, has tended to judge Barnard too harshly. In my opinion, his sole error was not that he sought international acclaim by being the first. The record clearly indicates the opposite. There is no photographic record of the first heart transplantation. On the morning after the transplant, the only person to be informed of the operation was the medical superintendent of Groote Schuur Hospital and then only as a matter of courtesy.

Possibly Barnard's single error was that he chose to follow a new path in international relations.

But in the end it is perhaps the nature of the innovator ultimately to grow tired of his invention.

'Better care' from tired doctors

NEW YORK — Hospital patients may be just as well off with a tired intern who is familiar with the case as a rested one who is not, a new study suggests.

The study looks at how patients fared under rules adopted in New York state three years ago that abolished 105-hour work weeks and 36-hour shifts for interns and residents.

The authors looked at 263 patients discharged from the general medical service of New York Hospital in October 1988, before the rules took effect, and 263 discharged in October 1989, four months after the shorter hours were instituted.

Virtually no differences were found in the outcome of patients at the time they were released. But those treated under the new rules suffered more complications in the hospital and faced more delays in having tests performed.

The findings may not be applicable to all departments, but "the study shows limiting hours does not guarantee better care", the authors say.

"Continuity may be important and better care may be provided by a tired physician who is familiar with the patient than by a rested physician who is not," they say.

A death at New York Hospital spurred the new rules. The state reviewed doctor-training practices after a grand jury faulted hospital care in the case of Libby Zion (18), who died eight hours after being admitted with an earache and fever in 1988.

Eighty-hour weeks and 24-hour shifts now are the limit, and doctors in training also must be given one day off a week and eight hours off between shifts.

The authors say the study covered only a single service, staffed by 12 interns and six residents, in a single hospital.

Dr Joseph Hayes, one of the authors and head of the hospital's medical residency programme, says it is too soon to say whether patients fare better or worse because of the shorter hours for new doctors.

He stresses that the second part of the study was done before the hospital had fully adjusted to the shorter hours.

SAPA—AP

Doctors to be retrenched

(93)

Sowetan 12/93

DOCTORS at State hospitals have expressed concern that the Transvaal Provincial Administration's drastic cut-backs to chop at least 4 000 jobs before next month may lead to a further deterioration in State health services.

Senior doctors said the TPA's "unimaginative" decision to cut every hospital's staff by five percent - as opposed to a flexible approach depending on the needs of the hospital - was hampering the service.

According to the Medical Association of SA, no doctors have, as yet, been retrenched.

NEWS People allegedly risk contacting killer viruses at badly run surgeries

GP in shady practice claims

(93) Sowetan 3/2/93.

By Sonti Maseko

■ Doctor's disgruntled staff allege cost-cutting practises that endanger patients' lives:

A DOCTOR practising in Soweto, Eldorado Park and Lenasia has been accused by his staff of endangering the health of his patients.

The staff employed by Dr Shookdev Modi sparked off fears of infection with the deadly Hepatitis B and Aids viruses when they alleged that the doctor reused dirty syringes over and over again, rinsing them three times with ordinary tap water between injections without the aid of a medical disinfectant.

The staff, who had no formal training, also alleged they gave injections to patients after receiving a demonstration from the doctor.

In the opinion of doctors approached by *Sowetan*, the procedure was dangerous and could expose patients to various infections including the dreaded killer viruses.

Patients injected under unhygienic conditions and by untrained hands are at risk of limb para[illegible]is if a needle goes through a nerve, bl[illegible]d poisoning and abscesses, doctors said.

The South African Medical and Dental Association, approached about the matter, said the allegations indicated there was a potential health hazard in the way Modi practiced. It should be investigated in the interests of patients.

The doctors were also prepared to admit that the practice could be more widespread. Modi, approached for comment, asked that *Sowetan* not run the story and promised to correct the harmful procedures, if the allegations were true.

● See Page 15

news

NEWS Horror story of untrained staff giving injections with used syringes

Doctor accused of risking lives

Sowetan 3/2/93.

DAMNING ALLEGATIONS Disenchanted workers paint a damning picture of doctor's medical practice: (93)

By Sonti Maseko

A MEDICAL DOCTOR practicing in Soweto and Lenasia could be exposing his patients to a serious risk of contracting hepatitis B and Aids viruses, his staff charged this week.

Serious and shocking allegations are made in sworn statements against Dr SL Modi, who runs three thriving practices in Phomolong in Soweto, Kliptown and Lenasia.

His staff, who are dissatisfied with their working conditions and are alarmed at the manner in which the practices are run, told a horror story to *Sowetan*.

They allege in statements that Modi reuses disposable syringes after having given injections to patients.

They are instructed by the doctor to rinse the syringes three times with ordinary tap water after each injection.

They allege they use no medical disinfectants when rinsing the syringes, giving rise to fears that patients might be getting infected every day from unclean syringes.

> **"More alarming are admissions that many practitioners are using untrained staff as health workers and are re-using syringes"**

They allege the doctor himself taught them, on a very informal basis, how to give injections.

"He does not have patience. If he shows you how to do something now, tomorrow you must be able to do it," says one of his staff members.

The staff also say the surgeries in Phomolong and Kliptown are filthy and infested with rats and ants.

However, the surgery at Lenasia is cleaner and better run than the surgeries in Soweto.

They claim that if a patient is an Indian or an African who seems to be sophisticated, the doctor gives the injections himself. But if a patient seems to be "simple" or from a "lower class", the "nurses" give the injections.

Sowetan visited Modi at one of his surgeries to get a response to the allegations.

Modi said he would investigate allegations and if they were true he would correct the situation.

Dr SL Modi ... rinses and reuses syringes.

extremely dangerous for an untrained person to administer an injection.

Limbs could be paralysed if the needle pierced a nerve.

He said only doctors and qualified nurses were competent to administer injections to patients.

Patients could also develop abscesses from injections given in unhygienic conditions. They were also at risk of infection of the bloodstream, a condition known as septicaemia, if the needles t

Aids and hepatitis B viruses if blood flowing back into a syringe was merely rinsed off with plain water without a medical detergent.

Medical consultant

However, a medical consultant did not think there was any high risk of Aids through the back-flow of blood into the syringe if the patient receives a muscular injection.

How

ers and reusing syringes and therefore putting even more people at risk.

The staff also allege that Modi gives out expired medicines knowingly to patients and at times instructs his staff to rub out expiry dates on some medicines.

In one case, says a staffer in a sworn statement, a patient returned a tube of gel dispensed by the doctor after she noticed that the medicine had expired.

"The doctor (then) ordered me to

Call for report on guilty doctors

CT 12/2/93 (93)

Staff Reporter

THE president of the SA Medical and Dental Council yesterday slammed medical aid schemes for not reporting to the council doctors guilty of enriching themselves through medical aid scams.

Dr Len Becker was responding to a statement by the Minister of Health, Dr Rina Venter, who, in announcing changes on Tuesday to medical aid legislation, said she had the names of about 200 doctors guilty of abusing the system.

A spokesman for Dr Venter said yesterday the names had not been given to the council but she had brought the problem to their attention and asked them to "investigate the principles involved".

Dr Becker said he had not received such a request yet, but Dr Venter must have obtained the 200 names from medical aid organisations which should have reported them to the council.

Dr Venter's spokesman said it could not be said that fraud was committed "but the doctors in question are obtaining the greater part of fees from dispensing medicine and the question arises, is this in the best interest of the patient?".

Call to report scam doctors

Star 12/2/93

CAPE TOWN — The president of the SA Medical and Dental Council yesterday slammed medical aid schemes for not reporting doctors guilty of enriching themselves through scams.

Dr Len Becker was responding to a statement by Health Minister Dr Rina Venter, who said she had the names of about 200 doctors guilty of abusing the system. She was announcing proposed changes to laws controlling the country's 187 medical aid schemes.

(93)

Dr Becker said the Minister must have obtained the names from medical aid schemes, which should have reported the doctors to the council. — Sapa.

SA surgery training 'deficient'

93
CT 16/2/93

Staff Reporter

MANY South African surgeons believe they are inadequately trained to perform surgery on children, according to a research report in the latest edition of the South African Medical Journal (SAMJ).

The article summarised the results of a survey conducted by five top paediatric surgeons in South Africa in 1990.

Recently qualified practising surgeons maintained that they were not trained adequately to perform the childrens' operations they were often called upon to do.

The survey showed that only 42% of surgeons considered their training in children's surgery adequate.

The paediatric surgeon at the Red Cross Children's Hospital, Professor Alastair Millar, said in an interview yesterday, that in order to address the perceived problem it was suggested that surgeons should attend training courses to update their knowledge.

He said there were at present two surgeons at Red Cross Hospital who were attending such courses but those surgeons who wanted to perform major operations on children should consider further paediatric training.

The survey showed an apparent deterioration in recent years, with just under a third of recently trained doctors saying they had received three months or less training in child surgery.

The SAMJ report quoted one departmental head at a medical school as saying that although six months training in paediatric surgery was ideal, it could easily happen that a registrar could complete training without having had any paediatric surgical exposure.

Prof Millar said the survey was the first indication that many surgeons were not happy with their training in this field.

Physician at inquiry over fees

(93) CT 17/2/93

Staff Reporter

A CITY physician treated some of his patients at unnecessary intervals that were counterproductive to their health, a disciplinary committee of the SA Medical and Dental Council heard yesterday.

Expert witness Dr André Swanepoel said that Dr Neil Don Burman, who is appearing on charges of overcharging and "over-servicing" his patients, sometimes did not wait to see the results of his first treatment before treating patients again.

Three medical aid societies, Cape Medical Aid Plan, Bank Med and Pro Sano, reported Dr Burman to the SAMDC.

'Unnecessary injections'

Dr Burman, who practises at Libertas Centre in Goodwood, is alleged to have overcharged and over-serviced 23 patients during 1990.

He is also alleged to have performed unnecessary spinal manipulations and intra-muscular anti-depressant injections.

In his evidence Dr Swanepoel said he did not disagree outright with the diagnoses Dr Burman made on certain of his patients. However, the repetition of their treatments was not necessary, he said.

He also charged that the vitamins Dr Burman prescribed for many of his patients were unnecessary for the ailments under treatment.

Dr Swanepoel said Dr Burman's patients were from affluent suburbs and were unlikely to have nutritional problems and thus did not need any vitamin supplement injections.

He also challenged some diagnoses made by Dr Burman which he disputed could be done on machines Dr Burman claimed to have used.

Machines 'saved costs'

However, Mr Alastair van Huyssteen, representing Dr Burman, said the screening machine Dr Burman had used to diagnose a condition in one of the patients in question had helped him make a diagnosis without having to refer the patient to radiologists.

Mr Van Huyssteen said that the "dynamic" machines actually saved on Dr Burman's patients' medical aid costs.

Dr Swanepoel also alleged that Dr Burman gave a patient two treatments simultaneously when it was unnecessary to do so. This had happened to the patient on seven different occasions, he said.

The hearing continues today.

Doctor denies high fees charge

ST 18/2/93

(93)

By RAMOTENA MABOTE

A CITY physician appearing before the disciplinary committee of the SA Medical and Dental Council on counts of overcharging and "overservicing" his patients said he had always made sure his charges were reasonable.

Giving evidence at the hearing held at the UCT Medical School yesterday, Dr Neil Don Burman, who practises from an office in Goodwood, said his history proved that he tried to keep his charges as reasonable as possible.

AT HEARING ... Dr Burman

Three medical aid societies, Cape Medical Aid Plan, Bank Med and Pro Sano, had complained to the SAMDC that Dr Burman had allegedly overcharged and overserviced 23 patients during 1990.

"Giving special attention to patients at a very reasonable charge has been characteristic of my practice," said Dr Burman who denied frequently treating patients when there was no need for it.

Dr Burman, who said he believed patients could be given adequate treatment without being referred to other practitioners, said his consultation and medication fees were sometimes up to four times lower than what his patients would be charged by other people.

He said the charges on the 23 particular patients should not be looked at in isolation but must be compared to his random charges, which were normally lower.

Dr Burman said that the hearing had to also take into account that these patients were "by and large" more sick than the normal patients.

He said he would see his patients regularly as long as it was good for the patient. The hearing was postponed to April 27.

Doctor denies overcharging

Health Reporter (93) ARGT 18/2/93

GOODWOOD physician Dr Neil Burman has refuted allegations that he overcharged and "over-serviced" patients.

Dr Burman appeared before a disciplinary committee of the SA Medical and Dental Council following complaints by three medical aid societies — Cape Medical Plan, Bank Med and Pro Sano.

It is alleged Dr Burman carried out unnecessary tests and charged patients for services he did not provide.

Accounts sent to 23 patients treated in 1990 are the subject of the hearing.

Dr Burman said yesterday he tried to keep his charges as reasonable as possible.

A committee member questioned the relevance of the records before the committee, saying that the issue was not whether Dr Burman was "zealous" but rather whether he was "over-zealous" in the performance of his duties.

Doctors quizzed over kickback allegations

STAR 19/2/93. (93)

Medical Reporter

Twenty-two doctors, believed to be directors in a pharmaceutical company embroiled in a row over alleged kickbacks to doctors prescribing its medicines, have been asked to explain their positions to the South African Medical and Dental Council.

However, Pharmaceutical Trade Mark Company (PTMC) chairman Gabe Simaan said yesterday the company had been formed within the ethical boundaries of the medical profession and was now being targeted because of its success in the market by lowering the prices of certain medicines.

This follows widespread reports that doctors who are shareholders in PTMC were offered incentives to prescribe its products.

About 200 doctors are believed to be shareholders in the pharmaceutical company.

The row centres on whether or not the shareholder doctors have contravened any ethical rules which prohibit them from engaging in or advocating "the preferential use or prescription of any medicine" for any gain.

Doctors may, however, own shares in a company.

According to the SAMDC, the matter is being given its "urgent attention".

SAMDC spokesman Thelma Winterbach said letters had been written to 22 doctors to inform them of the complaints made about the company. The council was waiting for their replies in order to proceed.

Winterbach confirmed that the National Association of Pharmaceutical Manufacturers had laid a complaint with the SAMDC on February 2 in regard to PTMC.

Simaan said a letter — apparently listing medicines to be prescribed daily in order to reach a monthly target of R5 449 and subsequent dividend of R980,98 — was not sent to doctors but to company representatives.

According to Simaan, many pharmaceutical companies have doctors as shareholders.

Officials of the Medical Association of South Africa are expected to visit the premises of the company today to check its books.

I took cash from Govt – Barnard

93

Star 26/2/93.

Heart transplant pioneer Dr Christiaan Barnard has admitted that at the height of his fame he accepted secret funds from the South African Government, according to the International Express.

David Barritt, who interviewed Barnard in Cape Town, said the money amounted to "£10 000 on occasion".

"I'd just be given an envelope and I'd sign for it," said Barnard.

Barritt says that Barnard regrets not capitalising more on the success of his cardiac team to campaign for greater equality in South African medicine. He also feels he could have done more to end apartheid.

"I was scared for the safety of my skin, my children — you hide behind these excuses."

Barritt says Barnard told him he would leave South Africa if the country continued to plunge into civil war.

"The scrapping of apartheid is a great step forward. But it worries me it may have come to a stage where we cannot reverse the damage to the body politic."

Star 2/3/93

Specialist surgeon cut out

A specialist surgeon has been barred from using the Provincial Hospital in Uitenhage after removing two black patients from what he called a "whites only" ward in January. Dr J De Swardt was barred after an internal inquiry last week.

Hospital bars ward incident surgeon

PORT ELIZABETH. — A leading specialist surgeon has been barred from using the Provincial Hospital in Uitenhage after removing two black patients from what he called a "whites only" ward in January.

Dr J E I de Swardt was barred from the hospital by the deputy director-general of the Cape Provincial Administration's Hospital and Health Services, Dr G S Watermeyer, after an internal inquiry last week.

The superintendent at Provincial Hospital, Dr Philip Bothma, said Dr De Swardt would not be able to use the hospital unless in an emergency.

He said Dr De Swardt had previously been paid, as a private doctor, to treat hospital patients for a fixed number of hours a week.

Dr De Swardt could not be reached for comment.

Reacting to the decision, Mr Kosie Griesel, chairman of the Uitenhage Ratepayers Association — who organised a 5 600-signature petition of support for Dr De Swardt — said he would "definitely plan further action".

He had said earlier that community support for Dr De Swardt was not politically motivated. — Ecna.

Zim doctor in 'experiments' row

HARARE. — A Zimbabwe parliamentiary select committee has alleged in a report that a white doctor admitted to carrying out "illegal" anaesthetic experiments in pain control on 500 patients, three of whom apparently died.

Dr Richard McGowan is alleged to have admitted he was particularly interested in gauging the sensitivity of black females to morphine when it was injected epidurally (into the membrane enveloping the brain and spinal cord), MP Mr Smith Marara told the Zimbabwean parliament on Tuesday.

The committee was probing allegations against Dr McGowan of "negligence, gross incompetence and disgraceful conduct".

Mr Marara added that the committee was also looking into claims that the doctor had "experimented without following laid down procedures". It was claimed that he was trying to discover "new ways of managing pain".

It has yet to be decided whether the doctor, who has been banned from practising in government hospitals, should be prosecuted.

Dr McGowan was not available for comment yesterday but lawyers acting for him denied a claim by the parliamentary select committee that he was due to appear before Zimbabwe's Medical, Dental and Allied Professions' Council on charges of misconduct. — Sapa, Own Correspondent

(93) CT 4/3/93

HEALTH *SAMDC penalties as severe as any imposed by the Supreme Court*

Plea for the right of appeal

Soweton 5/3/93

93

By Mokgadi Pela

■ Disciplinary action taken against doctors by the South African Medical and Dental Council:

DOCTORS should have the right of appeal against disciplinary decisions of the South African Medical and Dental Council, according to an official of the University of Durban-Westville Medicolegal Research Centre.

Dr Jerold Leonard Taitz argues in the latest issue of the *South African Medical Journal* that the time has come for a serious re-think by the SAMDC.

"A right of appeal for convicted practitioners should be reintroduced and the disciplinary body should supply reasons for their judgment. The right of appeal should also extend to convicted practitioners who were removed from the register and who have successfully sought registration," Taitz said.

In its disciplinary powers, the SAMDC may impose any of the following penalties upon a practitioner convicted of improper and or disgraceful conduct:

- A caution;
- Suspension for a specified period from practising medicine or performing acts related to his profession;
- Removal of his name from the register

or

- A fine not exceeding R10 000.

Taitz said these penalties were as severe as any which could be imposed by a Supreme Court or a regional magistrate.

"The right of appeal for convicted practitioners should be reintroduced"

CP disputes ouster order

Political Staff (93)

CAPE TOWN — The expulsion of Uitenhage surgeon Dr Irving de Swardt from all provincial hospitals in the Cape was rejected yesterday "in the strongest terms" by the CP.

De Swardt was denied access to provincial hospitals after he ordered the removal of two patients from a ward at the Uitenhage Hospital. BDFM 5/3/93.

The CP said in a statement, issued by Uitenhage MP Willem Botha, that De Swardt was not given a reasonable chance of defending himself and that he was expelled before an arranged meeting with the MEC in charge of hospital services Pieter Marais.

It also said the punishment was out of all proportion to the alleged contravention.

The people of Uitenhage were now being deprived of an able doctor.

"The CP is of the opinion that the incident that led to his expulsion was grabbed by the ANC to get rid of Dr De Swardt," Botha said.

CP hits ban on 'racist' doctor

THE barring of Uitenhage surgeon Dr Irving de Swardt from all Cape provincial hospitals was slammed yesterday "in the strongest terms" by the Conservative Party.

Dr De Swardt was banned after he evicted two black patients from a Uitenhage Hospital ward. ET 5/3/93

The CP said in a statement issued by Uitenhage MP Mr Willem Botha: "The incident ... that led to his expulsion was grabbed by the ANC to get rid of Dr De Swardt, a well-known right-winger." (ST) 93

Star 5/3/93

Surgery segregation stays, vows doctor

By Abdul Milazi (93)

A Midrand doctor insists he will continue to run a segregated surgery despite the scrapping of the Separate Amenities Act two years ago.

Dr Pieter Hefer said yesterday his Olifantsfontein surgery had treated black and white patients separately "for years" and he would not change.

He said his patients had never complained about separate facilities.

But one regular patient, Molefi Maila (35), said he was disgusted at Hefer's discriminatory treatment.

Maila said: "We pay the same amount of money as white patients. We should all be treated equally. Why should there be two separate consultation rooms?

"Our waiting area resembles an untidy storeroom compared to the one for whites, which has cushioned seats and reading material. This is not in line with the new South Africa we are hoping for."

Another patient, Chimbidzani Chidzima (75), said he had used the facilities for many years and nothing had changed.

"The doctor comes to the black section only when there are no white patients on the other side. I have waited from nine o'clock to four for treatment and when there were many white patients, I have had to return home without receiving treatment."

Doctors 'push tariffs up'

ADRIAN HADLAND

PRETORIA — Excessive claims for over-the-counter medicines were forcing medical aid schemes to raise tariffs, Consumer Council executive director Jan Cronje said at the weekend.

Unnecessary claims by consumers for non-prescribed medicines had placed a significant burden on medical aid schemes, forcing them to increase tariffs on a regular basis, he said in a statement.

The council's finding was the result of a comprehensive survey on prescribed medicine prices completed last week. Cronje said doctors who prescribed medicine which was available "over the counter" had contributed to rising medical aid costs.

The survey report also suggested consumers should negotiate with chemists and doctors for more favourable cash prices. The survey showed many chemists and dispensing doctors gave generous discounts for cash when asked. Many medical aid schemes also negotiated discounts with dispensers on behalf of their members.

The survey indicated that the difference in the prices of prescribed medicines, whether from dispensing doctors or from chemists, was negligible.

World Bank helps in study on massive park

MARIANNE MERTEN

A FEASIBILITY study for the world's largest game reserve, which would cross at least three international borders, is under way in Mozambique with the aid of World Bank finance. BIDAY 8/3/93.

The Transfrontier National Park, as the area would be known, would link areas south of Maputo Game Reserve with the Kruger National Park and extend to Swaziland's Llembombos and Malualua reserves. Eventually the conservation area could include Zimbabwe's Gonarezhou National Park.

When the scheme was first discussed in mid 1992, the World Bank agreed to pay $24m in two instalments. The Global Environmental Facility also supported the project.

"The area was identified as a unique and complementary ecosystem, although artificial boundaries exist," said Mozambican Department of Forestry and Wildlife director Batolomeu Soto.

Ancient east-west wildlife migration patterns will be re-established if the Transfrontier National Park is set up. Mozambique's tourism potential would also increase.

The department was looking into the possibility of ecotourism and hunting safaris to attract overseas tourists and foreign currency, said a department adviser.

The study, which involves Mozambican and international experts, will look at security issues and how an international border running through the conservation area would be managed.

Said Soto: "We are going through a delicate political phase in which Renamo is playing an important role. Our project must go harmoniously with this process."

Poaching in Mozambique's game parks is rife and has decimated wildlife, although no statistics are available because of the 16-year war.

It is estimated that the pre-war elephant population of about 300 in Reserva Maputo has declined to 50. Only 5 000 of Reserva Marromeu's 55 000 strong buffalo herds had survivied, said the Forestry and Wildlife Department's adviser.

Both Renamo and government financed the war through illicit ivory and rhino horn trade, and rural communities killed game for food.

The Transfrontier park would link Mozambique's Banhine and Zinave National Parks. Areas between them would be allocated as multiple utilisation resource areas, where local people would be involved in the management and land utilisation.

Managers selling training skills

JOHN DLUDLU

THE recession and retrenchment of senior managers has led to the mushrooming of one-man training consultancies, sources in the industry said. BIDAY 8/3/93.

They complained that there was little control of these consultancies, no regulatory authority and no sign that government planned to intervene.

First National Bank small business unit manager Willie Holl said there had been an increase in consultancies as companies retrenched senior management staff to reduce costs.

It was difficult to find employment at senior levels, and retrenched managers usually resorted to starting up consultancies. Most common were in the communications and management fields.

Business Skills Consulting Group's Peter van Ryneveld said initial costs of starting one-man consultancies were not that high.

Companies were using a number of them since it was cost-efficient to employ a training consultancy rather than maintain a massive training department.

Van Ryneveld believed chances of government regulation were slim in the foreseeable future.

'Spread of doctors is too uneven'

ADRIAN HADLAND

PRETORIA — There was an uneven distribution of medical practitioners in SA resulting in critical shortages of medical manpower in rural areas, Health Minister Rina Venter said.

Speaking at the Polish embassy at the weekend, Venter said the health status of SA compared favourably with other developing countries, but government was "aware of the inaccessibility to health care by the major part of our population".

The shortage of doctors in rural areas and the inaccessibility of a quality health care service was being addressed in the planning of health care strategies, she said.

Rapidly increasing urbanisation had also had a profound influence on the health status of communities in informal housing settlements on the outskirts of towns and cities.

"It is therefore understandable that we have given a high priority to primary health care services as it is of vital importance."

SA's population growth of 2,6% a year, together with the fact that about 38% of the population was under 14 years old, had added to the difficulties of providing health services of a high standard, Venter said.

The World Health Organisation target for the year 2000 was at least 5% of a developing country's GDP being devoted to health care. SA's total budget allocation for health was around 11,2%, she said.

Venter paid tribute to the "significant achievements" of Polish medical practitioners practising in SA's urban and rural areas. The work of many Polish doctors as well as their contributions to medical research had been invaluable, Venter said.

More than 7 000 Polish-born people were resident in SA, while 503 Poles immigrated to SA last year.

HOUSE OF DELEGATES

INTERPELLATION

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

General Affairs:

Doctors: fraud iro medical aid schemes

1. Mr M RAJAB asked the Minister of National Health:

(1) Whether she made a statement to the effect that approximately 200 doctors had allegedly defrauded medical aid schemes in the recent past; if not, what is the position in this regard; if so,

(2) whether she intends revealing their names or reporting them to the South African Medical and Dental Council; if not, why not; if so, what are the relevant details?

D90E.INT

The MINISTER OF NATIONAL HEALTH: Mr Chairman, my reply is no. I wish to quote from my Hansard of 9 February 1993, col 851:

> As an example of this I should like to refer to a survey of the approximately 200 doctors who claim the highest income from medical schemes.

I mentioned this to demonstrate claim tendencies and made the point that the information in respect of claims paid to medical practitioners during 1990 was submitted to me by five administrators of medical schemes.

I wish to make it quite clear that the medical profession, like all other professions, has successful members who, through hard work and honest business, make a substantial income. These practitioners were obviously included in the survey. It is also quite clear from what I said in Parliament that I was only referring to dispensing practitioners whose income for that year was almost R1 million. Like certain others, almost 70 % of the payments made by these medical schemes were in respect of medicine dispensed to their patients by these practitioners. That unequivocally indicates that such doctors are doing business in medicine.

As it is not appropriate, I am not prepared to discuss ethical matters across the floor. I have asked the SA Medical and Dental Council for advice on whether it is in the interests of the public for 70 % of a doctor's gross income to be made from the sale of medicine. I am, however, prepared to discuss the matter with the hon member in private and on a confidential basis.

Mr M RAJAB: Mr Chairman, I thank the hon the Minister for that very kind invitation and I will certainly take her up on it.
It is now common cause that the hon the Minister in fact mentioned a survey of some 200 doctors whose names are known to her and who are quite clearly guilty of abusing medical aid schemes by, to quote the hon the Minister, "doing business in medicine". I am sure the hon the Minister never intended it, but by not naming the individuals concerned she regrettably and unjustifiably tainted the reputation of the entire medical profession by her statement. If one considers that these 200 doctors amount to some 1,25 % of the practising doctors in this country, is it any wonder that there has been such an outcry and such resentment within the profession as a result of that unfortunate statement?

We accept that there will always be a handful of professionals who behave unprofessionally and unethically. It is precisely by publicly exposing those who are guilty of improper conduct that we can protect the reputation, the standing and the respect of the innocent ones. In these circumstances I therefore find the actions of the hon the Minister to be unacceptable and urge her, even at this time, to make public the names of the 200 on that particular list. In fact, I would argue that our sense of justice and equity demands it.

I have already indicated to the hon the Minister that I will take up her invitation to visit her in her office and, I trust, have a cup of tea with her. Nevertheless, I believe it is in the public interest to, in fact, name those particular doctors. I again urge the hon the Minister to do just that.

The CHAIRMAN OF THE HOUSE: Order! On the list I have before me the hon member for Montford is due to speak next, but the hon member for Malabar may proceed.

Mr K PADAYACHY: Mr Chairman, firstly I wish to congratulate the hon the Minister of National Health on her courageous action in

exposing these 200 doctors whom I label mercenary, merciless doctors. These doctors who are enriching themselves at the expense of medical aid schemes and their patients are a disgrace to their profession and an insult to the Hippocratic oath they have sworn to uphold. However, I believe that those 200 doctors are only the tip of the iceberg and that many more doctors are guilty of this scandalous practice. I personally know of a doctor who, after being in private practice for just six months, bought himself a house valued at R300 000, a brand-new Mercedes Benz and a BMW car. I do not deny the right of somebody who has studied for seven years to enjoy the fruits of his labour, but I feel that it is high time that unscrupulous doctors were rooted out and struck off the list of medical practitioners.

The MINISTER OF NATIONAL HEALTH: Mr Chairman, I am not prepared to name the 200 doctors for the simple reason that when I mentioned them I did so in order to demonstrate the claim tendencies, which was the essence of the debate. What was happening, and it is still happening, is perfectly legal. There is nothing wrong with what these doctors are doing. This was one of the reasons I put forward to demonstrate the need for the introduction of the Medical Schemes Amendment Bill. I think we should focus on that fact.

I would welcome the support of the National Association of Medical Aid Schemes. They should come forward and say that this is unacceptable and that they would like to address the problem of trading in medicine, which is the main problem. The question that should be asked is whether or not this is acceptable and in the interests of the public. I want the debate to focus on these aspects and the public should support me in this. Furthermore, I believe it is the duty of the medical profession to do likewise.

Mr A RAJBANSI: Mr Chairman, there is no doubt about the fact that, on behalf of the public, we shall support the hon the Minister of National Health if she should want to take action by exposing anyone who abuses medical aid schemes in this country. We shall fully support her in such action against those who want to destroy the goose which lays the golden eggs.

There is no doubt about the fact that medical aid schemes are experiencing a very torrid time as a result of abuses, and not only doctors but also pharmacists are guilty. There have been cases in my area in which the SA Pharmacy Council took action against pharmacists who had been giving cosmetics in return for prescriptions.

If the hon the Minister is not supported and medical aid schemes die a natural death in this country, the entire infrastructure of our future health care system will be destroyed. The very fact that the hon the Minister made this statement means that the guilty ones should be identified in order to ensure that such malpractices are discontinued.

Mr M RAJAB: Mr Chairman, lest there be a misunderstanding, I do not hold a brief for any particular medical practitioner, nor for any person who is guilty of any kind of improper conduct. In fact, we are saying that the guilty ones should be publicly charged and tried. I trust that due process will take place in this regard.

The hon the Minister indicated that this matter had been referred to the SA Medical and Dental Council.

The MINISTER OF NATIONAL HEALTH: The principle, not the names!

Mr M RAJAB: I see, it was the principle. I am pleased that the hon the Minister has rectified this, because I understand that the president of the SA Medical and Dental Council, Dr Backer, in fact denied that the hon the Minister had referred this matter to him.

The MINISTER OF NATIONAL HEALTH: That is correct as far as the 200 names are concerned. However, I have mentioned the principle.

Mr M RAJAB: I see. I just want to make the following point, and I trust that the hon the Minister will take it with all the seriousness with which I am making it.

The CHAIRMAN OF THE HOUSE: Order! I regret that in terms of time the opportunity for making the point has elapsed.

The MINISTER OF NATIONAL HEALTH: Mr Chairman, I shall carry a torch for the doctors, because they work hard, and I think we can trust the majority of them. I think it is necessary for us to say this.

I raised the point in order to demonstrate the overutilisation of the system and why it was imperative to amend the Medical Schemes Act.

I think in this debate we should not focus on who those 200 doctors are, because they were acting within the terms of the present Act. What they did, was quite legal. I should like to repeat myself.

Mr M RAJAB: Mr Chairman, may I ask the hon the Minister a question?

The MINISTER: Mr Chairman, the hon member had his opportunity. [Interjections.]

The point he raised was that not mentioning these names gave the impression that all doctors were guilty of this. This is not what I implied.

Mr M RAJAB: The hon the Minister could then be guilty of being an accessory after the fact.

The MINISTER: Yes, and this is not what I implied. That is why I am saying that if doctors themselves would come forward and say that this is unacceptable, and would themselves defend the principle and investigate its soundness, it would be to their own benefit.

Debate concluded.

QUESTIONS

†Indicates translated version.

For oral reply:

General Affairs:

Prison at Umzinto: tenders

*1. Mr M RAJAB asked the Minister of Correctional Services:

Whether, with reference to the reply to question No 1 on 29 April 1992, tenders for the building of the prison at Umzinto have been accepted; if not, why not; if so, (a) to whom was the tender awarded, (b) what is the cost involved and (c) when is it anticipated that the work on this prison will be completed? D49E

The MINISTER OF CORRECTIONAL SERVICES:

Mr Chairman, at the outset I should like to say that I received certain requests in this regard from *inter alia* the hon member for Umzinto, and I hereby reply to the question as follows:

No, an invitation for tenders was published in the Government Tender Bulletin of 5 March 1993. It is expected that the duration of the contract should not exceed 32 months and that construction should be completed during the 1996/7 financial year.

(a), (b) and (c) Fall away.

Mr N SINGH: Mr Chairman, arising out of the hon the Minister's reply, do I then take it that the planning phase has been completed? Secondly, previous plans included the construction of tennis courts, squash courts, a bowling green and other sporting facilities on this site. Are these facilities also included in the present tenders which have been called for?

The MINISTER: Mr Chairman, as far as the second part of the hon member's question is concerned, unfortunately I do not have those specific particulars with me. I invite him to come and have a cup of tea with me and I shall give him that information. [Interjections.]

As far as the first part of his question is concerned, I should like to say that last year I replied to this question as:

According to present planning the tender date is set for February 1993 and it is expected that the project will be completed by 1996, provided that sufficient funds are available.

The present tender date is 5 March.

†We are as near as possible.

It will be completed by 1996–97.

Mr M RAJAB: Mr Chairman, further arising out of the hon the Minister's reply, for which I thank him, may I ask him whether, given the fact that so much time has elapsed since this particular prison was planned, and given the fact that our jails are overflowing, that particular jail would not be too small by the time it is fully operational?

The MINISTER: Mr Chairman, this is a possibility, but this is unfortunately the situation that we are in. It takes quite a long time to do the planning and we have to wait for funds to become available. The possibility exists that the jail will be too small by the time it is completed.

SAA: flights to/from India

*2. Mr A RAJBANSI asked the Minister for Public Enterprises:

Whether the South African Airways have applied or intend applying for permission to introduce flights to and from India; if not, why not; if so, what are the relevant details? D52E

The MINISTER FOR PUBLIC ENTERPRISES:

The Managing Director of Transnet Limited replied as follows to the hon member's question:

No, the South African Airways does not intend introducing flights to India, as another South African airline has already been granted permission to operate services between the two countries.

Braemar: death in prison cell

*3. Mr M RAJAB asked the Minister of Law and Order:

(1) Whether a certain person of Braemer in Natal, particulars of whom have been furnished to the South African Police for the purpose of the Minister's reply, was at any stage detained in a police cell during February 1993; if so, what is this person's name;

(2) whether this person was found dead in a cell one morning; if so, (a) in which police cell and (b) when was he (i) arrested and (ii) found dead;

(3) whether a pathologist's report has been received in regard to his death; if not, why not; if so, what were the findings? D73E

The DEPUTY MINISTER OF LAW AND ORDER:

(1) Yes.

Kader Shaik.

(2) Yes.

(a) Sowati.

(b) (i) At 15:40 on 15 February 1993.

(ii) At 05:15 on 16 February 1993.

(3) Yes, the finding of the state pathologist was that the cause of death of Mr Shaik was consistent with that of a heart attack. The histological report is still outstanding.

Mr M RAJAB: Mr Chairman, arising out of the hon the Minister's reply, could he please tell us whether the pathologist's report was, in fact, communicated to the family of the deceased?

The DEPUTY MINISTER: Mr Chairman, to my knowledge this has not yet been done, because we are still awaiting the histological report as well.

Islamic/Hindu marriages: legislation

*4. Rev C PILLAY asked the Minister of Justice:

(1) Whether he will consider introducing legislation to recognize Islamic and Hindu religious marriages; if not, why not; if so, when;

(2) whether he will make a statement on the matter? D76E

The DEPUTY MINISTER OF JUSTICE:

(1) and (2)

A project dealing with Islamic marriages and related matters was placed on the programme of the South African Law Commission during July 1986. The project committee appointed for the purpose of the investigation considered a working paper. A copy will be handed to the hon member immediately after the question period. A study of comparative law is presently being conducted. All interested parties are welcome to submit proposals in this regard to the Secretariat of the Law Commission.

Mr A RAJBANSI: Mr Chairman, arising out of the hon the Deputy Minister's reply, is he prepared to tell us why the Government is dragging its feet on this, while the ANC and the IFP have officially announced that they will recognise these marriages, and while the NP recognises that there is freedom of religion in this country?

The DEPUTY MINISTER: Mr Chairman, there is no doubt as far as the commitment of the Government is concerned. The fact is that this project has been launched and is being conducted. [Interjections.]

PTO →

Probe highlights hunger strikers' misery

CIPress 14/3/93

BARBERTON district surgeon Dr WA van Zyl Pretorius was last week acquitted by the SA Medical and Dental Council on charges of professional negligence in the treatment of seven hunger-strikers in Barberton Prison in 1991.

This was the first time a district surgeon has appeared before the SAMDC because of alleged malpractices in prisons.

The prisoners had gone on hunger-strike because they had not been released in terms of the various agreements on political prisoners between the ANC and the government.

They have all since been released.

The major part of the complaint was about the treatment of the prisoners when they were admitted to the Barberton Hospital, but the inquiry found Pretorius had no access to hunger strikers while in hospital.

Another major complaint was that hunger strikers were put in an ice-cold mortuary by prison medical orderlies, one Van Gas and one Shongwe, but the board found that from the evidence that the actions of Van Gas and Shongwe could not be attributed to Pretorius.

Some of the hunger strikers could not be traced. Others contradicted themselves in evidence.

Pretorius was not called on to give an account of his actions because his counsel maintained the witnesses had not proved their case and successfully applied for Pretorius's acquittal without him testifying.

The Tokyo Declaration on Hunger Strikers does not allow certain medicines to be given to hunger strikers

The complaint against Pretorius was mainly based on a letter sent in June 1990 by Nelspruit attorneys Mojapelo and Co, on behalf of the hunger strikers, to the head of Barberton Prison and the superintendent of Barberton Hospital. Copies were also sent to the Director of Hospital Services, the Human Rights Commission, the Minister of Justice and the ANC.

The letter claimed that on June 4 1991, the day on which Absalom Ngomane and six others suspended their hunger strike after 34 days, they were admitted to Barberton Hospital.

The treatment of hunger strikers came under the spotlight last week when the Alberton district surgeon was called to appear before the SA Medical and Dental Council. DESMOND BLOW reports.

(93)

Private doctor

Lawyers for the prisoners reached agreement with the then head of the Barberton Maximum Prison, Col GDJ van Schalkwyk, and the then superintendant of the Barberton Hospital, Dr GB van Heerden, that a private doctor, Dr TN Mamoepa, should examine and treat the prisoners before they started eating.

Mamoepa was also to be involved in determining at what stage the prisoners would be fit to return to the prison. When Mamoepa examined the prisoners on June 4 he found their health had deteriorated markedly, they were spitting blood and complained of chest and kidney pains; that they had lost a great deal of weight, and that they staggered when walking.

He placed all the hunger strikers on an intravenous drip and forecast they would not be in a state to return to prison for at least a week after they started eating.

But, claimed the attorneys, the agreement was not kept and the following day Mamoepa was refused access to the prisoners, and after only three days all prisoners were taken back to Barberton Prison without consultation or examination by Mamoepa.

The attorneys saw the patients in Barberton Prison later that day and found them still in a frail condition and walking with a stagger. They were being fed dry bread and ice cold drinks.

One of the prisoners, Absalom Mdluli, said in an affidavit that Mamoepa had prescribed that the prisoners be given soup and milk after they had ended the hunger strike, but the following day the hospital authorities decided to change the diet and gave them soft porridge and soup .

They refused to eat and demanded to see Mamoepa, but he was refused entry to the hospital. The head of the prison was called and the drips were removed and they were sent back to prison,

"It was only at the intervention of our attorneys that we were given a soft diet," Mduli said. They were not medically examined.

The attorneys for the former prisoners are still dissatisfied at the treatment of the hunger strikers.

They claim that many authorities were involved in the "total ill-treatment" of the hunger strikers and that individuals such as Van Gas and Shongwe should be charged, as well as those who refused Mamoepa permission to examine the hunger strikers and those who ordered them to be returned to the prison hospital.

The attorneys have recommended to LHR that a properly constituted commission of inquiry be demanded to focus not only on the medical people but also on the prison authorities.

Doc hits at med council

CT 30/3/93 (93)

By YVETTE VAN BREDA

IN an unusual move, an "angry and provoked" ear, nose, and throat surgeon has placed an advertisment in a weekly newspaper days before his SA Medical and Dental Council hearing in which he accuses the council of being "childish" and "conspiratorial".

Interviewed yesterday Dr Wesley Collard of Wynberg said he wanted to see "more accountability and less buck-passing" from the council which had more important things to investigate than his writing of "castigating" letters to two doctors after an isolated charge of "over-servicing" was investigated and dropped against him.

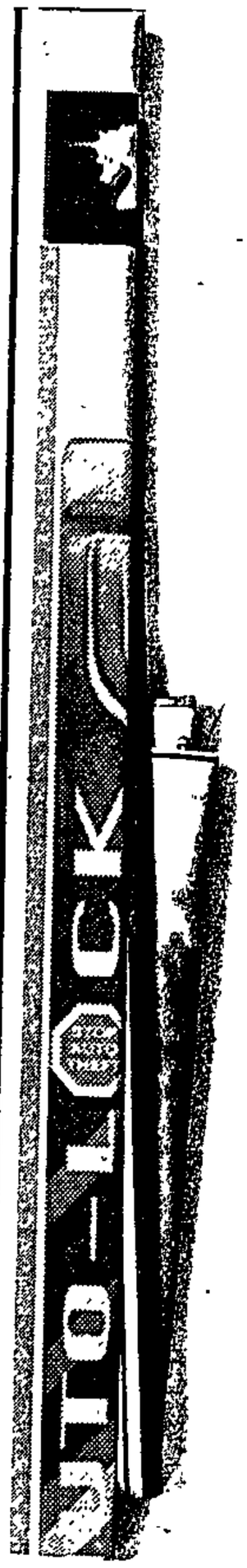
He said there were doctors running "pharmacy supermarkets" who were making in excess of R1 million a year. "R700 000 of that probably on unnecessary dispensing. This is where the council should spend its efforts."

At his disciplinary hearing on Friday he faces charges of "dishonourable and disgraceful" conduct which stems from the letters he wrote to general surgeon Dr Peter Baker and general practioner Dr Anthony Behrman.

In the advertisement, in which he likens the council to the Banana Board, Dr Collard slammed the "nominated" body which he claimed led to "expedient behaviour such as the tragic case of Steve Biko".

Breaking the mould of in-house secrecy in the medical profession, and using his "right to inquiry and free speech" Dr Collard said the charge was uninformed and there was no peer review committee.

Yesterday the legal adviser of the council, Mr Perry Enslin, confirmed that there was an enquiry against Dr Collard but "everything is subjudice at present so we cannot really comment."



Doctor 're-used needles'

(93) CT 31/3/93

By DAN SIMON

A 62-YEAR-OLD Villiersdorp doctor and dispensing practitioner who allegedly re-used disposable syringes and needles on patients appeared before an SA Medical and Dental Council (SAMDC) disciplinary committee yesterday.

He is charged with 19 counts of improper and disgraceful conduct allegedly committed in 1991.

Dr C A Myburgh of Hof Street pleaded not guilty to all the charges, which include allegations that he kept outdated stocks of medicines — including tablets which expired in 1972.

He is also alleged to have kept and dispensed to his patients a veterinary drug known as Tomanol which is an anti-inflammatory used to combat rheumatism in animals.

Mr Derek Maler, a health department inspector who conducted a routine inspection on Dr Myburgh's dispensary on February 6, 1991, told the disciplinary hearing that he had entered the doctor's consulting rooms to find an "unauthorised person" dispensing tablets to a patient.

Mr Maler said: "I found a casserole dish containing Savlon in which I saw about 50 syringes, two of them with needles attached. I asked Dr Myburgh about this and he said they were new and that he had taken them out of their sterile packets.

"I told him this did not make sense and after repeated questioning he told me that he had re-used disposable needles on patients."

The hearing was postponed.

Many new doctors in SA

SOUTH AFRICA gained a large number of professionals last year, particularly in the medical field, the Minister of Home Affairs, Mr Danie Schutte, revealed yesterday (93) CT 2/4/93

Doctor brandishes banana bunch

(93) CT 2/4/93

By RAMOTENA MABOTE

LAUGHTER briefly disrupted proceedings at the South African Medical and Dental Council disciplinary hearings yesterday when Wynberg ear, nose and throat surgeon Dr Wesley Collard produced a bunch of bananas and waved it about.

Dr Collard is expected to appear today before the committee on charges of dishonourable and disgraceful conduct stemming from letters he wrote to city surgeons.

His antics yesterday came barely a week after he placed an advertisement in a weekly newspaper comparing the SAMDC to the Banana Board and accusing them of being "childish" and "conspiratorial".

Dr Collard first entered the gallery of the hearing room at the UCT Medical School yesterday rustling the paperbag containing the bananas.

Minutes later, when everyone had noticed him, he stood up and headed for the door, where he held up the bunch of bananas in a move he described as the "forthcoming attraction".

Speaking privately with Mr Graham van der Spuy, who will be representing the SAMDC, Dr Collard said he did not want to spoil the fun by getting an attorney to represent him.

He warned that the room now used was too small and should be changed as he had invited about 100 people to come and witness for themselves how he dealt with the "nominated extensions of the Broederbond".

"I am willing to pay the difference to get a bigger room," he said before disappearing with his bananas.

NEWS IN BRIEF

Govt AIDS decision

GOVERNMENT will not be making the HIV infection and AIDS notifiable, in line with the AIDS advisory committee's advice, National Health Minister Rina Venter has told Parliament. She says HIV infection should be made notifiable only if linked to mass screenings, which are not feasible in SA.

MP defects to Inkatha

INKATHA gained its second MP in the House of Delegates yesterday when Tongaat representative Michael Abraham left the NP to become the fifth Inkatha representative in Parliament. Abraham is also a former DP member.

Homeland assistance

THE four independent homelands received R6,12bn in assistance from SA during the 1992/93 financial year, Foreign Affairs Minister Pik Botha said yesterday. Bophuthatswana received R2,3bn, Transkei R2,2bn, Venda R665,6m and Ciskei R914,1m.

SA gains doctors

SA GAINED a large number of professionals last year, particularly in the medical field, Home Affairs Minister Danie Schutte said yesterday. Last year 289 doctors immigrated to SA against 35 who emigrated.

REPORTS: Political Staff, Political Correspondent

Govt changes stance on VAT rate dates

TIM COHEN

CAPE TOWN — Government has announced that the old VAT rate will still apply for goods supplied before April 7 but delivered before April 28, reversing its previous stance.

The provision of a 21-day period of grace follows urgent public representations, particularly from Sacob, which argued that applying the new VAT rate to goods delivered after April 7 was administratively complex and unjust.

Opening debate on the VAT Amendment Bill in Parliament yesterday, Deputy Finance Minister Theo Alant said urgent representations had been received in the last few days from vendors, whose commercial practice it was to deliver goods to their clients a few days after the sale transaction had been concluded.

They argued the present provision in the VAT Amendment Bill resulted in friction between vendors and their clients, Alant said. An amendment would be introduced later in the session in terms of which the supply of goods which took place before April 1, and where the goods were delivered within 21 days, would be subject to the lower rate of tax.

Similar representations had been received concerning lay-buy sales, and an amendment would also be introduced on this issue.

The legislation would also provide that the old VAT rate would apply where the agreement had been entered into before April 7 even though the goods were delivered at a later date.

DP MP Geoff Engel said during the debate his party would not support the Bill because government was steadily bastardising a fine system of tax collection into one that would become unmanageable.

Sapa reports he said government was shifting a greater portion of the tax base onto the poor. In addition, VAT on medicine and medical services taxed misfortune and misery, he said.

ANC-supporting Independent MP for Simon's Town Jannie Momberg said the VAT increase from 10% to 14% was unacceptable to the ANC.

It represented an attack on the living standards of workers and the poor because it shifted the fiscal burden onto their shoulders. The increase was not only inflationary, but would dampen economic growth by reducing consumer spending when manufacturing production levels were critically low because of the recession.

The ANC supported progressive taxation which differentiated between taxing on the capacity to pay, such as a progressive PAYE system.

The organisation welcomed the exemption of basic foodstuffs, but believed there should be more relief.

Essentials, including medicine and medical services, electricity and water, should also be exempted.

General affairs expanded further

CAPE TOWN — Agriculture, health and local government became general affairs yesterday, ending an expensive, fragmented and race-based system of own affairs management, House of Assembly Ministers' Council chairman Adriaan Vlok said yesterday.

The own affairs aspects of welfare, housing and works were receiving attention, and would be transferred to general affairs early in the second half of the year, he said in a statement.

An education co-ordination service had been implemented on April 1 to transform the prevailing system into executive regional departments as quickly as possible.

Functions carried out by own affairs administrations would be executed by the equivalent general affairs departments.

The old own affairs dispensation was being replaced by a more efficient, cost-effective and decentralised system.

About 10 500 members of the House of Assembly administration were affected by the transfer of functions and were being posted with the least possible disruption.

Funds for the newly transferred services had already been included in the 1993/4 budgets of the recipient departments.

The Cape Provincial Administration announced yesterday that two own affairs functions, local government and health, had been handed to the CPA.

The effect of the transfer of own affairs functions to the CPA means that 2 600 officers and posts of the administration of the houses of Assembly and Representatives now fall under the CPA.

All former own affairs Cape hospitals, some of which had reen run on an agency basis up to now, and all oral hygiene services, have been transferred to the CPA. — Sapa.

Doc 'missed' major injuries

By DAN DHLAMINI (93) City Press 4/4/93.

AN Ikageng youth, who says he was assaulted by police, intends taking legal action against them and against a district surgeon whom he says failed to notice his leg was broken and his jaw fractured.

Tshepo Clifford Mafoko, 19, a Std 9 pupil at Tlokwe Secondary School, who, with two others, has been charged with car theft, sustained a broken leg, a fractured jaw and abrasions to his face as the result of an assault 10 days ago.

His father, local taverner Popile "Faraday" Mafoko, told City Press the police had refused to take his son to hospital or allow him a lawyer on the night of the arrest.

He said his son was only taken to the doctor the following day when he threatened to report his son's condition to senior police officers and to lawyers.

Mafoko alleges that despite complaints by his son of his aching jaw and leg, district surgeon Dr P Robertse only noted that his son had injuries to his face and that his shirt was bloody.

"I took him to another doctor for a second opinion and a Dr Conradie diagnosed that my son's leg and jaw were broken.

"How could Dr Robertse have missed such serious injuries? We are going to report the matter," said Mafoko.

When Dr Robertse was asked by City Press how he missed diagnosing a broken leg and fractured jaw he said he had only checked the injuries pointed out to him by the patient and his mother and hadn't noticed the boy limping.

Robertse, whose surgery, like many others in Potchefstroom, appears to be segregated, says his surgery has a white and black section "for practical reasons".

"The section you refer to as for 'whites only' is also used by people of colour on condition they make an appointment and belong to medical schemes. Others, black or white, who come without appointment have to use the other section," he said.

Mafoko and his co-accused will appear in court again on April 21 for alleged car theft.

A police spokesman says an investigation into the alleged assault will be conducted.

'Ill-trained foreign doctors in SA clinics'

ST Times 4/4/93

93

HUNDREDS of under-qualified foreign medical doctors, including at least 80 in the Cape Province, are practising at hospitals and clinics throughout South Africa.

By NORMAN WEST, Political Reporter

This was comfirmed this week by the CPA MEC in charge of Hospital Services, Mr Pieter Marais, who is responsible for fusing all health departments in the Cape under a single administration following the phasing out of the "Own Affairs" health services on April 1.

Sources revealed that of four Cape-based foreign doctors with "limited registration" who have written the South African Medical and Dental Council examination for full registration this year, only one had passed.

And large quantitites of the approximately 20 million pharmaceutical supplies dispensed in the province over the past year have been handled by unqualified personnel — "pharmacy assistants" — who were not registered with the Pharmacy Council.

Of the 310 authorised full-time and part-time pharmacist posts in the Cape, only 243 are filled by qualified pharmacists, with the rest filled by "pharmacy assistants".

"Pharmacy assistants" now officially called "specialised auxiliary services assistants (SASO)" are low-paid hospital and clinic workers earning between R10 000 and R18 000 a year.

This week Mr Marais confirmed that the 80 "under-qualified" doctors working in the Cape had received their training in "other" countries and have not passed the South African Medical and Dental Council (SAMDC) examinations for "full registration".

However, they have qualified for "limited registration" and were practising "mostly under supervision," he said.

Mr Marais said passing the SAMDC examination for full registration was not a condition of continued employment and "limited registration" could be granted for three years on condition that an offer of employment was made to the under-qualified doctor by an institution approved by the SAMD.

After three years the limited registration may be extended for further periods.

This week Mr Marais warned that the health services department "was facing disaster if we have to remain within the five precent cut in the budget as instructed by State President F W de Klerk.

"Unless this monetary curtailment is scaled down and ... we get more money from the state to meet our existing over-expenditure to at least retain our medical standards, this country's medical services face ruin," Mr Marais said.

Although Mr Marais did not want give further information, some of the doctors have apparently trained in Argentine, Austria, Bulgaria and Cuba among others.

Hospitals rebel over SABS-backed gloves

ST Times 11/14/93

By CHARIS PERKINS

MORE than 21 hospitals are refusing to use surgical gloves carrying a SA Bureau of Standards mark of approval — on the grounds that they are dangerously defective.

The hospitals have told the Transvaal Provincial Administration the gloves tear easily, do not fit and are sometimes discoloured or holed.

The hospitals fear the poor quality of the gloves could lead to the spread of AIDS and infections during surgery.

The gloves, supplied by Union Drug, a Taiwanese-owned factory on the Natal North Coast, have been used in all Transvaal and military hospitals, and in most homeland hospitals, since September 1990.

Now, after years of persistent complaints, including a sworn statement from a former foreman about unhygienic practices at the factory, the TPA has suspended the supply of the gloves and asked the standards watchdog to think again.

SAFE HANDS: these surgical gloves may look sterile, but are they really? Doubts hang over gloves supplied by a factory in Natal. Picture: CHRISTINE NESBITT

Johan Keuler, manager of the SABS rubber and plastic division, said yesterday he "wouldn't like to hazard a guess at what went wrong".

SABS inspectors visited Union Drug once a month, but they had not picked up anything irregular. It was the first time the SABS had heard any complaints, said Mr Keuler.

"We are perturbed that a thing like this can happen, but our inspection only lasts a few hours and we cannot control what happens during the rest of the month," he added.

"We will investigate as a matter of urgency."

The SABS awarded its mark — which covers the product, the manufacturing company and its facilities — in April 1992.

Cheap

In a letter sent to the SABS late last month, the Chief Director of Procurement Adminstration in the Department of State Expenditure, Mr C Dreyer, wrote:

"This chief directorate is perturbed by the fact that the quality of a SABS mark-bearing product could be questioned, and it is considered essential that the complaints be thoroughly investigated."

Union Drug's managing director, Mr Morgan Wu, said he was happy with the quality of his product.

"The hospitals are against me because I am from Taiwan," he said. "I am disappointed. We are doing a good thing for this country by producing cheap gloves, but no-one appreciates us."

He added he could do nothing about ill-fitting gloves because the sizes had been specified by the SABS.

The State Tender Board awarded a two-year contract for the supply of the gloves to Union Drug in September 1990, on the recommendation of the TPA's standing tender committee, chaired by General Coen Scheepers.

A senior TPA source, who asked not to be named, said the award had been

The gloves did not have an SABS certificate of compliance at the time, and they did not undergo a standard Clinical Trials Committee test, he said.

He added the TPA did not inspect the factory until General Scheepers visited in April last year.

Despite continuing complaints, the State Tender Board re-awarded the tender to Union Drug in October last year on the TPA's recommendation.

TPA spokesman Lenette Roeleveld said Union Drug's tender had been the lowest, but the Sunday Times has learnt that a competing quote was only 0,03 cents higher.

In 1991, the TPA ignored an urgent appeal from Union Drug's production foreman, Mr Moonsamy Naidoo, to investigate appalling conditions at the factory.

In a sworn statement, he said that although there was a laboratory for testing gloves, there were no lab technicians and the gloves were not tested for tensile strength.

He said tests were sporadic and were carried out by untrained workers. Gloves were inspected for obvious tears and cuts, but pinprick holes went undetected.

Masks

He said none of the employees wore uniforms, caps or masks, and workers did not wash their hands before packing. "In fact, food was even eaten while packing," he said.

Mrs Roeleveld said this week the affidavit had been "a matter between Union Drug and its employee". She claimed Mr Naidoo's lawyer had, in fact, requested the TPA to ignore the affidavit.

The Sunday Times visited the factory at Verulam this week and found that conditions had only improved slightly since Mr Naidoo made his sworn statement.

The Sunday Times's inspection found that:

- A microbiologist is now employed as a quality controller, but she was eating lunch in her "sterile" laboratory during the visit;
- Most staff now wear surgical gowns, caps and masks. But one worker said they only changed their masks once a week;
- Cleaners in ordinary overalls were sweeping the floor in a room where women were inflating gloves to check for holes in a cloud of powder;
- The factory's production lines, in a big open-ended warehouse, are exposed to dust blown in from outside.

ARG 16/4/93

Interns urged to stand up for rights

The Argus Correspondent

JOHANNESBURG. — Interns at provincial hospitals have been urged by the Junior Doctors Association of South Africa (Judasa) to become aware of their rights amid ongoing reports of interns being overworked and "stretched to the limit".

The plight of interns — many of whom were working "far too long hours" according to a Department of Health and Population Development survey last year — was highlighted recently when the young doctors at J G Strijdom were shown to be working well over the maximum limit of 80 hours a week.

Judasa, a Medical Association special interest group, said it had received information that many interns were not receiving their contracts.

"This is of concern as it means that many of them are largely ignorant of their conditions of employment and therefore their rights should a dispute arise that affects the employee/employer relationship," said Judasa chairman Dr Hennie Botha in the latest edition of the South African Medical Journal.

SAMJ reported that the critical need for interns to know their rights has been highlighted by a letter written by Judasa Eben Dönges Hospital representative Dr Danie Folscher.

Dr Folscher said that — against a background of an 165 percent bed occupancy rate last year — interns at the Cape hospital were expected to:

- Work between 90 to 110 hours a week with 34-hour continuous shifts;
- Handle 60 ward patients and about 20 outpatients a day;
- Work long overnight continuous shifts up to three times a week.

Judasa has since approached the provincial authorities to discuss the matter.

SA doctors in big demand overseas

Star 19/4/93

(93)

Medical Reporter

South African doctors are being headhunted by prestigious overseas medical institutions as beleaguered state hospitals continue to reel from a decline in the number of interns and funds over the past few years.

In the latest edition of the South African Medical Journal, there are 25 advertisements for South African-trained doctors to fill various posts from family general practitioners to visiting professorships.

Opportunities

The advertisements come from the four corners of the world — the Middle East, the United States, New Zealand, Canada and the United Kingdom.

During the past year, a number of outstanding doctors have left South African hospitals to fill research and other top posts overseas.

Many cited the lack of research opportunities in overworked tertiary hospitals and the increasing violence as factors behind their decision to move on.

The SAMJ advertisements come as a renewed wave of emigration inquiries floods embassies and removal companies after the assassination of SACP secretary-general Chris Hani last weekend.

One general practitioner, who has already been registered in the United Kingdom, said that, as a doctor in private practice, his working conditions were excellent.

"I have no reason to go anywhere else. I'm sure that doctors working in state hospitals would have a different view.

"I would contemplate leaving only if my life was really in danger — if there was serious political instability. But that probably applies to everyone, not just doctors," he said.

"I'd be stupid not to consider the advertisements," said a Baragwanath Hospital doctor.

"All I have here are long hours of work, lots of danger to myself and property, little teaching ....

"At the moment there is nothing in favour of working in a State hospital.

"The salaries are appalling, the prospects are not good and the career prospects are even worse," he added.

"State hospitals are exposed to the very worst of everything.

"The only people who want to work here are foreign doctors with limited practice and people who want to specialise.

No attempt

"And the State is making no attempt whatsoever to attract doctors to these hospitals."

The doctor was convinced many of his colleagues would also consider applying for jobs overseas.

He recalled that when American restrictions were first lifted, an advertisement in the SAMJ elicited so many replies that doctors tried for weeks to get through and the organisation apparantly had to treble its telephone staff to deal with the queries.

Star 19/4/93

Know your rights, young doctors urged

(93)

Medical Reporter

Interns at provincial hospitals have been urged by the Junior Doctors Association of South Africa (Judasa) to become aware of their rights amid ongoing reports about interns being overworked and "stretched to the limit".

The plight of interns was highlighted recently when the young doctors at J G Strijdom were reported to be working well over the maximum limit of 80 hours a week.

Judasa, a Medical Association special interest group, said it had received information that many interns were not receiving their contracts.

"This is of concern as it means that many of them are largely ignorant of their conditions of employment and therefore their rights should a dispute arise that affects the employer/employer relationship," said Judasa chairman Dr Hennie Botha in the latest edition of the South African Medical Journal.

"The service contract for interns represented a major effort on our part towards improving our members' working conditions," he said.

SAMJ reported that the critical need for interns to know their rights had been highlighted in a letter written by Eben Donges Hospital representative of Judasa, Dr Danie Folscher.

Folscher said that — against a background of a 165 percent bed occupancy last year, an outpatient tally which more than doubled over five years, a casualty section which saw about 200 patients a day and more than 200 maternity visits a month — interns at the Cape hospital were expected to:

- Work between 90 to 110 hours a week with 34 hour continuous shifts.
- Handle 60 ward patients and about 20 outpaitents a day.
- Work long overnight continuous shifts up to three times a week.

Judasa has since approached the provincial authorities to discuss the matter.

Doctor changes plea to guilty

(93) CT 28/4/93

By RAMOTENA MABOTE

A DISCIPLINARY hearing into the conduct of a city physician took a dramatic turn yesterday when he changed his plea from not guilty to guilty, after six hours of deliberations and consultations between opposing parties.

Dr Neil Don Burman, who faces three counts of improper and disgraceful conduct for allegedly overcharging and overservicing 23 patients during 1990, changed his plea shortly after he led his evidence.

No cross-examination took place.

Three medical aid societies, Cape Medical Plan, Bank Med and Pro Sano, reported Dr Burman to the SA Medical and Dental Council, who are conducting the hearing.

Dr Burman is accused of, among other things, prescribing vitamin supplements for patients barely in need of such medication, repeating "unnecessarily" a number of treatments, and charging for "unnecessary" treatments.

Dr Burman defended his dispensing of medicine, which was not supposed to be his job, by saying that some of his patients were often given prescriptions by other doctors for medicines they could not afford.

The verdict and sentence are expected today.

HEALTH Imposters take patients for ride ● Other f

After a few drinks, the doctors are also human

Sowetan 29/4/93. (93)

By Musa Zondi

■ Check some off-duty medics at Sun City revelling:

I HAVE always thought of doctors in terms of stethoscopes, needles and operating knives.

In hospitals, they walk around with stiff upper lips, look at you as if they see an experimental rat and pass you by. They always seem to be in a rush — just what one would expect if people are in the business of saving lives — and are sometimes quite blunt.

No, forget about the Panado doctor who smiles at you; of course he has to, he is selling you a product. Also, do not think of the family doctor; of course he has been working with your family and he needs them as much as they need him. He will smile. They always do.

But there is another side to doctors as well. Spend some time with them outside the work environment. Try Sun City, in the evening, at a banquet or a cocktail party..

The scene is quite different. Whether listening to Judy Page doing a tired version of *New York, New York* or an inflated version of Whitney Houston's *I Will Always Love You*, seeing doctors tapping their feet or shouting in excitement is a scene to remember.

It is not that they do it differently. No. They are different. Gone are the stethoscopes and knives. Gone are the white coats and syringes. Gone are the stiff upper lips. After a few gins and tonic, the smile is wide. After a few glasses of Johannesberger, the conversation is no longer restrained. Two or three couples decide to waltz.

They can actually dance. They can relax. And maybe, they look ordinary. Then, it may be the wine going through my system. But also it could be true.

Star 30/4/93

Doctors welcome new Bill

93

Staff Reporter

Draft legislation on the running of academic medical institutions has been "cautiously" welcomed by the Medical Association of South Africa (Masa).

Masa federal council chairman Dr Bernard Mandell yesterday said the Academic Health Centres Bill would ensure the autonomy of the institutions. This would enable them to render better health services and training.

Academic freedom, appropriate staff management and a high degree of financial independence would flow from the spirit of the Bill.

"These principles all have the potential of making academic medical complexes more efficient and of moving away from bureaucratic red tape. But the newly granted independence to academic centres should not be used by Government to shirk its responsibility to ensure that these complexes are adequately funded."

Many other administrative problems like security, catering, supplies industrial relations and appointments would be cleared up by the Bill.

Variation in hospital fees listed

By BARRY STREEK
Political Staff CT 30/4/93

VAST differences in the daily bed costs at South Africa's academic hospitals were revealed yesterday by the Minister of National Health, Dr Rina Venter — with the lowest costs being charged at those hospitals serving predominantly black patients.

The daily bed costs varied from Kalafong (R158,36) to Universitas/-National in Bloemfontein (R1 026,86) in the 1991/2 financial year.

Dr Venter said in reply to a question, tabled in Parliament by Mr Mike Ellis (DP, Durban North), the daily bed costs in the Cape were R369,68 at Red Cross, R420,40 at Groote Schuur and R374,88 at Tygerberg.

In Natal, the costs were R268 at King Edward V111 and R765 at Wentworth.

In the Transvaal, the costs were R193,11 at Baragwanath, R222,21 at Coronation, R201,35 at Ga-Rankuwa, R290,55 at H F Verwoerd, R227,39 at J G Strijdom, R236,37 at Johannesburg and R158,36 at Kalafong.

In the Orange Free State, the daily cost per bed was R242,37 at Pelonomi and 1 026,86 at Universitas/National, Dr Venter said.

Talks may help state doctors

CT 30/4/93

JOHANNESBURG. — The Medical Association of South Africa is to negotiate directly with the Commission for Administration to improve the position of doctors in public service. 93

Masa's director of professional development, Dr David Green, said that unless an agreement could be reached, the association would begin negotiating for shorter working hours.

He said other public servants received occupational allowances in addition to overtime allowances, while doctors received only overtime allowances. This follows the commission warning on medical care being put in jeopardy. — Sapa

RIGHT DECISION ... Ugandan Daniel Echun

Why we opted for SA

UGANDAN Daniel Echun and his Zambian wife, Gertrude — she is a doctor and he a surgeon at Baragwanath Hospital — had a choice of Britain or South Africa when they were choosing a new home 18 months ago.

They opted for Johannesburg because it was "closer to home" for them and their four daughters, and friendlier than Britain, with its bad weather and natural reserve.

Daniel was born in Lira in northern Uganda and left his strife-torn country in 1977 for Britain, where he completed his A levels.

He returned to Zambia, where his parents had moved, and went to medical school in Lusaka, where he met his wife.

In 1990, he spent a year at the Royal College of Surgeons in Edinburgh and was invited to stay on.

Gertrude said: "I'd spent a few months in Britain some years back and didn't feel at home. I thought South Africa was nearer home and a more attractive prospect than bleak Britain."

They believe they made the right decision. Gertrude is studying family medicine at Wits University, which she says she would not have been able to do in Zambia.

"With the volatile situation, we do sometimes wonder whether we shouldn't have settled in Britain. For now, we are staying — but that could change if things get worse," said Gertrude.

A doctor of the people and for the people

STAR 8/5/93. (93)

WHEN he was about nine, Mongale Manoto experienced political violence in a vivid, indelible way: on the day of the Sharpeville massacre, March 21 1960, he was caught in the stampede of people running from the police, knocked down and then pinned to the ground under the body of one of the 69 people killed that day.

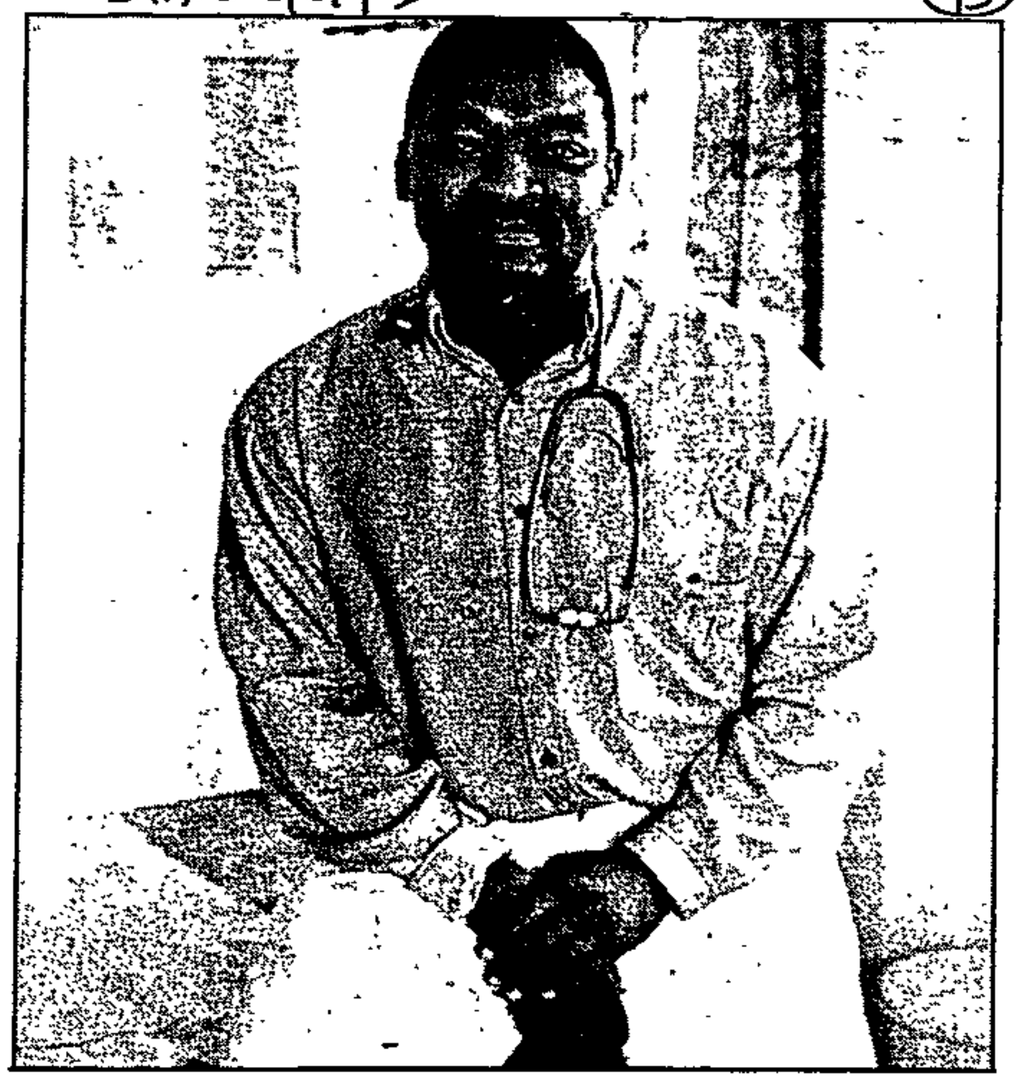
Today, as the only doctor serving more than 50 000 people in a dusty, neglected area encompassing Evaton, Small Farms and a part of Sebokeng in the Vaal Triangle, he still feels himself enveloped by political violence — inundated with the bleeding, broken bodies from communities awash in one of the bloodiest corners of an increasingly blood-soaked country.

"Here we have in our country some of the most neglected and victimised communities, which are unprotected and preyed upon at random by hit men, police and gangsters, he comments."

Yet Manoto does not feel alienated. "I feel I belong here 100 percent — I have no desire to be in the middle of the big cities even though I spent the past 12 years of my practice here without electricity, which by the way I finally got only a month ago.

"I spent seven years without a phone and had to drive to a hardware shop in the nearby Indian area, which had all facilities for years, just to make a phone call to order medicines for my patients."

He says about 20 percent of his clients are too poor to pay, so he allows them to make voluntary contributions.



HUMANITARIAN: Dr Mongale Manoto worked for years without electricity, a telephone and other basic facilities in an area where many patients would pay him in chickens — if they had them. ● Photograph: JOE LOUW

AS A result, his practice has not shown a profit for five years. "Even if they had chickens to pay with, I'd probably take them — although I wouldn't eat them because I'm a vegetarian. But they don't have chickens, anyway."

Molefi Manoto was born in Alexandra and grew up in Sharpeville, where his father was a schoolteacher at the then famous Lekwashandu school. He recalls his father as being a cultivated and determined man who, although stubborn, did not have much stomach for violence.

"My father was attacked by whites shortly before the Sharpeville shootings. When that occurred, he decided that enough was enough and moved us all, lock stock and barrel, to his birthplace, Lesotho, or specifically to Morija, headquarters of the PMS (the Paris Missionary Society) where he got a job teaching."

Manoto recalls this period of his life as one of the most idyllic. "Morija was one of the most beautiful experiences of my life," he says. "It was pure and pristine — not only in the sense of the incredible landscape of mountains and villages, but in terms of the people's culture.

"There was an unbroken line of chieftainship rule and it was the first time I learnt something of true African government and democracy. People had rights — and they could assert those rights. They had recourse in the *kgotla* and they had redress by a jury of their peers.

"A man had a right to own land and the right to work the land. He could own cattle and his life was determined by the ancient perennial cycle of sowing the land and reaping its harvests — it was a time of respect and tranquillity and peace."

JOE LOUW talks to Dr Mongale Manoto, a man caught up in his destiny — a child and refugee of Sharpeville 1960 and today back serving 50 000 people in the blood-soaked Vaal Triangle.

It was there that the young Molefi found the two consuming passions of his life — a desire to become a doctor and a deep love for music — inspired by a doctor he had met and respected, Dr Moroka; of Thaba Nchu, later one of the ANC's early presidents and a whiz on the penny whistle.

Moroka, he says, was the first man who told him that, yes, he could become a doctor and aspire beyond a career in teaching or carpentry recommended by most European teachers for "native" pupils at the time.

Years later, when he graduated from medical school at Wentworth's "black section" of the University of Natal, he had also become an accomplished, entirely self-taught, musician and composer.

Manoto first set up practice in Gazankulu. There, he says, he experienced among the Shangaan people another dose of indigenous rural South African culture and yet another hobby: learning languages.

HE FELL in love with the Tsonga people and their culture, and learning their language in three months was very easy — "I have yet to meet a more humble, respectful people. They have lost very little in their encounter with modern, urbanised Western culture."

He has since tackled Swahili — "because I want to travel to other parts of Africa" — and I found him busily studying Hebrew in between seeing patients. Asked whether he would be travelling to Israel, he laughed. "I'm studying that language because I'm a student of the Bible and, given that there are more than 30 versions of that good book, I'm planning to read it for myself in the original to formulate my own truth of what was revealed."

Meanwhile, Manoto, who hasn't practised or gigged with his band — a jazz-cum-rhythm and blues quartet called African Herbs — because of the violence rocking the Vaal, hopes to be back with some street concerts early in the spring so that people can once again get that healin' feelin'.

Move to cut costs

Sl Times [C|Metro]

cuts out doctors

1615|93

THE cost of health care could be cut dramatically as increasing numbers of community pharmacists are now offering primary medical treatment without consultation fees.

By PETA KROST

At the South African Pharmacy Society's annual general meeting this week, 200 pharmacists pledged to commit themselves to further education in primary health care and its practice.

So far 32 pharmacists have obtained the relevant accreditation to examine and diagnose patients as well as to prescribe medication up to schedule four.

The areas they may cover include upper respiratory tract, ear, nose and throat infections, sexually transmitted diseases, diabetes and high blood pressure.

"Before the end of the year new regulations may be passed allowing pharmacists, who have the specified additional education, to treat patients with antibiotics and other higher schedule medicines under certain conditions," said Mr Gary Kohn, president of the Pharmacy Society of South Africa.

But unlike doctors, pharmacists won't be charging consultation fees. And the move also cuts down on time wasted waiting for a doctor's appointment, they claim.

"The general public will benefit from this move as greater discretionary powers for pharmacists has proved to be a cost-saving practice," said the Department of National Health and Population Development's director of pharmaceutical services, Mr Peter Hearn.

But the Medical Association of South Africa (MASA) has hit out at the move and said patient's lives could be endangered.

"Contrary to what is being presented to the public, pharmacists do not receive training which prepares them to make proper diagnoses, essential prior to prescribing treatment," said chairman of the Federal Council of MASA, Dr Bernard Mandell in a statement.

He said MASA had obtained evidence of pharmacists whose treatment of patients "has nearly ended in their death".

Mr Kohn said MASA's reaction was "a smear campaign because they feel their profession is being threatened".

Pharmacists had iniatitated this move to reduce medical costs and not to usurp the role of the doctor, he said.

While Mr Hearn said that primary health care services had always been practised by pharmacists, the Browne Commission recommended in 1992 that pharmacists be allowed more discretionary powers and access to higher schedule drugs.

But before being given these powers, a pharmacist "must satisfy the SA Pharmacy Council that he is competent to have access to the additional medicines prescribed", said Mr Hearn.

To this end, primary health care training has been incorporated into pharmacy students' training and many practising pharmacists are taking courses.

A Cape Town pharmacist, who cannot be named for professional reasons, set up a consulting room in his chemist two months ago.

It took him eight months of study and regular lectures to obtain accreditation.

He argues that the step by pharmacists balances the move by doctors to dispense medicines.

South 2215 -2615/93

African medical students meet at UCT

By Justin Pearce

SOUTH African medical students recently had their first opportunity to meet their counterparts from beyond the Limpopo. The occasion was the Federation of African Medical Students' Associations (Famsa) conference held at UCT last month — the first time the gathering has been held in South Africa.

Famsa unites medical students in southern, east and west African countries.

While South African students were keen to learn from their northern counterparts about community health issues, the visitors were wide-eyed at the advanced level of medical technology available in the country which performed the first heart transplant but where tuberculosis is still rife.

Zambian delegate Mr Lishomwa Ndhlovu said he was shocked by the wide disparity between private and public health services in South Africa.

"At its worst, the quality is worse than in Zambia," he said.

Zambia is, however, being forced by economic pressures to introduce fees in the state's formerly free health care system.

Kenyan delegate Mr Edwin Bogonko pointed out that an unequal system of health care provision was not unique to South Africa, but occurred in Kenya too.

"We have adopted the British model of medicine, based on curative medicine," Bogonko said. "The elite can afford it, but not the poor.

"We are addressing similar problems, but the basis of inequality is different. In South Africa, it is the result of apartheid; in Kenya it's the result of social stratification."

The Kenyan government has on occasion closed universities, medical faculties included, when it suspected that political opposition was brewing on campuses.

"Closing the university is like a prophylactic," remarked a delegate who did not want to be named. (A prophylactic is a medical term for a precautionary measure against disease.)

This strategy of the Kenyan government has forced medical students to sometimes miss out on a whole year of education, and to double-up with the next year's class when the university reopened.

Bad communications services between the various African countries have hampered Famsa's efforts to bring member countries together. Letters take months to get from South Africa to the countries of east Africa. Conference organiser Ms Nicky Moll complained about a letter UCT received from Tanzania that had arrived with a postmark from Brussels.

NEWS Azapo lauds dead pathologist ● Weeding out the nation's smokers

Tributes pour in for Jonathan Gluckman

Sowetan 28/5/93

■ Fearless doctor revealed details of police brutality to a shocked SA:

By Ruth Bhengu

THE death of pathologist Dr Jonathan Gluckman on Tuesday night in Johannesburg should have a different effect on different people.

Those in the police force must be sighing with relief, while the dispossessed, whose hopes were pinned on Gluckman and courageous medical professionals like him, are distressed, to say the least.

The 75-year-old Gluckman, who died after a back operation, commanded great respect in the black community.

Tributes from political and professional organisations have been pouring in for the pathologist who earned himself the label "controversial".

A fellow doctor and admirer, Dr Gomolemo Mokae, who is also publicity secretary for the Azanian People's Organisation, referred to Gluckman as "a man of very high principles".

"He was a credit not only to the medical profession but to the South African nation in general. Just recently he gave the world an insight into the torture going on in South African prisons.

"It is ironic that up to his death the SAP had not as yet provided satisfactory answers to questions he raised," Mokae said.

Gluckman caused a furore last July when he revealed that police had murdered about 90 percent of the 200 people whose bodies he had examined after their deaths in custody.

He said: "The police are out of control and are murdering prisoners in custody."

He also claimed to have evidence of "police handling people in a vicious manner". But the police denied it.

Minister of Law and Order Mr Hernus Kriel, after investigating the police, said only 29 percent of 200 deaths had occurred while the prisoners were in custody.

The SAP report on the investigations on its own people said of 118 people on its list 14, were still alive, seven killed in the TBVC states and Lesotho, 29 died "not in police detention or due to police action", 26 died "during police action" and in eight the SAP "could not legally be accountable".

The police report showed that 34 people had died while in detention, six were suicides, while in 14 cases police were not accountable. Eight were under investigation and in six police were prosecuted for murder, six died while in the care of the Department of Correctional Services and two died "as a result of SADF action".

In three cases, the SAP were prosecuted for murder and culpable homicide.

Gluckman's response to the police claim that some of the people were still alive was that he was "stupefied". But so was the entire country, which had expected the Government to set up an independent commission of inquiry.

Jonathan Gluckman ... died after a back operation.

Instead, police treated Gluckman as a thorn in the flesh and called him a liar.

Spokesman for the Law and Order Ministry Captain Craig Kotze said: "Based on the information at our disposal, including information given to us by Dr Gluckman, the original allegations that police were out of control and were murdering prisoners in custody, left right and centre, cannot be substantiated."

Whether the police have managed to convince themselves that they are innocent, the reality of the situation is that people are still dying in police custody.

Reports show that up to 119 people have died this year only. Is there anyone out there willing to fill Jonathan Gluckman's shoes?

Power is abused when doctors ignore a patient's wish for death, says **Etienne Mureinik**

Dying for personal autonomy

Star 1/6/93 (93)

SHOULD there be a right to die? If you are injured in a motor accident, for example, and reduced to a persistent vegetative state, as the doctors call it, and you have previously expressed a wish not to be kept alive under those conditions, ought that wish to be honoured?

If you have a firm and considered determination not to be subjected to that kind of life, a determination formed when you were capable of rational choice, it is difficult to see why someone else should have the right to frustrate your determination.

If we respect people at all, we must respect the value they put on their own lives. Freedom of choice — personal autonomy — cannot mean much if another person's decision that your life is worth living can prevail over your own that it is not.

And human liberty means nothing if you can be trapped in a kind of life you dreaded when conscious just because a doctor who never knew you then adjudges it worth preserving.

But in the way of this truth there stand three fallacies which obscure it.

The first is that the respect for personal autonomy upon which it rests is inconsistent with settled attitudes towards attempted suicide. Doctors routinely intervene to thwart suicide, and few question the correctness of that practice. Some believe that shows we do not give primacy to personal autonomy.

But what justifies intervention? The justification usually given is that most people rescued from suicide regret the attempt, and do not try to repeat it.

That seems to warrant the assumption, made by a doctor faced with an unconscious and overdosed patient of whose background nothing is known, that it is more likely than not that the patient wishes to be saved. Intervention serves, on this justification, to respect the patients's wishes, not defeat them.

The proportion of failed suicides who regret the attempt seems to warrant also the assumption that most people who try to kill themselves do so in a moment of temporary trauma; of transient loss of control of their power of rational choice. On that assumption, intervention aspires to restore to the patient the opportunity of exercising rational choice.

It follows that if interfering with an attempt at suicide is indeed justified, that must be because the intervention tries to respect personal autonomy.

It tries to give effect to the patient's probable wishes, and tries to restore the opportunity for rational choice without which there can be no personal autonomy.

So long, therefore, as intervention against suicide is justified for these reasons, it serves rather than conflicts with the principle of personal autonomy. It is consequently a fallacy to believe that intervention against suicide must contradict that principle.

The second fallacy is that because a patient's wishes and prognosis are often uncertain, caution requires us to err on the side of life, and to keep the patient from dying.

It is said that even if a vegetative patient has executed a living will after protracted and thoughtful deliberation, formally instructing doctors not to prolong life after the patient has sustained irreparable brain damage, there can be no guarantee that there has not subsequently been a change of mind, or that we are right to interpret the will to cover the present circumstances, or that the patient might not miraculously recover after years of coma.

From these uncertainties, it follows that we must often be in some doubt about the patient's wishes; particularly about what they would have been had he or she appreciated the uncertainties in the prognosis. But does it follow from that doubt that caution requires us to err on the side of life?

To preserve vegetative life may be to preserve a life of interminable indignity, emptiness, discomfort, suffering and, for all we know, torment.

To their victim, these evils are as irreparable and irreversible as death itself, and they may, when he or she was capable of envisaging them, have been far less tolerable than death itself.

Why, then, should we assume that caution requires us to err on the side of life as awful as this? The consequences of misreading the patient's wishes are at least as terrible when we mistake a wish to die for one to live as when we do the reverse.

If it is more likely than not that a vegetative patient would have chosen to die, that should suffice, whether we know of that choice from the patient's written instructions or from interpreting his or her informal conversations.

The third fallacy argues that a power deliberately to terminate life might be abused — that it might empower doctors or relatives, for their own ends, to kill or let die a person who did not really want to die — and therefore that the power ought never to be given.

Here the fallacy arises from the truth of the first part of the argument and the falsity of the second.

It is true that a power to terminate life may be abused. It does not follow that it ought never to be given.

All power invites abuse; none more conspicuously than the power of government. But from that only eccentrics conclude that we can afford to dispense with government. The possibility of abuse can never rule out the need for power.

That possibility, of course, has to be guarded against very carefully, and when we begin fully to respect personal autonomy, we will have to devote much thought to developing the procedures essential to control abuse of the power that that principle confers.

But first we need to recognise that the capacity which doctors have acquired to keep people alive who are damaged beyond repair is also power — immense power — and to use it against a person's will is also abuse of power.

● *Etienne Mureinik is Professor of Law at the University of the Witwatersrand.* □

South 5/6 - 9/6/93

Straitjacket doctor to face enquiry

By Donald Zake

FOUR years after the death of straitjacketed Pollsmoor prisoner Carol "Debbie" Meyers, the Medical and Dental Council (SAMDC) has begun investigating a complaint against the Wynberg District Surgeon who certified her fit for the punishment.

A spokesperson for the SAMDC told SOUTH this week that the council had received a formal compliant against Dr PU Fischer, and had asked him for an explanation.

The complaint, and Fischer's reply, would be submitted to a committee of preliminary enquiry, which would decide whether a full disciplinary enquiry should be held. The spokesperson said the Fischer case would be considered by the committee "this month or next month".

During the debate on the Correctional Services budget vote in Parliament last week, Democratic Party prisons spokesperson Mr Mahmoud Rajab said he was shocked at the conduct of Fischer, who according to the inquest magistrate had given Meyers a superficial examination and then "washed his hands of her".

Meyers, who had been overheard threatening to commit suicide, died in Groote Schuur Hospital after being held in the jacket for 23 hours.

In the same debate Minister of Correctional Services Mr Adriaan Vlok confirmed that two Pollsmoor staff whose conduct in the straitjacketing episode was described by the magistrate as "inhuman", were promoted after the death — as revealed by SOUTH in February.

However he said the promotions, to Major for former Captain Susanna Muller, and to Captain for Pollsmoor medical staffer Lieutenant Ingrid Oerson, were in terms of "merit and efficiency principles" and did not rule out future disciplinary action once the Attorney General's decision was known.

Cape Attorney General Mr Frank Kahn said although he had the findings of the inquest, Meyers's family had indicated they wanted to make representations to him before he decided whether to prosecute anyone.

They have not yet done so.

Alarm over cough syrup abuse

ST Times 6/6/93

93

LEADING doctors and psychiatrists called this week for a ban on over-the-counter sales of Phensedyl, a popular cough mixture which they say is causing misery in thousands of South African homes.

A psychiatrist who is an expert on habit-forming substances said the preparation contained a combination of ingredients that could produce a "high" that made it dangerously addictive.

The cough remedy's main addictive ingredient is codeine phosphate, also available in many other patent medicines.

Refuse

However, medical experts say its inclusion in a pleasant-tasting liquid draws substance abusers to swallow it by the bottle, rapidly increasing dependency.

The Department of Health requires that sales of Phensedyl and its slightly cheaper generic equivalent, Lenazine Forte, be recorded by pharmacists as a Schedule 2 preparation.

The records are subject to periodic state inspection, and responsible chemists refuse to sell more than one 100ml bottle at a time. But addicts spread their purchases over scores of chemists, making it virtually impossible for pharmacists to identify dependency.

"Comparatively moderate addicts buy two to three 100ml bottles a day, which means that a good deal of their time is spent finding chemists they haven't patronised recently," said one doctor.

By ROY RUDDEN

"At this level of consumption, they are already well hooked, and will go to extreme lengths to get a fix, because the withdrawal symptoms are very unpleasant indeed.

"Deprived of the cough mixture, abusers will shake uncontrollably, sweat profusely and become irritable to the point of violence."

Another doctor described the system of recording Schedule 2 drug sales as a joke.

"Many chemists simply ignore the system in the interests of high turnover. Not that it matters much — visits from inspectors appear to be rare."

A spokesman for May Baker, the manufacturers of Phensedyl, said: "If the rules of Schedule 2 drugs were strictly adhered to, there wouldn't be a problem. Unfortunately, not all pharmacists are applying the rules.

"Making Phensedyl a prescription-only drug is not the answer. The problem is that when there's a quick buck to be made, some people tend to ignore scheduling regulations," he said.

Parents accused of killing son

Sunday Times Reporter

THE parents of three young children will appear in court tomorrow charged with murdering their eldest son.

The father, 24, and mother, 26, of Swartkops, Pretoria, will also be charged with assault and grievous bodily harm relating to all three children.

Their son died in 1991 — when he was two — after being treated in hospital for what the parents said were injuries from a fall.

In March 1992, their two-month-old daughter was found by doctors to have a bruise on her stomach. She was placed in foster care.

On May 5 this year, their youngest child, born in March, was admitted to the HF Verwoerd hospital with five broken ribs. The attorney-general decided to lay charges against the parents.

HOUSE OF ASSEMBLY

QUESTIONS

†Indicates translated version.

For written reply:

General Affairs:

District surgeons: salaries/allowances

315. Mr M J ELLIS asked the Minister for National Health and Welfare:

(1) Whether she will furnish information on (a) the annual salaries and (b) allowances payable to district surgeons in the employ of the State; if not, why not; if so, what are the relevant particulars in respect of the latest specified date for which information is available;

(2) whether district surgeons are employed in a full-time capacity; if so, what are the relevant details; if not, (a) why not and (b) how many hours per week is a district surgeon expected to work;

(3) how many district surgeons were employed by the State in each region as at the latest specified date for which information is available? B707E

The MINISTER FOR NATIONAL HEALTH AND WELFARE:

(1) Yes,

(a) *Full-time district surgeons*

These officers can, depending on the number of years experience gained, be appointed according to the following salary scales:

Medical Officer
R44 574–48 024–51 474
Snr Medical Officer
R55 650–59 826–64 002
Principal Medical Officer
R69 348–74 694

Part-time district surgeons

The annual salary of these personnel differ from district surgeon to district surgeon because the individual salary is calculated according to an allocated workload applicable to the session basis of medical officers/ senior medical officers (R1 764/2 340 per session per annum respectively) and

(b) *Full-time district surgeons*

Non-pensionable district surgeon allowance of R4 800 p.a.

Non-pensionable professional allowance of R15 207 p.a. if they are prepared to comply with a working week of at least 56 hours.

Part-time district surgeons

Honorarium: R3 186 p.a.
Infrastructure allowance: Can vary between 15% to 25% of the compensation package
Medicine allowance: R13,45 per prescription (issues from own stock)
Handling fee: R5,94 per item (issues from replaceable stock).

Information furnished as on 1 May 1993;

(2) yes,

Full-time district surgeons

Pretoria, Johannesburg, Louis Trichardt, Pietersburg, Durban, Pietermaritzburg, Pinetown, Bloemfontein, East London, Port Elizabeth, Cape Town, Paarl and Bellville.

Rest of the country

Part-time district surgeons.

A full-time district surgeon works 40 hours per week. If the full-time district surgeon is prepared to work a further 16 hours per week at the additional compensation of R15 207 per annum (non-pensionable allowance) it is expected of him to work 56 hours minimum per week. Full-time district surgeon services are rendered on a 24 hour basis;

(3)

	NPA	PAOFS	TPA	CPA
Full-time district surgeons	8	2	12	11
Sessional district surgeons	21	—	19	—
Part-time district surgeons	47	75	104	138

Information furnished as on 1 May 1993.

Secret funds audited: irregularities

352. Dr W J BOTHA asked the Minister of State Expenditure:†

(1) Whether he will furnish information on secret funds spent in each financial year since 1982–83; if not, why not; if so, (a) what was the amount spent (i) in total, and (ii) in respect of each State department concerned, in each of these financial years and (b) through which State departments were these funds channelled;

(2) whether this expenditure was audited; if not, why not; if so, to what extent;

(3) whether any irregularities with regard to secret funds have come to light; if so, what are the relevant details;

(4) whether he will make a statement on the matter? B827E

The MINISTER OF STATE EXPENDITURE:

(1) No. By virtue of the Secret Services Act, 1978, a secret service is of such a nature that it is in the national interest that the performance thereof is not directly or indirectly made known. The information requested will defeat this object.

Funds for Secret Services are appropriated on the Vote: State Expenditure and are contained in the printed Estimate of Expenditure (RP 2 and 4) which is tabled in Parliament.

(2) Yes. Auditing and reporting to Parliament is continously done in accordance with the Auditor-General Act, 1989 (Act No 52 of 1989) which reports are dealt with by the Joint Committee on Public Accounts.

(3) Yes. Irregularities which came to light were taken up in the various reports of the Auditor-General with due consideration to the provisions of section 6 (3) of the Auditor-General Act, 1989.

(4) No.

Cholera: cases/deaths

357. Mr M J ELLIS asked the Minister for National Health and Welfare:

How many (a) cases of and (b) deaths from cholera were reported in respect of each race group in each province in 1992? B822E

The MINISTER FOR NATIONAL HEALTH AND WELFARE:

(a) Number of notified cholera cases in the RSA, 1992

Province	*Unknown*	*Asian*	*Black*	*Coloured*	*White*
Transvaal	1	0	6	0	0
Cape	0	0	1	0	0
Natal	0	0	6	0	0
OFS	0	0	0	0	0

(b) none.

Poliomyelitis: cases/deaths/immunization

358. Mr M J ELLIS asked the Minister for National Health and Welfare:

(1) How many (a) cases of and (b) deaths from poliomyelitis were reported in respect of each race group in each province in 1992;

(2) how many persons of each race group were immunized against poliomyelitis in each province in 1992? B823E

The MINISTER FOR NATIONAL HEALTH AND WELFARE:

(1) (a) and (b) None;

(2) the data for 1992 are not yet available and are not available for each population group separately any more.

Star 15/6/93

Venter to probe race bias

Political Staff

CAPE TOWN — National Health Minister Dr Rina Venter will examine the admissions policy of the University of Natal Medical School in Durban and remove any racial restrictions she finds.

Roger Burrows, DP spokesman on education, said in Parliament last week there was a "Government restriction that is still racially based" which controlled admission to the Medi cal School. The Conservative Party has started making noises about the blacks-only admission policy.

Venter admitted at a press conference she did not know if there was a bar on whites.

"I will look at this and make absolutely sure because it is not the intention of the Government that there should be."

Venter said this was the first time she had heard about it, "because all the universities are taking in all students of all racial groups".

"I will certainly follow up on this one. We will remove it, with the co-operation of the varsity complex itself."

DP health spokesman Mike Ellis was staggered Venter did not know there was a racial restriction on the Medical School: "It is something we have all known about for years. It is something we have all grown up with."

The Government is to build a teaching hospital at Cato Manor.

Ellis said this hospital had to be totally non-racial. Even before it opened, the medical school had to be non-racial and open to all students.

Police probe doctors in drug rackets

S/Times[Cape metro] (93)

By PETA KROST 20/6/93.

THE Narcotics Bureau is investigating six Cape Town doctors suspected of selling prescriptions for potentially lethal drugs to addicts.

At least one of the doctors is allegedly trading high-schedule drug prescriptions for sex with young female "patients", SANAB Detective-Sergeant Mark Uren said this week.

According to Sgt Uren, the drugs include Wellconal, Seconal, Obex, Valium, Rohypnol, and pethidine.

Abuse of Wellconal has already reached epidemic proportions in Johannesburg and is becoming a problem in Cape Town, especially among "middle-class white schoolgirls at reputable schools", say police and local drug experts.

Wellconal, a restricted schedule seven drug, is "highly addictive from the first or second spike" and rehabilitation chances are "virtually nil".

"We sent an extremely thin girl, with a hidden tape recorder, to one of these doctors. She told him she was addicted to the diet tablet Obex and asked him to give her a prescription. He did this without question," Sgt Uren said.

On Tuesday police arrested a 34-year-old Groote Schuur anaesthetist for allegedly using prescription pads belonging to colleagues to obtain Wellconal.

The doctor is facing three charges of falsifying prescriptions and three of uttering — using the false scripts to get drugs.

The doctor, whom police would not name, is presently a psychiatric patient at Groote Schuur. He has been warned to appear in court again on July 12.

Sergeant Uren said it was difficult to ascertain how many overdoses there have been in Cape Town because most of these deaths are reported as heart attacks.

Complications

But, according to Groote Schuur psychiatrist Dr Don Wilson, who also works as a counsellor for the Cape Town Drug Counselling Centre, there are a number of people who are brought in with complications after "spiking" Wellconal.

SANAB prefers to report these cases to the SA Medical and Dental Council (SAMDC) rather than work through the legal system as this appeared to be "more effective" Sergeant Uren said.

"If the council finds them guilty they will probably be struck off the medical role, but the chances of them walking out of court scot free are excellent.

"It is very difficult to convict these doctors in court because they would plead that, in their professional opinion, they believed that the drugs were needed."

In a move to stamp out problems involving suspect prescriptions, Sgt Uren and his team are working closely with retail pharmacists.

"Retail pharmacists have sponsored two bleepers for SANAB and if they come across suspicious prescriptions, they immediately contact us," he said.

● Gangs turn Cape Flats into war zone as they fight for control of the lucrative illicit drug market, page 5.

Drugs: City doctors probed

(93/87 CT 21/8/93

Staff Reporter

POLICE are investigating six city doctors who are allegedly selling prescriptions for high-schedule medicines to drug addicts.

Detectives at the Wynberg Narcotics Bureau said one of the doctors was suspected of trading prescriptions for sex with young female patients.

Investigating officer Detective Sergeant Mark Uren said the drugs included Wellconal, Sconal, Obex, Valium, Rohypnol and Pethidine.

He said the abuse of Wellconal was becoming a problem in Cape Town, especially among "middle-class" white schoolgirls at reputable schools.

Police recently sent an emaciated teenage addict to a city doctor to obtain drugs.

"We sent an extremely thin girl, with a hidden tape recorder, to one of these doctors. She told the doctor she was addicted to the diet tablet Obex and asked for a prescription, which he gave her."

Sgt Uren said detectives had also arrested a 34-year-old Groote Schuur anaesthetist for allegedly using prescription pads of colleagues to obtain Wellconal.

The doctor, who is facing three charges of falsifying prescriptions and three of uttering, using the false scrips to get drugs, is to appear in court on July 12.

Doctors draft conduct code

GERALD REILLY

PRETORIA Doctors were warned last night they might have to spend more time in lawyers' offices and courtrooms in SA's increasingly litigious society, a trend symptomatic of the erosion of trust in the medical profession.

In his inaugural address, newly appointed Medical Association of SA (Masa) president Johan Kruger said: "If you are unhappy you sue." B/Day

However limited the trend, it could not be denied that negligence and unethical conduct occurred in the profession. 25/6/93

"Our conduct should not feed the perception of being protective of errant members," he said.

Masa would do all it could to root out unethical behaviour. A code of conduct would go a long way as a guideline. (93)

Masa's federal council yesterday adopted a credo to serve as a basis for drafting a code. It addressed areas of ehtical concern — social responsibility, discrimination and doctor-patient rights and relations.

Doctors to focus on general health

93 85 CT 30/6/93

JOHANNESBURG. — Doctors will have to concentrate on providing services most likely to improve the general health of South Africans, says the Medical Association of South Africa.

Masa said in a statement yesterday that priorities should be the supply, mix and distribution of doctors to make health care equitable, accessible and acceptable. Focus should also be on the efficiency, appropriateness and effectiveness of doctors' services.

The profession should address:

- **The maldistribution of doctors between urban, peri-urban and rural areas.**
- **The distribution of doctors in the private and public sectors.**
- **The disproportionate training of doctors belonging to different population groups.**
- **The rising number of specialists compared to the number of family practitioners.**

Masa also proposed that academic health centres should take the lead in the appropriate training of doctors for the medical, social and economic realities of South Africa, and extending selection criteria for students to include qualities other than purely academic ability. — Sapa

Send doctors to the rural areas — exile

South 2616 - 30/4/93

By Justin Pearce

93

A NATIONAL, state-funded health care system is the most effective way of ensuring equal access to health care, former exile Dr Raymond Hoffenberg said at a public lecture at University of Cape Town medical school.

"Owing to the vastness of a country like South Africa, it is going to be difficult to provide an equitable system — but it must be done."

He suggested that qualifying doctors be compelled to work for the state for a number of years, so that they could be assigned to rural areas which are at present critically lacking in medical services.

"Doctors may see this an infringement of their clinical freedom, but it is a useful way of addressing a need."

He criticised the erosion of Britain's once comprehensive National Health Service under the Conservative government. He is visiting South Africa for the first time in 25 years to receive an honorary doctorate from UCT.

He left the country in 1968, after being banned because of his work with political detainees. He reached the highest echelons of the medical profession in Britain, serving as president of the Royal College of Surgeons.

Hoffenberg, who was chairperson of the International Defence and Aid Fund, called on doctors to become involved in political issues.

"Medicine is a caring profession — if we care about patients we should care about humanity."

He referred to issues like third world poverty, environmental degradation, and money spent on nuclear armament which is many times greater than the sum needed to eliminate world hunger.

"These are issues of public health. Steve Biko realised this when he gave up his medical studies for a career in politics."

Hoffenberg frequently referred to Biko and to doctors who collaborated with the state in causing his death in detention. He emphasised that a doctor's responsibility was to patients rather than agents of the state, and they needed support from professional associations in this regard.

"Doctors must not be left alone to face reprisal. The medical profession was let down badly by the Medical Association of South Africa and the South African Medical and Dental Council," Hoffenberg said, referring to the failure of these organisations to support the doctors who made public the circumstances of Biko's death.

...octor ...harge

...came drowsy. ...e came to, the ... was raping her on ...surgery bed.

The woman's husband said his wife had telephoned him at work a few days later and told him to come home.

Relatives were there and the husband was told about the alleged rape.

His wife telephoned Labuschagne and said she wanted to see him or else she would go to the police. The doctor arrived at their house within 10 minutes.

The husband had hidden a tape recorder in a flower pot. He then went into the next room.

His wife and the doctor were talking when his wife called him. He found Labuschagne bending over his wife and thought the doctor was trying to molest her.

He hit the doctor on the nose, causing bleeding. The doctor had the tape recorder in his hand. It fell to the floor.

A friend arrived at the house, whom Labuschagne thought was a lawyer. The friend asked what the doctor had done to the woman and "asked where the money was".

Labuschagne had deposited R495 into the woman's bank account. He had allegedly told the couple that not everyone carried R5 000 in their back pocket.

At no stage did the doctor admit he had raped the woman, the husband said.

The hearing continues.

...rt ...rged ...patient

...n Pieter La... ...e has pleaded ...ity.

...he woman, who is in ...er 20s, gave evidence in camera on Monday.

Yesterday the woman's sister (20) told Regional Court president P A J Kotze that her sister had told her she went to Labuschagne because she had a migraine.

The doctor, according to the sister, injected something into her arm

Doctors oppose dispensing proposals

Star 30/6/93

By Danielle Gordon

The Medical Association of South Africa (Masa) has cautioned against a proposed amendment to the Medicines Control Act which would permit pharmacists to dispense medicines without a doctor's prescription for influenza, inflammations and bacterial infections.

Dr Bernard Mandell, chairman of the federal council of Masa, said the proposed change was "likely to compromise quality health care".

At present, pharmacists can dispense only unscheduled and schedule 1 and 2 substances without a doctor's consultation.

The amendment proposed by the Medicines Control Council would allow pharmacists to provide some medicines which fall into schedules 3 and above.

The South African Association of Community Pharmacists said it welcomed the development.

SAACP executive director David Pleaner said the move would increase access to health care for those unable to afford a doctor.

A final decision on the amendment to the Act will be reached in the next few months.

De Klerk will visit Bush

Star 30/6/93

By Peter Fabricius
Star Bureau

WASHINGTON — The South African embassy in Washington has dismissed suggestions that President de Klerk's visit to former President George Bush this week is "politically insensitive".

SA's ambassador to Washington, Harry Schwarz, confirmed De Klerk would visit Bush privately this week while he was in the US to meet President Clinton and to receive the Philadelphia Liberty Medal.

Some newspaper reports said US State Department officials had described the visit to Bush as "politically insensitive" to Clinton.

Schwarz disclosed that Bush had invited De Klerk to see him and said the embassy knew of no State Department disapproval of the visit.

The State Department had been kept fully informed about De Klerk's arrangements and nothing had been done without its knowledge.

Schwarz said the meeting with Bush was personal and had no political significance.

"Mr Bush is no longer active in politics and Mr de Klerk will be seeing several other people across the political spectrum."

It is understood De Klerk will meet Bush in Bush's holiday home at Kennebunkport, Maine.

A White House official declined to comment.

Docs probed

(93) CT 6/7/93

District surgeons face massive fraud charges

By ANDRE KOOPMAN

FIVE district surgeons in the Cape have been accused of fraud and corruption involving millions of rands.

The fraud involving charges for patients that have not been seen and needy patients being charged for bills already paid for by the province, has apparently taken place over a number of years.

A doctor and a pharmacist have appeared in court in connection with over 30 000 counts of fraud and in another case a doctor has appeared in connection with close to 10 000 counts of fraud.

The Cape Provincial Administration's regional director of hospital and health services, Dr John Moodie, confirmed that five of the 63 part-time district surgeons in the region were being investigated.

It was reliably learned last night that at least two other doctors have come under suspicion since an internal investigation was started and police believe that several more will be identified as their investigations continue.

Dr Moodie said the doctors were accused of falsely claiming to have seen hundreds of patients for which the CPA has remunerated them. Some of them had illegally charged pensioners and other indigent patients a consultation fee and had then claimed remuneration.

Malpractices had also occurred with the distribution of medicines provided by the CPA.

Dr H J Hugo of Brandvlei has already pleaded guilty to fraud charges and the matter has been postponed for sentence.

It is believed he was charged with close to 10 000 counts of fraud.

Dr A Jordaan, of Albertinia in the southern Cape, has been charged together with Mr Lourens Theron the local pharmacist.

They face in the region of 30 000 counts of fraud which allegedly took place over seven years.

Police spokesman Captain John Sterrenberg said in some cases the doctors had been submitting fraudulent claims for "a long time".

DP MP Ms Dene Smuts said last night; "If it is true the cases that have come to court are just the tip of the iceberg, as police suspect, it would be cause for deep concern in the light of the deterioration of our health services.

"It is because of lack of money that decline has set in in our once proud health service. If people are enriching themselves on the scale that is indicated it makes one sick with anger.

"District surgeons are in specific positions of trust since they see people like rape victims. If the allegations are correct we are witnessing an erosion of trust which we can little afford given all the violence and lack of trust in our country."

Health budget cuts led to charges

B/Day 7/7/93

Own Correspondent

CAPE TOWN — The introduction of tightened control measures, owing to a restricted health budget, has led to numerous charges of fraud, involving millions of rands, being laid against certainpart-time district surgeons in the western Cape.

A new computer programme was used to check reference numbers and patient names and thus detect suspected duplication. Previously, piles of claims submitted by doctors had been checked by hand, which had made it difficult to pick up irregularities.

Part-time district surgeons have their own practices, and are appointed on a contractual basis by the Cape Provincial Administration to treat country pensioners and indigent patients.

Each month, the part-time district surgeons claim for patients, certified indigent by a magistrate, they have treated.

Administration spokesman Krige Visser said the majority of doctors on contract adhered to medical ethical codes and formed "the lynchpins of primary health care on the platteland".

Yet the administration had become suspicious of certain doctors, who seemed to have inflated their workload.

The computer traced enough irregularities for legal proceedings to be instituted against five part-time district surgeons in the western Cape.

They face over 40 000 individual fraud charges, amounting to millions of rands. The alleged offences are said to have taken place over several years.

And it was not only the administration which fell victim to the alleged frauds. Some patients were charged set fees, which they need not have paid at all, after which the doctors allegedly claimed again from the administration. (93)

Some doctors allegedly received handling fees without dispensing the medicines to justify this.

Instead, they are said to have sold the medicines for their own gain to private patients.

Visser said yesterday that the western Cape planned to fully computerise claiming procedures as soon as possible.

Computer checks revealed fraud

(93) CT 7/7/93

District surgeons scrutinised

Staff Reporter

CAPE Provincial Administration officials using computers have uncovered thousands of cases of alleged fraud by part-time district surgeons.

The offences, which could involve millions of rands, were allegedly committed over several years, a CPA spokesman, Mr Krige Visser, said yesterday.

The computer had found enough irregularities for legal proceedings to be instituted against five part-time district surgeons, he said.

After charging poor patients set fees that they need not have paid, some of the doctors had allegedly also claimed from the CPA.

Some doctors had also allegedly received handling fees without having dispensed the medicines to justify this. Instead, they had allegedly sold the medicines to private patients.

Mr Visser said that claiming procedures would soon be fully computerised so that control could be exercised over the claims of part-time district surgeons.

Tightened control measures resulting from the restricted health budget had led to thousands of charges of fraud being laid.

A computer program had been used to good effect for the first time recently for checking reference numbers and patients' names to detect duplication.

In the Western Cape region alone there were 63 part-time district surgeons. In larger towns and cities, full-time district surgeons, who were employees of the CPA, were appointed because of the workload.

Part-time district surgeons, who had their own practices, were appointed by the CPA on contract to treat pensioners and indigent patients.

Each month the part-time district surgeons claimed from the CPA for patients they had treated who were certified indigent by a magistrate.

Mr Visser said the majority of the doctors on contract adhered to the ethical codes and were "the kingpins of primary health care on the platteland".

Yet the CPA had become suspicious of a small number who seemed to have treated the same patients "too many times a month, and even over a year".

Reference numbers issued by magistrates to persons in need of treatment seemed to have been used too often.

Part-time district surgeons claimed per patient and also received annual amounts based on the number of patients they had treated in the year, Mr Visser said.

CPA set to recoup loss of 'millions'

(93)
CT 10/7/93

FIVE part-time district surgeons who have been accused of fraud and corruption involving millions of rands could be faced with civil suits brought by the Cape Provincial Administration (CPA).

The suits would be instituted if the courts decided the CPA would not be paid back for losses incurred in cases against the five, CPA official Mr Pieter Marais said yesterday.

Civil suits

"If the doctors are found quilty, members of the public who have been defrauded should also institute civil suits," he said.

Mr Marais said millions of rands had been spent on the cases against five of the 63 part-time district surgeons in the Western Cape.

The doctors are accused of falsely claiming to have seen hundreds of patients.

A CPA spokesman said the Administrator of the Cape, Mr Kobus Meiring, was determined to root out corruption and ensure a clean administration.

Poorly skilled foreigners bring down hospital standards

DODGY DOCTORS FLOOD INTO SA

ST Times 11/7/93

By CHARIS PERKINS

A DESPERATE attempt to fill the gap left by a medical brain-drain from South Africa has allowed as many as 2 000 ill-qualified foreign doctors from countries such as Bulgaria, Cuba and Somalia into state hospitals. (93)

Local practitioners are deeply concerned that lives could be put at risk by these doctors, who are practising "a brand of medicine not taught at Wits", as one specialist put it this week.

An October 1988 decision by the SA Medical and Dental Council to bend its normally stringent rules and allow doctors to practise without first passing a compulsory examination to test their skills and language proficiency was reversed last year.

But in the meanwhile, a Sunday Times spot survey this week found many rural and regional hospitals in the Witwatersrand, Northern Transvaal, Vaal Triangle and Natal now have foreign-doctor complements of more than 70 percent.

Horror

Local doctors and hospital superintendents said the SAMDC's decision to waive the examination was a "disaster".

Many foreign doctors, they said, knew dangerously less about medicine than their locally-trained counterparts.

A doctor who did his post-graduation internship at an East Rand hospital, which employed a high percentage of "specialists" from Eastern Europe ...

Bok will lose out in the baby game

Fewer than 100 welcon

WHATEVER President Robert Mugabe was describing to make Princess Diana laugh yesterday, ... **been at pains to emphasise is a** ... **ture** ... **"working visit" to three chari-** ... **minu** ... **ties — looked tired and was** ... **gabe** ... **wearin a lon** ... **couldn't have been he size of**

their locally-trained counterparts.

A doctor who did his post-graduation internship at an East Rand hospital, which employed a high percentage of "specialists" from Eastern Europe in 1990, said he had found, to his horror, that he knew more about medicine than they did.

"They had some terribly outdated practices," he said. "I worked in obstetrics alongside East Europeans, and they would use all kinds of rough manoeuvres to deliver babies in cases where we would have automatically performed caesareans. They were also short on basic skills. They could not perform bone-marrow biopsies, set up drips or insert chest drains in patients who had been stabbed.

"Many were assigned to the casualty ward, but they did not have the practical experience to cope with the stress of dealing with patients who needed immediate treatment for life-threatening injuries."

Another doctor, who worked in four state hospitals on the Witwatersrand before she went into private practice late last year, said the influx of poorly-trained foreign doctors had been "hair-raising".

"People trained in India, Pakistan, Eastern Europe and Africa pitched up in droves. They had no idea of local standards or practices, and had often not encountered the diseases we had to treat."

Difficult

Hospital superintendents and doctors also said a large number of foreign doctors spoke only a smattering of English, and battled to communicate with patients and nursing staff.

SAMDC registrar Nico Prinsloo said the council had suspended the compulsory examination under pressure from hospitals, which were desperate for staff.

He said the examination was reinstated in April 1992 because without it, the SAMDC found it difficult to gauge the skills of foreign doctors.

But even those who lobbied to have the examination reinstated acknowledge that hospital services in South Africa could not survive without the foreigners.

"We would not be able to provide state medical care without them," said one superintendent. "Hospital services would simply collapse."

South African graduates generally go into private practice or emigrate as soon as they have completed internship because of poor pay and difficult

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Unskilled medics pour into SA

□ From Page 1

working conditions in state hospitals.

Senior Hospital Doctors' Association of South Africa representative Dr Jim Muller said as many as 50 percent of English-speaking medical graduates were leaving the country to go overseas, where their degrees were highly sought after.

He said graduates were often forced to leave the country to earn "real currency" so they could pay back student loans.

But, he added, the increase in foreign doctors in South Africa represented a worldwide trend, and the SAMDC needed to find a better way to screen them for registration.

Mr Prinsloo said the SAMDC did not keep statistics on the ratio of foreign doctors to South Africans working in state hospitals, but had granted limited registration to 2 568 applicants between April 1990 and the beginning of this year.

'Taiwan, Kenya and China.

In terms of a reciprocal agreement, doctors who obtain primary medical qualifications in Britain, Ireland and Belgium are automatically entitled to full registration in South Africa.

PICK

GOSFORTH PARK
There were 23 winners with
ceiving a payout of R50 175
bers 1,4,6; 4,5,7; 1; 5,13; 8; 12
GREYVILLE
Two winners collected a
R247 012,40 each. Selections 7
10.
FAIRVIEW
Only one winner received a d
R33 065,80. Combinations 8;
4,11.
MILNERTON
Meeting postponed.

Weight doctor faulted, lauded

CT 15/7/93 CB

Staff Reporter

DOCTORS slammed — and praised — Sea Point self-styled weight expert Dr Basil Sacks in a SA Medical and Dental Council hearing yesterday.

Dr Sacks, 50, whose weight-reduction programme has attracted patients countrywide, is charged with disgraceful or improper conduct for failing to reflect that weight-related treatment formed the true substance of nearly 50 accounts forwarded to a medical aid which does not pay for this.

Rylands doctor Dr Abdul Barday, a medical aid scheme consultant and former Wynberg district surgeon, accused Dr Sacks of over-servicing, overcharging and placing patients on a fad diet.

Examining the accounts, he noted that patients had been charged at up to double the Medical Association of SA rates for urine tests and consultations.

Specialist City Park Hospital physician Dr Lennie Eisman said Dr Sacks offered patients "excellent therapy" and he was "comfortable" refering his patients to him.

A Newlands gynaecologist, Dr Henk Zeelenberg, who also referred patients to Dr Sacks, said: "I don't know another doctor who can treat medical conditions which come from being overweight."

The hearing continues today.

Masa's action plan

THE Medical Association of South Africa says it is developing a strategy to end the critical shortage of doctors in under-serviced areas. BDay 15/7/93

Reacting to reports on an influx of foreign doctors to SA, Masa federal council chairman Dr Bernard Mandell said incentives were necessary to attract local doctors to these areas. (93)

Proposals included a shorter working week, higher salaries for doctors prepared to work on contract, formal career structures offering long term promotion and financial incentives.

Action plan for shortage of doctors

Star 15/7/93

(93)

By Norman Chandler
Pretoria Bureau

Doctors may have to do compulsory service in medically under-serviced communities before being allowed to specialise in a particular field, says a proposal receiving serious attention by the Medical Association of South Africa (Masa).

It is part of a strategy being developed by Masa to address the critical shortage of doctors, and follows media claims this week that foreign doctors in South Africa were inadequately trained.

Apart from community service, the proposals include incentives such as high salaries for contract work and a shorter working week.

Dr Bernard Mandell, chairman of Masa's federal council, said in Pretoria yesterday that the "so-called influx of foreign-trained doctors" should not be seen as a problem in isolation.

He said it was dangerous to generalise "by creating the impression that all foreign doctors are inadequately trained".

The association had "the greatest appreciation for the dedication shown by those many foreign doctors who are rendering a high standard of service to the people of South Africa".

Said Mandell: "The shortage of medical services in so-called under-serviced areas is one of the issues — and incentives would have to be introduced to attract local doctors to these areas."

The proposals so far included a shorter working week at the same rate of remuneration, higher salaries for doctors working on contract, long-term promotion and financial incentives, compulsory service in under-serviced communities before admittance for specialist training and reduced repayment of bursaries.

Masa was looking at the distribution of doctors between urban, peri-urban and rural areas, and between the private and public sectors, as well as the disproportionate training of doctors of different population groups.

Also under the spotlight were specialists, particularly the inadequate number in preventive medicine and community health, and the number of specialists in comparison with general practitioners.

The association urged attempts be made to retain the country's highly trained doctors, who were in demand overseas due to the high standard of South African medical schools.

"It is understandable that doctors often snap up the opportunity for better working conditions and remuneration elsewhere when they run into a 'dead end' in South Africa.

"The association believes that doctors do not enjoy sufficient recognition and protection in accordance with the vital service they provide.

"The threatening breakdown of public health services is a direct consequence of the State's neglect to create optimal working conditions and incentives for doctors in its service," Masa said.

Docs act over 'avoidable' deaths

Urgent campaign launched as 'last resort'

S Times 18/7/93

By DIANA STREAK

TOP medical practitioners have called on fellow doctors not to sign death certificates if they suspect negligence in treatment was the cause of death.

The unprecedented action follows an uproar in medical circles over collapsing standards in state hospitals and the admission of less—qualified doctors.

The campaign is a desperate bid to staunch South Africa's haemorrhaging health services which, doctors say, force them to make life-and-death choices based on limited available resources.

The Registrars' Association of Medical Faculties of South Africa (RAMFSA), which represents about 70 percent of the country's registrars at teaching hospitals, has called on its members to refuse to sign death certificates if they suspect a death was avoidable.

They also plan to urge the public to take legal action against hospitals in such cases.

"Registrars (doctors undergoing hospital training to become specialists) should not issue death certificates in cases where suspicion exists that the inadequacy of the system has, in any way, contributed to mortality," the association said this week.

Denied

(93)

The Medical Association of South Africa (Masa) said it supported RAMFSA's stand.

Masa's federal council chairman, Dr Bernard Mandell, said the proposed actions were both "ethical and responsible" and commended them for their restraint.

He said doctors were forced to take such action because the government had denied them bargaining powers and dispute resolution rights.

Registrars, who often work up to 100 hours a week, should inform patients or relatives of the failure of the present system in cases where it had led to death or permanent damage, RAMFSA said.

It said the public should be made aware of the government's failure to maintain proper tertiary health care.

One doctor said a patient involved in a car accident had lost his leg because he had had to wait 12 hours for surgery, while patients were refused dialysis treatment because of the limited number of machines available.

The current crisis had been brought about by the "relentless freezing of posts, cutting of hospital budgets and failure to ensure reasonable working conditions and sufficient remuneration for state doctors" by the state health authorities, the association said.

"In attempts to accommodate the severe disproportion between patient numbers and available beds, doctors have had to resort to totally unacceptable practices such as discharging patients prematurely to create space for more serious cases.

"Theatre waiting times for emergency procedures have increased and, in some cases, patients had to wait up to 24 hours for their operations."

These practices had "inevitably led to patient mortalities and morbidities," it said.

The association has called on the government to unfreeze all frozen posts, to make frozen beds available and to increase theatre time and special investigation facilities.

Crisis

There should be an urgent review of the working conditions and pay for state-employed doctors to stem the tide of doctors leaving the state service.

RAMFSA chairman, Dr Eduard Jonas, said this action was "a last resort to make the state responsible for what they are doing to the population, particularly the indigent".

He said up to 60 percent of registrars planned to leave the country and this figure would increase.

Doctors were forced to leave the country because the private practice sector was "super-saturated" and conditions in state hospitals were getting worse.

Doctors said it was clear the present government was not taking responsibility for the crisis and was leaving it to a new government.

Taking advantage of opportunities keeps firms ahead

BIDay 19-7-93

THE plastic packaging industry had an unmemorable year as low consumer demand resulted in pressure on volumes.

But there are many opportunities for plastics, even in relatively quiet times, and plastic packaging manufacturers are focusing on improving market share and on taking advantage of opportunities like substitution, which has opened up new markets for their products.

One of the major players in this market is Consol Plastics, which was formed in 1962 when Consol bought Pretoria Industrial Plastics and relocated it to Wadeville.

Divisions include the blown containers division, which specialises in packaging for laundry additives and detergents, motor oils and additives, food packaging, pharmaceuticals and cosmetics, and a variety of closures.

The beverage packaging division produces packaging for carbonated soft drinks and mineral waters, long life fruit juices and related closures.

MD Tony Jansen says packaging has, for the first year in a long time, suffered equally with other industries.

Although the past year has been difficult in terms of demand for its products, Jansen says Consol Plastics had seen the downturn coming and had taken steps to curtail costs and increase productivity, and it had not relied on organic growth.

Despite the current conditions, there are still many opportunities within the industry, and Jansen says he is positive about substitution opportunities.

The bottles and closures industry has grown by substitution, and is taking over from glass and tin in some areas, especially with lower price inputs.

Expanding

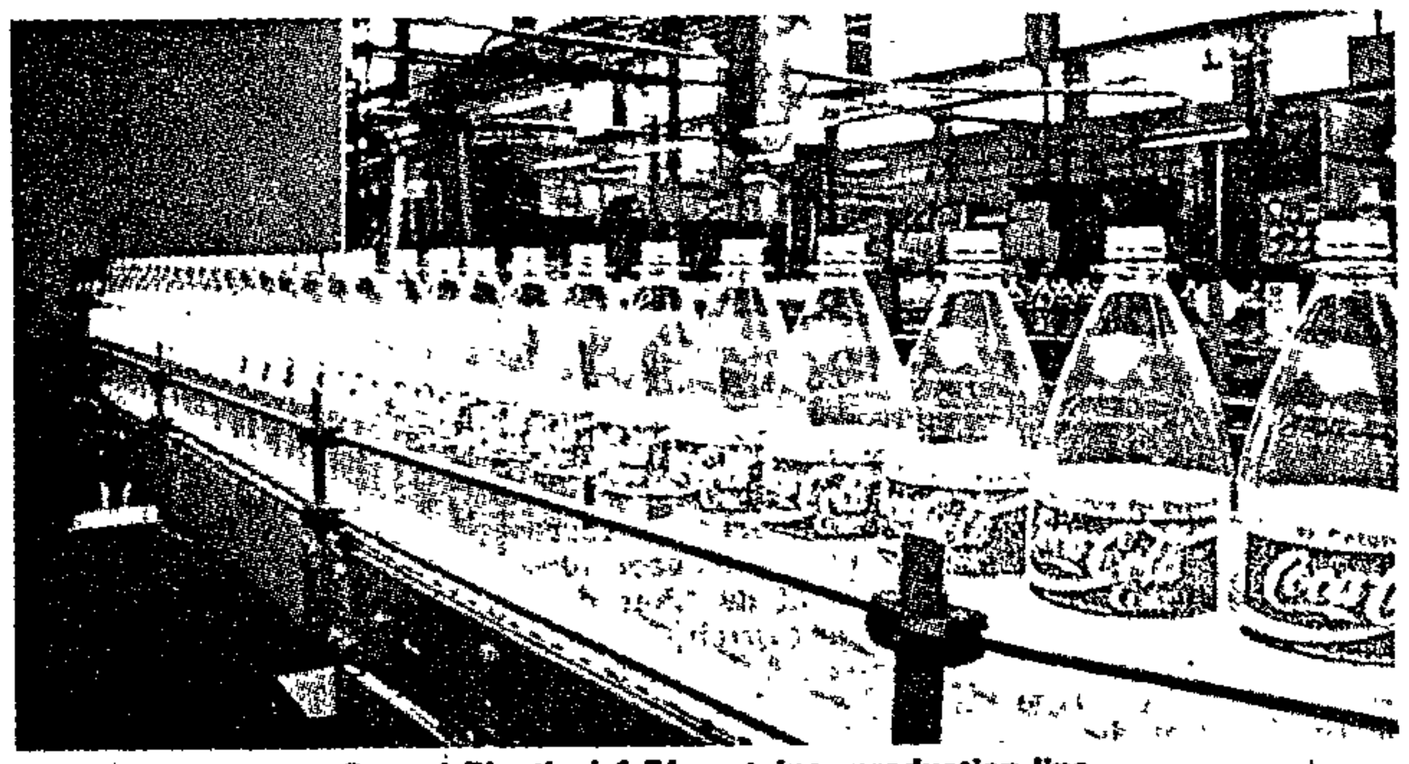
Consol is committed to expanding the operation of the high value-added flexible packaging market, largely for snack foods and counter lines.

Currently, its major area of penetration is in beverages, healthcare, household goods and some foods.

Jansen says an area of concern is strong price pressure from the buyers of packaging manufacturers' products, and this price consciousness has put pressure on quality in the industry. But most of the major players have quality of world standards.

Over the years, the industry is becoming more capital intensive, and the barriers to entry are real.

Opportunities for exports are few, but there are opportunities in the flexible area and in healthcare and closures. He says SA is protected against imports, and this has provided a boost for local industry.



Consol Plastics' 1,5l container production line.

Bottle banks help to clean up the country

BIDay 19-7-93

SA's major glass manufacturers, Consol and MB Glass, together collect about 20% of annual glass production through bottle banks.

The Glass Recycling Association, set up by the two companies, has more than 1 000 bottle banks in 70 towns and cities in SA and Namibia.

Association spokesman Ken Ensor-Smith says glass recycling is one of the industry's major contributions to a cleaner and safer environment. "Recycling glass conserves non-renewable resources and saves energy in glass production, as its use enables furnaces to operate at lower temperatures."

But Ensor-Smith says a relatively small proportion of all glass recovered is done so through bottle banks, so they have enormous potential.

In the year to October, the association collected about 7 000 tons of cullet, which is broken glass, bottles and jars. This tonnage did not have to be handled by municipal authorities, and meant a real saving of R1,1m for ratepayers.

By diverting glass back to the industry for re-use, ratepayers save more than R150 a ton in disposal costs, refuse sites save space, recycled glass saves energy in the melting process, raw materials are conserved and jobs are created in collection and handling, Ensor-Smith says.

Companies using glass packaging have been asked to sponsor bottle banks in public places, and they receive payment for tons of glass generated.

With glass recovery now at more than 20%, 91 000 tons are being redirected from landfill sites at a saving of R14,6m. Ratepayers save money in disposal costs, refuse sites save space, use of recycled glass saves energy and manufacturers save raw materials.

SA firms active in environmental schemes

BIDay 19-7-93

MANUFACTURERS in the paper, packaging, plastics and printing industries are making a concerted effort to tackle environmental issues because of the long-term problems that could evolve if nothing is done about collecting waste and re-using it.

Paper and pulp producers Sappi and Mondi have made significant inroads into paper collection and paper recycling in SA.

Sappi has been involved in the waste paper industry for about 20 years. Sappi Waste Paper, as it has been known for the past 13 years, has collected 600 000 tons of waste paper so far this year.

Sappi says a 33% collection level of all paper consumed is recovered. Its projected recovery rate by the year 2020 is 45%, but it believes this will be achieved sooner.

Sappi is also the first company to produce 100% recycled printing and writing paper at its Adamis mill. The first grade paper, called Reviva, is made from recycled paper collected by Sappi Waste Paper.

Sappi says more than 600 000 children are involved in collecting waste from homes and schools.

Mondi recently extended its Paper Pick-up free paper collection service to Johannesburg. Unlike bottle and can collection, where the public is paid to hand in items for collection, householders who leave their used newspapers and magazines receive no payment. But money is given to city councils to donate funds to charity.

Refusal of bargaining rights gives state doctors the needle

(93) ARG 21/7/93

SHARON SOROUR
Labour Reporter

DOCTORS at state health institutions were given a bitter pill to swallow when the government, passing a much-maligned Labour Bill for the public service, refused them the right to bargain for better wages and working conditions.

The notion of doctors endangering the lives of the sick by exercising a right not to work is in apparent discord with their image as nurturers of human life.

But were they fighting for the right to suspend their services through strike action? Or were they simply demanding the right to another form of bargaining power and a dispute resolution mechanism to address their own concerns?

The fact is, with the Public Service Labour Relations Act which has just become law, thousands of government-paid doctors are left virtually powerless to do anything to improve their working conditions.

The Medical Association of South Africa (Masa) slammed the Labour Bill as "rigid and short-sighted" and warned that doctors would have no option but to leave the public service.

Masa federal council chairman Dr Bernard Mandell said the government was now in a position to abuse the traditional calling and integrity of the medical profession by doing nothing to improve working conditions, workload and salaries.

"The government is well aware that doctors are legally, ethically and morally bound to continue caring for their patients, regardless of their own circumstances," Dr Mandell said.

To resign from public service was their only remaining option.

"This will have a disastrous effect on state health care services, which are already barely coping in meeting the needs of the community," he said.

Doctors who work long hours in overcrowded hospitals are not only leaving the public sector but the country, according to Masa's profession development director Dr David Green.

The "brain drain" of medical talent was enormous, said Mr Mike Ellis, Democratic Party MP and spokesman on health and a member of the all-party standing committee that debated the Bill before it was passed.

"The majority of doctors who are leaving are white or Indian. South Africa is having to import doctors and, basically, they are making a mess of things, not having suitable qualifications or the language ability to do their work properly," Mr Ellis said.

"At a time when we are losing doctors for political or other reasons, we again fail to give them the recognition they deserve by catering for their needs in this Bill. I blame the government 100 percent."

Masa's main objection to the legislation is that it offers no protection for the rights and interests of doctors through recognised dispute resolution mechanisms.

Doctors are not necessarily unhappy about being denied the right to strike — the ultimate bargaining weapon — as the medical profession is deemed an essential service.

"As an association we do not believe that doctors should strike, which is different from believing they should have the right to do so," Dr Green said.

Sowetan 30/7/93

Doctor blacklisted

By Musa Zondi

BONITAS Medical Aid Scheme has advised its clients not to patronise a Soweto doctor because of alleged over-prescription.

The doctor in question, Dr B Gwala, has replied that he is being harassed because he is giving his patients the best available drugs on the market.

"I decide what's best for the patient and prescribe accordingly.

"I never treat patients on average but as individuals," says Gwala.

Professor Paul Luthuli, chairman of the scheme, says he has sent a number of people to talk to Gwala.

But Gwala would not budge and "as a trustee of public money, I won't pay what I feel is gross abuse", Luthuli said.

At the beginning of the mouth Bonitas sent out letters to Gwala's patients to inform them they would have to pay the doctor in cash.

The medical aid group said it would reimburse them to the maximum payable.

Gwala is adamant that as a medical doctor he has no responsibility to the medical scheme but to his patients.

"I would rather see one patient a day who thinks I am serving him properly than see hundreds who are not satisfied."

Doctors take trade from pharmacists

Sl Times [Buss]
5/9/93
(83) (96) 93

DOCTORS who dispense medicine are encroaching on retail pharmacists' trade.

A confidential study by research group Pharmasearch International suggests 5 000 dispensing doctors in SA will spend R540-million on pharmaceuticals this year.

About 2 800 retail pharmacies will spend more than R2-billion on medicine.

However, dispensing doctors buy medicine at a considerable price advantage to pharmacists. The reason is multiple pricing by some manufacturers, says a trade source.

The Government dropped its attempt to outlaw selective pricing last month after objections by five multinational manufacturers.

They are SmithKline Beecham Pharmaceuticals, Pfizer Laboratories, Wellcome, Rhone-Poulenc Rorer SA and Glaxo SA which control 15% of the market.

The so-called single exit price would have compelled manufacturers to have one price for all buyers.

Opponents of the five manufacturers claim that their objection could stretch the pricing disputes between dis-

By CHERILYN IRETON

pensing doctors and pharmacists by two years.

One says: "We are in the absurd situation that the distributors have been forced into buying their products from the doctors. The doctors enjoy price advantages over both wholesalers and distributors.

"This is unhealthy and deprives the public of the large discounts offered by some manufacturers.

"Although nobody disputes that dispensing doctors provide a useful social service, it is unfortunately true that some of them have developed a lucrative wholesale trade of their own in the products they buy on favourable terms from the manufacturers."

The manufacturers who blocked the introduction of the single exit price dismiss the charges as being unduly emotive. They claim the effect of their objections is likely to have been misinterpreted.

"We took legal advice on the effect of the notice published in the Government Gazette in June and concluded that its wording was so vague that is was impossible to say whether certain normal marketing activities are, or are not, outlawed.

"This was a serious consideration because of the R100 000 fine and/or five years' imprisonment for contravention," says a manufacturer.

"The prohibition would be discriminatory in that it apparently focuses only on the manufacturer of medicines. Distributors are at liberty to indulge in marketing practices which the manufacturer would not be allowed to practise. This places corporate structures which include both manufacturers and wholesale distributors at an advantage."

The manufacturers are committed to co-operate in attempts to reduce the cost of health care.

One says: "But we believe that the gazette notice interferes to such an extent with normal market forces that it would be counter-productive and likely to lead to an increase in prices.

"For these reasons we lodged an appeal against the ruling and hope we succeed in contributing to the development of fair competition."

fund, has indicated that it did not wish to be involved in the dispute and had no interest in the outcome.

Central Witwatersrand Metropolitan Chamber chairman Van Zyl the Alberton 2000 conference at the weekend.

Doctors and pharmacists clash over drug prescribing

KATHRYN STRACHAN

DOCTORS and pharmacists are at loggerheads as the deadline approaches for proposed amendments to the Medicines and Related Substances Control Act to be passed. B1Day 6/9/93

Whether the amendments are passed later this month depends on the Medicines Control Board's assessment of objections lodged by the medical fraternity.

According to Glen Merryweather, head of the Link pharmacy chain, far-reaching changes are expected in the pharmaceutical industry if the recently gazetted amendments become law.

The amendments would give suitably qualified pharmacists access to certain Schedule 3, 4 and 5 drugs, notably antibiotics and vaccines, and would allow them to provide patients with a consultative service at clinics in their pharmacies. Pharmacists would undergo further medical training before they would be qualified to prescribe.

The proposed changes would allow pharmacists to dispense medicines previously available only through doctors and would transform pharmacies from shops into community health centres, he said.

Merryweather added the move would be a major step forward in making medicines more widely available as well as reforming the ailing retail pharmacy industry.

It would also ease the burden on the state's health care facilities by providing an affordable alternative to many of their services.

But Medical Association of SA (Masa) chairman Bernard Mandell believes the greatest shortcoming of the drafted regulations is that the public interest is not put first. (93) (94)

The potential benefits of the regulations should be weighed against the potential harm to which the public would be exposed as a result of diagnoses and medical treatment by pharmacists who had not had sufficient training and experience, he said.

In terms of the regulations, a pharmacist with only fragmentary knowledge of a medical condition would have to accept total responsibility for his evaluation of a patient, which would expose him to claims of malpractice.

Masa forsaw untenable problems in regard to professional training and control over doctors and pharmacists. The two professions were under the control of separate statutory councils. Fragmentation of regulation for people authorised to perform the same functions was unacceptable to the association.

SA Pharmacy Council president Johan van der Walt said the increased involvement of the pharmacist in providing primary health was in line with international trends and was supported by the WHO.

Call for doctor's removal

MEMBERS of the Touws River coloured community are demanding the removal of their district surgeon because of alleged threats against patients who prefer the services of pharmacists.

In a strongly worded statement from the Touws River branch of the ANC yesterday, Dr Willem Andries Burger is accused of making "physical threats" against his patients and subjecting them to "psychological torture".

The South African Medical and Dental Council (SAMDC) yesterday confirmed the district surgeon is being investigated in connection with a complaint laid by the South African Pharmacy Council.

The ANC has alleged that Dr Burger forced illiterate patients to "sign" documents that would serve his defence in the case being investigated by the SAMDC.

Patients who refused were told their state medical assistance forms would not be renewed, the ANC claimed.

The ANC has also alleged that Dr Burger threatened not to provide death certificates for patients who sought the services of pharmacists.

(93) CT 28/9/93

The SA Pharmacy Council revealed yesterday that Dr Burger had laid a complaint against Touws River pharmacist Mr F D J Maré, for encroaching on his practice but withdrew his objections a few weeks ago.

Dr Burger said the statement was "all lies" and refused to respond to any of the accusations.

Doctors take a drug cut

MASSIVE discounts given by some drug manufacturers to prescribing doctors — some of whom deal unethically in prescribed drugs — are keeping the price of drugs to patients artificially high.

Competition Board chairman Pierre Brooks said on Friday: "If a drug manufacturing company gives massive discounts to prescribing doctors in the hope that those doctors will prescribe the drugs for their patients, and they don't give the same discounts to wholesalers or pharmacists, then that is discriminatory behaviour."

Dr Brooks said it made no sense for a doctor to get substantially lower discounts because it meant that drug companies had to put up drug prices elsewhere.

He was reacting to reports from Western Cape pharmacists that they could buy prescribed drugs and medicines from prescribing doctors cheaper than from drug manufacturers.

By JEREMY WOODS

One pharmacy owner said he had been offered prescribed drugs worth R800 000 at prices he could not match buying from the manufacturer. "Some doctors are creaming off huge profits. They don't even buy the drugs or see them. They just get a commission cheque for moving them."

Dr Brooks said he was aware that "some doctors" were dealing in prescribed drugs. "They are not allowed to trade in drugs and should be disciplined by the Medical Council."

Ethical rule No 28 states that doctors must not participate in "sale, advertising or promotion" of medicines "as defined in the Medicines Control Act". The Medical and Dental Council registrar was not available on Friday to confirm whether any doctors had been disciplined for dealing in prescribed drugs.

Doctors 'siphoning millions'

CT 6/10/93 (93)

Own Correspondent

PORT ELIZABETH. — Police and the Hospital Services Department are investigating allegations that part-time district surgeons in the Eastern Cape are siphoning off millions of taxpayers' rands by submitting impossibly high service claims.

In one case, a district surgeon claims to have treated 144 patients a day. In an eight-hour day, that's one patient every 3,3 minutes.

Liaison officer Colonel Christo Louw said the investigation was still in its early stages and that the doctor had not been charged.

CPA regional director Dr Rex Simpson said his department was investigating all allegations.

Big profits for doctors in unethical drug trade

ST Times LBussG

By JEREMY WOODS

10/10/93

DOCTORS who dispense medicines are the major players in a R500-million grey market in prescribed drugs. They are among those responsible for keeping the price of medicine artificially high.

Wouter Meyer, of the investigation directorate at the Competition Board, says the grey market is fed by thefts from drug manufacturers and State warehouses. But most prescribed drugs in the grey market come from doctors. (93)

"Drug trading by doctors is one hell of a problem. It should be stopped and codes of conduct should be enforced," says Mr Meyer.

Some companies give huge discounts to doctors buying prescribed drugs. Doctors can boost sales of a particular medicine because they can prescribe and supply it. Pharmacists may not prescribe medicines.

Instead of passing some of the discount to patients, many doctors make huge profits by selling medicines in the grey market. There the medicines are marked up again and sold to wholesalers and pharmacists.

Pharmacies in the Western Cape are being offered drugs from dispensing doctors at prices lower than those charged by manufacturers.

An ethical rule says doctors may not take part in the "sale, advertising or promotion" of any medicine as defined in the Medicines Control Act.

Medical and Dental Council registrar Nico Prinsloo says he has no knowledge of complaints about doctors dealing in ethical drugs.

"If it does occur, people have only to draw our attention to it and we will investigate."

Mr Prinsloo says no doctors have been disciplined for dealing in prescribed medicines.

Mr Meyer said he finds it "quite amazing" that the Medical and Dental Coucil has received no complaints about doctors dealing in prescribed drugs.

South 15/10 - 19/10/93

District surgeons investigated

93

By Louise Flanagan and Patrick Goodenough

PART-TIME district surgeons in the Eastern Cape have been accused of siphoning off millions of rands in taxpayers' money by submitting impossibly high claims for services.

In one extraordinary case a district surgeon's claimed he treated 144 patients a day. In an eight-hour day, that would be a patient every three minutes and 18 seconds.

The doctor is currently under police investigation for fraud.

He has also been accused of allowing staff to inject several patients with the same needle — an action which can spread Aids.

Statistics suggest the system of part-time district surgeons is abused. Figures show huge increases in the number of patients district surgeons in rural areas claim to have treated. In one case increases are 400 percent over seven years.

District surgeons — often local doctors acting part-time for the state — charge patients a minimal amount and claim for each patient from the Provincial Administration. They are reimbursed for medicine dispensed.

It is difficult to check on the claims, and it is possible for a district surgeon to either submit fictitious numbers of patients seen or claim extra drugs and resell them.

Doctors accuse the authorities of being unwilling — or unable — to act against guilty parties.

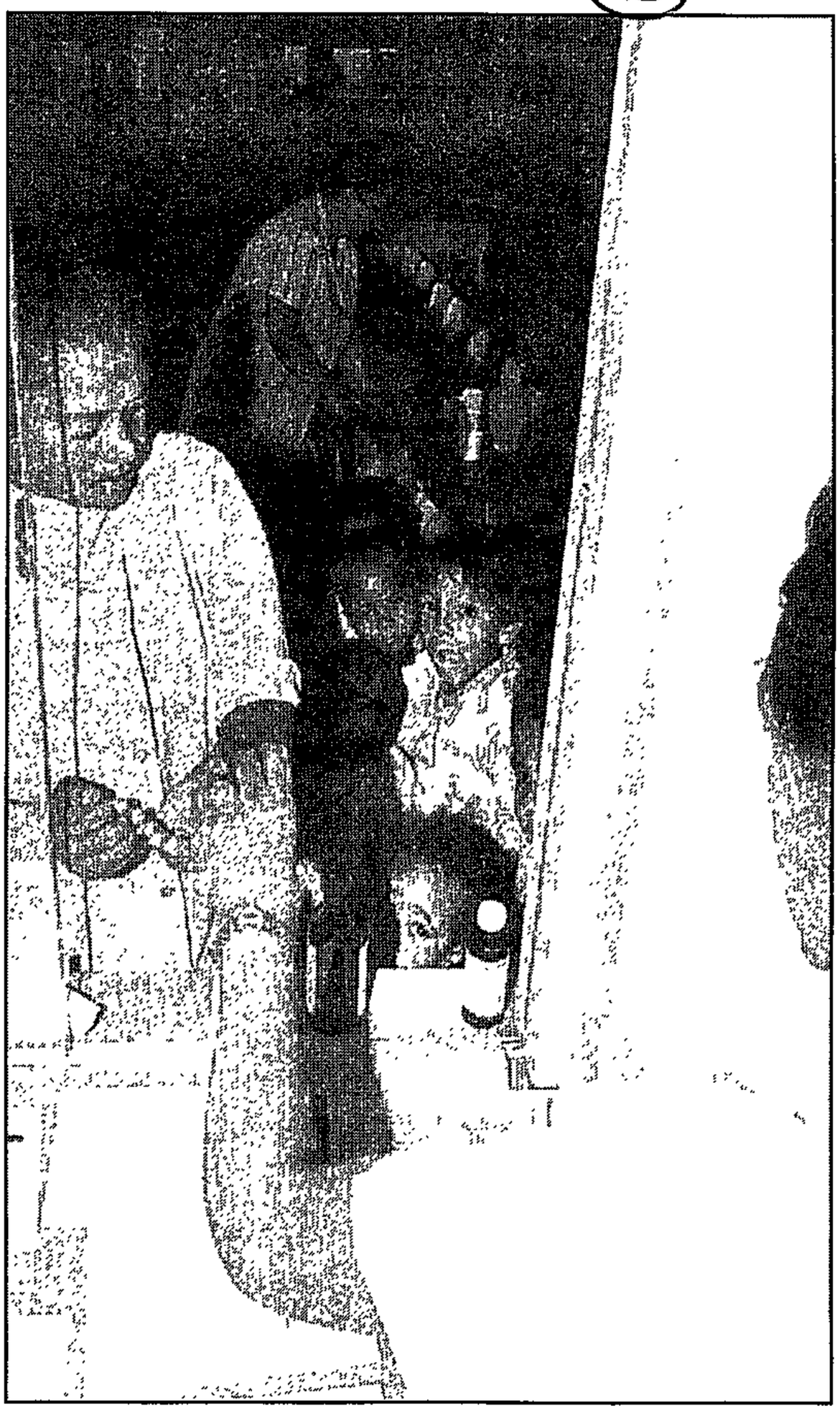
During a wide-ranging investigation, several members of the medical profession and people from the Komga community in the Eastern Cape were spoken to.

A senior doctor in East London said he believed as much as a third of the R13,5 million spent on district surgeons in the region last year may have funded corruption.

Police have confirmed they are investigating the activities of Komga district surgeon Dr Glen du Preez.

Before he took the post six years ago, the district surgeon claimed about R82 000 a year from the state. The most recent figures show the claim has jumped to R420 000.

As a comparison, doctors said it would cost R600 000 a year to run a 22-bed hospital with 15 nurses.



MONEY WATCH: Just how much do district surgeons keep for themselves?

According to the Development Bank of South Africa's figures, the total population of the Komga magisterial district is 17 120. Last year, Du Preez claimed to have treated 26 208 cases. This is 130 percent up from the 11 403 seen in 1985.

Du Preez's post is part-time. He is also superintendent of the Komga hospital, the Medical Officer of Health for Komga and twice a week runs a private clinic in Transkei.

Du Preez is accused of malpractice. His staff were seen using a single syringe needle — in his presence — on more than one patient. Sharing syringe needles contributes to the spread of Aids and Hepatitis-B.

Other claims of malpractice were also heard. One doctor said he had complained to the authorities about Du Preez four years ago, but no action had been taken.

However, Border police raided Du Preez's office in July and removed documents. Police are still investigating.

Du Preez was asked to respond more than a week before publication deadlines. He initially agreed to do so, but later changed his mind, and issued the following statement:

"The matters are presently under investigation and my legal advisors have advised me not to comment thereon at this stage.

"I reserve the right to respond to the allegations in due course. I further reserve my right in respect of any objectionable allegations which have been made against me in the past or may be made against me in the future."

Figures published by the CPA in its Department of Hospital Services show:

In 1992 part-time district surgeons in the Eastern Cape cost taxpayers R13,4 million. Cost per patient is high in the region: R19,91, compared to R15,20 in the Western Cape and R16,91 in the Northern Cape.

Within the Eastern Cape region itself, the cost per patient differs widely among district surgeons — ranging from R14,04 in Somerset East to R27,04 in Jansenville, and R35,38 in Sterkstroom.

In Jamestown, however, the cost per patient increased from R28,20 per patient in 1985 to R55,05 in 1992. And Jamestown is one of a few places where the number of cases actually dropped between 1985 and 1992.

Other cases are:

- In Kareedouw, the number of patients seen jumped from 24 641 in 1985 to 44 755 in 1992, with a cost for the latter year of R22,40 per patient. Kareedouw is the most expensive part-time district surgeoncy in the Eastern Cape, having cost a little over R1 million in 1992.
- In Steytlerville, the number of cases treated rose by 400 percent, from just over 3 000 in 1985 to more than 14 000 in 1992.
- In Indwe, the number of patients seen rocketed 193 percent in the seven-year period — from 2 983 to 8 759.
- In Somerset East, the number of cases treated rose from under 18 000 in 1985 to more than 48 000 in 1992.
- The Hankey district surgeon's office treated more than 34 000 cases in 1992, compared to less than 16 000 in 1985.

Dr Rex Simpson, regional director of the CPA's health department, declined to comment. — **Ecna**

Health workers run gauntlet in care visits to townships

ARG 20/10/93 (93)

☐ Stonings, threats increase stress for dedicated group of people

ANDREA WEISS
Health Reporter

HEALTH workers have escaped injury in three incidents in Peninsula townships.

The incidents last week were reported to the Community Health Workers Crisis Forum which has been meeting intermittently since Chris Hani's assassination in April.

The forum consists of representatives of more than 30 government and non-government bodies working in the health arena. All members have undertaken to arrange their own escorts into townships but never to use police or the defence force.

● Last week, two women doctors from the Guguletu Day Hospital were spared a stoning when escorts taking them from the township intervened with youths.

● In another incident in Guguletu, a University of Western Cape community rehabilitation worker had to persuade a group who threatened to burn a combi transporting disabled people from Groote Schuur Hospital not to force the passengers to leave the vehicle.

● A Cape Provincial Administration employee, driving a vehicle with the new health workers' logo, reported being stoned in Eisleben Road in Khayelitsha after a rally in honour of victims of an SADF attack in the Transkei.

Co-ordinator Elise Appel said the main aim was to ensure health workers' safety.

She said many community organisations had cut back on the services they provided to communities because of a safety problem.

One of the services to suffer was the transport of disabled people to self-employment projects. Another was a training programme for community health workers because two doctors had been unable to visit the training centre in New Crossroads.

The forum has set up a psychological support group for health workers operatingunder stressful conditions.

Ms Appel said many people felt they had been over-reacting to the situation, but at the forum's meeting this week, health workers were warned not to take any chances and to withdraw if they saw groups gathered.

One of the forum's problems was the lack of participation by political parties — even though these had repeatedly been invited to attend meetings, she said.

The forum is also involved in a dispute with the Red Cross Society over the use of an emblem designed in conjunction with the Peace Committee.

The Red Cross contends that the emblem, a white cross on a red circle linked to a dove, is a contravention of its copyright.

Ms Appel said the forum had decided this week to continue using the emblem because it felt that it could not change it after publicising it in township communities.

"We feel it is imperative to protect health workers now. We don't really want to be in conflict with the Red Cross.

"We would like them to give us their blessing to use the emblem, which is not the same as theirs."

Ms Appel said the use of the logo went hand-in-hand with a code of conduct which, among other things, required drivers of vehicles to carry letters of authorisation.

Vehicles bearing the logo were not allowed to carry arms, instigate violence or travel with armed guards.

NEWS

Spending to be monitored

Doctors, medaids in bid to slash health care costs

Star 26/10/93

BY STEPHEN CRANSTON and JACQUELINE MYBURGH

The medical profession and the medical aid movement have come together to try to reduce medical costs by R500 million next year.

An agreement between the Representative Association of Medical Schemes (RAMS) and the Medical Association of South Africa (Masa) was announced yesterday.

In terms of the agreement, the scale of benefits received by doctors will be increased by 12 percent for the first half of next year.

RAMS chairman Keith Hollis told Sapa the move could mean an 11 percent increase in members' contributions payable from January 1, as opposed to the 18 percent increase instituted at the beginning of the year.

If the R500 million level of savings is achieved, the scale of benefits will be raised by 5 percent to 17 percent for the second half of the year.

RAMS executive director Reg Magennis said doctors would focus on cutting the amounts spent on hospitals and medicines.

"Doctors will look carefully at the length of patients' stays in hospital and think carefully before someone goes to hospital," he said.

PATRIOTIC Health Front rejects scheme as a unilateral move that should have been discussed in the National Health Forum

"The choice of drugs will be watched and doctors will be a lot more conscious of cost."

However, if the use of medicines and private hospitals continues to increase, the scale of benefits could be reduced to 9 percent above 1993 levels for the second half of next year, Magennis said.

The joint announcement has been rejected by the Patriotic Health Front — an umbrella body which includes the ANC, PAC, SACP and Cosatu — as a unilateral decision that should have been tabled and discussed in the National Health Forum.

SA Health and Social Services Organisation national publicity secretary Dr Aslam Dasoo said: "We would welcome any constructive approach towards cutting the costs of health care, but do it in the appropriate way to create legitimacy." (93)

The project to cut costs will be monitored by a joint RAMS/Masa computerised process and regular feedback will be provided to doctors on their progress.

It is the first time the two organisations have shared information in this way — until now they have had an adversarial relationship.

"This development acknowledges the crucial role of doctors, and hails a new era of trust and co-operation between health-care insurers and the medical profession," said Masa secretary-general Hendrik Hanekom.

"Private health care can be reformed in a manner that will result in affordable, high-quality medical care for a larger proportion of the South African population," he said.

RAMS and Masa have agreed to achieve a number of other goals, including the continued availability of health services of acceptable quality and the optimum use of health-care resources.

called

Rise in doctor benefits slated

(93)
CT 26/10/93 (85)

JOHANNESBURG. — The Patriotic Health Front — an umbrella group overseeing health care — rejected an announcement by the Representative Association of Medical Schemes (Rams) that the scale of benefits for doctors' services would be increased by 12% for the first half of 1994.

The announcement on the increase was made earlier yesterday by the Medical Association of South Africa (Masa) and Rams.

The national publicity secretary of the South African Health and Social Services Organisation, Dr Aslam Dasoo, said he did not believe the move would reduce the cost of health care but would increase the wealth of private practitioners.

Dr Dasoo said the increase would have no effect on most people in need of medical help.

He said the medical aid scheme structure had been investigated "but principally by those parties with vested interests in the medical aid industry, including Rams, Masa, pharmaceutical companies and other sectors of big business, together with the government".

Dr Dasoo said several parties in the health care sector were neither consulted nor party to any analyses carried out by these groups and "therefore all their findings we would regard as spurious and any consequent recommendations we would regard as highly suspect".

He said the "crisis" in the medical aid industry could only be solved once all parties accepted that the private health sector was inextricably linked to public health services.

Dr Dasoo said issues on tariffs and other aspects of the public and private health sectors should be tabled at the National Health Forum so that "all relevant parties will participate in the debate and the approach would be far more sensible".

Members of the Patriotic Health Front include the ANC, the PAC, the National Education, Health and Allied Workers' Union, Cosatu and the SACP, Dr Dasoo said. — Sapa

Doctors urged to 'play ball'

Star 28/10/93

■ BY JACQUELINE MYBURGH

The increase in benefits that medical aid schemes will pay doctors next year is an incentive for doctors to cut costs and does not mean that the medical aid schemes will be spending more money.

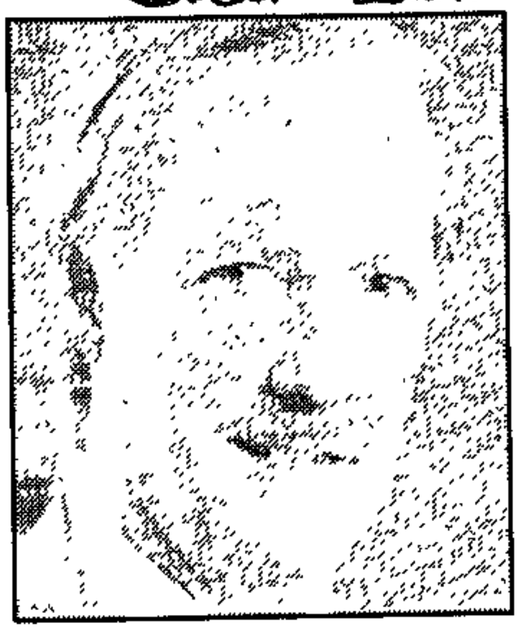
If doctors "play ball" by prescribing less and eliminating unnecessary admissions to hospi tal, the medical aid industry hopes to save R500 million in the first half of next year.

Target

Sources in the industry said that if the target were met, the scale of benefits would be increased to 17 percent in the second half of 1994.

If doctors did not "play ball", the scale of benefits payable to them would be decreased to 9 percent in the second half of next year.

The sources added that the 11 percent increase in members' contributions payable from January 1 was inflation-related.



Clive Stuart . . . Medicaid MD.

Under the agreement struck between medical aid schemes and the medical profession, medical schemes would, essentially, not be paying out more because doctors would be prescribing less and cutting down on hospitalisation of patients.

Clive Stuart, managing director of the Medicaid scheme, said doctors were being told that they were the "gatekeepers" and had to decide whether to send a patient to hospital and what medicine to prescribe.

"The idea is that doctors can save us more than the added 5 percent by astute management of patients," he said.

Income

"That is why we are talking about potential savings after an increase in income," said Reg Magennis, executive director of the Representative Association of Medical Schemes.

Some of the savings related to judicious management of medicines and hospitalisation could impact on doctors' incomes, but this would not be significant, he said.

"There will be more money coming the doctors' way if they cut costs and then increase consultation fees. That is restoring the right kind of decision-making in the health care system."

The more long-term significance was that health care would become more affordable and accessible to the public, said the Medical Association of South Africa.

METROPOLITAN

'Damaged' doctors under the spotlight

ARGT 18/11/93 (93)

☐ Long hours, dealing with disease lead to stress

ANDREA WEISS
Health Reporter

"DAMAGED" doctors are increasingly being referred to the University of Cape Town's department of psychiatry.

The topic came under the spotlight at a meeting at UCT's medical school yesterday, following the conviction this week of a former Rondebosch psychiatrist Karl Berge for disgraceful conduct for sexually harassing his patients.

His name was struck from the roll by a disciplinary committee of the SA Medical and Dental Council.

At the seminar, organised by UCT's department of psychiatry, "damaged" or "impaired" doctors were defined as doctors who had significant difficulty in carrying out their jobs competently.

Some succumbed to substance abuse or overstepped the treatment boundaries by sexually harassing patients.

Psychiatrist Paul Katz said doctors often protected their "damaged" or "impaired" colleagues. He said this response was a gross disservice to the individuals concerned and intervention was urgently needed.

Don Wilson, from Groote Schuur Hospital's department of psychiatry, suggested that changes needed to be made to the way in which medical students were trained.

There was a distinct body of medical students who did not handle the stress of medical training well, and some had a predisposition for developing problems later.

Among the stresses he cited were an excessive workload, dealing constantly with death, disease, suffering and difficult ethical issues, long hours and few holidays.

Medical students also had little time for friends and family and were put under severe academic constraints during late adolescence when they were in an important exploratory phase of development.

Risk factors included a family history of psychiatric disorders, early life experiences such as suicide of a family member, poor parental relationships and an unstable childhood.

Dr Wilson said that over the last year he had seen 39 students who presented with anxiety, depression, personality and adjustment disorders, anorexia/bulimia and even psychosis.

Among his recommendations were cutting the workload of medical training and selecting would-be doctors on factors other than academic merit.

He said more "time out" was needed for periods of relaxation and self-study. Students also needed access to administration officials, mental health counselling and relaxation opportunities away from alcohol.

While the meeting was told that studies had not effectively compared medical students with other students, it was known that doctors were twice as likely to commit suicide than the public.

Five doctors struck off register

(93) AUG 19 1993

Health Reporter

THE Medical and Dental Council has dealt with 82 "impaired" doctors and dentists over the past 21 months — and 53 of them are still practising under restrictions.

Five of the 82 have been taken from the register.

"Impaired" medical practitioners are defined as those who have difficulty carrying out their jobs owing to drug addiction, alcoholism, psychiatric or other problems.

This figure was presented by SAMDC registrar Nic Prinsloo at a symposium at the University of Cape Town.

There were 29 397 registered practitioners, which meant the "impaired" practitioners represented 0,28 percent of the total doctors and dentists.

The council found in a survey of 50 practitioners that the most serious problem was drug or medicines abuse (46 percent), followed by psychiatric illnesses and disorders mainly of a schizoid, manic or depressive nature (26 percent) and alcohol abuse (12 percent).

HEALTH & DISEASE — DOCTORS

1994 — 1995

ANC plan 'no threat to doctors'

Business Day 21/11/94

KATHRYN STRACHAN

DOCTORS in private practice should not feel threatened by the ANC's new health plan, despite its stated aim of discouraging growth in the private sector, the organisation's health department said yesterday.

The plan, which intended to create closer co-operation between the public and private health sectors, could open many new opportunities to private practitioners, ANC health policy director Dr Tim Wilson said.

"There is nothing in the document to startle or frighten doctors in the private sector," he said.

The recession had cut many private doctors' incomes by about 40% during the past two years and the ANC believed many would welcome the stability offered by 'rational health care system planning.

Incentives to serve in public hospitals on a rotational basis and to take part in immunisation programmes offered doctors opportunities to expand their practices.

The draft proposes that state subsidies to the private sector be cut to discourage its growth. Wilson said one way to cut the subsidies would be to phase out the tax deduction on medical aid contributions.

The state also subsidises the private sector by training doctors and specialists who leave for the private sector soon after graduating. Almost 60% of doctors are in the private sector and compelling them to serve a certain period in the public sector would redress the imbalance, he said.

"But we would rather go for the carrot than the stick approach," he said. This could be achieved by offering incentives to serve in the public sector. (93)

The draft also proposes that doctors be barred from holding shares in private clinics. This practice had lead to doctors referring patients unnecessarily, Wilson said. Doctors had to decide whether they were interested in business or in health.

The National Association of Private Hospitals said the tax incentive to employers underpinned the entire medical aid system. Should this be removed, companies would no longer contribute towards medical aid. NAPH executive director Dr Annette van der Merwe said the private health sector had created thousands of jobs and had contributed far more in tax than the value of the original tax subsidy.

Sapa reports National Health and Welfare Minister Rina Venter said the ANC health plan corresponded largely with what she had already implemented and what was still planned by her department.

DP MP and deputy health spokesman Carole Charlewood said the ANC plan had distinct overtones of socialism in its intention to restrict private practice.

While the DP welcomed provisions for the disadvantaged sector of the community, there would be no tax money to fund the welfare proposals "unless the wheels of free enterprise continue to spin".

● Comment: Page 8

CPA fends off strike by nurses

CT 2/2/94 (93)

Staff Reporter

THE Cape Provincial Administration yesterday averted a strike by disgruntled maternity and obstetric staff at day hospitals in the Peninsula's black townships who were overlooked for a one-off cash bonus.

Forty-six members of the Guguletu maternity and obstetric day hospital signed a letter protesting their exclusion from a non-taxable bonus amounting to 8,33% of their annual salary. The bonus is apparently granted to personnel who work at hospitals in unrest areas, are full-time staff who spend their full working day at the hospitals and are subject to intimidation and acts of violence travelling to and from their places of work and in the workplace.

The CPA payment was in recognition of "dangerous and difficult circumstances" in which staff worked. In the letter nurses said they operated a 24-hour service and faced as much risk as any other staff. They could point out bullet holes in the walls of the Guguletu hospital to prove their case.

Last night Ms Melanie Dedekind of the CPA said the bonus was paid to staff at eight Peninsula hospitals whose superintendents had responded to a circular in June last year qualifying their staff for the award.

Rectified

She said the superintendents had nominated staff who qualified for the bonus but had "overlooked" the maternity and obstetrics staff at Khayelitsha and Guguletu day hospitals.

She said a CPA committee had met yesterday and rectified the situation.

Ms Dedekind denied that the payments were made to the eight hospitals to avert a similar strike in the Transvaal recently where hospital staff protested over a R500 cash bonus given only to Baragwanath Hospital staff.

Township attacks scare medics away

SITimes 6/2/94

[CI Metro]

ATTACKS on medical staff — including doctors — have made the authorities stop after-hours services at several township day hospitals and employ foreign doctors who have only limited registration.

By JESSICA BEZUIDENTHOUT

Foreign doctors who qualified in countries other than Ireland and England are required to write an examination before the South African Medical and Dental Council (SAMDC) will grant them full registration. Without this, they may not go into private practice, so most work in state hospitals.

Because of the violence, more and more South African doctors are refusing to work in the townships and the Cape

Provincial Administration has had to close the after-hours services at six of its seven day hospitals in black townships.

The hospital in Khayelitsha Site B is the only one where there is still an after-hours service for thousands of residents.

The Guguletu day hospital's after-hours service has been closed only three months after its inception.

The situation was very much the same for the Department of National Health, said its deputy director, Dr John Frankish.

However, the department was not considering suspending after-hours services at its day hospitals on the Cape Flats.

"This is a vital service to the community and enormous overcrowding could result at other hospitals should it stop," Dr Frankish said.

Nico Prinsloo, registrar of the SAMDC, said this week that the council had registered 1 703 doctors who had graduated overseas. Of these, 127 doctors — mainly from Asian, Eastern European and African countries — were registered to work for the CPA.

"But this does not mean that they are working at a local state hospital," Mr Prinsloo said.

Most worked in coloured and black townships because an increasing number of South African doctors were refusing to do so.

Assessed

Foreign doctors are employed by the authorities only if there is no suitably qualified South African for the post, Mr Prinsloo said.

These doctors are placed with state hospitals where they could be assessed and only on this basis was their registration extended to allow them to continue practising.

"Unfortunately, suitably qualified South African doctors are not always available when there is a vacancy, forcing the hospital authorities to employ foreign doctors," he said.

● In the past two months there have been two shooting incidents at the Mitchells Plain hospital. On Christmas day a security guard was killed on duty at the Hanover Park day hospital.

Out baiting with the mosquito patrol

8(93) WM 25/2-3/3/94

With malaria figures on the climb again, **Pat Sidley** visits the eastern Transvaal to see how the Department of Health combats the disease

EVERY morning, Elvis Mash-aba rides his bicycle across several eastern Transvaal farms to work. Armed with microscope slides, blades, a beer can — to put used blades into — and a few packets of the drug chloroquine, Mashaba and his colleagues knock on doors, persuading farmworkers to have their fingers pricked and a blood smear made. Although it's not compulsory, they all comply.

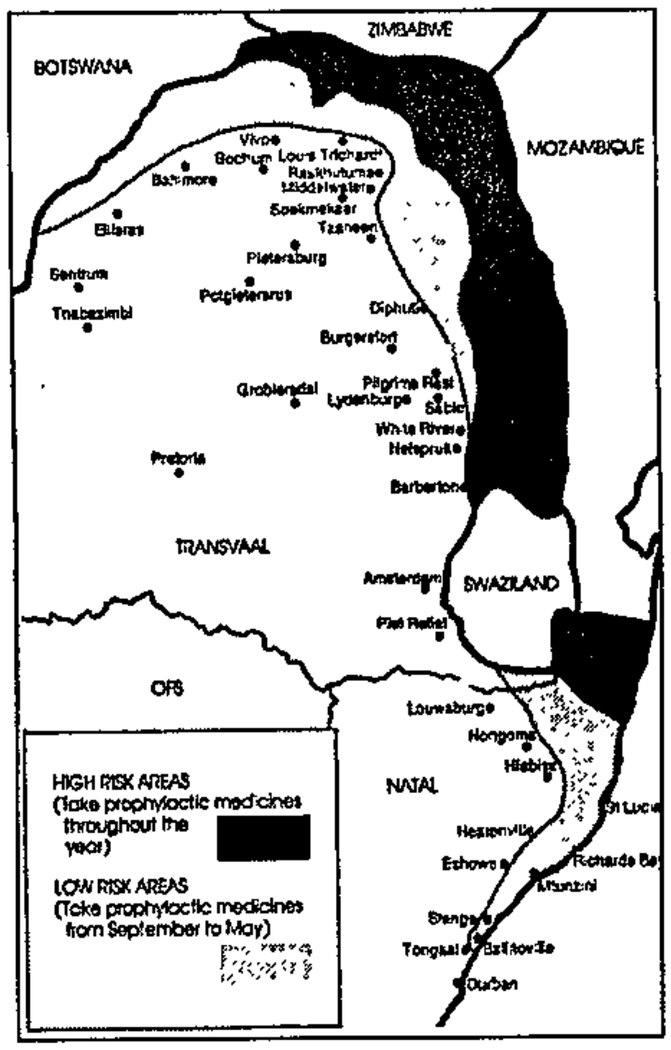
The slides are sent off for analysis; anyone found with malaria receives treatment free of charge.

Twice a year, Mashaba dons a mask, picks up a large cylinder of DDT and sprays people's homes.

Mashaba is one of about 100 malaria control workers involved in a programme run by the Department of National Health in the eastern Transvaal to deal with the resurgence of malaria. The problem is a large one: in 1993, reported cases of malaria doubled to 3 344 in the Eastern Transvaal alone. In the same year, the total number of South African cases was 10 862, including 36 deaths. In 1992, by contrast, only 2 872 cases — including 14 deaths — were reported.

The upsurge has caused public concern, but the real fight is on the ground. Policy is made in Pretoria, with the advice of experts in the field. It's then carried out by a dedicated band of public servants, some of whom at times act as live bait — a "bloodmeal" for a female anopheline mosquito — all in the name of research and control.

Malaria is a notifiable disease, which means the Department of Health must be informed about each case. Mashaba and his colleagues' finger-pricking forays detect about 90 percent of reported cases around Komatipoort and Hectorspruit.



ABOVE: Fighting Africa's biggest menace ... a field worker gives chloroquine to a malaria sufferer RIGHT: Where the danger lies ... Northern Natal and the Eastern Transvaal are the areas with the highest risk from malaria

Dr Arie Verburgh heads the team responsible for fighting malaria in the region. A specialist in public health, he works with health inspectors, an entomologist, field workers like Mashaba and specially trained workers taught to identify malaria parasites under a microscope.

A major emphasis of the programme is that it is community based, drawing on people who live in the area who are then taught the necessary skills to deal with the parasites infesting malaria victims and stopping mosqitoes breeding.

At a farmworkers' compound this week, a blood smear was taken from a man who, clearly ill, had arrived three days before after an illegal "walk to freedom" from Mozambique. His treatment with chloroquine began immediately.

For South Africa, the chickens have come home to roost. The breakdown of health services in Mozambique after decades of civil war — fostered by South Africa — has meant thousands of refugees and illegal immigrants crossing into South Africa carrying the parasites in their blood, adding to the problem in South Africa.

Malaria was once thought to be under control — but war, political instability, poverty as well as the incorrect use of anti-malaria drugs has helped cause a resurgence. The situation is compounded by a measure of complacency borne of the low incidence of malaria of previous years.

The drought, followed by extensive rain, has provided good breeding conditions for mosquitoes. Another problem is that in areas where malaria is endemic, many people develop a semi-immunity and present symptoms that are less severe..

Mashaba and his fellow field workers live on farms in the area. They speak the local dialects and have the confidence of the community. Dwellings deemed "traditional" by Department of Health workers are sprayed with DDT twice a year. Officials say it is cheap and efficient and that the porous walls of the dwellings make other pesticides less useful.

While banned for use in agriculture and dangerous if it enters the food chain, DDT does not cause harm when used in mosquito control, say department officials.

And the live bait? This is likely to be an entomologist and his staff who regularly subject themselves to a night under the stars, allowing mosquitoes to feed on their legs.

The insects are trapped and studied, which helps in gathering information on parasite transmission, mosquitoes' feeding behaviour, breeding habits and sites, and which insecticides are most effective.

But international co-operation is required for the campaign to be really effective.

While Swaziland has a programme running with South Africa's co-operation, the problems in Mozambique have prevented formal co-operation.

But at the border near Komatipoort, there is some informal co-operation: a Department of Health worker in South Africa is advised by Mozambican colleagues about the arrival of illegal immigrants, who all get tested for malaria on entry.

How malaria spreads

THE malaria parasite is only carried by the female anopheline mosqito, which can be easily recognised by the 45 degree angle at which it sits.

Not all anopheline mosquitoes carry the parasites, however, only certain sub-species. There are four different types of the parasite which cause the disease. All are found in South Africa, but the most common — Plasmodium falciparum — is also the most dangerous and accounts for 90 percent of all the malaria infections here.

Malaria is passed from one human who already carries the parasite from a previous mosquito bite, to a mosquito, which then bites a second human. It is during this transfer, from humans through the mosquito, that the parasite breeds and the second human being becomes ill.

The illness can set in from about 10 days after the bite and will look and feel like 'flu at first, with headaches, fevers, pains, sweating, nausea and other symptoms. Anybody who has been in a malaria area, and has the symptoms, ought to consult a doctor who will take a blood sample to confirm the presence of the bacteria.

If the disease goes untreated, the victim can get sudden irreversable complications, including cerebral malaria, and may even die.

In Africa about half the entire population — about 275-million of 530-million — carry the parasite in their blood. In some areas of Africa one in 20 children will die of the disease before they reach five.

About one million people in Africa die annually as a direct result of the disease. In Madagascar in 1988, 25 000 people died in one outbreak.

The mosquito likes warm, wet climates with stagnant pools of water in which to breed.

Resistance in South Africa to chloroquine is not as severe as rumoured — no more than two percent of parasites is resistant. But in Mozambique, the resistance is higher, though dropping, and is often due to non-compliance with the drug-taking instructions.

■ See also Critical Consumer, PAGE 15

Interns threaten court action over long hours

BIDay 16/3/94

KATHRYN STRACHAN

OVERWORKED medical interns at seven Johannesburg hospitals are protesting against having to work up to 130 hours a week.

They say the excessive workloads, which include 40-hour shifts, jeopardise their ability to render acceptable care.

Junior Doctors' Association of SA (Judasa) spokesman Eric Hefer said the interns would refer the dispute to the industrial court for arbitration should negotiations with hospital superintendents fail and their demands not be met by April.

While the exploitation of interns had been a long-standing issue, the enactment of the Public Servants Labour Relations Act last October gave them access to the industrial courts for the first time, he said.

In terms of their contracts, interns were required to work 40 hours a week. This could be extended, at the discretion of superintendents, to 80 hours a week.

Regular demands that interns work up to 130 hours a week constituted a contravention of their service contracts, Hefer said. Many interns had also not been given a weekend off for more than six months.

Interns, who are qualified doctors earning an average of R1 700 a month, are also demanding overtime pay.

While their demand has been accepted and provided for by the Commission for Administration, no claims have been paid out.

Judasa has rejected the commission's suggestion that its complaint be handled at public service sector negotiations later this year.

Medical Association of SA labour relations manager Peter Brewer said the association had already declared a deadlock in its negotiations with the state about interns' conditions of service.

The 200 protesting interns are employed at Johannesburg, Baragwanath, JG Strijdom, Hillbrow, Coronation, Natalspruit and Leratong hospitals.

Bop reintegration already under way

BIDay 16/3/94

BILLY PADDOCK

BOPHUTHATSWANA's public service and all its departments are already being integrated into those of SA although it is still constitutionally an independent country.

SA embassy first secretary Lynette Lavender, who deputises for administrator Tjaart van der Walt, said yesterday the process of integrating Bophuthatswana's services into those of SA began on Monday.

The SADF and the SAP were also in ultimate control over the Bophuthatswana Defence Force and Police, she said.

Deposed Bophuthatswana president Lucas Mangope, had vacated the official residence as well as his office and had moved to his private residence in Motswedi, Lavender said.

"All the services from welfare and education to the general running of the country are being integrated into those of SA."

The new constitution stipulates that the reincorporation of the TBVC states will begin from the day after the elections. At this stage the services and administrations would be rationalised.

She said Bophuthatswana owned only some properties in England and France and that these were definitely owned by the government of Bophuthatswana, not Mangope, and therfore would be ceded to the new national government of SA. The SA Foreign Affairs Ministry was speaking to its counterpart in Bophuthatswana to determine what would happen to these properties.

Meanwhile, it was disclosed yesterday that the Afrikaner Volksfront groups that moved into Bophuthatswana left the territory with weapons issued to them by the homeland defence force.

BDF chief of staff Col Ludwig Schulze yesterday confirmed the Volksfront members were issued with weapons and, while some were returned, others left the homeland. "I understand that the rearguard group of 40 Volksfront members took weapons with them but promised to hand them in at the SADF bases in Zeerust and Lichtenburg," he said.

He said about 150 R4s had been issued to the Volksfront,and while there was no assurance these had been handed back, the BDF had recorded the rifle numbers against the identity numbers of the Volksfront members so these could always be traced.

Report by W Paddock, TML, 11 Diagonal St, Jhb.

Doctors sick of long hours

07/17/3/94 (93)

Staff Reporter

JUNIOR doctors — who often have to work a punishing 80-hour week — are rebelling in Johannesburg — and those in Cape Town could soon follow.

A meeting of interns from hospitals in the Johannesburg area recently mandated the Junior Doctors' Association of South Africa to initate negotiations to be paid overtime, executive member Dr Eric Hefer said.

Mr Peter Brewer,acting for the association, said whatever decisions were taken during negotiations would be extended to all interns.

Interns are required to do 40 hours of service a week but this can be extended at the superintendents' discretion to 80 hours a week. However, many interns were on duty for even longer periods, Dr Hefer said.

"The state is holding us to ransom by our ethical commitment to the care of our patients," he said.

The association is demanding overtime after 40 hours. This would affect all doctors, Dr Hefer said.

LOCAL

Doctors in bid to sort out overtime

Interns call for talks with chiefs

Star 21/3/94

■ BY MICHAEL SPARKS

OVERWORKED junior doctors invite hospital superintendents to discuss problems of long hours and insufficient pay

Overworked doctors have invited the superintendents of Johannesburg's five largest provincial hospitals — the Johannesburg Hospital, J G Strijdom, Hillbrow, Baragwanath and Coronation — to a meeting on Wednesday to discuss overtime pay and excessive overtime. (93)

The invitation was made by the Junior Doctors' Association of South Africa (Judasa), which has threatened legal action if the workload of medical interns is not reduced to acceptable limits and full overtime is not paid.

Interns claim they regularly work up to 120 hours a week. The maximum safe overtime recommended by the SA Medical and Dental Council is 80 hours. They also claim they are not paid for all their overtime.

Judasa spokesman Dr Eric Hefer says the optimum work time for doctors is about 60 hours a week, but "doctors are regularly working more than double that".

If Wednesday's meeting does not produce an adequate response from the hospitals, Judasa intends taking industrial action, Hefer says.

Medical Association of South Africa labour relations manager Peter Brewer says the response by Johannesburg Hospital superintendent Dr Trevor Frankish to the invitation has been "very positive". Dr Annemarie Richter, superintendent of J G Strijdom and Coronation hospitals, has also agreed to attend.

Brewer is still awaiting a response from the other superintendents.

"We are not adopting a confrontational approach, but it is a disgrace that our members are subjected to these working hours," Brewer says.

One of the reasons medical interns work excessive overtime is a severe shortage of primary health care facilities, according to Frankish.

But the issue of primary health care centres is a broader health policy issue which will have to be addressed by the new government. In the meantime, he says, "I am not disputing the importance of the interns issue. It does have to be addressed."

Soweto workers end strike after pay deal sealed

Star 21/3/94

Soweto council workers have agreed to return to work tomorrow, after the TEC undertook to persuade the Transvaal Provincial Administration that they should be paid the money owed to them, SA Municipal Workers' Union shop steward Thembi Mahlangu said yesterday.

The workers will not work today, instead observing Sharpeville Day and attending rallies.

Mahlangu said workers had decided that they would suspend their seven-week strike after the TEC had given its assurance that it would intervene on the workers' behalf. — Metro Staff.

Top doctor fears hospitals will get even less funding

B1Day 21/3/94

STAFF and funding shortages in state hospitals were set to increase as the emphasis shifted from tertiary to primary health care, sources said last week.

These issues were highlighted by last week's protest by medical interns against regularly having to work 120-hour weeks.

A Johannesburg hospital superintendent said interns' claims were accurate, but they were not the only group that had to work gruelling hours. All staff were overstretched, especially registrars, who often had to work for three days at a time in the trauma units.

Interns' concern that their long hours compromised patient care was legitimate. Doctors became overtired, their judgment decreased and the standard of patient care fell. "How effective is a doctor in his 120th hour?" he asked.

But there was no simple solution.

KATHRYN STRACHAN

While the demands on hospitals increased, resources stayed the same.

The superintendent believed that as the emphasis in SA's health system moved from tertiary care to primary care, hospitals would be allocated even fewer resources in the future.

Wits Centre for Health Policy researcher Dr Jane Doherty said the shift towards primary health care would put pressure on hospitals, which would have to compete harder for resources. But proposals to decentralise academic hospitals and free them to implement plans to raise their revenue and make them more effective could be the answer to their financial problems.

Plans would include improving conditions and offering incentives to lure doctors from private practice, as well as attracting private patients, who would pay medical aid rates. Allowing hospitals to manage this extra revenue themselves instead of sending it back to central provincial coffers would encourage them to be more innovative. "Most hospitals labour under difficult bureaucracy, and changing the management structure would make them more effective," she said. (93)

Other developing countries which had switched from tertiary to primary-based care had either cut hospital budgets or slowed their growth.

But Doherty believed the ANC had a commitment to improving working conditions and salaries in hospitals as a way of strengthening the public health sector.

As the primary health care network was developed it would gradually take the load off hospitals.

Primary health care could meet about 90% of people's needs, but because it was now underfunded and hence of poor quality, these patients had to be served by hospitals.

NP flayed for hogging housing credit

B1Day 21/3/94

THE Urban Foundation has flayed the NP for its handling of the housing issue, saying the public has been misled about the facts of the R90bn housing subsidy scheme announced recently.

The foundation, a leading player in the National Housing Forum, said the NP had misdirected the public through an advertisement published in the Sowetan last week. "The NP is seeking to benefit from the considerable time and effort put into the forum's deliberations by members of the forum.

"The housing plan, as represented in the advert, claims that R90bn will be spent on housing over the next 10 years. The 1993/94 budget was the last budget over which the NP had control. In that budget there was no attempt to indicate that the NP had in mind a 10-year plan on housing."

The Urban Foundation said the most important aspect of the agreement was the fact that it was jointly developed by all the key actors in the housing sector.

ROBYN CHALMERS

"To ensure that the agreement has every chance of success, it is critical that in the run-up to the election, no one party tries to claim it as its own."

The DP and the forum have labelled the advertisement opportunistic and misleading. The scheme, announced unilaterally by Housing Minister Louis Shill last month, was endorsed by the forum last week.

At a news conference last week, Shill distanced himself from the advertisement. He said he was not aware of the advertisement before it was published and acknowledged that it could be construed as misleading. However, the advertisement was a "once-off mistake that will not be repeated", he said.

Government was not at loggerheads with the forum, particularly as the success of the housing scheme depended on the participation of all the major players in the industry, Shill said.

Hijacking of vehicles on the Reef shoots up

NYLSTROOM — The hijacking of vehicles

STEPHANE BOTHMA

Survivor describes ordeal

R10,5m education

40-hour week for doctors

Star 24/3/94

■ BY MICHAEL SPARKS

A provisional agreement has been reached between junior doctors and the Transvaal Provincial Administration (TPA) on a maximum work week and the payment of overtime, according to the Medical Association of South Africa (Masa).

The TPA has to ratify the agreement before tomorrow afternoon, or Masa intends taking up the issue with the Industrial Court or the Supreme Court.

The meeting was the result of protests by interns who claimed they were working up to 120 hours a week.

In terms of the agreement, doctors will work a 40-hour week. This can be extended to 80 hours in terms of their service contract, but is subject to the written consent of the intern concerned.

93

Armscor prepares for meltdown

B/Bay 24/3/94

PRETORIA — Equipment and non-nuclear material used by SA to manufacture atomic bombs would be melted down by July, Armscor chief Tielman de Waal said yesterday.

However, the highly enriched uranium was likely to be used for civilian purposes. It could be turned into medical isotopes worth about R300m.

De Waal said claims that SA was continuing its nuclear activities were based on the fact that Atomic Energy Corporation records showed 25kg of highly enriched uranium — enough to build an explosive atomic device — were unaccounted for.

However, the loss had been well calculated and was fully accepted by International Atomic Energy Agency experts who monitored the dismantling of SA's nuclear capability.

"The loss of a certain amount of material is quite normal where chemical processes are concerned," he said.

Armscor expert Deon Smith said SA had used more than 50kg of enriched uranium to make its bombs,

STEPHANE BOTHMA

which were similar to to the simple canon-type bombs built in the US in 1945.

On March 24 1993, exactly a year ago today, President FW de Klerk announced that SA's nuclear capability had been destroyed.

Smith said that although the equipment and non-nuclear material used to make SA's six atom bombs had been sawn into pieces, it would have to be cut into smaller pieces yet before it could be placed in a furnace for final destruction.

The nuclear material was kept by the Atomic Energy Corporation under the control of the International Atomic Energy Agency. "On the open market, the enriched uranium is not worth a lot of money, but could be worth about R300m if converted to medical isotopes. We would not like to get rid of it because it could be considered a national asset."

SA's nuclear test facility at Vastrap in the Kalahari, which had never been used, had been destroyed.

Interns strike deal on working hours

THE Junior Doctors' Association of SA reached provisional agreement with the Transvaal Provincial Administration (TPA) and Johannesburg Hospital superintendents yesterday on overtime remuneration and a maximum working week.

The meeting followed demands by interns at the Johannesburg, Coronation, Hillbrow, Baragwanath and JG Strijdom hospitals for action to relieve them of excessive workloads which they said led to exhaustion and affected their ability to render acceptable patient care.

The Medical Association of SA (Masa), which negotiated on the interns' behalf, said TPA representatives had agreed to submit the following proposals to their principals for ratification:

- **From April 1 interns would comply with a working week of 40 hours, which in terms of their service contracts might be extended to 80 hours, subject to the consent of individual interns;**
- **Interns would have the right to take up the issue of the 80-hour maximum working week with the SA Medical and Dental Council;** B/Bay
- **Hospital management would process interns' overtime claims for work exceeding a 40-hour period from June 1, and retrospective negotiated overtime remuneration might be claimed from January 1; and** 24/3/94
- **Hospital management would undertake to enter immediately into written contracts of employment with individual interns.** (93)

Junior Doctors' Association executive committee member Dr Lize Freislich said the meeting took place "in a spirit of understanding" and the interns were "most encouraged" by the progress so far.

Masa said the agreement was subject to the understanding that it reserved the right to approach the Industrial Court for relief. It also depended on Masa receiving written confirmation of the agreement from the TPA by Friday. — Sapa.

'Masterbond auditors' failure set investors back millions'

CAPE TOWN — The failure by accounting firm Ernst and Young to take appropriate action at the right time had cost the investors in the Masterbond Group millions of rands, the Nel commission of inquiry was

EDWARD WEST

bond managed more than R1bn contributed by 21 000 investors. The group of companies was liquidated in March 1991.

Doctors withdraw medical aid recognition

THE SA Medical and Dental Practitioners (SAMDP) would withdraw its approval of the Affiliated Medical Schemes Administrators' (AMA) Meds medical aid scheme, SAMDP members decided yesterday.

The SAMDP, an organisation representing about 20 000 doctors and dentists, said the non-recognition action would start on April 20. It said it had not been able to negotiate adequate cost containment programmes.

Members meeting at a political health forum at a Jan Smuts hotel warned that recognition could be withdrawn from other medical aid schemes.

The SAMDP said it had been negotiating with AMA which had remained "arrogant and intransigent".

"After careful consideration the SAMDP has decided to declare the Meds medical aid scheme as non-approved," the SAMDP said. — Sapa.

No overtime at R14,70, say doctors

Star 15/4/94

■ BY ANNA LOUW
EAST RAND BUREAU

Boksburg-Benoni Hospital's casualty ward closes at 4 pm and reopens at 8 am — 16 hours later — because overworked doctors are refusing to put in overtime following a provincial administration decision to pay them R14,70 an hour for overtime.

(93)

A senior surgeon said yesterday he could mow somebody's lawn and get more money.

Last weekend, the surgeon worked an 18-hour shift, singlehandedly attending to 15 gunshot wounds and a man who had been stabbed in the stomach.

"To be paid R14,70 an hour for 18 hours' overtime on a weekend is disgraceful," he said.

After-hour emergencies, other than maternity cases, are referred to other hospitals.

A delegation of doctors accompanied by the hospital superintendent will meet the Director of Hospital Services today to try to resolve the pay dispute.

Administration staff have been on a go-slow since the beginning of the month because many have not been paid their March salaries.

Hospital deaths blamed on strike

Medics care for babies at home

Star 15/4/94

(SEE)

■ BY ABDUL MILAZI and DIRK NEL

NO END appears in sight to the strikes paralysing hospital services in KwaZulu, Lebowa, Transkei and Venda

Doctors and non-striking nurses in KwaZulu/Natal are taking abandoned babies from the strike-hit hospitals to their homes as services in the region continue to deteriorate.

And as strikes continue to paralyse hospitals in three other homelands — Transkei, Venda and Lebowa — it was learnt yesterday that three deaths in a Transkei hospital have been attributed directly to strike action.

In KwaZulu, the homeland's Minister of Health, Dr Derick Arbuckle, said striking workers at the now closed Edendale Hospital in Maritzburg were still coming to picket outside but were refusing to resume work.

Arbuckle said the Prince Mshiyeni Hospital at Umlazi near Durban had referred many of its patients to other hospitals but was still treating emergency cases.

Natal Ambulance and Emergency Service workers ended their strike yesterday after the TEC assured them that their demands for parity in salaries would take priority once the political situation was normalised.

In Transkei, Umtata Hospital medical superintendent Dr Michael Nkasayi said three of the deaths at the hospital since April 7 had been caused by the strike, Sapa reports.

One of them was an infant who had been on a ventilator in the intensive care unit when the strike began.

He said two adults had also died because of strike action, but did not want to give details as the issue was "sensitive".

Transkei leader Major-General Bantu Holomisa yesterday urged nurses in the territory to return to work.

Some hospitals in Lebowa were functioning normally last night.

Pietersburg Hospital superintendent Dr Marie Moolman said beds had to be kept vacant for emergency patients over the election period. Patients from the homelands could not be accommodated at this stage.

In Venda, the Tshilidzini and Donald Fraser hospitals were worst hit, with more than 90 percent of their staff on strike.

However, many clinics were still operating in Venda to handle minor medical ailments.

Ironically, medical staff at the Siloam Hospital near Thohoyandou, the Venda capital, were not on strike, as they said they had become "tired of continuous work stoppages".

R1-m boost for local govt education

Star 15/4/94

■ BY JUSTICE MALALA

Local government training was given another boost this week.

The Open Society Foundation for South Africa (OSF-SA) has decided to grant R1,2 million to the University of the Witwatersrand's Local Government Training Project.

(SEE)

The project, under the university's faculty of management, will receive the grant soon.

OSF-SA executive director Professor Michael Savage said the foundation had made grants totalling R5,5 million to projects in South Africa.

Major grants have been made to the National Youth Development Forum and community-based organisations.

OSF-SA was founded last year by billionaire philanthropist George Soros to "promote the ideal of an open society in South Africa".

Its priorities are education for local government, youth development, rural community development, and radio.

There are 22 Open Society branches worldwide, and more than R1 billion has been granted to deserving projects.

Doctors may incorporate

PRETORIA. — Doctors registered with the SA Medical and Dental Council may now practise as incorporated and private companies.

This was announced by the Minister of National Health and Welfare in the Government Gazette.

The council said incorporated practices would give doctors advantages that include tax benefits, collective ownership of expensive equipment and the creation of retirement and other benefits. — Sapa

Nurse's arm 'broken' by striking colleagues

ARG 16/4/94 (93)

The Argus Correspondent

DURBAN. — A nurse who tried to treat a patient at King Edward VIII Hospital here, while her colleagues were on strike, had her arm broken.

The Deputy Director-General of Health Services in Natal, Dr Colin Mackenzie, has warned that patients' lives were now at "grievous risk".

As striking nurses and general assistants paralysed services in the huge hospital, patients were left dressing their own wounds and being cared for by visiting relatives.

A staff member, who asked not to be name for fear of action by strikers, confirmed the incident in which the nurse's arm was broken yesterday.

The Natal Provincial Administration yesterday obtained an interdict preventing strikers from intimidating those who want to work.

Visitors to the hospital saw the casualty department deserted. Wards were not attended by nurses.

Hospital superintendent Dr Lal Dwarkapersad yesterday described the situation as "serious". He was not available for comment today.

Workers claimed they had stopped working because they were "made to work like slaves in a neglected hospital" and were demanding compensation.

They said NPA representatives who spoke to them yesterday afternoon in the hospital car park failed to address their grievances.

The hospital has stopped admitting patients and outpatients were sent home yesterday as doctors and a skeleton staff remained on duty.

The strike was precipitated, said workers, by the increased workload on staff after the closure of Prince Mshiyeni Hospital at Umlazi, and Edendale Hospital in Maritzburg by strike action.

Staff danced and toyi-toyied through the hospital wards yesterday and police were called in the afternoon to calm angry strikers.

Spokesmen for the union involved in the strike action were not available for comment this morning.

Legislation to aid doctors

BIDay 25/4/94

MEDICAL practitioners can now take advantage of certain tax and structural benefits by operating as incorporated private companies or associations, following changes to the Medical Dental and Supplementary Health Services Professions Act.

The long-awaited amendments — published recently in a Government Gazette — allow doctors to practise through companies under section 53b of the Companies Act which applies to other professionals such as architects and attorneys, says Medical Association of SA legal affairs director Braam Volschenk.

Edward Nathan and Friedland senior partner Michael Katz said the amendments would still "preserve ethical and personal liability" as the companies — like doctors — would operate under unlimited liability.

But the widening of unlimited liability through a company or association might deter many doctors from taking advantage of the benefits of such arangements, said Kessel Feinstein partner Philip Sulman.

Fisher Hoffman Stride tax partner Anthony Chait said the additional costs of operating as a company could also outweigh tax savings as practices would have to produce financial statements and run annual audits like any other company.

BEATRIX PAYNE

But doctors who operated through incorporated companies would be entitled to tax deductable provident fund contributions as employees were, he said. Tax on profits could also be reduced if company profits were channelled through salary payments.

Katz said the main benefit of incorporation was to allow perpetual succession. This meant members of a company could change without the structure of the company having to be changed.

(93)

Chait said it was unlikely that the incorporation of medical practices would lead to higher medical costs.

Incorporation did not have an immediate effect on costs, and most administrative expenses were offset by tax savings, he said.

Masa chairman Bernard Mendell welcomed the amendments. He said the association had lobbied for them for years. Medical practitioners could now form "multispeciality practices".

"Health services are under tremendous pressure and the association believes it is vital that all health professions' skills be optimised.

"The change in the legislation should lead to more comprehensive and cost-effective services," Mendell said.

Talks on 'doctor drain'

BULAWAYO. — Zimbabwe is seeking talks with the new South African government in an attempt to stop the flow south of Zimbabwean doctors, Health Minister Mr Timothy Stamps said here on Saturday.

Last week about 300 doctors at Zimbabwe's state-run hospitals ended, on what they called humanitarian grounds, a two-week strike over pay and improved conditions which left some people dead.

Between 1 500 and 3 000 Zimbabwean doctors are employed in South Africa, where they earn up to five times as much as in Zimbabwe.

Mr Stamps said the two governments would negotiate so "there is no pinching of doctors from each other". If the talks succeeded, no Zimbabwean doctors would be employed in SA government hospitals. Similarly, SA doctors who had fled the old apartheid regime would be repatriated. — Sapa-AFP

269 Zimbabwe doctors in SA

Star 25/5/94

■ BY DUNCAN GUY

There were exactly 269 registered graduates with Zimbabwean medical qualifications in South Africa, and not between 1 500 and 3 000 as reported by a foreign news agency this week, said the SA Medical and Dental Council.

A Sapa-AFP report about moves by the Zimbabwe government to stop the flow south of Zimbabwean doctors said there were between 1 500 and 3 000 of such doctors in the country.

Zimbabwe Health Minister Timothy Stamps reportedly said he intends holding talks with the new government to restrict the exodus of the country's doctors over the Limpopo River.

The report said the doctors were earning five times their salaries back home.

A Zimbabwe doctor working in South Africa, who wished to remain unnamed, said Zimbabwe's health-care system was having problems because while it ran according to the "superb concept" of community health, it actually required an integrated infrastructure to function.

"If you are supposed to immunise a rural population, you need fridges that work, trained nurses, good roads, ambulances that work and good vaccines."

The doctor said many things could go wrong in Zimbabwe.

"There can be no gas, no ambulance parts or the road will need regrading, so you cannot even get to rural clinics."

93

The doctor added that the University of Zimbabwe's training focused heavily on theoretical aspects rather than providing an apprenticeship.

Another medical source said the country only produced around 100 graduates a year. "So there might not even be 3 000 Zimbabwean trained doctors, in total, let alone working in South Africa," he added.

Doctors to save time on new system

93

Staff Reporter

DOCTORS may no longer need to print monthly statements, but can submit claims direct to many medical aids electronically. OT 16/6/94

This process, Electronic Data Interchange (EDI), reduces significantly the time taken for transactions to be made.

A spokeswoman for a medical management company, Ms Jenny-Lee Clark, said misconceptions about EDI had arisen, ranging from claims of a breach of patient confidentiality to possible abuse of the system by fraudulent claims.

A conference will be held at the Medical Research Council on Saturday. For more information call Isabel Opperman on 595-2505.

Call in doctors-patients ratio

Masa chief focuses on development of just health-care system

NATIONAL

Call for action on disparity in doctors-patients ratio

Staff Reporter

THE disparities in the doctor-patient ratio in some parts of the country need to be tackled if a just health-care system is to be developed, says the president of the Medical Association of South Africa, Peter Maytom.

Delivering his inaugural speech in Pretoria last night, Dr Maytom said that in areas such as rural Northern Transvaal there was one doctor for every 30 000 patients.

"Unwelcoming living conditions and work environment are the decisive influences on doctor distribution countrywide," he said.

Unwelcoming conditions included factors such as remoteness, working conditions, lack of professional stimulus, physical communication and personal and social conditions.

Dr Maytom said consultants appointed by the medical association to develop a human resources policy discovered that other countries were also battling with problems of maldistribution and inappropriate training.

John Terblanche, professor of surgery at the University of Cape Town, and a Natal University professor, Yackoob Seedat, were awarded Masa's silver medal in recognition of research which advanced medicine and healing.

Professor Terblanche obtained the award for his research in the field of surgery and treatment of patients with liver disease.

Professor Seedat received the medal for medical teaching and his work on renal diseases.

Masa's awards for medical reporting went to Karena du Plessis of Living and Loving, Clive Morris of M-Net and David Robbins of The Star.

Doctor in the bush worth . . .

Star 7/7/94

STUMBLING BLOCK
One of the biggest stumbling blocks to providing equitable health services for all in South Africa is the gross maldistribution of medical personnel. The Medical Association of South Africa has some suggestions.
DAVID ROBBINS reports.

In Johannesburg's northern suburbs, the doctor/population ratio is 1:250; in the old homeland of Lebowa it is 1:30 000. The problem is so obvious, but what's the solution?

In many African countries, various forms of coercion, including compulsory service for graduates, have been tried, unsuccessfully.

In response, large numbers of African-trained doctors have emigrated to greener financial pastures, leaving the crucial public health sector in the continent's massive hinterland either understaffed or manned by sometimes indifferently trained and motivated doctors from elsewhere

As the Medical Association of SA's (Masa) director of health policy, Dr David Green, points out: "Until now, only one or more of the three Ms have induced doctors to work in the bush: madness, money, or missionary zeal."

But these inducements are clearly not enough. This is where Masa's proposals, contained in a report, "Human Resource Policy for Health Care", seems set to make a major contribution.

The proposals are part of Masa's deliberate attempt to reposition the medical profession in a democratic South Africa; and it comes as no surprise that its recommendations fit closely with the Government's reconstruction and development plan as well as, more specifically, the new health policy. (93)

Green praised Dr Nicholas Crisp, senior consultant with a firm of international management experts employed by Masa, who compiled the report, which deals at length with every aspect of a national human resources policy for health workers.

But its most striking aspect is undoubtedly the innovative approach to the servicing of hitherto neglected areas.

"Although the report is based specifically on doctor distribution," says Green, "it has been purposely designed so that the same computer models can be used for any category of health personnel."

The Masa proposals concentrate on two elements: how to establish accurate personnel needs for any given area, and how to induce people voluntarily to go and work there.

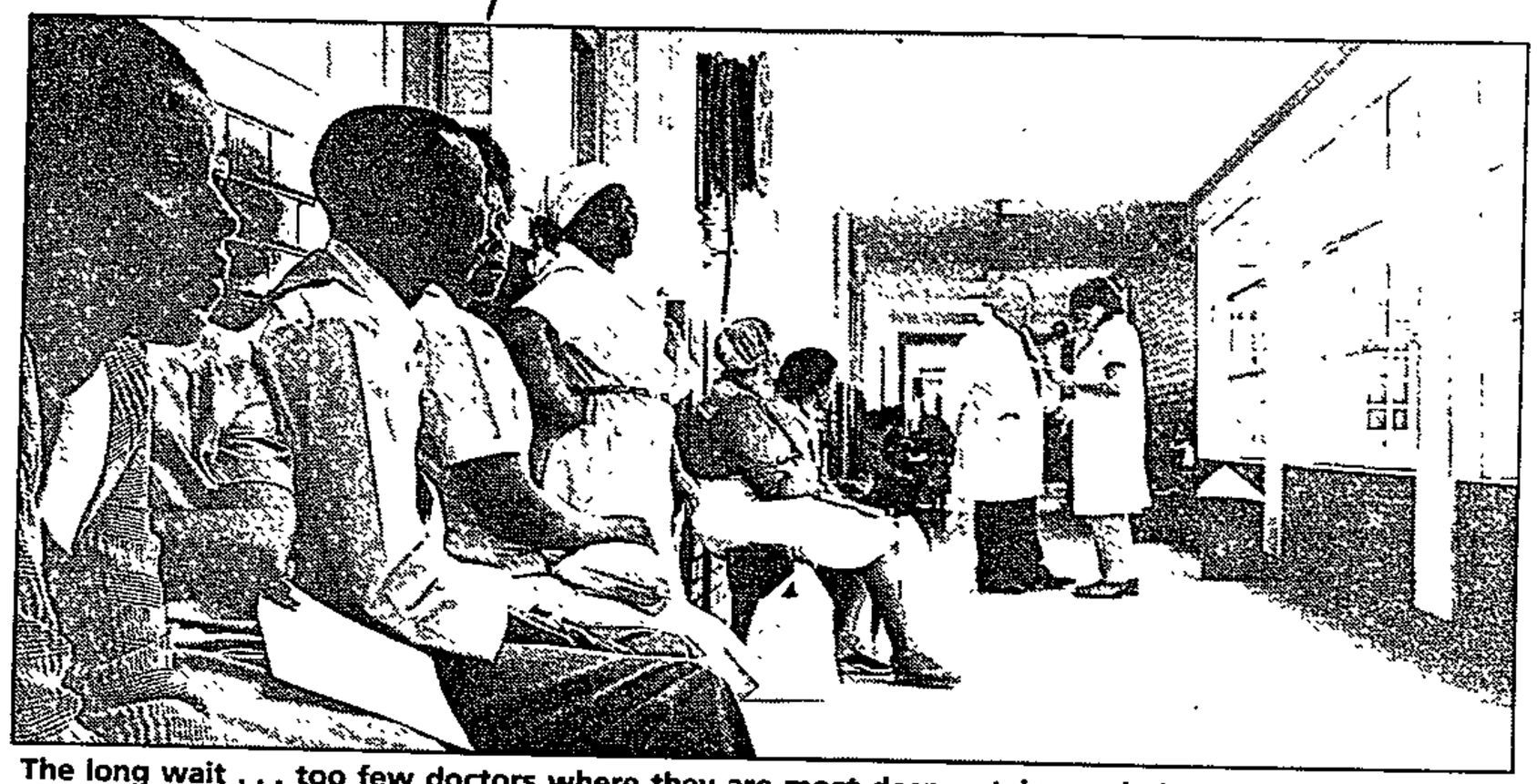
Green explains: "Although it's inevitable that we use doctor/population ratios to express these needs, we accept that these ratios are largely meaningless as a cure.

"Rather, we have tried to work out what the population needs. To do this, we have established a health status indicator which is fed into a computer."

Like all good ideas, this one has a logic and clarity which makes one wonder why it's never been done before.

All hospitals have a natural drainage area from which their patients are drawn.

The computer asks for some basic information about this drainage area — population, birth rate, death rate, infant mortality rate, immunisation rate, access to drinking water, and so on.



The long wait . . . too few doctors where they are most desperately needed make for long queues and a less-than-ideal professional health service in South Africa's rural areas.

Crunch all these statistics and out comes the drainage area's health status indicator, which is then fed into another computer process which includes some basic socio-economic factors like income, age and gender profiles, population densities, and out comes a final requirement factor — how many health professionals are required for that particular drainage area.

The model has been theoretically applied both internationally and locally, and some surprising results have emerged.

For example, poor people don't necessarily need more medical services than better-off people. And the middle classes consume more services than even the very wealthy.

So we can now calculate how many doctors are required in a particular rural area or informal settlement. The next step is to provide these doctors.

"We've worked on what we call hospitability factors," explains Green. "The factors which concern health professionals most are the quality of communications in the area, the personal and social conditions (including housing, schools, sporting facilities), the opportunities for continuing medical education, and the quality of the professional working conditions (such as referral and consulting opportunities)."

By using detailed questionnaires completed by medical superintendents at hospitals, the rating (from good to terrible) for these four factors can be established for any given drainage area.

All these ratings are tumbled in a computer to produce a hospitability factor which ranges incrementally from 1 to 2.

Working at a clinic in Sandton would almost certainly carry a hospitability factor of 1. Working at Malamulele, a remote area of the Eastern Transvaal, carries a factor of 2.

These days, medical officers with three years post-housemanship experience earn around R80 000 a year. Masa proposes that salaries should be multiplied by the hospitability factor which applies for the area worked.

But before every second young doctor in the country starts packing his bags for a stint in the eastern Transvaal, examine some of the fine print.

Half of the increase will accrue to the doctor in allowances and perks based on individual need. The other half will go to the hospital and drainage area authorities to be used to improve general working and living conditions, thus gradually improving the hospitability of places where few doctors want to work.

"It's necesasary to stress," says Green, "that the success of this incentive scheme will lie in a flexible approach based on the needs of individual areas and individual health professionals. It also needs constantly to be seen in the context of the overall human resource policy which we are advocating."

Doctors call for up-front payments

(288) CT 7/7

(93)

CT 7/7/94

Staff Reporter

EMBATTLED doctors are facing a mounting problem in receiving payments from patients and Medical Aid companies — and many are demanding cash payments up front.

Doctors interviewed yesterday said some medical aid companies often took up to 180 days before doctors received their payment after patients had submitted their accounts.

Most doctors interviewed said that offering cash discounts was widespread and most doctors offer up to 25% off their bill for cash.

They said it was not common practice to use debt collectors to recover unpaid bills because debt collectors were not always trustworthy and they did not get their money back.

Demands

One doctor said if patients had not paid their bills within 90 days they were given a final demand in terms of a lawyer's letter to pay up. However, if the amounts were less than R40 they were usually written off.

Another doctor said doctors usually demanded cash for treatment and consultations in the lower income groups because many of the residents were not used to the accounting system.

In an effort to speed up payments many doctors were linked up by computer to medical aid companies resulting in quicker payments of accounts by not having to send the accounts to the patients.

Doctors exploring ways to back government plan

BDay 25/7/94

KATHRYN STRACHAN

PRIVATE doctors are exploring ways to help the public health sector provide free services to pregnant mothers and children under the age of six in line with government's new health plan.

In an attempt to relieve the burden on already overextended state facilities, Medical Association of SA (Masa) spokesman Dr Ivan McCusker said experts in health care management had been commissioned to develop practical proposals for these services to be provided by private doctors as well.

According to Wits University's Centre for Health Policy, almost 60% of doctors in SA were in the private sector.

Masa planned to present its recommendations to Health Minister Nkosazana Zuma next month.

The organisation believes GPs' involvement should be both voluntary and affordable to government.

McCusker said the recent implementation of free medical care for pregnant mothers and children under the age of six, who were not covered by medical aid, showed signs of overwhelming a system which was already overburdened and inadequately staffed.

He believed the adequate provision of medical care could only be provided to the disadvantaged sector of the population with the assistance and co-operation of doctors in the private sector.

Private GPs, working from their consulting rooms, would form the basis of the plan. (93)

These GPs would probably be those not already involved in providing service to the state in the form of session-holding or part-time district surgeons.

Specialist and hospital services could be provided from a number of sources, depending on available capacity, he said.

Various payment options were recommended, and both the mechanisms and level of payment had to be seen as the medical profession's pro deo contribution to the Reconstruction and Development Programme (RDP), said McCusker.

This plan would be financed by the RDP and private donations — if they were available. The feasibility of establishing a trust fund to support the payments would also be studied.

McCusker said Masa was currently assessing health care resources and evaluating the manpower and financial implications of the plan in order to present government with a meaningful proposal.

Housing scheme at 'critical' stage

EDWARD WEST

CAPE TOWN — Representatives of a consortium of local authorities, community groups and political parties will meet Western Cape government officials tomorrow to discuss a proposed R500m housing scheme on the Cape Flats. BDay

The scheme's project manager Colin Appleton said at the weekend the plan — to provide houses and serviced sites to 36 000 families — had reached a critical stage. 25/7/94

Most land identified by the scheme had been acquired and was in the hands of local or provincial authorities or the national housing board.

But agreement on funding through the provincial authority was vital if the project was to get off the ground.

"Our concern is that funding will spin out too late and people will lose confidence in the project," Appleton said. The issue would be raised at the meeting with provincial housing minister Gerald Morkel. (Hen)

The project hopes to attract squatter families in Crossroads and its environs, backyard shack dwellers in Guguletu, Nyanga and Langa as well as those not catered for in hostels conversion projects.

Appleton said some "social compacts" — required in terms of the government subsidy scheme to ensure that communities were involved during implementation — still had to be finalised.

n, says superintendent

Leratong doctors quit due to load

Sowetan 1/8/94

■ **PRESSURE MOUNTS** Free health plan taxes hospital resources:

By Mokgadi Pela

FOUR DOCTORS who could no longer take the pressure created by the extension of free health care to pregnant mothers and children under six have resigned from Leratong Hospital on the West Rand.

Leratong Hospital superintendents Dr Pauline van Heerden and Dr BJ Wojtowicz fear more resignations could be on the way.

"They have been working under severe pressure due to the increased number of patients," Van Heerden said.

In the paediatrics department, three doctors treated between 800 and 900 patients a month (93)

"In June we treated more than 2 000 patients. This has doubled the number of patients in the casualty and out-patient departments."

"If we had a primary health care clinic in the area surrounding Leratong, our problems would be alleviated," Van Heerden added.

Since June 1 when State President Mr Nelson Mandela announced the free health care policy, Leratong Hospital has, like Baragwanath Hospital nearby, admitted that its resources were being severly strained.

She said a clear picture of the impact of this policy would only become clear in a few months, time.

Wojtowicz said although there were rumblings countrywide, health workers were generally happy with the provision of free health care to both categories of people.

"But at the same time we are worried that staff levels have not been increased. We are also looking for more doctors to alleviate our plight," Wojtowicz said.

Their grievances were echoed at several hospitals and clinics countrywide.

At Baragwanath Hospital chief superintendent Dr Chris Van den Heever said he could not rule out closing down a number of wards if no additional funds were provided.

Optometrists' vision

Sowetan 25/8/94

By Mokgadi Pela

RECENT moves by optometrists to extend vision care to all South Africans indicates their wish to stay in tune with the changing times.

Optometrists say they are striving to actualise president Nelson Mandela's dream of a "people-centred society".

This they hope to do by restructuring the profession and offering practical and scientific advice to meet the objectives of the Alma Ata Declaration on bringing primary health care to people.

They further say optometry "is a PHC profession involved in clinical, preventive and promotive aspects of eye care."

The profession acknowledges that eye diseases often result from poverty, malnutrition, poor sanitation, lack of education and inaccessible health services.

Recognising all these problems, the South African Optometrists Association is presently running more than 10 clinics in various parts of the country aimed at people from vulnerable backgrounds.

However, considering that South Africa has only 1 200 optometrists, this may be a pipe dream. This figure means that in the PWV the patient-to-optometrist ratio is 15 850 to 1 while in the Northern Transvaal it stands at 213 358 to 1. (93)

The recommended figure, according to the American Optometrists Association, is 7 000 to 1.

Media briefing

Addressing a media briefing at the Rand Afrikaans University, clinic director of the SAOA, Mr Tony McGregor, said the siting of future clinics would take into account demographic data, the availability of qualified optometrists and other eye care resources in the area.

He said these activities were geared towards providing quality eye care to all. In addition, these activities can be integrated with, or work parallel to, structures set up under the National Health System. This could enable optometry to be a key contributor in the formation of national eye care delivery programmes.

McGregor said: "The eye care provided by these clinics is available to anyone needing it. The provision of spectacles at very reduced rates is made possible through subsidies by the profession."

The SAOA committed itself to ensuring that no child goes to their first year of school without their eyes tested.

He said optometry was planning to educate the public about the importance of eye care.

Speaking on vision in the workplace, optometrist Mr Wayne Gillian said employers and employees were equally duty-bound to ensure the safety and effective functioning of this valuable sense.

"Regular eye examinations and the taking of adequate precautions are the answers to vision problems and safety in the workplace.

"Protective eyewear will protect against foreign bodies, fumes or liquid splashes, while a visit to an optometrist will ensure that vision is maintained at the optimum standard," he said.

Gillian said without good vision workers could not work properly.

"Extensive use of computers appears to be increasing the numbers of people with shortsightedness. Lighting, furniture, placement of windows, office layout, the posture of the worker and factors such as air conditioning need to be considered," he said.

"Around the age of 40 there starts the natural loss of the focusing ability of the eyes. It happens to everyone at some stage and workers may need spectacles to see well.

"Without visual aid of some kind these workers would become inefficient and with it would come decreased productivity and irritability. At worst they would not be able to cope with near point work at all," Gillian added.

He warned that faulty or poor vision could cause eyestrain, fatigue, headaches and nervousness which could lead to serious accidents. Gillian advised workers to undergo routine eye testing as part of eye care.

A pamphlet on sports vision said of all the qualities that help to make an athlete effective, good vision was one of the most important.

SA's doctors are leaving in droves

By CAS St LEGER

FOREIGN doctors are flooding into South Africa, pushing registration figures to a record level.

But, at the same time, local doctors appear to be quitting in droves, undetected by emigration statistics.

The SA Medical and Dental Council has been inundated with "many hundreds of applications" for Certificates of Good Standing needed to register overseas.

So concerned is the SAMDC about vanishing South African doctors that last week registrar Nico Prinsloo asked Minister of Health Dr Nkosazana Zuma to intervene on the question of doctors' salaries and working conditions.

The Medical Association of South Africa (Masa) has called for arbitration following the declaration of a deadlock on the salaries of public service doctors.

Spokesman Vincent Hlongwane said Dr Zuma, presently attending a conference in Nairobi, was considering what action to take.

Meantime, registration — or restricted registration — of doctors is snowballing.

From 18 109 doctors registered in 1983, the number had shot to nearly 26 000 by the end of last year.

About 1 000 foreign doctors have applied to work in this country so far this year.

The downside, Mr Prinsloo said, was that South African doctors were disappearing.

Each year, 1 000 new doctors graduate from South African universities. Last year, an estimated 300 did not apply to be registered as doctors. Even if the young doctors go straight overseas to work, they would still be required to register at home first.

"The problem is that we don't have accurate figures," said Mr Prinsloo.

Statistically, few doctors have been drawn into the brain drain.

According to the Department of Statistics, from January to June this year, only 55 doctors emigrated. Nine of these were specialists.

Yet the SAMDC and Masa experience gives a different picture.

Before any South African doctor is able to apply for registration overseas, he must have a Certificate of Good Standing issued here.

The SAMDC has been inundated with applications for these certificates.

Plan to attract doctors to rural areas

Sday 31/10/94

KATHRYN STRACHAN

A PLAN to encourage medical graduates to serve time in deprived rural areas is being investigated by the Health Department.

Health Department deputy director-general Dr Harms Pretorius said on Friday service would not be compulsory but the committee was investigating incentives to lure recent graduates and more experienced doctors to under-resourced areas.

Pretorius said the plan was part of an attempt to meet the critical health needs in rural areas.

The committee would make recommendations next month.

A number of ideas were being considered and cost was being assessed.

Aside from increased pay for doctors serving in rural areas, the committee was looking at a scheme whereby graduates with state bursaries could work them off in half the time in rural areas than they would in urban areas.

At present graduates have to work in a state hospital for six years to pay off a six-year loan. According to the new proposal, they could work for three years in a rural area.

Another possibility was allowing state doctors serving in rural areas to open part-time private practices.

The idea was to attract experienced doctors as well as graduates because, given the lack of facilities and supervision, doctors with experience were needed.

Other factors, including the availability of electricity and clean water at rural clinics, had an effecton doctors choosing to work in these areas, he said.

A health scheme in KwaNdebele had yielded useful information on the influence of academic involvement in luring doctors. (93)

When the clinics in the area set up a project with Medunsa, the number of doctors rose 90% in a year as doctors were assured of appropriate training. Another benefit of the academic link-up was assistance when it came to dealing with serious health complications.

Doctors see emigration as cure for fatigue

☐ Medical teaching backbone buckling under strain

ADELE BALETA
Staff Reporter

WEARY doctors working in hospitals, fed up with long working hours, poor pay and inadequate staffing, are considering quitting and emigrating.

And if all 300 of the registrars, who are specialists-in-training, emigrate, the Peninsula's hospital services will grind to a halt.

They are the backbone of the teaching hospitals: Red Cross Children's, Groote Schuur, Somerset, Mowbray Maternity, Princess Alice Orthopaedic and Valkenberg.

Allan Puterman, chairman of the Registrar Association in Cape Town, said these doctors also taught midwives and at obstetrics units in the Peninsula, they attended to township day-hospitals and baby clinics — and they studied for exams, presented papers and taught undergraduates.

Dr Puterman said registrars supported the Reconstruction and Development Programme, but the working conditions were forcing many of them to consider emigrating.

"They are worked off their feet and, although they are in favour of free medical care for children under six and for pregnant women, they cannot cope with the increasing numbers of patients."

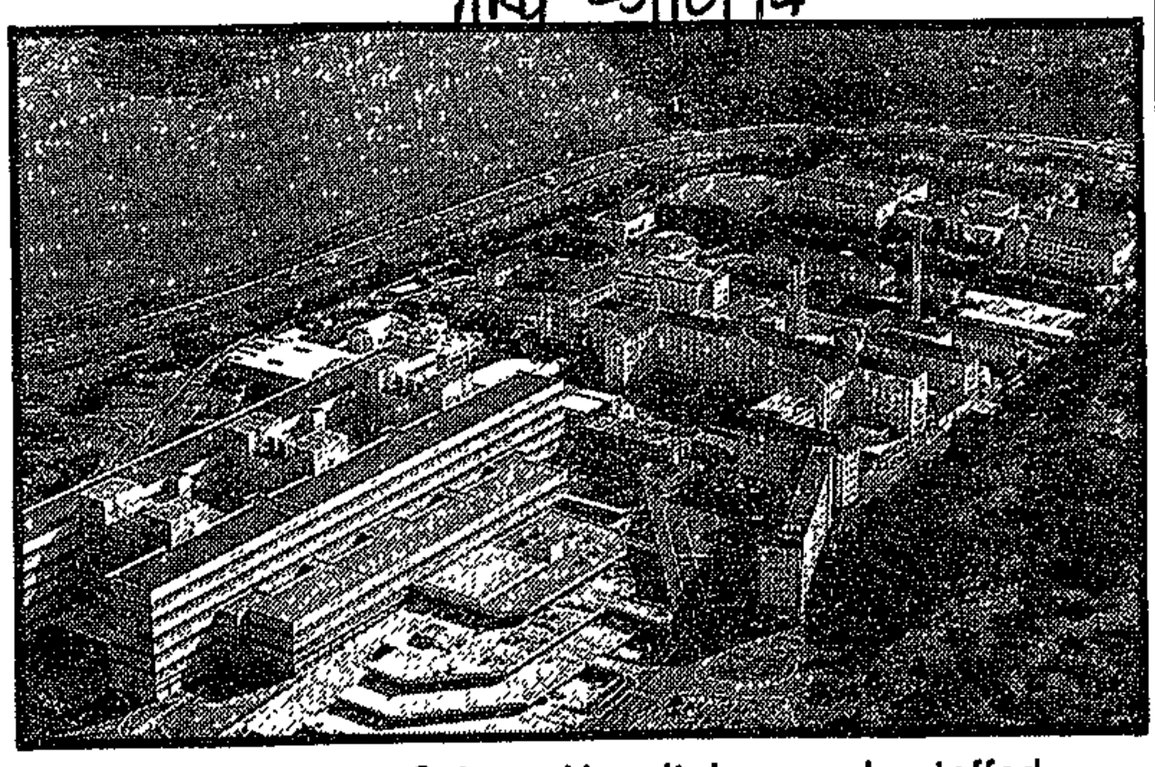
The Cape Provincial Administration had frozen posts and there were not enough doctors to go around. At times registrars had to perform nursing functions.

Doctors were becoming less inclined to specialise because the conditions were too tough. For many the major issue was not money, but time. They would rather spend the time with their families.

"We can work anything up to 75 hours a week and it has been known for some registrars to work 120 hours a week. It's unacceptable and intolerable," said Dr Puterman.

The European Community recommended a maximum of 48 hours a week.

"Patients' lives are at risk. After 20 hours on the job you are likely to make decisions based on how tired you are, not on what is best for the patient. Although it has not been proved conclusively, 18 hours is considered a cut-off point, after which judgment is likely to be impaired."



CRISIS: Groote Schuur Hospital — understaffed.

Apart from daily shifts, registrars were expected to make calls. A call meant staying at the hospital for up to 33 hours on either every fifth, fourth or third day, or in the case of cardio-thoracic surgeons every second day.

They did not get time off for the days worked. There was sick leave, but no relief doctor. If a registrar was sick the frequency of calls increased for the others. There were no tea or lunch breaks. Women had three months' maternity leave.

Until six months ago the CPA required registrars to work more than 56 hours a week without extra pay. They now got R13 for any extra hour worked up to 75 hours.

The association's vice chairman, Dee McCormack, explained: "If a registrar is called to assist with a heart operation or transplant and it's in overtime the registrar will be paid R13 an hour for his or her effort.

The association is demanding the CPA back pay its members for overtime over 56 hours and up to 75 hours from 1988. The CPA has until the end of November to respond.

To claim overtime pay for hours worked beyond 75 hours doctors must have worked nonstop for 321 hours a month — excluding time spent teaching and studying.

Dr McCormack, who is pregnant and is an obstetric and gynaecology registrar, said that while on call last week she saw 20 patients, performed six caesarean section operations and three vacuum extractions.

Her last caesar was at 4 am — about 30 hours from the beginning of the call.

"If I was in private practice I would have made about R15 000 for the day."

Cape GPs get together to cut costs

CT 25/11/94 (93)

Staff Reporter

ALMOST 1 000 general practitioners in the Western Cape have formed Cape Primary Care (CPC), a company they say will cut the costs of medical treatment and ease the burden on overstretched health services.

CPC, the brainchild of the Cape Independent Practitioners' Association (Cipa) and the first of its type in the country, will initially be able to accommodate as many as 2,5 million patients.

Cipa chairman Dr Steve Jooste, who stressed CPC was "not a charity", said at the company's launch yesterday that patients, doctors, medical aids and the state stood to benefit from its cost-cutting approach.

Dr Jooste said this would be achieved by improving the use of resources, organising doctors more efficiently by using a sophisticated computer network and buying drugs at cheaper rates.

He said patients could expect reduced medical aid subscriptions if their employers entered into contracts with CPC and their basic medical cover would include services previously excluded.

'Essential'

CPC doctors would charge higher consultation fees, but would provide more basic medical services, thereby reducing visits to specialists, and would provide access to cheaper drugs, he said.

Dr Tom Sutcliffe, deputy director-general of provincial health services, said the region's projected health budget deficit this year was R268 million.

He said schemes such as CPC "could take a great load off hospitals".

The co-operation of the private sector was "essential".

'Urgent need' for doctors

PRETORIA — SA had a serious shortage of doctors and closing medical schools would be disastrous, Prof Erik Glatthaar of Pretoria University said yesterday.

Releasing the results of research on the number of medical schools needed in the country, he said there were seven doctors for every 10 000 South Africans. The desired ratio was 10/10 000. B/Day

The training of doctors was a matter of urgency.

Glatthaar proposed that enrolment at medical schools be increased by revising selection criteria "to be more consumer-friendly and more needs-directed".

Private facilities and regional clinics should be used for training. 25/11/94

Medical schools should set up satellite campus facilities and assist in the development of smaller peripheral medical schools, he said. — Sapa. (93)

Warning on SA's 'serious shortage' of physicians

Business Day Reporter

THERE was a serious shortage of physicians in SA and a maldistribution of doctors leaving rural inhabitants under-serviced by the medical profession, Pretoria University medical faculty's Prof Erik Glatthaar said in a recent research paper. BDay 28/11/1990

Glatthaar noted that although up to 1 000 medical students qualified each year from various medical schools, the annual growth in the number of physicians was only 1,2% against a population growth of 2,3%.

"Closure of any of the existing medical schools, without intensive further investigations, will have disastrous long-term implications," he warned.

Glatthaar also recommended that existing facilities should not have their activities reduced, but should be optimally used by increasing the intake of students. Medical schools should co-operate in meaningfully addressing health resource needs in the country.

He suggested physicians' remuneration packages should be revised and specialist training rationalised by assessing SA's needs for various specialities.

Glatthaar pointed out that physicians played an essential leadership role in rendering effective primary health care and diagnostic support in hospitals. If their numbers dwindled further, primary health care services could regress "and eventually collapse". (93)

He estimated there was an "erosion factor" of about 400 physicians lost a year due to emigration and retirement or death. There were almost 26 000 registered physicians in SA, according to official statistics, of which about 7 000 were specialists. This meant SA had 6,9 physicians for every 10 000 people, well below the average 15,6 in upper middle income countries.

Homeopaths join the mainstream

BD 19/12/94

KATHRYN STRACHAN

HOMEOPATHS have finally been accepted into the medical fraternity after two decades of campaigning. (93)

With the SA Medical and Dental Council's agreement last week to co-operate with homeopathic doctors, they will now be able to function in hospitals, request reports from specialists and co-operate with medical doctors on patient diagnosis.

The SA Homeopathic Association (Saha) has been lobbying for this agreement since its registration in 1974.

Saha chairman Dr Leslie Pleass said the medical fraternity had realised that patients were seeking out the treatments of complementary medicine practitioners. "As life becomes more complex and as the environment deteriorates, people are becoming sicker and for longer. They're chronically ill and regular medicine is not aiding the situation."

He said that people were also turning to alternative treatments as the cost of medicine increased.

SA medical doctors needed to be aware of available alternatives and the two professions needed to work together to treat people in a more holistic way.

The Representative Association for Medical Schemes recently approved the homeopathic tariff based on the same structure of medical doctors.

Most blacks see traditional healers

PRETORIA — There are 200 000 traditional healers in SA and they are consulted by 80% of the black population, according to a study commissioned by the Medical Association of SA.

Masa yesterday released the results of a comprehensive study on the role of traditional healers, conducted for it by the Medical Research Council.

Masa science and education committee chairman Edoo Barker said the study was commissioned to give doctors "as deep an insight as possible into the world in which large numbers of their patients live".

There was one traditional healer for every 200-300 in the population served.

In some rural areas up to 80% of all babies were delivered by traditional birth attendants.

"The traditional healer shares with the patient a view of the world and the way it works which is completely alien to the non-African, Western-orientated health care worker, in particular the view which the patient shares with the healer with regard to the nature and causation of disease," Barker said.

"This view is totally different from that held by biomedical workers and this makes it difficult, if not impossible, for Western doctors or nurses to understand all those aspects of the patient which are essential to really effective medical care."

He said recommendations on traditional healers' potential role in the health care system included a nationally legislated policy accepting them as health care workers. — Sapa.

Doctors fear for future of private practice

THERE was great concern among doctors about the future of private practice, the Medical Association of SA (Masa) said yesterday after reports about a proposed national health insurance fund.

Masa chairman Bernard Mandell said a national health insurance system could broaden access to health care.

However, in designing the system all options should be considered in order to meet the country's health needs and optimise the services of the medical profession.

Health Minister Nkosazana Zuma had chosen the

KATHRYN STRACHAN

controversial Deeble model despite the opposition of an advisory committee set up to investigate three models.

There was also concern that the terms of reference of the committee set up to implement the Deeble model were too restricted.

Masa said it was imperative that the terms of referenceallowed the committee to look further than at a single plan or ideology. It would also make every effort to retain the services of the medical profession for SA and to secure doctors' career prospects.

Analysts said that while Masa was preparing a submission to be considered by the implementation committee, the fact that Masa was not included on the committee raised concerns.

The omission was striking as Masa represented one of the most powerful interest groups.

The association had been expected to sit on another committee set up to investigate ways of creating a national health fund through integrating the public and private health sectors.

However, the committee had been scrapped.

● See Page 8

100 doctors may sue province for overtime pay

(93) ARG 21/12/94

ARG 21/1/95

GLYNNIS UNDERHILL
Weekend Argus Reporter

MORE than 100 hard-pressed doctors at Groote Schuur Hospital are considering taking the Provincial Administration of the Western Cape to the Supreme Court over their claims for overtime pay dating back to 1988 and amounting to between R26 000 and R75 000 each.

Allen Puterman, chairman of the Registrar Association in Cape Town, said the fact that the doctors were entitled to the overtime pay had not been brought to the attention of the association over the years.

The doctors, all registrars at Groote Schuur Hospital, were informed that they had no claim for overtime pay, and it was only last year that they discovered they had a claim under the public service provisions.

The matter finally came to light last year when the chairman of the Medical Association of South Africa, Hendrik Hanekom, was negotiating for better pay packages for all doctors with Sam De Beer, who was then the cabinet minister in charge of the commission for administration.

"Mr De Beer informed Dr Hanekom that since 1987, like everybody else in the public service, all doctors were eligible for overtime and there was provision made for these claims," said Dr Puterman.

Dr Puterman said that in spite of appeals over the years for overtime money, this fact had never been revealed to the Registrar Association.

After the startling information came to light, the Provincial Administration of the Western Cape agreed to pay the registrars for overtime for the last six months of 1994, but had not communicated any further about the claims dating back to 1988.

"The matter certainly could end up in the Supreme Court, but we would prefer to have an out of court settlement. It is not in our nature to take employers to court," said Dr Puterman.

The registrars are currently consulting with lawyers and the Provincial Adminsitration of the Western Cape had admitted unfair labour practice, he said.

Each of the registrars involved in the dispute has kept timetables and records of the overtime they have worked, said Dr Puterman.

Dr Puterman said registrars had not received any salary increases this year and the workload continued to increase.

The registrars were now getting commuted overtime at R13 an hour, which was "better than nothing", said Dr Puterman.

Mark Hill, a spokesman for the Provincial Administration of the Western Cape, confirmed that it had received claims from registrars at Groote Schuur Hospital for overtime pay dating back to 1988.

Health alarm

POWER OF THE SPIRIT . . . Mr Robin Moodliar, his body hung with ash-filled brass containers, dances at the festival of Kavady in Cape Town. During the festival, which is to develop spiritual power, prayers are dedicated to Lord Muruga, believed to be the destroyer of all evil. Picture: BENNY GOOL

Doctors warn of likely exodus

CT 23/1/95 (93)

By CLAIRE BISSEKER

SOUTH AFRICAN doctors expressed alarm yesterday at what they believe to be a lack of government transparency in formulating a radical new national health scheme.

Reacting to leaks of the "secret" scheme, doctors said they believed it could lead to an exodus of general practitioners and send health care costs soaring.

Details of the medical insurance scheme, favoured by Health Minister Dr Nkosazana Zuma, are expected to be released at a press conference today.

A spokesman for Dr Zuma's office said last night that the minister would not comment on the doctors' fears or make any statement about the scheme until the conference today.

According to reports, the proposed health scheme first ran into difficulties when Dr Zuma overrode her advisers' recommendations.

Limited

The health finance committee appointed by Dr Zuma apparently opposed the "Deeble" plan that she favours, which is based on a model by socialist Australian health economist Dr John Deeble.

The committee was reportedly limited to exploring the impact of the Deeble plan and could not explore other options.

Doctors have apparently faxed reports of the committee dissatisfaction and other reports about the scheme to each other.

They claim they have not been consulted in drawing up the scheme. A senior city doctor, expressing concern about "cloak-and-dagger" plans, asked: "What has happened to transparency in the new government."

According to sources, if the Deeble plan is implemented locally, doctors would work for the state at a flat annual rate of R180 per patient.

This assumes patients will make no more than three annual visits to their doctors and require medication not exceeding R20 on each visit.

The national health insurance fund would be financed by a R5,1-billion payroll tax, comprising a 3% levy on all salaries and wages, a 2% levy on the income of the self-employed and R1bn from the state.

The Medical Association of South Africa (Masa) expressed "great concern" over the plan that would force doctors to work for the state at "affordable" rates.

This week Dr Zuma will establish a technical committee to investigate implementing the model despite a report by the finance health committee, which states "it would not be affordable at present" and "the risks to the public sector are too great".

Health director-general Mr Coen Slabber said Dr Zuma favoured the model as it made primary health care affordable to the unemployed and traditionally uninsured sectors of the population.

Masa said it was "imperative" that the technical committee be allowed to look further than one plan or ideology and that "all options should be considered".

It is envisaged that state-run centres staffed by nurses and doctors will supply the bulk of services and the private doctor system will wither because medical aids and private insurers will be prevented from paying.

However, hospital and specialist services may be exempt from the plan and may still be covered by private medical aid and insurance.

If this happened, doctors said, they were likely to refer patients for hospital and specialist treatment more readily, increasing medical aid costs and pushing up the cost of all but the most basic medical treatment.

The chairman of the Cape Independent Practitioners' Association, Dr Steve Jooste, said: "The mechanism they have used is going to self-destruct and the people who will suffer are the very people they are trying most to serve. They should be working through the existing network of primary care doctors, of which the Cape has the most advanced system in the country."

Wits economist Professor Duncan Reekie said: "It's the last thing we want in this country." He said it could lead to a mass exodus of doctors as had happened in Britain after 1948 when 25% of doctors emigrated as state policies gradually supressed salaries.

There was also a "major danger" that it would increase unemployment as a payroll tax made labour more expensive.

Doctors 'should repay'

CT 25/11/95 (13)

By BARRY STREEK,
Political Staff

NEWLY graduated doctors should work for at least two years in government service, preferably in rural areas, before being qualified to practise, the government-appointed Health Care Finance Committee has recommended.

They should also have six months' satisfactory experience with a general practitioner, the committee said in its report, which was released yesterday after it was authorised by Health Minister Dr Nkosazana Zuma.

It said the tax-funded subsidy in the education of doctors was about R1 million each.

"Most health graduates move rapidly into the private sector. Bursaries are rarely repaid and contractual obligations are by-passed," it said.

Particulars of proposed health scheme released ● Language choice for provinces

'Public service for doctors'

(93) Sowetan 26/1/95

NEWLY graduated doctors should do two years compulsory service in the public health sector before entering private practice, a special committee has recommended to the Minister of Health.

The report was apparently completed last year, but Minister of Health Dr Nkosazana Zuma released the document only this week, apparently stung by criticism that she was operating in a "secret and sinister" way.

The committee recommended a national health insurance scheme based on a tax of about three percent of the earnings of every wage-earner, and stricter controls on the activities of medical schemes.

The national health scheme should initially provide only primary care delivered to contributors and their dependants by general practitioners, sick funds or public sector services. Non-contributors would be restricted to public sector services or services contracted with the public sector of the national health scheme.

Doctors who did not contract in to the system could remain outside and would be paid directly by patients.

The committee said a national health scheme was "worth pursuing" and proposed that a technical team be appointed to see whether their preferred option was financially and logistically feasible.

Zuma announced on Monday that she was setting up a second committee to inquire into a national health insurance system to fund and organise primary care for all.

Democratic Party Health spokesman Mr Mike Ellis said the findings of the first committee had not been made public, and that in any case Zuma appeared to have ignored its recommendations.

In a statement the president of the Afrikaanse Handelsinstituut, Mr Walter Scheffler, said it was critically important that all interested parties be given a chance to make inputs before any far-reaching decisions were taken.

The AHI would support attempts to set up an affordable primary health care system based on free-market principles. — *Sapa*.

Public service for doctors called unfair

(93)
Star 26/1/95

It would be grossly unfair to single out medical doctors for compulsory community service, the Medical Association of South Africa said yesterday.

"Masa subscribes to the principle that every citizen has a responsibility to the State in return for the investment in his or her education. However, to single out one profession, namely medical doctors, would be grossly unfair."

The association was reacting to recommendations by a special committee to Health Minister Nkosazana Zuma that medical graduates be compelled to do two years' service in the public health sector before entering private practice.

Masa said: "It would be unwise to even discuss compulsory community service before a comprehensive approach to the deployment of the full spectrum of health personnel is in place.

"A voluntary social contract with incentives will be preferred." — Sapa.

Zuma's plan may scare off doctors

(93)

ARG28/1/95

DAVID BREIER
Weekend Argus Political Staff

THE government is pressing ahead with its plans to introduce a socialist-style national health system that could bleed the economy and send doctors packing.

This week national health minister Nkosazana Zuma played down reports that she was determined to force through a controversial medical insurance scheme devised by socialst Australian health economist John Deeble.

In terms of the Deeble plan, doctors would work for the state for a flat yearly rate of R180 a patient, financed by a R5,1 billion income tax of three percent on wages and salaries and two percent on self-employed people.

The Health Care Finance Committee, appointed by Dr Zuma some time ago, rejected the plan, but its report was kept secret until this week, when it was released after the controversy burst into the open.

The committee found South Africa could not afford a totally state-funded primary health care system. There has been widespread condemnation in the medical profession of the plan, with warnings that it would lead to mass emigration of doctors.

But no sooner had this committee rejected the Deeble plan, when Dr Zuma this week appointed another committee to re-examine the question.

Democratic Party health spokesman Mike Ellis told Weekend Argus that Dr Zuma and her "apparatchiks" were determined to appoint one committee after another until they found one that would rubber stamp their health plan.

"No sooner did it reject the plan, when she appointed a brand new committee. There is something secret and sinister about the whole thing," said Mr Ellis.

He said he had recently returned from a visit with the parliamentary select committee on health to Zimbabwe which had recently had an exodus of doctors to South Africa to escape a similar health system.

"We will now have a major exodus of doctors after the country begins to stabilise. Dr Zuma should not be encouraging doctors to leave the country," he said.

He urged that the terms of reference of the new committee be as wide as possible and that it should not be pressured into proposing a socialist health plan in spite of the economic realities.

"This is a democratic society — don't manipulate the committee," he urged Dr Zuma.

"If this happens in health and similar socialist policies are applied to education and other fields, how much more tax will people have to pay for the whole business? We could find ourselves paying extra taxes for a wide range of things," he said.

Bid to avert revolt by surgeons

Sunday Times Reporter

A TOP committee of the Medical Association of South Africa meets this weekend in a bid to avert a revolt by surgeons.

The surgeons claim the agreed tariffs for their services are too low.

Dr Herc Hoffman, chairman of the Private Practice Committee of Masa, admitted yesterday that the surgeons had a valid grievance.

"The annual increase in the scale of benefits for 1995 puts the surgeon at a further disadvantage," he said.

(93) ST 12/2/95

State hospital doctors get 'inadequate' pay

BD 14/2/95 (93)

KATHRYN STRACHAN

[illegible] working in state hospitals [illegible] demoralised, in severe financial difficulty, and working with equipment that was unmaintained and in some cases dangerously neglected, a conference heard last week.

Hospital Doctors Practitioners Association spokesman Ronnie Kemper described the harsh working conditions and warned that they were destined to become far worse in the short term.

This would come as a result of the Gauteng health budget being cut by R880m — a move which had already been translated into staff cuts. Hospital doctors had been informed that no salary increases would be considered for the next few years, he said.

Their remuneration was hopelessly inadequate. During the past six years the take-home salary of the average state doctor had increased by only R600. While they were paid for only 40 hours a week, they were often obliged to work upwards of 72 hours a week.

A major shift of finance, staff and resources towards government's primary health care initiative would further reduce funding available to hospitals.

Other factors placing a strain on hospital doctors were:

- **A move to redistribute medical resources within each province towards peripheral and rural areas.**
- **A move to outlaw the external private practices which had been keeping doctors' heads above water. This could lead to a dramatic exodus of doctors from state hospitals to the private sector.**
- **A deteriorating specialist referral structure as academic and tertiary centres abandon higher functions to try to cope with the crush of straightforward work.**
- **The collapse of the academic centres, and with it, medical training and much of the remaining motivation for doctors to work in state hospitals.**

Doctors 'discriminate' on drugs

CT 2/3/95 (93)

Special Correspondent

JOHANNESBURG. — The Consumer Council has criticised dispensing doctors who charge higher consultation fees to patients refusing to buy medicine from them.

Executive director Mr Jan Cronje said yesterday the council had received complaints of certain dispensing doctors who levy two sets of consultation fees — a cheaper fee for patients who buy medicine from them and a more expensive one for those who insist on a prescription.

Mr Ivan Kotze, executive director of the Pharmaceutical Society of South Africa, described members of the public as "pawns" in a broader debate between medical aid societies and doctors.

He said in the past pharmacies had negotiated discounts with medical aid schemes. This prompted dispensing doctors to demand a premium rate from patients to make up for lost business.

Dr T S Habib, national secretary of the Society of Dispensing and Family Doctors, disputed the claims yesterday.

"Most of our patients are very poor and do not have medical aid. They can hardly pay for the consultation or the medication and we subsidise them," Dr Habib said.

He added that for those patients who did have medical aid, doctors charged the medical aid tariff for the consultation.

Council queries doctors' tariffs

(93) Star 2/3/95

■ STAFF REPORTERS

The Consumer Council has hit out at dispensing doctors who charge higher consultation fees to patients refusing to buy medicine from them.

Executive director Jan Cronje said yesterday doctors who did this were tarnishing the professional image of the medical fraternity.

"The council has received complaints of certain dispensing doctors who levy two sets of consultation fees — a cheaper fee for patients who buy medicine from them and a more expensive one for those who insist on a prescription," he said.

Cronje appealed to medical associations to implement strict measures to discourage this practice and advised consumers not to consult these doctors.

Ivan Kotze, executive director of the Pharmaceutical Society of South Africa, described members of the public as pawns in a greater debate between medical aid societies and doctors.

He said that, in the past, pharmacies had negotiated discounts with medical aid schemes.

This meant that medical aid societies encouraged the use of pharmacies through a "preferred provider" system, thereby saving money.

This prompted dispensing doctors to demand a premium rate from patients to make up for lost business, he said.

Dr T S Habib, national secretary of the Society of Dispensing and Family Doctors, disputed this, saying that the majority of dispensing doctors dealt mostly with needy patients.

"Most of our patients are very poor and do not have medical aid. They can hardly pay for the consultation or the medication and we subsidise them. Doctors who charge extra are a small minority," Habib saib.

Thursday March 2 1995

THE

Concern as top UCT doctor quits his post

(93) ARG 2/3/95

Colborn backs change, then goes

LIBBY PEACOCK
Health Reporter

THE deputy dean of the University of Cape Town's medical school — who has been forthright in his public support of moves to change the South African health system — has resigned.

Concerned colleagues at Groote Schuur Hospital who called The Argus have claimed Dr Rod Colborn is leaving the country but Dr Colborn has refused to confirm this or to comment on his resignation.

University of Cape Town spokeswoman Helen Zille confirmed that Dr Colborn had resigned for "personal reasons".

Doctors at the hospital said Dr Colborn had expressed the view that standards would not drop because of reduced academic hospital budgets and that primary health care doctors needed "a stethescope and little else besides sound training and the right approach". They questioned his reasons for leaving.

In an interview yesterday, Dr Colborn repeated his conviction that "the training of our students must be at the appropriate health-care level".

He said at primary health care-level, a stethoscope and the ability to manage reasonably simple procedures such as taking blood pressures and X-rays — coupled with the correct training and "the right approach to the patient as a human" — were the most important factors.

This did obviously not apply to specialist level, but "if doctors are tied to fancy equipment we're going to have problems".

While it was unnecessary to have hi-tech equipment in the teaching of graduate students, such facilities were indeed necessary in order to retain quality teaching staff.

Dr Colborn said the country should have had a system of secondary hospitals in place in communities a long time ago.

It was unnecessary that operations to take appendices and tonsils out should have been done at tertiary hospitals like Groote Schuur.

Dr Colborn said he was "very supportive" of the proposed new health plan for the Western Cape.

Wage chamber for doctors urged

(93)

7/3/95

ST

JOHANNESBURG: The Medical Association of South Africa has called on doctors to get their own wage-bargaining chamber so that they can set their salaries separately from other public servants.

Professor David Morrel of Wits University's Medical School took the doctors' case to members of the Constitutional Assembly yesterday, saying the profession was in crisis because there was a shortage of doctors in the public service.

He said doctors were leaving because of low wages compared to private practice and cutbacks and a lack of resources. — Sapa

FRIDAY
MARCH 10, 1995 ★

Doctors can help cut costs

Staff Reporter

THE average doctor in South Africa does not know the price of medication he or she prescribes on a daily basis — something which would have to change if the high cost of medicines was to be brought under control.

This is the view of Mr Stephan Lukas, chief executive officer of Cape Primary Care, the business arm of the Cape Independent Practitioners' Association (Cipa) which represents about 1 000 doctors in the Western Cape.

Mr Lukas said Cipa was working towards a computer system which would enable doctors to call up the comparative manufacturing prices of different brands of medicines on their private desktop computers.

This system would essentially by-pass wholesalers' mark-ups by providing the end-user with a single exit price for medicine, he explained.

The second step was to supply doctors with guidelines on the "rational" utilisation of drugs, in other words, on the most cost-effective product for a particular medical condition.

In a submission to the Department of Health's technical committee yesterday, Cipa argued that the combined approach of a single exit price for all medicine and an aggressive policy of rational drug utilisation would result in greater savings than other recent pricing suggestions.

A scheme mooted by the Pharmaceutical Society of South Africa (PSSA), which would remove the profit motive in the sale of medicines by dispensing doctors and pharmacists, would not achieve more than a 10% saving on total medical aid payouts, Cipa claimed.

Mr Lukas said the role of the state tender system in maintaining artificially high private sector drug prices also had to be recognised.

Although the state would always be able to negotiate cheaper drug prices by buying in volume, Cipa and other general practitioner organisations and service suppliers should be able to share in these discounts, he said.

At the moment the scale was tipped to favour the state to such an extent that the private sector was cross-subsidising the state's medicine prices.

'Action' threat at Valkenberg

98 CT 13/3/95

STAFF REPORTER

DISSATISFIED workers at Valkenberg Hospital are threatening "strong action" this morning after their grievances about the appointment of a white woman — allegedly the sister of one of the managers — in a secretarial post without the vacancy being advertised, were not addressed.

The workers will picket the hospital's administration offices this morning while a delegation will seek a meeting with the Cape Provincial Administration.

Ms Nomathemba Skweyiya, secretary of the Health Workers' Union at Valkenberg, said the woman, Mrs E Mouton, had been employed as a secretary at the beginning of April.

She claimed that the vacancy was not advertised.

Various written complaints received no response, she said.

The medical superintendent, Dr E Hacking, could not be reached for comment last night.

Need for 'creative' doctors

JENNY VIALL
Staff Reporter

A REVIEW of the teaching and learning methods at South African medical schools is needed to produce creative doctors who can deal with the health problems facing the country, says Education Minister Sibusiso Bengu.

Speaking at a conference in Sea Point on training doctors to work in Africa in the 21st century, Professor Bengu said there was a "serious need for introspection" into the curriculum and standards of medical education.

Medical schools in Africa should look at local problems needing urgent attention, and medical education should be examined for its relevance.

"There is a need to re-examine who is taught, by whom, for how long and most importantly for what purpose.

"Can we honestly say that we are equipping our students with skills and knowledge appropriate for the South African context?

"Can our products practise in rural areas, squatter areas or hostels? Can we say that our students are equipped with creative skills to deal with emerging unique South African social problems?"

Professor Bengu said medical schools had to be accountable for the doctors they produced and leaders in medical education had to contribute to the shaping of the health care systems of the future.

Curriculum and staff development had to be looked at when transforming medical education.

"Our present curriculum is overloaded and its content does not meet the changing needs of our country.

"Teaching is still done by people primarily interested in clinical care and research."

Attracting doctors to rural areas 'a world problem'

ARU 6/4/95 (93)

JENNY VIALL
Staff Reporter

ATTRACTING doctors to work in rural areas is a worldwide problem and there are few success stories, says World Health Organisation Regional Director for Africa Ebrahim Samba.

Dr Samba, speaking after the African Regional Conference on Medical Education in Sea Point, said there had to be incentives for doctors.

"We have to make facilities, working and living conditions in rural areas attractive. There has to be decentralisation, but it's a problem no continent has solved yet."

Doctors should be given an idea during training of what the options at district and community hospitals were, he said.

"In countries where this has been done, such as Ghana, Cameroon and Burkina Fasso, some students have opted to go to rural areas once qualified," said Dr Samba.

For primary health care to be successful, it had to be backed by a strong secondary and tertiary service.

Among recommendations of the conference were that medical education must be more appropriate to the needs of Africa.

"Irrelevant components of medical training will have to make way for more appropriate ones. The world is changing and universities must change along with the world," said Dr Samba.

Most doctors were not trained in community and district medicine or private practice medicine.

"What gets included in the curriculum must depend on the country and its specific needs.

"You have two worlds here — one of the best and one of the worst I've seen. My overall view of South Africa is positive. I have seen positive moves to tackle the problems of poor communities."

Dr Samba said one of the biggest problems in South Africa was how to distribute funds for health services.

"The cake is limited. Do you transfer from the haves to the have-nots? At what rate? And what percentage?"

Dr Samba said the WHO was in the process of setting up an office in South Africa. "Our task here is not to tell the government what to do but to support it wherever it needs support. We will act as the extra arms, feet, eyes and hands to help you fulfill objectives."

He said the WHO was not a donor agency but a technical agency bringing knowledge of world health issues.

Brain drain continues Star 7/4/95

Many medical students plan to go overseas

■ BY SHIRLEY WOODGATE

Up to a third of the medical students at Cape Town and Wits universities are believed to be planning to leave South Africa after graduating this year, according to Dr Dan Ncayiyana, editor of the SA Medical Journal.

Indications of the pending brain drain follow hard on the heels of emigration figures for 1994 showing that among the 9 077 people who left the country between January and October 1994 were 60 medical practitioners, 16 medical specialists and 219 civil and related engineers.

Emigration from SA rose by nearly 50% in the first 10 months of 1994, according to Central Statistical Service figures.

Saying the loss of doctors was "a matter for serious concern", Ncayiyana said: "It is impossible to tie them down once they have graduated, unless it is to delay their registration by the SA Medical and Dental Council from one to two years after graduating.

"We must provide them with an incentive to stay through job satisfaction. This means ensuring an acceptable working environment, which includes adequate supplies of drugs and equipment, proper nursing care and an end to overcrowding in hospitals."

The current gap was being partly filled by "significant numbers" of eastern European and African doctors — the latter from Uganda, Ghana, Zimbabwe and Kenya, trained on the British model and familiar with many of the diseases that occurred in SA.

Ncayiyana said it was necessary to keep as much talent in the country as possible, particularly as at least half their training was at taxpayers' expense.

"On the other hand, we need only those who are committed to the future."

Police to review go-slow if negotiations succeed

Star 7/4/95

■ STAFF REPORTERS

The SA Police Union would review its "work-to-rule" campaign and other actions tomorrow if ongoing wage negotiations with the Government did not produce a solution.

The union said yesterday it would continue its marches in major cities today, although an agreement to end the two-week action was expected soon.

Sapu national organiser Gerhard van der Merwe said members had agreed that if no progress is made today, the go-slow strategy would be reviewed.

Captain Leah Shibambo, a spokesman for Police Commissioner George Fivaz, said yesterday there were no new developments in negotiations.

Sapu member Celeste Pretorius said all the parties taking part in the negotiations were "in agreement in principle" about overtime pay and salary increases.

"The problem now is to find the money for the increases and allowances," Pretorius said.

Attempts were being made to find money from within the police and other budgets to boost police allowances, overtime pay and increases.

Policemen have been on a go-slow over the past two weeks and have refused to take all but emergency calls after hours.

Sapu will hold nationwide marches in Johannesburg, Cape Town and Pretoria today.

Pretorius said the marches would proceed as planned — "as victory marches if we have a solution to our problems by then".

A senior policeman said earlier this week that part of the hesitation in granting salary increases to policemen was that the service still formed part of the civil service.

Consequently, whatever increase is decided upon for the police service, will have to apply to all civil servants.

But other sources said police had negotiated a separate deal.

Picture: HANNES THIART, Weekend Argus.

□ **BREATHER:** South African doctor Guy Reid, far right, stops for a cuppa with foreign colleagues during a break at the busy Khayelitsha Site B Day Hospital. With him are, from left, Bob Marsh (Britain), Louis Mwenze (Zaire), Stephan Quentin (Germany), Olga Kosheva (Bulgaria).

Foreign doctors take their chances willingly

ARG 8/4/95 (93)

ADELE BALETA
Weekend Argus Reporter

FOR every South African doctor/specialist who quits the country more than two come here to practise.

The latest Central Statistical Service figures for the period January to October 1994 indicate that more than twice as many medical doctors and specialists entered the country (149) compared to those who packed left (76) — not including dentists.

Foreign doctors have appeared to gravitate toward working in township day hospitals and rural areas — areas which many of their South African colleagues, white and black, steer away from because of working conditions and violence.

Many South African doctors are not opposed in principal to the influx of foreign doctors but have criticised some for their lack of practical skills and for being underqualified to deal with disadvantaged communities.

One South African doctor who asked not to be named praised many foreign doctors for their skills and for the fact that they were prepared to work among communities that South Africans avoided.

But he said there were many others, mainly from Eastern European countries who were "racist, mercenary, appallingly bad and downright dangerous".

He added: "Many of these doctors came here to attain some social standing because in Poland, for example, a doctor and a plumber enjoy similar status."

The South African Medical and Dental Council (SAMDC) registered 299 foreign doctors last year. Of these 115 came from India and Pakistan, 69 from Britain, 47 from Eastern Europe, 34 from Belgium and 18 from Germany.

South Africa also appears to have become "a drainage area" for doctors from the rest of the continent, most of whom appear to have arrived before the elections last year.

They are from Zimbabwe, Ghana, Zaire, Uganda, Zambia, Nigeria and Kenya and many of them were trained in Belgium and other countries. There were no arrivals from African countries in 1994, according to the SAMDC.

Out of the 10 doctors at Khayelitsha Site B Day Hospital only two are South Africans. The rest are from Uganda, 2, Bulgaria, 3, United Kingdom, 1, Germany 1 and Zaire, 1.

The foreign doctors interviewed at the hospital by the Weekend Argus felt they and their associates from abroad were more prepared to work in township hospitals than their South African colleagues. As a group they were highly complimentary about South African doctors and their training.

They believe that if the State were to improve working conditions and pay, more doctors would be attracted from from the central hospitals and many disgruntled doctors would not emigrate.

Most of these foreign doctors rejected criticism that they could not be understood by patients.

They felt they were no less proficient in Xhosa than their white South African counterparts. They used interpreters, but then so did many local doctors.

Stephan Quentin, 31, from Kiel near Hamburg, has been here since 1993, gaining clinical experience. He spent a year at Groote Schuur Hospital before working in the township.

In Germany medical students do not touch patients until after they graduate.

Louis Mwenze, 42, from Zaire, has been here for 3½ years. Trained in Belgium, he was disappointed by medical standards in his own country.

Guy Reid, a South African-trained medical officer who works on rotation at Khayelitsha Day Hospital, felt most foreign doctors were suitably trained.

"There are good doctors and bad doctors everywhere."

He said foreigners took longer than South Africans to adjust to township conditions.

Dr Reid said it was not an unusual phenomenon that foreign doctors filled posts not wanted by South African doctors.

"After all, when our doctors travel to, say, Canada, they are given jobs in remote rural areas where Canadians don't want to work.

"Not wanting to work in the townships is not confined to doctors."

Broadcasters 'can have popularity and quality'

BD 19/4/95

INGRID SALGADO

POPULARITY and quality in broadcasting were not mutually exclusive and public service broadcasting in SA did not have to sacrifice one for the other, Britain's Channel Four told the Independent Broadcasting Authority (IBA) yesterday.

The BBC and Channel Four had proved that mass broadcasters did not have to produce "trash", Channel Four CE Michael Grade said. With Channel Three, they were the only broadcasters that gave the British population programmes which were relevant to their lives.

Channel Four is a commercial, private broadcaster that relies entirely on advertising for its revenue.

Investment in indigenous production was crucial to ensuring that quality programmes reached the population, Grade said. Channel Four had put resources into training independent producers and was now reaping the benefits of using their programmes. Its use of the independent production sector meant that different sources of supply created a diverse and plural channel, he said.

Throughout Britain the channel's film workshops for emerging producers had brought forth a "wonderful array" of people with different perspectives on life who kept "old fogies" in touch with the world.

But the channel still used imported programmes from the US, some of which were entertaining, well-made and cheaper than making its own programmes.

Imports often helped a broadcaster save money. This money could then be channelled into less financially viable areas like educational programmes.

Grade said programming needed to be highly regulated, but regulators should not interfere before transmission took place. Broadcasters themselves needed to regulate their content and bear the consequences if they got it wrong. Regulators and broadcasters needed to "have the row" after programmes were aired, since doing otherwise denied the public the opportunity to involve itself in the debate.

Although Channel Four covered what was not catered for on Channel Three and the BBC, it was not a niche broadcaster. It reached 85% of Britain's population in any month and was still a mass channel.

Earlier, British production company Southern Media told the IBA that the SABC's public service programming would not improve unless it had some incentive to do so.

Britain's experience showed that Channel Four had put "tremendous pressure" on the BBC to improve its programming. SA needed a quality commercial channel that had to develop local production by commissioning programmes from the independent production sector.

Foreign doctors 'a threat'

(93) BD 19/4/95

FOREIGNERS accounted for as many as four-fifths of doctors at some Gauteng hospitals and some were unqualified and a possible danger to patients' lives, DP Gauteng health spokesman Jack Bloom claimed yesterday.

Sapa reports Gauteng health minister Amos Masondo, in a written reply to a question from Bloom, disclosed yesterday that the province employed 500 foreign doctors in its hospitals.

"Very few such doctors are from the highly sophisticated countries of Europe or the Americas, most coming from the underdeveloped world not renowned for high standards in medicine," Bloom said.

However, KATHRYN STRACHAN reports that Prof Tom Bothwell of the Gauteng health task team said foreign doctors with limited registration were supposed to work only under supervision.

Bothwell said doctors who came from countries which did not have fully recognised qualifications had to write an exam which gave them limited registration. They were then able to practice in designated hospitals under supervision, with their registration reviewed after a year.

He said there was a "crying need" for doctors in rural and township hospitals because local doctors were not interested in working in these areas.

This problem was being addressed by the Health Ministry which was looking at ways of luring local doctors into outlying hospitals.

Masondo said Pakistan and Zaire accounted for 55 doctors each in SA, with 49 from Bulgaria, 47 from Poland and 27 from Zambia and Bangladesh.

Some hospitals, particularly those in predominantly black areas, showed a "disturbing reliance" on foreign doctors, Bloom said. Garankuwa had 140 foreign doctors, Tembisa 59 and Sebokeng 40.

The foreigners usually had only limited registration with the SA Medical and Dental Council and were in most cases employed because local doctors could not be recruited.

(93) Star 19/4/95

FOREIGN DOCTORS: There wers 500 foreign doctors working in Gauteng hospitals and very few came from sophisticated medical schools in Wetern Europe and North America. Many, from places like Pakistan, Zaire, Bulgaria, Poland and Zambia, were under-qualified and a possible dangen to patients, DP health spokesman Jack Bloom said yesteday.

'Doctors are seriously unqualified' - claim

Foreigners moving in

Star 19/4/95

■ BY JO-ANNE COLLINGE

Gauteng state hospitals have hired about 500 foreign doctors in the past three years because locally trained doctors could not be attracted to fill vacant posts, MEC for Health Amos Masondo has disclosed.

He supplied the information this week in answer to a written question by MPL Jack Bloom of the Democratic Party.

Bloom demanded that this "wholesale employment" of foreign doctors "of uncertain expertise" be reassessed.

"I am aware of reports that while certain foreign doctors are competent and very necessary to make up for shortages, others are seriously unqualified."

Referring to the continuing exodus of South African-trained doctors to greener pastures in Europe, North America and Australia, Bloom argued for greater incentives to retain locally trained doctors.

However, current policy debate points more to the possible introduction of a period of mandatory public service for new medical graduates as a partial repayment for the heavy state subsidisation of their training.

In Gauteng, in particular, academic hospitals devour a huge chunk of the budget. In 1995/6 it is estimated that R1,5-billion of the R3,1-billion health budget will be spent on these institutions.

The largest group of foreign doctors working in Gauteng comes from the former Eastern bloc countries (156), followed by the rest of Africa (149) and Asia (111).

"Very few such doctors are from the highly sophisticated countries of Europe or the Americas, most coming from the underdeveloped world not renowned for high standards in medicine," Bloon said.

Masondo explained that doctors had to pass the South African Medical and Dental Council examination in order to practise in this country. They usually received a limited form of registration with the council.

Doctors are defended

KATHRYN STRACHAN

THE Senior Hospital Doctors' Association of SA said yesterday that claims that many local hospitals were disturbingly reliant on foreign doctors highlighted the intolerable working conditions faced in state hospitals.

Association chairman Stefan Morrel was responding to a statement made by DP health spokesman Jack Bloom, saying that as many as four-fifths of doctors at certain Gauteng hospitals were foreigners.

Bloom said many of these doctors were from countries with low medical standards and had only limited registration with the SA Medical and Dental Council.

Morrel said the problem facing health care was not the quality of foreign doctors, but government's failure to improve the lot of doctors in the public sector.

Patient load was increasing while vacancies remained unfilled, facilities were deteriorating and budgets being cut. Many doctors had become so demoralised that they were considering leaving, or had already left the public service — or SA.

"They have no real incentive to maintain services under extremely trying circumstances." Morrel added it was grossly unfair and irresponsible to make general statements on the competence of foreign doctors.

The work of many foreign doctors was beyond reproach, while they were often the victims of exploitation because of restrictive service contracts and registrations, Morrel said.

SAMDC says foreign doctors are qualified

(93)

■ OWN CORRESPONDENT

Cape Town — The SA Medical and Dental Council has come out strongly against allegations that foreign doctors practising in South Africa were unqualified and a danger to patients.

Reacting to allegations by Democratic Party spokesman Jack Bloom, acting registrar Daan Naude said yesterday that doctors could not practise in this country unless they were qualified.

A foreign doctor who applies to work in South Africa has to write an examination to show his professional competence.

"If he passes he is given limited registration with the council to work for one year in a specific province at a state or provincial hospital under supervision.," Naude said.

He said the council was implementing a system of questionnaires which hospital superintendents would complete to monitor foreign doctors.

Star 20/4/95

'Strict tests for foreign doctors'

CT 20/4/95 (93)

STAFF REPORTER

THE SA Medical and Dental Council has come out strongly against allegations that foreign doctors practising in South Africa were unqualified and a danger to patients.

Reacting to allegations by Democratic Party spokesman Mr Jack Bloom, acting registrar Mr Daan Naude said yesterday doctors could not practise in this country unless they were qualified.

"A foreign doctor who applies to work in South Africa has to write an examination to show his professional competence. If he passes he is given limited registration with the council to work for one year in a specific province at a state or provincial hospital under supervision. Limited registration does not permit a doctor to enter private practice," Mr Naude said.

Before being allowed to work in South Africa, foreign doctors had to produce evidence of a proposal of employment and the hospital concerned had to show that the post had been advertised but not filled.

Mr Naude said the council was in the process of implementing a system of questionnaires which would be given to hospital superintendents to complete as a way of monitoring foreign doctors.

"If there are complaints against any foreign doctor they are dealt with in exactly the same way as local doctors," Mr Naude said.

The council had received very few complaints about foreign doctors.

Mr Naude said there were sufficient doctors in South Africa, but there was a maldistribution of medical staff with insufficient doctors working in the rural areas. These were the posts foreign doctors usually filled.

Foreign doctors 'fill vacuum'

(93)

POLITICAL STAFF

FOREIGN doctors filled an "important vacuum" in the Western Cape public service, especially in rural hospitals — but South Africa needed to avoid becoming "too attractive" to understaffed neighbouring countries, Minister of Health and Welfare Mr Ebrahim Rasool said yesterday.

Answering a question from Mr Petrus Meyer (NP) in the provincial legislature, Mr Rasool said there were 163 foreign doctors in the province's public sector.

This number is believed to be about eight percent of all public sector doctors in the province.

However it was "always policy" to accommodate local doctors first.

Mr Rasool said the most pressing need was to solve the staffing shortage (12%) and reduce the number of doctors and other health professionals who were leaving South Africa or going over to the private sector. CT 26/4/95

Foreign doctors do the dirty work in 'raw deal'

(93) ST 30/4/95

By CAS St LEGER

STATE hospitals would collapse without the service of foreign doctors, the chairman of a leading medical body claimed this week.

Of the 3 500 doctors working in provincial hospitals, 1 797 are foreigners and most work in under-serviced areas.

By contrast, 10 of the 12 interns taken in at Ngwelezana hospital in Empangeni, near Durban, last year are now working in Canada or England.

Dr Stefan Morell, chairman of the Senior Hospital Doctors' Association and superintendent of Ngwelezana, has appealed to the Minister of Health, Dr Nkosazana Zuma, to introduce a probationary period for foreign doctors, to give them some security in their new country.

Dr Morell said: "Hospitals, especially in rural areas, would not be able to run without the services of foreign doctors. If you turn them away, the system will collapse."

He said foreign doctors were "getting a raw deal".

"They work in regions where South African doctors don't want to work, such as northern Kwazulu Natal, in the North West province and parts of Gauteng."

They have to contend with long working hours, staff shortages and the risk of being "kicked out at any time".

Only doctors from Britain and Belgium are granted full registration without having to write a medical examination and language test. Others, who come mainly from Eastern Europe, Asia and other African countries, are permitted to work under the supervision of local doctors, on a limited registration basis.

But it was almost impossible for overextended doctors to find time to study for the exams.

In addition, in April, doctors in rural areas lost their monthly "hardship allowances" of between R1 000 and R1 500.

Dr Morell said the reduction has made a significant dent in annual salaries, which ranged between R60 000 and R90 000.

Dr Morell said his association was calling for the introduction of a probationary period for foreign doctors of one or two years, after which they would have to write the exams for full registration.

Dr Zuma has not responded to the association's request as she is in Geneva.

Doctors will be free to choose

(93) ~~36~~ HRG

ST 7/5/95

By CAS St LEGER

FEARS that doctors would be co-opted into government service under a revamped South African health care system have been put to rest.

Under the proposed national health insurance plan due to be released in mid-May, they will be able to choose whether to work in the private or public sector — or both.

"The plan is not yet written in concrete," said Dr Olive Shisana, special adviser to the minister of health and co-chairman of the National Health Insurance committee.

"We are speaking to stakeholders around the country to ensure they share the same vision."

Dr Shisana said this vision centred on strengthening the role of the public sector, which cares for the health of 76 percent of South Africans.

One way of achieving this would be by contracting private doctors on a full or part-time basis to care for patients in clinics without doctors.

"Doctors will have quite a variety of choices," said Dr Shisana.

Discussions had concentrated on primary health, but had touched on secondary and tertiary care.

She foresaw private medical aid schemes and private hospitals continuing their present role, with greater co-operation with the public sector.

Dr Shisana said the controversial plan to send young doctors into under-serviced country areas for a two-year period of compulsory service still had to be discussed further.

NEWS Funeral undertaker offers to bury children killed in fire free of charge

Foreign doctors 'discriminated against'

(93) sowetan 12/5/95

By Glenn McKenzie

FOREIGN doctors in South Africa are the victims of prejudice and poor working conditions, a group of physicians from Natalspruit Hospital claimed this week.

The doctors, who hail from countries like India, Zaïre and Nigeria, lashed out at what they called "medical double standards for foreign doctors" during a fact-finding tour organised by Gauteng's Democratic Party health spokesman Mr Jack Bloom.

In recent weeks, Bloom has criticised hospitals for hiring poorly trained foreign doctors. State hospitals in Gauteng have hired about 500 foreign doctors during the past three years.

At Natalspruit Hospital, about 80 percent of the doctors on staff are foreigners.

This is because most South African graduates refuse to work in the hospital's harsh conditions, the doctors claimed.

Dr Varughese George, an Indian doctor who trained in Nigeria said:

"We feel extremely hard done by by these allegations that we have substandard qualifications. I can do things surgically that doctors in Britain have never done."

New ruling

George criticised the South African Medical and Dental Council for a new ruling that restricts foreign doctors from becoming residents in hospitals. In addition, all foreign doctors are required to renew their licences yearly.

Doing a service

"We are doing a service for South Africans and no one seems to appreciate it," he said.

Another foreign physician, Dr Muvili Simba accused Bloom of airing his "dirty laundry in the Press."

All foreign doctors were qualified and had passed SAMDC entrance exams and deserved to be recognised, he said.

Meanwhile, Bloom insisted that foreign doctors should be monitored more closely so that innocent patients did not suffer. Still, he sympathised with foreign doctors who were "exploited" by hospitals.

Bloom said the government should offer better orientation programmes for foreign doctors who were unaccustomed to South African medical conditions.

ARG. 16/5/95 (43)

Foreign doctors bitter about discrimination and danger

Sapa reports
from Johannesburg.

FOREIGN doctors are the backbone of South Africa's overburdened state hospitals but face discrimination, exploitation and dangerous conditions with no job security or full medical recognition, doctors and hospital administrators say.

"Without foreign doctors most non-academic state hospitals would be forced to close," said Dr Charles Bradfield, superintendent of Natalspruit Hospital on the East Rand. "They are a dedicated but abused work-force. Their anger is justified."

About half of South Africa's state doctors are foreigners, working long hours mostly in rural areas and black townships under deplorable conditions and often called upon to save lives of victims of violence.

They struggle for full registration with the South African Medical and Dental Council and have to apply annually for temporary registration and work permits.

Doctors say this denies them permanent residence, access to loans and security of tenure.

"The annual re-registration makes us like convicts awaiting execution. It causes uncertainty and frustration," said a doctor from Sebokeng Hospital near Vereeniging where about 90 percent of doctors are foreigners. He asked not to be named.

With thousands of South African doctors having left for greener pastures abroad and those who stayed reluctant to take the state's low pay and poor conditions, the gap was filled by foreigners.

Dr Bradfield said: "Instead of raising salaries to keep South African doctors the state let them go and eased restrictions for foreign doctors. Now these foreigners are trapped.

"We are eternally grateful to them. They have kept our medical facilities buoyant, yet the country has abused them."

Senior Hospital Doctors' Association chairman Dr Stefan Morrel said foreign doctors came to South Africa for various reasons, "for experience, to fulfil a missionary zeal, for adventure and for economic and political reasons".

"Those who really want to make South Africa their home should have the chance to do that."

Nigerian Dr Varughesse George trained in India and moved to South Africa in 1992. He works at Natalspruit Hospital where 80 percent of doctors are foreigners.

He complained bitterly about poor working conditions in the violence-racked area and a lack of recognition.

"We hear gunshots and work in an area where one might perform five stomach operations on trauma victims in a single night, but we are not recognised. We do a pretty damn good job."

Ngwelezana Hospital in Natal serves 2,5 million people with 44 doctors, 31 of them foreigners. Labour unrest, endemic violence and the area's high incidence of the virus believed to cause Aids make working conditions dangerous. Some foreign doctors have been shot at and hijacked on duty.

"More and more South Africans are resigning and these foreign doctors are taking the risks and getting no recognition," said Dr Morrel, who is also superintendent at Ngwelezana.

Only doctors trained in South Africa, Britain or Belgium automatically obtained full registration.

There are plans to form an association for foreign doctors and to lobby for changes, and the Medical Association of South Africa is working on proposals for submission to the South African Medical and Dental Council.

'Doctors should not profit from medicines'

ARG 16/5/95

MEDICINES Control Council chairman and head of the University of Cape Town's pharmacology department, Professor Peter Folb, has called for the practice of doctors dispensing medicines and making a profit out of it to be banned.

He was speaking at the launch in Cape Town of an updated version of the South African Medicines Formulary compiled by his department in conjunction with the Medical Association of South Africa.

"The mark-up in the price of medicines by the time they reach the public is considerable.

"The practice of dispensing doctors whereby some of them are trading in medicines and making profits should be disallowed.

"The result is that many people cannot afford to pay for their medicines — especially the elderly, the poor and those with chronic illnesses," he said.

Professor Kolb said the medical profession could help by supporting the use of essential, cost-effective medicines and straightforward treatment protocols wherever possible.

A statement said the booklet was a guide to medicines and their generic equivalents, but also contained information ranging from guidelines to sportsmen on drug prescription to up-to-date information on drugs used for treating tuberculosis and malaria, drug prescription for children and the elderly and guidelines for treating hypertension in children. — Sapa.

NEWS IN BRIEF

State doctors protest

DOCTORS working in the public sector yesterday rejected this week's pay agreement between the state and most staff associations, saying their salaries should be negotiated separately.

The Medical Association of SA (Masa) said it was vital action be taken to retain skilled professionals in the public service.

The employee organisations that signed the agreement did not represent the public servants who would be adversely affected, Masa said. It provides for a 22,2% rise in the minimum wage and none for the management echelon.

Public sector doctors take another look at salary ills

■ BY JANINE SIMON

Frustrated public sector doctors are trying to set up separate salary negotiation structures with the Government in an attempt to secure the future of medical professionals in state hospitals.

Their action follows last week's agreement by the Public Service Bargaining Council to a 22% increase in the minimum wage for public servants — to R1 100 — and an additional 5% for other categories, funded from pension contributions.

Dr Bernard Mandell, chairman of the Medical Association of South Africa's federal council, said last week it was pursuing alternative negotiation options, and had already made representations to the Ministers of Health and Public Service and Administration.

It had taken action because the council was unable to address the needs of the 334 occupational classes in the public service, and because employee groupings such as doctors, who found strike action levarage in negotiations problematic, were compromised.

Employee organisations which signed the agreement represented only one third of just over 1-million public servants, and were not mandated to represent those public servants who would be negatively affected.

"The well-being of many occupational classes are invariably sacrificed for settlement on what would be most acceptable to those represented in the Bargaining Council," he said.

25(93) Star 29/5/95

Mbeki asked to deal with State doctors

(93) Star 30/5/95

■ BY JANINE SIMON

Deputy President Thabo Mbeki is to discuss salaries and working conditions with public sector doctors "as soon as his schedule allows", the Ministry of Health announced yesterday.

The medical hot potato was handed over to the deputy president by Health Minister Nkosazana Zuma, as she would be in North America until June 10, spokesman Vincent Hlongwane explained.

According to the ministry's statement, Zuma understood and was sympathetic to the problems of doctors in the public sector, and had discussed their concerns with Mbeki.

She believed it important for health care in South Africa that doctors be retained in the public sector.

The proposed meeting with Mbeki has been welcomed by the Medical Association of South Africa, which was instrumental in setting up a separate salary negotiating structure between frustrated public sector doctors and the Government.

Masa had done so, it said, because minimum wage agreements reached by the Public Service Bargaining Council compromised the needs of employee categories such as doctors.

New doctors may be forced into two years' compulsory service

ST 18/6/95 (93)

By CAS St LEGER

THE government is considering forcing medical graduates to do two years' compulsory service in underprivileged communities — but allowing wealthy students who want to emigrate or go into private practice to buy themselves out at a cost of R400 000.

These proposals form part of the draft National Health Act discussion document to be released tomorrow.

The Health Minister, Dr Nkosazana Zuma, will be discussing the national health insurance plan during the health budget debate in Parliament.

The recommendations on medical students were made by a committee appointed by Dr Zuma to investigate regulating the private sector under a new National Health Act.

The committee also proposed that, in addition to the compulsory service, graduating doctors and dentists get six months of supervised experience in general practice before being granted certification by the Medical and Dental Council.

The draft suggests that doctors and dentists wishing to opt out of their obligation to work in underserved communities be allowed to "buy out" of compulsory service at a proposed rate of R400 000 for medical graduates and R50 000 for "other professionals".

The committee also proposed that doctors be prohibited from dispensing medicines in areas where there is a licensed pharmacy.

The draft provisions for the new National Health Act were prepared for the National Health Legislation Review Committee.

One section of the proposed Act — Memorandum Three: The Regulation of the Private Sector — was prepared by another committee chosen by Dr Zuma.

The memorandum was drawn up by Professor Paul Benjamin of the University of Cape Town's Centre for Applied Legal Studies and Stephen Harrison of the Medical Research Council's community health research group.

Among its suggestions are:

- A possible mandatory requirement that the "formal employment sector" contributes financially towards a basic package of health services;
- Cross-subsidisation of health costs between young and old, rich and poor;
- Group risk ratings as opposed to individual ratings for medical scheme members; and
- Continued membership of medical schemes for limited periods after employment.

Forming an addendum to Memorandum Three is a compilation of reports from nine policy committees established last year by Dr Zuma, supplied by Dr Di McIntyre of the

To Page 2 ⇨

Proposals for a new Health Act

(85) (93) ST 18/6/95

⇨ **From Page 1**

health economics unit at Cape Town University.

It was noted that the Department of Health had not yet indicated which of these recommendations it wished to implement.

One of the recommendations was that registrar training be extended to include a year of public sector experience in a rural health service.

Another suggested bursary holders "be forced to meet either their contractual commitments of service or repayment by means of disciplinary action of the interim Medical and Dental Council". (The interim council will be in place only for two years).

Another recommendation suggested that legislation be amended to "empower health professionals to deliver services in a more effective and efficient manner, including allowing psychologists to prescribe medication from an essential drug list and expanding diagnostic and prescribing activities for registered nurses".

It was also recommended that medical professionals' interests in private hospitals and the pharmaceutical industry be regulated and conditions be laid down under which medical schemes may own pharmacies.

The section on pharmaceutical products includes a proposal to support generic medicines and control and lower the prices of medicines.

Dr Hendrik Hanekom, the secretary-general of the Medical Association of SA, has not been party to the contents of the NHI report and declined to comment.

COMPULSORY SERVICE AMONG POOR

Doctors 'call-up' to be debated in House

ET 19/6/98 (93)

JOHANNESBURG: Plans for medical graduates to serve two years in underprivileged areas is included in the draft provisions for a National Health Act.

A PROPOSAL that medical graduates be required to do two years' compulsory service in underprivileged communities is to be spotlighted during Health Minister Dr Nkosazana Zuma's budget debate in Parliament today.

The recommendations have been drawn up by a committee appointed by Dr Zuma to investigate the need to regulate the private sector under a new National Health Act.

They included allowing students who wanted to emigrate or go into private practice to buy themselves out at a cost of R400 000, Sunday newspaper reports said

The draft provisions were prepared for the National Health Legislation Review Committee.

Hillbrow Hospital's Professor Harry Seftel said he believed the proposed two years' service in underprivileged communities would benefit all.

He believed the suggestion was moral and just: "Why does one become a doctor? To help people. And what better way to help than to serve in the communities that need you most."

Medical studies were subsidised and students paid only a fraction of the real cost, Prof Seftel said. Young doctors would benefit by learning all aspects of medicine in a rural setting, he added.

Some doctors' groups are asking why their profession should be targeted for a "call-up" system.

However, the National Progressive Primary Health Care Network (NPPHCN) believes all doctors should, at some stage, work in underprivileged areas.

Core teams

In its submission on a national health insurance plan, it has suggested a "complete reallocation of resources to underserved areas".

It has proposed that community health centres and clinics be served by core teams of doctors, nurses, community health workers and other medical officers. — Special Correspondent

MONDAY
JUNE 19, 1995 ★

Medical students outraged

CT 19/6/95

95
93

STAFF REPORTER

MEDICAL students reacted with outrage yesterday to government plans to force them to do two years compulsory community service — but said they would consider it if it was linked to a financial incentive.

Final-year student Mr Mark Sonderup said: "I don't want to leave but if they keep me prisoner in my own country I will be on the first plane out. It's ludicrous to pick on medical graduates.

"Students of all creeds and colours are unified in their opposition to this. I agree there's a need for doctors but it must be linked to an incentive ... there are students in my class with loans of R50 000."

Ms Prashini Naidoo said no mention was made of compulsory service when she was interviewed on her reasons for wanting to study medicine.

Injustice

"If they had we would not be kicking and screaming. The government has no right to impose this on anyone. Why do lawyers and teachers and other public servants not get two years?"

Mr Mandhir Munasur said the dissarray in the health services was because of many years of injustice.

"To force people to work is to perpetuate the injustice of the past," he said.

Mr Kim Scher said if the government implemented the system they would lose three-quarters of the graduates.

"I would have no problem doing two years community service if our fees were not so high. If they make it financially attractive I will have no problem," he said.

Mixed reaction to health plan

(93) CT 20/6/95

CLAIRE BISSEKER
STAFF REPORTER

PROPOSALS for a National Health System aimed at providing universal primary health care to all South Africans received a mixed reaction from professional associations and interest groups yesterday.

Cape Independent Practitioners Association (CIPA) chairman Dr Steve Jooste said a national health scheme could not satisfy the population's urgent expectations of free health care unless it incorporated the private sector from the start.

Cape Primary Care chief executive officer Mr Stephan Lukas said that in the long-run GPs should be excited about being allowed to form accredited private multi-disciplinary practices which could compete with Primary Care Centres for government work.

Shrink

The Strategic Health Consultancy's Dr David Green said private practice would shrink gradually but not disappear altogether, while doctors who formed group practices and alliances with other providers to serve underserved communities stood to benefit.

He said doctors in public service could expect better remuneration and improved career paths in primary care.

ZUMA'S APPROACH 'REASSURING'

Medical profession welcomes health plan

ET 21/6/95

DOCTORS have welcomed Health Minister Dr Nkosazana Zuma's proposed reforms, particularly their focus on co-operation between the private and public sectors.

Health Minister Dr Nkosazana Zuma's plans for a National Health Scheme, released on Monday, have been well-received by the medical community.

The Medical Association of South Africa (MASA) expressed satisfaction that the right to choose between health service options had been recognised, that co-operation between the public and private sectors would be encouraged and that primary health care services would be integrated with other levels of health care.

Dr Bernard Mandell, chairman of the Federal Council of MASA, said: "We are impressed by the committee's broad and comprehensive approach".

"Their recommendations to build on and strengthen the public health sector and to create opportunities for private health care providers to play a role in the delivery of publicly funded primary health care, coincide to a large extent with MASA's proposals."

MASA welcomed Dr Zuma's intention to improve working conditions in the public sector and to create incentives to attract doctors to this sector.

The Representative Association of Medical Schemes (RAMS) also welcomed the "unique" opportunity for the private and public health sectors to work together.

Chairman Mr Keith Hollis said RAMS was pleased individuals would still have freedom of choice.

"Even more welcome is the principle that medical aid members would still have equal access to the public health system."

RAMS was concerned, however, that doctors might be called up for two years compulsory public service and hoped to see the introduction of an incentive to stem the exodus of medical expertise.

The proposed two-tier drug pricing system, where some medicines were provided free at clinics and at cost via private doctors and pharmacists, might be vulnerable to fraud.

The Medical Research Council (MRC) applauded Dr Zuma and her team "for their bold proposals".

MRC president Professor Walter Prozesky said the emphasis given to the public health care system "marked a watershed in coming to grips with South Africa's priority health needs in a way compatible with the RDP and existing health care practices".

The MRC was concerned that Dr Zuma's speech made no mention of the role of health and biomedical research. — Staff Reporter

RDP could fail warns Mandela

Erica Jankowitz

A DECISIVE ANC victory in local government elections on November 1 would secure the future of government's reconstruction and development programme (RDP) which could fail if local communities did not work with provincial and national structures to rebuild SA, President Nelson Mandela said yesterday.

Speaking at the launch of the Gauteng ANC's community charter in Johannesburg, Mandela praised this initiative saying communities had to be involved in transformation as residents were best placed to identify their needs and how to achieve them.

He urged South Africans to take responsibility for making the RDP succeed. He criticised them for not being prepared to contribute the hard work required to transform society, but being willing to reap its rewards.

SA's crime rate had to be tackled to encourage economic development.

The draft community charter states that people and civil society had to take responsibility for making "our communities safe for our children and ourselves by building community policing forums and breaking the conspiracy of silence that was necessary to survive before our foundling democracy".

It includes business with other organs of civil society as an essential partner in rebuilding society despite the "suspicion" with which communities had viewed the business sector in the past. BD 26/6/95

ANC members had to look beyond their narrow sectarian views to find talented individuals to drive the process at community level, even if these candidates were not members of the party, Mandela said.

Mobilising support for local government elections was now a priority for all ANC members as the nature of local authorities meant it was impossible to balance strengths and weaknesses in election results. The ANC needed to counter the NP three-prong strategy to undermine the ruling party which rested on attempts to destroy the ANC's leadership profile, punting the RDP as a socialist policy and highlighting high crime rates.

White support was required to boost the ANC's showing in the local poll, Mandela said. In the past week, he conducted a house-to-house campaign in Johannesburg's northern suburbs which netted 67 new members for the party.

Govt red tape puts Bara posts at risk

(93) BD 26/6/95

Kathryn Strachan

BARAGWANATH Hospital was at risk of losing many doctors who had applied for posts starting this week because of red tape at provincial level.

Superintendent Grant Rex said the posts had all been budgeted for, but despite support from the superintendent-general's office and other authorities, bureaucracy was delaying them from being filled.

In the meantime, many foreign doctors — who had first to apply for work permits and registration with the SA Medical and Dental Council before they could start — had given up and found work elsewhere.

Baragwanath was heavily dependent on foreign doctors because local doctors were reluctant to work in townships, he said.

The hospital was still waiting for the go-ahead from the provincial health authority to appoint 34 doctors to begin work on July 1. There were still 81 administrative, 100 cleaning and "several hundred" assistant nursing posts standing vacant.

The hospital was still battling under its constricting budget, and the allocation for the entire financial year was already almost spent. Baragwanath was allocated a budget of R307m this year, while it spent R420m last year.

This R307m was taken up by salaries and contractual obligations to the SA Institute of Medical Research for laboratory tests, and there was no money left in the budget for food, drugs, transport, equipment and maintenance.

However, it was essential for the administration to overspend in the patients' interests, said Rex. The hospital operated in a cost-effective way, so where it was ethical to overspend, the administration did overstep its budget.

At the same time, savings should be effected, he said, but this would best be done by closing certain hospitals rather than trimming services at all hospitals. Baragwanath (which was operating at 68% capacity), Johannesburg and JG Strijdom hospitals had enough empty beds to cope with the needs of the region, and Coronation and Hillbrow hospitals should be closed to generate a saving.

A major obstacle to achieving savings at the hospital was the lack of computers and an information system.

There were also problems in the way the provincial budget was distributed between the various hospitals.

Baragwanath was allocated R307m against Johannesburg Hospital's budget of R354m. However, Baragwanath had three times the workload — it had 117 000 patient days and did 43 000 operations, while Johannesburg hospital had 40 000 patient days and did 17 000 operations.

MPs to vote on truth legislation

Adrian Hadland

CAPE TOWN — Two of the most controversial pieces of legislation yet to be considered by the current government are due to be passed by Parliament this week.

In its last week before the mid-year recess, the Promotion of National Unity and Reconciliation Bill — which details SA's truth commission process — and the Remuneration of Traditional Leaders Bill will be voted on by parliamentarians.

This week was initially scheduled for constitutional work. MPs and Senators, who come together to form the Constitutional Assembly, are under pressure to complete a draft of the new Constitution by the end of the year.

But, with urgent and important legislation requiring immediate consideration and passage, constitutional work has been postponed to the first two weeks of the new parliamentary term in August.

The new term, which will focus more closely on committee work and legislation now that each ministry's budget debate is complete, is likely to be extended to late September.

The truth commission legislation, which was amended more than 300 times by the national assembly's justice committee, is currently with the senate committee.

The Bill is due to be debated in the Senate on Wednesday whereafter it will go back to the National Assembly for concurrence before being passed on to President Nelson Mandela for enactment.

In its criteria for awarding amnesty, it has been hugely controversial.

The Remuneration of Traditional Leaders Bill will also be debated in the Senate this week. The Bill has stirred up much animosity from the IFP and from traditional leaders in KwaZulu/Natal.

ANC MPs have been instructed to undertake constituency work during the month recess, in preparation for local government elections scheduled for November 1.

Other parties are likely to take to the hustings in preparation for the first testing of voter opinion since the 1994 general election.

W CAPE POSTS CUT BY NEARLY 20%

Job shock for interns

CT 3/7/95 (93)

MEDICAL STUDENTS learnt late last week they may be forced to complete their compulsory internship in rural areas after a cut in posts at city hospitals.
MELANIE GOSLING reports.

IN another blow to medical students, it has been disclosed that hundreds of final-year students may be forced to complete their compulsory internship at hospitals in rural areas following cuts in intern posts at city hospitals.

This comes only weeks after the government revealed it was considering forcing medical graduates to do two years compulsory community service.

However, if graduates wanted to enter private practice immediately or leave the country, they could repay the state the estimated R400 000 it costs to train a doctor.

Outraged medical students learnt on Friday that intern posts in the Western Cape had been cut by nearly 20% — mainly at Groote Schuur and Tygerberg hospitals.

Dr Etienne le Roux, acting director of medical and supplementary services in the Western Cape's Department of Health, said the cuts were made by the Provincial Health and Restructuring Committee, which consists of representatives from all the provinces.

The committee found there were more intern posts available countrywide than there were final-year medical students.

'Population'

"The committee decided they could not have all the interns working in the cities as they were needed in provinces such as the Northern Province.

"So they decided to allocate the intern posts proportionately according to the population of each province," Dr Le Roux said.

This resulted in the Western Cape's allocation being cut from 210 to 170 posts. Local students without posts will be forced to look for internships in other provinces — possibly in rural areas.

Dr Le Roux said the Western Cape had received far more applications than posts available.

"I feel sorry for those students who didn't get posts in the Western Cape. I've been answering the phone all day.

"One young women who phoned is getting married next March and her future husband works in Cape Town. Now she will have to look for a job in another province," Dr Le Roux said.

The medical superintendent of Tygerberg Hospital, Dr Japie du Toit, said the provincial health department had sent a letter to the national health department expressing their dissatisfaction with the move.

"It is unfair on students. It is very late to inform them — the timing is not good as they have to deal with final-year exams.

"At Groote Schuur many were on a list and had been informed unofficially they stood a good chance of getting an intern post. Then the posts were cut," Dr Du Toit said.

Doctors apologise for past racial lapses

(93)

STAFF REPORTERS

THE Medical Association of South Africa (Masa) has apologised for remaining silent in the past about racial policies that affected the profession and for its "insensitive and indifferent" treatment of its black members.

Masa passed a resolution of unreserved apology at its annual federal council meeting in Pretoria on Friday.

The move was greeted warmly yesterday by Dr Ivan Toms, who was noted for his anti-apartheid views and anti-conscription stance under the previous government.

Last night he praised Masa for its courage and called on the association to demonstrate its support for equality in the profession.

Masa chairman Dr Bernard Mandell said yesterday that the association had never embraced a race-based policy and that its membership had always been open to all doctors.

"However, Masa was perceived, both at home and abroad, as an essentially white organisation and a captive of the political status quo. In this respect the association remained silent on race-based public policies affecting the medical profession and the community."

Examples included the racial restriction of medical school admissions, the segregation of hospitals, the maintenance of separate waiting rooms by doctors and the toleration of the "unacceptable" treatment of prisoners.

"The association was perceived as — and probably was — insensitive and indifferent to the lot of its black members, such as when branch meetings were held at venues from which they were legally barred," Dr Mandell said.

Dr Toms, who is not a Masa member, said doctors had "played along" with the status quo and not taken a stand, but he added that the Masa resolution was "a good move". CT 3/7/95

Masa regrets links with apartheid

The Medical Association of South Africa yesterday apologised for past racial policies. Masa chairman Dr Bernard Mandell said the association had been silent on apartheid policies.

"Masa's commitment to broadening access to quality health care, and to influencing health policies, is foremost in our strategic direction," Mandell said at the association's annual federal council meeting in Pretoria.

Masa had not taken steps against racial restrictions at medical schools, segregation of hospitals and doctors' involvement in the unacceptable treatment of prisoners, he said. — Sapa.

(93) Star 1/7/95

SA doctors 'are incentive driven'

Vusi Khoza (93) BD 4/7/95

GOVERNMENT's proposed compulsory community service plan for medical graduates would lead to a large number of SA doctors leaving the country unless incentives were provided, Junior Doctors' Association of SA (Judasa) chairman Jonny Taitz said.

Speaking at the Medical Association of SA's federal council meeting, at which he affirmed Judasa's committment to the plan, Taitz said for many South Africans health care remained inaccessible and inadequate.

For this reason, he called for incentives to encourage young doctors to work in rural areas.

"Judasa has consulted widely with doctors and student doctors and the majority agree they would be keen to do community service if it was incentive-driven."

Taitz said many doctors burdened with finacial loans took up posts in other countries to pay off their loans quicker. So, one incentive from government could be the repayment of study loans .

"The prime motivation of young doctors to work abroad is financial. Two thirds of doctors have study loans of R40 000 to R50 000 or more on qualification".

Taitz plans to hold discussions with the Health Department.

Young doctors back 'paid' work scheme

(93) Star 5/7/95

Young doctors are happy to do rural community work after graduation — if it goes with a financial and training package, says the Junior Doctors' Association (Judasa).

Community service by newly qualified doctors is one of the prickliest issues to emerge from the Government's new National Health System proposed last month.

The proposal recommended new medical graduates work in the public sector before being allowed to enter private practice, as a way of getting medical staff to under-served areas.

Judasa said compulsory community service would lead to large numbers of well-trained doctors leaving the country.

Financial pressures forced young doctors to work abroad, according to chairman Dr Johnny Taitz.

Two-thirds of doctors had study loans of about R50 000 or more on qualification, and took up posts in other countries to pay these back.

Because they were young and unattached, they often bonded with their new countries, and were lost forever to South Africa.

Doctors consulted by Judasa agreed that they would be keen to do community servce in South Africa, Taitz said — but there had to be adequate supervision and financial incentives to help them repay loans.

"We are heartened by indications from the Minister and Director General of Health that they are open to negotiate the matter," he said. — Medical Correspondent.

MAIL & GUARDIAN
July 7 to 13 1995

Medical association finally says it is sorry

WM 7-13/7/95 (93)

Without going into any details, Masa has apologised for its past errors, reports **Pat Sidley**

THE Medical Association of South Africa (Masa) last week apologised, seemingly out of the blue, for its attitude during the apartheid years.

The apology has been a long time coming, and it did not directly address the issues for which the organisation has become infamous, being aimed rather at "persons within and outside the medical profession who might, in the past, have been hurt or offended by any acts of omission or commission on Masa's part ".

Masa stated that it had always been open to members of all races but confessed: "... the Association remained silent on race-based public policies affecting the medical profession and the community.

The apology came during a speech made by Masa chairman Dr Bernard Mandell at a banquet last Thursday night, during the organisation's annual conference — held behind closed doors as usual. The apology was adopted unanimously as a resolution the next morning.

Rather than rake up the past, Masa tried, by lightly brushing over the territory, to let the skeletons in its cupboard rest in peace.

No mention was made of its disgraceful behaviour in the aftermath of the death of Steve Biko, nor of its failure to defend any of the doctors who were subjected to state harassment as a result of their work with tortured detainees.

Masa's problematic history includes its refusal to do anything about the banning, in 1967, of Cape Town medical academic, Dr Raymond Hoffenberg — who was later knighted for his distinguished work in the UK, where he was forced to flee, unable to work in South Africa.

It was the Biko affair, more than any other event, which focused the international spotlight on South Africa's doctors and their ethical behaviour in an apartheid environment. Although the event was primarily a failure of the justice system, part of the focus fell on the three district surgeons who had attended to the dying Biko and to the statutory disciplinary mechanisms of the South African Medical and Dental Council, as well as the voluntary association, Masa, to which one of the three, Dr Benjamin Tucker, belonged.

Tucker was exonerated by the council, and Masa refused to condemn his behaviour, cancel his membership or dissociate itself from the council's findings, resulting in the resignation of several prominent members and precipitating the formation of the rival, more politically attuned, National Medical and Dental Association (Namda). The Biko affair resulted in Masa having to resign its membership of the World Medical Association.

In the same year, with the death in detention of activist and doctor Neil Aggett, the focus of attention was again Masa's attitude towards political issues.

One of its members, however, continued to draw attention to the issues which plagued the health of the nation, but which Masa as an organisation failed to notice. The late pathologist, Dr Jonathan Gluckman, who remained a Masa office-bearer, but whose work on behalf of dead detainees' families brought him into contact with the issues of the day, pointed in a speech to the wider-ranging problems brought by segregation of health facilities and fragmentation of hospitals.

In 1983, with criticism mounting, a report, commissioned by Masa, on the medical care of prisoners and detainees, was adopted. It finally drew attention to the serious problems surrounding detainees and prisoners, and made recommendations on how to deal with the issues.

However, in 1985, Dr Wendy Orr, then a young district surgeon in Port Elizabeth, brought an interdict against prison authorities to stop them assaulting "her patients". She used the term deliberately to focus attention on the fact that they were not merely "detainees" or "prisoners", but patients who required medical attention. The case won her instant infamy within government circles and she was effectively stopped from doing her clinical work as a district surgeon.

During the State of Emergency, however, Masa again blotted its copybook by failing to take up the case of Dr Paul Davis, who had refused to hand details to police of young detainees he had visited and of whom 83 percent had been tortured.

In the court case which followed, the Supreme Court upheld the view that patient confidentiality did not apply under those circumstances and Davis was required to hand the documents over. As it happened, they had mysteriously evaporated and the case was closed — but not before Masa had issued a statement referring to a police raid on Alexandra Clinic and which again stated that, while patient confidentiality was a high priority, the law compelled doctors to hand records to a higher authority.

Davis had, at the time, drawn up, with colleagues, a protocol designed to help district surgeons examining detainees to detect and deal with signs of torture or other abuse. It was submitted to the *South African Medical Journal* for publication but, along with several other letters dealing with the issues of the day, had its publication blocked.

Perhaps the most stunning indictment of the country's doctors during those years, was the fact, uncovered by the previous Minister of Health, Dr Rina Venter, who wanted to desegregate hospitals, that there was no law on the statute books which had forced the segregation of hospitals *per se*. In the end, hospitals had been segregated by the willingness of doctors and other health professionals to comply with an insane and inhuman policy — and never to raise a murmer of protest.

Steve Biko: Masa's apology made no mention of its digraceful behaviour after his death
PHOTOGRAPH: CHRISTIAN SCIENCE MONITOR

Govt to look at medics' gripes

(93) ET 11/7/95

DEPUTY PRESIDENT Thabo Mbeki and Health Minister Dr Nkosazana Zuma have promised to look into doctors' working conditions after meeting representatives of the Medical Association of South Africa yesterday.

The meeting between the six-member Masa delegation, senior Health Department officials and Medical Legal Society representatives took place at Tuynhuys.

Health Ministry spokesman Mr Vincent Hlongwane said the meeting was called to discuss doctors' working conditions, their salaries and overtime pay.

Mr Mbeki and Dr Zuma had committed themselves to "looking seriously into the matter" and making other ministries aware of the problems experienced by health workers.

The two would meet next week to discuss possible solutions to some of the problems. — Sapa

Wage talks continue after hostage drama

ARG 11/7/95

THABO MABASO
Staff Reporter and Sapa

NEGOTIATIONS between the executive committee of the Lingelethu West Town Council in Khayelitsha and the South African Municipal Workers' Union continue today.

But all hostages held by the striking municipal workers have been released.

The employees demanded an additional pay increase of up to 40 percent after the council disclosed that, because of a lack of funds, it could not pay recently-agreed increases for more than two months.

Council official Willie Olivier said the release of the hostages last night came after an agreement between the mayor of Lingelethu West and a union delegation that a solution would be sought today.

It was the third time this year that Lingelethu West mayor Vuyani Ngcuka and his administrative staff had been held hostage over wage parity between themselves and their Ikapa Town Council counterparts.

Ironically yesterday's drama began as a result of attempts by Lingelethu West council to close the wage gap between its workforce and that of the Ikapa council.

Mr Ngcuka condemned the hostage-taking, saying the council and the workers had an agreement that a committee, on which the workers would be represented, would be formed to take up the wage issue with provincial local government minister Peter Marais.

The problem began at the end of May when workers got increases intended to close the controversial wage gap. The money came from the already depleted coffers of Lingelethu West.

Probe promised into doctors' work conditions

ARG 11/7/95 (93)

Staff Reporter

NATIONAL Health Minister Nkosazana Zuma has promised to investigate the working conditions of the country's doctors, and take steps to improve them.

This emerged at a meeting between Deputy President Thabo Mbeki, Dr Zuma, senior members of her department and a six-person delegation from the Medical Association of South Africa (Masa) yesterday.

The Masa delegation included representatives from the medical profession, including general practitioners.

They met to discuss doctors' working conditions, salaries, overtime pay and related issues, after recommendations by a committee that investigated the national health insurance system.

Recommendations included a meeting between the department of health and health personnel representatives to look into how to improve working conditions and health delivery.

Masa spokesman Vincent Hlongwane said both Mr Mbeki and Dr Zuma committed themselves seriously to look at doctors' concerns.

"Dr Zuma said she would look into the matter and would give us feedback at a meeting scheduled for early August.

"We were not expecting yesterday's meeting to resolve all the issues, but we welcome their acknowledgement of the problem and the commitment they showed and the promises that solutions would be found," Mr Hlongwane said.

Doctors get attention

DEPUTY President Thabo Mbeki and Health Minister Nkosazana Zuma have promised to look into doctors' working conditions.

After meeting Medical Association of SA representatives, senior health department officials and Medical Legal Society representatives in Cape Town yesterday, Mbeki and Zuma committed themselves to "sensitising other ministries" to health workers' problems, health ministry spokesman Vincent Hlongwane said.

The meeting was called to look at doctors' working conditions, salaries and overtime pay.

(93)

WEDNESDAY
JULY 12, 1995 ★

Move to save public health

(93)

STAFF REPORTER

CT 12/7/95

REPRESENTATIVES of the Medical Association of South Africa (MASA) met Deputy President Thabo Mbeki and Minister of Health Dr Nkosazana Zuma on Monday in an effort to improve the working conditions of doctors in the public health service.

MASA's Federal Council chairman Dr Bernard Mandell said a "crisis in medicine" was looming as doctors left full-time service.

Key issues discussed were income and the Bargaining Chamber, which acts as a trade union.

At present doctors and other public-sector professionals are paid according to a stipulated managerial scale and earn far less than private-sector professionals. They now hope to delink their salaries from this pay scale.

Dr Mandell said it was in the interests of "quality health care" that staff members were maintained and the high costs of bringing in private consultants avoided.

DEBT COLLECTION SYSTEM INADEQUATE

'Let doctors blacklist non-paying patients'

(93) CT 12/7/95

A CITY DOCTOR has defended the medical profession's right to blacklist patients who don't pay, implying the issue could cause a split in MASA. **CAROL CAMPBELL** reports.

PATIENTS who do not pay their medical bills should be publicly blacklisted and doctors-in-private practice allowed to run their own credit control agency, a Plumstead general practitioner has written in a letter to the South African Medical Journal.

He was responding to comments by a fellow doctor who said the public blacklisting of patients was immoral and not in the best interests of the profession.

The doctor warned the Medical Association of South Africa (MASA) that if it "continued to operate with its head in the sand" on the blacklisting issue the advent of a union for professionals in private medical and dental practice, which "would protect our interests", was not far off.

"A patient known to be on the blacklist could be seen pro deo or be asked to pay cash at the time of the service. What can possibly be wrong in demanding a fee for a service rendered?"

The current system of debt collection through legal agencies, endorsed by the South African Medical and Dental Council and MASA, was not necessarily in the best interests of the doctor or the patient because it was expensive and unpleasant.

"If anything was likely 'to do no good for the image of the profession', surely this was it," he said.

Poor reflection

In his reply the doctor who opened the debate said it was common practice for individual doctors to keep a blacklist of patients who did not pay but communicating that information to others would "open a Pandora's box of ethical and legal difficulties which would reflect poorly on the profession".

Doctors to list bad payers (93)

STAFF REPORTER

CT 13/7/95

THE Medical and Dental Council has given doctors the go-ahead to subscribe to lists that name patients who are a bad financial risk — allowing them to withhold treatment if patients do not pay their bills.

In a recent resolution on the question of blacklisting the council made it clear a doctor could be called to answer for his actions if a patient suffered unnecessarily or died. It also said all doctors were obliged to render assistance under all circumstances in an emergency.

Doctors were only allowed to release the names of their "bad debt" patients to one another and not to people in other professions, the resolution said.

Transplant surgeon axed

(93) CT 14/7/95

JOHANNESBURG: A successful young surgeon who hit the headlines last week when he performed a heart and lung transplant at Pretoria's H F Verwoerd Hospital has been told he is without a job, news reports stated yesterday.

According to the Gauteng health authorities, Dr Fanus Serfontein, 32, had broken the province's moratorium on heart transplants by performing three such operations since he joined the hospital in January this year.

Last week he transplanted a heart and lung in a 22-year-old student. The student is reported to be "doing fine".

The report quoted a health spokesman as saying that Dr Serfontein should find another job. However, he later denied saying this, adding that disciplinary action would be taken against the doctor. — Sapa

'Barefoot doctors' prove their worth

BD 14/7/95

93

Catherine Crookes

THE health department ploughed half a million rand into the Get Ahead Foundation's primary health care programme for the training of community health care workers to provide health services to communities in six provinces across SA, the foundation said yesterday.

It was the first time the department had allocated funds to a non-governmental organisation.

Foundation chairman and President Nelson Mandela's physician, Dr Nthato Motlana, said: "The non-governmental organisation movement is well-placed to use funds for the extension of primary health care delivery."

The foundation launched the project for the provision of training in preventive, community-owned health care in October. Health administrators from the foundation are in charge of identifying needy areas and liaising with local communities. The communities elect members to be trained as "barefoot doctors" or nompilos.

These community health care workers are often disadvantaged and need no medical background. They embark on a five-to-10-day intensive training programme focused on the World Health Organisation's eight principles of primary health care. Those are: family planning, first aid, nutrition, basic medication, sanitation, infectious and endemic diseases, mother and child care and immunisation.

Nompilos then returned to the community where they received in-service training, which meant an "exponential increase of efficiency", said foundation spokesman Wendy Richards.

Research showed the workers, who treated patients and dispensed medicine, began to be effective after two days' training. Countrywide the projects had recorded a referral rate of 70% and one of the projects in Munsieville, outside Krugersdorp, had recorded a 94% referral rate. This had taken a huge burden off the overcrowded local hospitals.

Members of the communities who used the services paid a minimal R5 a month subscription fee per extended family. This fee covered the salaries of the workers, while the foundation paid the health administrators' salaries.

"The foundation has found that the project will be self-sustainable within five years," said Richards.

Funding for medicine will be provided by the foundation for the first year. After that the support of pharmaceutical companies has been guaranteed. Adcock Ingram is already supplying certain projects with medicines at wholesale prices.

Foundation health trainer and administrator Katie van Rensburg said: "Pharmaceutical companies and other people from the formal sector have shown interest and commitment to the project. They see this as a good social investment."

The foundation was formed in 1984 by leaders such as Archbishop Desmond Tutu, Lawyers for Human Rights founder-chairman Don MacRobert and Motlana.

Its projects extend across the spectrum of social and economic development, from job creation to marketing, and Motlana said he felt "the foundation has especially focused on empowering women, because by doing so society moves forward massively", he said.

More doctors needed for rural health care

Star 14/7/95 (93)

■ BY PRISCILLA SINGH

General practitioners must devote more time and energy to rural health clinics instead of looking after their own back pockets, says Get Ahead Foundation chairman and medical practitioner Dr Nthato Motlana.

He said this yesterday at the announcement of a R500 000 grant allocated by the Department of Health for the foundation's primary health care programme for the training of community health workers.

The first allocation of funds by the National Health Department to a non-government organisation (NGO) sees the provision of funding for a programme to provide community-owned, preventive and curative health care.

Motlana said he was glad the work done by NGOs was being recognised, "especially efforts in promoting health care in the rural areas".

Doctors consult Mbeki over higher salaries

WM 14-20/7/95 (93)

Marion Edmunds

DEPUTY PRESIDENT Thabo Mbeki is considering a plan to grant so-called " professionals" — doctors, prosecutors and accountants — better salaries and a measure of independence from the public service bargaining chamber.

The plan was put on the table this week by the Medical Association of South Africa (Masa) in a bid to bring state doctors' salaries in line with the private sector. The association believes it is essential to improve doctors' salaries to prevent them deserting state medicine for a more comfortable life in private practice.

A Masa delegation, led by Dr Bernard Mandell, met both Health Minister Dr Nkosasana Zuma and Mbeki at the Tuynhuys in Cape Town on Monday. The meeting was organised by Zuma, who is reportedly hoping that Mbeki will have enough influence to persuade the Cabinet to agree to some, if not all, of the plan.

Underlying the plan is the fear that doctors will abandon state medicine in increasing numbers because salaries are too low, working conditions are continuing to deteriorate, doctors are expected to work overtime without proper compensation, and hospitals are suffering cut-backs to make way for improved primary health care.

Mandell says the health ministery knows that its new proposed health plan will only work if there are enough state doctors to help implement it. He says doctors will only stay in the public service if they receive salaries that are in some way compatable with the salaries recieved by private doctors.

But what have doctors got to do with other "professionals" like accountants and prosecutors? Mandell says the "brain-drain" is not unique to the Health Department, and says Masa wants to make alliances with other professional groups in the public service. The Justice Department says, for example, that it is battling to keep prosecutors because they are over-worked and under-paid.

Justice Minister Dullah Omar said this week that many prosecutors had left the Justice Department and more wanted to leave. He said the department had been working on the problem for about a year and looking for ways to adjust the salaries of "professional" workers in the Justice Department.

Omar did not want to commit himself to supporting Masa's plan, but said he was sympathetic to the principle of treating professionals in the public service as professionals so that their salaries were competitive with the private sector.

Mandell also points out that the Receiver of Revenue is desperate for efficient accountants to collect tax. The media has carried reports since 1994 that billions of rands of taxes are not collected, because the Receiver of Revenue cannot keep its accountants.

They can get much better salaries in the private sector so there is no incentive for them to stay in the public service. The Receiver of Revenue's office say they are powerless to offer better salaries to attract the accountants because the Public Service Commission and the relevant laws bind almost all public servants to the same salary structure, regardless of the job they do. The Finance Department has also been looking at ways to get round this problem over the last year.

Masa's plan suggests that all these birds could be killed with one stone - by allowing the "professionals" in the public service to be paid according to a different salary structure to other public servants. Masa says that at the moment, doctors are a minority in the Public Service Bargaining Chamber and, because "majority rules" in the chamber, and doctors are well-paid in comparison to street-sweepers and even nurses, it's unlikely that doctors' salaries will be improved.

Doctors are not allowed to strike because they provide an essential service.

Masa has also suggested that health workers get their own bargaining chamber to sort out salary disputes independently of the rest of the public service. It is also asking that those who perform so-called essential services be allowed to resolve their wage disputes independently of those who provide non-essential services.

Masa has already submitted some of these proposals to the Constitutional Assembly. Mandell says the association has been trying to make their point to government authorities for the last nine years.

Mbeki will meet Zuma again next week to work out a way of dealing with the plan. The Public Service Commission has not yet commented.

Devote time to primary health, doctors urged

93

PRISCILLA SINGH
Staff Reporter

DOCTORS must devote more time and energy to rural health clinics, instead of looking after their own back pockets, says Get Ahead Foundation chairman Nthato Motlana.

Dr Motlana made the statement at the announcement of a R500 000 grant allocated by the Department of Health for the foundation's primary healthcare programme for the training of community workers across the country.

The first allocation of funds by the National Health Department to a non-government organisation (NGO) sees the provision of funding for the unique programme which focuses on training to provide community-owned, preventive and curative healthcare.

Dr Motlana said he was glad the work of NGOs was being recognised, "especially efforts in promoting healthcare in the rural areas".

"But it will be a tremendous blessing if general practitioners can devote their expertise to primary healthcare programmes.

"One of the problems, I think, is the lack of incentives. Another major concern is the large number of medical students from former homelands who study at universities in Johannesburg and Pretoria and don't return to their rural districts.

"We don't want to force them back, but they need to be encouraged to pump their resources back into the community and get involved in primary healthcare programmes," said Dr Motlana.

Nthato Motlana

He described how the current programme works: "Initially, a health co-ordinator from each area is trained by the foundation. This person is a qualified nurse, who in turn trains community health workers called nompilos (mothers of life).

"The programme trains the nompilos in the eight basic primary healthcare principles. To ensure their acceptability, these Nompilos are selected by members of their community," he said.

Each family pays a monthly subscription fee of R5, regardless of the number of members.

ARG 15/7/95

State doctors 'abuse system'

CT 27/7/95 (93)

PRETORIA: State doctors were seeing patients outside state institutions during their working hours, the Gauteng Department of Health said yesterday.

The department said this situation was unacceptable, as it was "difficult to monitor the hours claimed by doctors for state work".

"In the case of Dr (Fanus) Serfontein performing an operation in a private hospital, . . . no regulations have been broken, if, as we understand it, he is providing his services free of charge and outside the time allocated for him at H F Verwoerd Hospital."

Doctors had been asked to formulate proposals for controlled and accountable private practice, as opposed to limited private practice, "which is being abused".

Proposals from teaching hospitals in the province included that state hospitals provide limited facilities for private practice, or that private patient beds be provided in all state hospitals and income derived from these put towards improving service conditions for all workers.

"These proposals are being forwarded to the Department of National Health for final national policy."

Dr Serfontein, who performed a heart-lung transplant on Mr Marius Swanepoel on Tuesday, could not be reached for comment following Mr Swanepoel's death a few hours after the operation. — Sapa

money was valid.

man rights.

Better salaries would curb private practice

Kathryn Strachan
BD 28/7/95

THE Medical Association of SA yesterday said it was necessary to allow public service doctors to carry out limited private practice until such time as the state was able to pay public service doctors market-related salaries.

The statement came in reaction to an earlier announcement by Gauteng health department head Ralph Mgijima that there was widespread abuse of the system and that it needed to be reviewed.

Wits Centre for Health Policy researcher Alex van den Heever said that in other provinces the system was far more controlled. Gauteng, with its inadequate controls, opened the possibility for abuse. The way private practice was implemented in the province meant that doctors were allowed to conduct private practice away from the academic complex.

Public sector doctors across the country were allowed to spend 20% of their time on limited private practice. The Gauteng health department was not proposing that limited private practice be eradicated, only that ways be found of controlling the system.

Prof WL van der Merwe, chairman of Masa's medical doctors group, warned that the termination of limited private practice would lead to an exodus of highly qualified staff from hospitals and the total disruption of training and clinical services.

Masa believed Health Minister Nkosazana Zuma was committed to improving the working conditions and remuneration of doctors in the public service. At a recent meeting with Deputy President Thabo Mbeki and Zuma, they committed themselves to look seriously at the working conditions of doctors, including salaries and overtime pay.

Van der Merwe said the association was currently discussing working conditions with the health department, and it was confident that the department would not abolish limited private practice without prior discussions about an alternative to limited private practice.

The health department is looking at ways to increase the links between the private and public health sectors, and to create ways which allow private doctors to make their services available to the state sector. One of the suggestions is to provide incentives which attract private (medical aid) patients to public sector hospitals.

● Comment: Page 6

Agreement at SunBop talks

BD 28/7/95

Renee Grawitzky

SUN International's SunBop and the SA Commercial Catering and Allied Workers' Union reached agreement yesterday on a R200 across-the-board increase which amounted to a 16,3% increase on the minimum wage.

The agreement covering 7 000 workers provides for a new minimum wage of R1 425 a month.

The settlement follows the union's threat of industrial action and marches in support of wage demands.

Agreement had also been reached on the appointment of full time shop stewards, the integration of canteens, improved compassionate leave and a R1m education fund for employee's children.

The union said the parties agreed in principle to look into grievances by workers over "bad treatment they are receiving from junior management".

Sun International spokesman Rob Rimmer said other important provisions agreed to included the establishment of a sick leave control system and job flexibility.

Agreement has also been reached between the union and Wild Coast Sun on a 15% increase on the minimum, increasing it from R1 225 to R1 415 a month.

Claims that some doctors cheat at work

(93)

Sowetan 28/7/95

Some doctors are accused of misusing their right to do private work

By Glenn McKenzie

MANY DOCTORS at Johannesburg hospital are abusing their right to do private work and creating an extra burden for other "more disadvantaged" hospitals, a medical administrator in Sebokeng said yesterday.

Dr Norman Kearns, an administrator at Sebokeng Hospital said doctors at Johannesburg Hospital had "easy opportunities" to abuse a government policy that allows public doctors to do private work after normal working hours.

"There is significant abuse at places like Johannesburg hospital," said Kearns. "Johannesburg has 550 doctors while (Sebokeng) only has 60 doctors. Someone goes missing and they are hardly noticed at Johannesburg," he said.

Kearns' comments come after Gauteng Health Director General Dr Ralph Mgijima told *The Star* that limited private practice was being abused by some state-employed doctors. These rights could soon be curtailed, he added.

Johannesburg hospital superintendent Dr Pascal Ngakane rejected claims that doctors in the institutions were more guilty than doctors elsewhere.

"It is common knowledge that abuses do take place. But it is simplistic to say that doctors at Johannesburg Hospital have more opportunities to cheat the system," he said.

Both Ngakane and Kearns stressed the need to ensure that doctors earned more money so they would not defect to the private sector.

Private practice assurance

95 (93)

■ BY JANINE SIMON
MEDICAL CORRESPONDENT

The Medical Association of South Africa has calmed fears that public sector doctors will be prevented from doing private practice.

In a statement last week, Masa said it had consulted the Department of Health and Deputy President Thabo Mbeki about improving the working conditions and remuneration of public sector doctors, and was confident private practice would not be abolished without prior consultation.

Masa's Academic Doctors Group believes limited private practice should be allowed to continue until the State is able to pay public service doctors market-related salaries, the statement said.

Terminating it would lead to an exodus of highly qualified staff from hospitals and the total disruption of training and clinical services.

Democratic Party spokesman on health Jack Bloom has labelled the Gauteng health department's handling of the limited private practice issue as "another blunder".

There were valid grounds for a review of this system, but Gauteng health director Dr Ralph Mgijima persisted in couching announcements in terms of a threat rather than seeking cooperation, he said.

Limited private practice was currently performing a vital role in retaining doctors who would otherwise be lost, Bloom added.

Star 31/7/95

Royals

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Military doctors joining exodus to better-paid jobs

CT 1/8/95 (93)

OWN CORRESPONDENT

PRETORIA: Military hospitals, along with their state counterparts, are facing the growing threat of defections to greener pastures by promising young doctors.

Hopelessly inadequate salaries are believed to be at the root of more than 30 resignations from 1 Military Hospital in Voortrekkerhoogte since January this year and the trend, according to a senior hospital spokesman, is not likely to be overturned in the near future.

Officer commanding 1 Military Hospital Brigadier André Lotter said yesterday that without exception all the doctors who left the hospital either went into private practice or were lured overseas.

He said most if not all doctors who left the hospital fell into the same category — young qualified doctors who earned an average salary of R60 000 a year.

These doctors had huge study debts to pay, usually had a family to provide for and were often called away from the hospital on special duties at short notice, he said.

To alleviate the financial burden, doctors were allowed to practise at private institutions after hours to bolster their income, but they lost this form of income when they were called away on special duties.

Brig Lotter said none of the doctors left to join other state hospitals as they were usually offered salaries of up to 50% more in the private sector.

Petrol price may rise again

CT 1/8/95

JOHANNESBURG: Adjustments to petrol and diesel prices for August have been delayed to cushion the blow of a possible adjustment to the retail margin being considered by the cabinet.

The Central Energy Fund said yesterday petrol prices recovered by 1,011c/l in the month to July 26 and diesel by 3,678c/l, indicating the possibility of a price drop.

However, the cabinet may be about to approve a 2,5c/l increase in the price of petrol to improve retailers' margins.

The price of illuminating paraffin will decrease by three cents a litre from Wednesday. — Sapa

● See Page 15

Lighting up in public will burn your pocket

DAN SIMON
STAFF REPORTER

THE Cape Town City Council has recommended a R50 fine for smokers lighting up in public places, but does not envisage using law enforcement officers to enforce the recently passed by-law banning smoking in public places.

Instead, it would prefer to educate smokers on the hazards of smoking and in the process teach them to respect the rights of non-smokers, city council spokesman Mr Ted Doman said yesterday.

The city council was granted the power — under the Tobacco Products Control Act — to make regulations to control smoking in all indoor public places. Restaurants will be expected to allocate 20% of floor space for smoking.

The act provides for a substantial fine and period of imprisonment but representations have been made to chief magistrates of various districts to impose relatively low admission of guilt fines for the initial period of the operation of the regulations. CT 1/8/95

The council also recommended a R100 fine for property owners or lessees who did not set aside adequate space for smokers and non-smokers. (87) 8

Gauteng transplant unit mooted

Cape surgeons keen to work with Serfontein

Star 2/8/95 (93)

■ BY JANINE SIMON
MEDICAL CORRESPONDENT

Groote Schuur heart transplant doctors have welcomed the chance to co-operate with surgeon Dr Fanus Serfontein and the possibility of a properly supported and funded transplant unit in Gauteng.

Gauteng MEC for Health Amos Masondo announced yesterday that Serfontein had undertaken to process the handful of his outstanding patients requiring transplants for transfer to Groote Schuur.

This is a turnaround for the young doctor who has four times defied the Gauteng moratorium on transplants, and last weekend shifted Yvette Pretorius (28) to a private clinic for surgery to evade the restriction.

Emergencies

Masondo said that once the operations were completed, the patients would be transferred back to H F Verwoerd Hospital for follow-up care — as was already happening with patients previously operated on in Cape Town.

Emergencies — estimated by Serfontein to be no more than one or two a year — would be operated on in Gauteng.

Emergency transplants would have to be approved by a committee comprising H F Verwoerd superintendent Dr Mary Jane Small, head thoracic unit head Professor Dirk du Plessis, and a representative of the provincial health authority as soon as the patient was seen at the hospital.

These patients could be kept alive on life-support machines until the committee made its decision and a donor organ was found.

Referral and emergency procedures should also be canvassed at other provincial hospitals.

Masondo said Gauteng was prepared to pursue the establishment of a transplant unit in the province after a proper motivation and needs analysis had been done.

Dr Johan Brink, head of Groote Schuur's transplant unit, said yesterday that the decision to transfer to the Cape hospital was "nothing new" for his unit, as it had been taking national referrals for 28 years.

"But we look forward to working with Dr Serfontein," he said. The Cape unit was under financial pressure and expected funding cuts by the year's end, but as it was providing a national service, it was hoping for supra-regional funding.

Yesterday's announcement in Johannesburg followed hours of discussion between Masondo, Serfontein, Du Plessis, Gauteng's head of health Dr Ralph Mgijima and chief director of hospital services Dr Pieter van den Berg.

"We are a team and I am glad the health authorities have agreed to help us in this regard," Serfontein said.

Health 'broader than Hippocratic Oath'

Gauteng health chief Dr Ralph Mgijima, in response to accusations by the Freedom Front at the moratorium on transplants was indicative of "third world mentality" and prohibited doctors from adhering to the Hippocratic Oath, said these allegations were misplaced.

He said doctors were constrained by the availability of medicines in rural areas.

"The question is broader than the Hippocratic Oath. The question is: are we doing the best for our communities?"

Spotlight on public sector health crisis

ARG 10/8/95

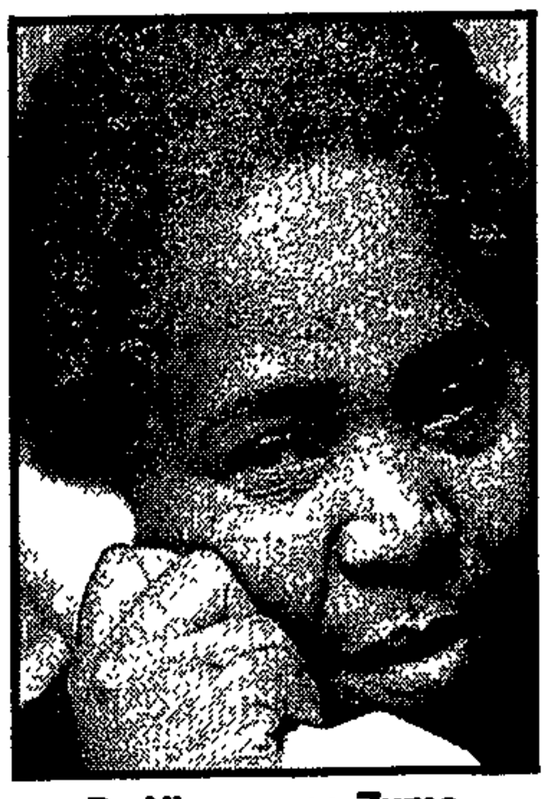
☐ *Concern over doctors' working conditions*

PRETORIA. — The working conditions of doctors in the public sector were under review, the Medical Association of South Africa said.

Reacting to media reports of an imminent collapse in public health services and of resignations by doctors, Masa's Dave Morrell said the association and the department of health were addressing the issues as a matter of urgency.

Health Minister Nkosazana Zuma had appointed a working group to investigate deteriorating conditions, growing workloads, severe budget cuts and staff shortages, Professor Morrell said.

"In representing the medical profession Masa is committed to enhancing health care for the people of South Africa and strengthening public services," Professor Morrell said.



Dr Nkosazana Zuma

"We are especially committed to the doctors who, while struggling to maintain services in extremely adverse circumstances, are often blamed by patients for the inadequacies of the system."

He added that doctors' morale was at an all-time low. They were despondent about the poor prospect for improved conditions in the near future.

"The objective of the working group is therefore to address issues peculiar to doctors with a view to making realistic and constructive recommendations concerning career opportunities and incentives to attract and retain doctors in the public health sector," Professor Morrell said.

"Priorities on the agenda are mechanisms for improving doctors' negotiating position since they do not have the leverage of strike action, service contracts and working conditions, disparities and the low level of overtime pay, the issue of community service and the redistribution of intern posts in 1996." — Sapa.

THURSDAY
AUGUST 10, 1995 ★

MORALE FLAGGING IN PUBLIC HEALTH SERVICE

Doctors' grievances to be tackled by forum (93)

CT 10/8/95

WITH MORALE among state-employed doctors at "an all-time low", the Minister of Health has convened a forum to find ways to keep doctors in the public sector.

A WORKING group, concentrating on the precarious position of doctors as a minority group in the Public Service Bargaining Council, has been formed by Minister of Health Dr Nkosazana Zuma.

The group aims to attract doctors to the public health sector while retaining present staff.

Reacting to media reports of an imminent collapse in public health services and of resignations by doctors, the Medical Association of SA's Professor Dave Morrell said the association and Department of Health were urgently addressing the issues.

Prof Morrell said the objective of the working group was to address issues peculiar to doctors in order to make realistic and constructive recommendations concerning career opportunities.

"The morale among doctors is at an all-time low, and they are despondent about the prospect of conditions improving in the near future.

"Priorities on the agenda are mechanisms for improving doctors' negotiation positions, since they do not have the leverage of strike action; service contracts and working conditions; disparities and low level of overtime pay; the issue of community service, and the distribution of intern posts for next year," Prof Morrell said.

'Understanding'

Prof Morrell said he was confident that the outcome of the discussions would be positive as Dr Zuma is "understanding, refreshing and nice".

The working group is expected to make recommendations on improving working conditions to the minister next month. — Staff Reporter, Sapa

Working conditions of doctors under scrutiny

(93) Star 10/8/96

The working conditions of doctors in the public sector were under review, the Medical Association of SA said yesterday.

Reacting to media reports of a perceived imminent collapse in public health services and of resignations by doctors, Masa's Professor Dave Morrell said the association and Department of Health were addressing the issues as a matter of urgency.

Health Minister Nkosazana Zuma had appointed a working group to investigate deteriorating conditions, growing workloads, severe budget cuts and staff shortages, Morrell said.

"Masa is committed to enhancing health care for the people of South Africa and strengthening public services.

"We are especially committed to the doctors who, while struggling to maintain services under extremely adverse circumstances, are often blamed by patients for the inadequacies of the system," Morrell said, adding that doctors were despondent about the future and that morale was at a low.

"Priorities on the agenda are mechanisms for improving doctors' negotiation position since they do not have the leverage of strike action, service contracts and working conditions, disparities and the low level of overtime pay, the issue of community service and the redistribution of intern posts in 1996." — Sapa.

MONDAY
AUGUST 14, 1995 ★

Surgeons slug it out

STAFF REPORTER

PRIVATE heart surgeons have hit back at Groote Schuur Hospital heart transplant surgeons for trying to denigrate the results of heart transplants carried out in the private sector.

In the latest South African Medical Journal Dr Susan Vosloo of City Park Hospital said the attack by Groote Schuur's Professors J G Brink and U O van Oppell on private doctors was an attack from doctors practising private medicine in a public institution.

Dr Vosloo also queried the survival statistics supplied for Groote Schuur heart transplants.

She wrote that "more than half — nine out of 16 — patients operated on in the last four months of 1994 have already died, including all five patients who underwent cardiac transplants in November and December of 1994".

INTERPELLATIONS

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

Position of doctors in public sector: steps

1. Senator C R REDCLIFFE asked the Minister for Health: (93)

Whether she or her Department has taken or intends taking any steps to address the position of doctors in the public sector; if not, why not; if so, what steps? S403E.INT

The MINISTER FOR HEALTH: Mr President, the answer is yes. The Department of Health inherited a health system in which the working conditions of health workers in general and doctors in particular is unsatisfactory. Many of them are working in dilapidated hospitals. They work for very long hours and they see too many patients. Patients are thus not seen at the appropriate level of care. This reflects years of neglect by the apartheid system and its Bantustans. We are very concerned about this.

We have embarked on a programme of upgrading facilities and building new clinics. It was for this reason that we produced the report on the national health system, the recommendations of which are aimed at fundamentally improving service delivery including services to the patients and the people providing the services.

We are increasing the supply of primary health care nurses in public and primary health care. Seventy-five per cent of health care problems presented at hospitals can be adequately handled by well-trained primary health care nurses, with clinical skills for diagnosis and prescription based on the essential drugs list.

The department has already embarked on a training programme for trainers of nurse initiates with the aim of their later training nurses in the nine provinces. The salaries of these primary health care nurses will have to be commensurate with the responsibilities that they are given. This will reduce the load at the hospitals, thus reducing the load of the doctors at the hospitals.

We are also aiming at increasing the supply of medical personnel working in the Public Service. The number of personnel working in the primary health care facilities has to be increased. There must be a rapid identification, assessment and filling of vacant posts regarded as appropriate, the creation of new posts where required and the implementation of incentives to attract staff to work in underserved areas, as well as an investigation of mechanisms to improve the compensation and working conditions of full-time medical staff.

I have requested provinces to advertise vacant posts for medical doctors. The Eastern Cape has already advertised, and the other provinces are to follow.

I have also set up a working group between the Medical Association of South Africa, Masa, and the Department of Health to discuss all issues pertaining to the working conditions of doctors. I have convened meetings with the Medical Association and the Government. [Time expired.]

Senator C R REDCLIFFE: Mr President, there is absolutely no doubt that we will, as a matter of urgency, address the position of doctors, including interns, and other medical staff in the public sector. I believe that the situation in State hospitals is becoming completely untenable and could result in the collapse of medical services, even at the level of primary health care. I know that the hon the Minister has expressed an understanding of the position of doctors and of the importance of retaining them in the Public Service. However, understanding, sympathy and empathy will not solve the problem. Nor can we carry on with endless meetings between the Department of Health on the one hand and stakeholders on the other whilst Rome is burning.

Doctors in State hospitals are working under increasing pressure, with deteriorating conditions, heavy workloads, severe budget cuts and staff shortages. On top of this there is the uncertainty in respect of health policy, for instance with regard to the allocation of interns. According to Dr John Taitz, the chairperson of Judasa, the Junior Doctors' Association, final-year students do not know where intern posts are available. I believe that there is absolute chaos among final-year students.

I believe that we should restructure our health services. We from our side support this objective. However, what we are concerned about is the method and the process. The redeployment of interns should be done with proper consultation,

and this must not take place without proper planning. We must manage the issue of intern allocations as well as the remuneration of medical personnel and their working conditions in a responsible manner. There appears to be a perception that certain decisions taken by the department are sprung on the medical profession as a surprise, causing a lot of confusion and uncertainty.

A large-scale exodus of doctors from this country can only lead to grave consequences for health services in general, but more particularly in respect of primary health. I wish to ask the hon the Minister to come up with a plan of action—she mentioned some of the things she was going to deal with—as soon as possible to arrest the demoralisation of doctors in our State hospitals. The problem of the public-sector working conditions of health employees should be an issue of major concern to all of us.

Every day we see reports in the newspapers about the dissatisfaction among doctors. Such a report appeared in *The Argus* yesterday. It says:

> Angry doctors warn: Pay up or no overtime.

The report continues:

> An ultimatum has been issued by State doctors . . .

[Time expired.]

Senator C P MOLOTO: Mr President, the solution to the problems faced by doctors in the Public Service needs to be located within the broader strategy embarked upon by the Health Ministry and this department. That is the primary health care approach. Doctors in many public hospitals are involved in duties which could best be performed by the nursing staff.

The new health policy proposes that we should move away from the emphasis on tertiary care to primary care. The new approach should also penetrate a great deal of our training strategies. The moral element of provision of service to the nation can go a long way in ensuring successful transition to the full implementation of primary health care programmes. The conditions faced by these officers . . . [Time expired.]

Senator D M MALATSI: Mr President, the morale of workers in the public health service is at its lowest ebb. Doctors are no longer looking forward to a full day's work, because they merely expect their full day's work to add to the load of problems that is growing on a daily basis. Interns are confused, because they do not know where they are going to be posted in the next few years after the completion of their studies.

On the other hand, the collapse of medical services is inevitable, and under the present amount of pressure this cannot be overlooked. The division of national health and provincial health is adding to the confusion about the legitimacy of what a provincial MEC is supposed to allow and what not.

On the other hand we find that there is a conflict of interest between a doctor's loyalty to the Hippocratic oath which requires him to treat the patient who is suffering and who is expecting the necessary treatment of him, and his loyalty to the government of the day. I think the Minister should actually give the direction as to what is supposed to happen so that a conflict of interest would not exist in the doctor's mind.

Senator Dr R RABINOWITZ: Mr President, the extent of the problems already experienced in the public hospitals indicates the futility of trying to make the future primary health care system predominantly State-managed. The State is obliged to provide doctors in rural areas and to provide better primary health care services to the public, but if the Government intends to do this by moving money and people around as if they were models on a board the results would only be disastrous.

The private sector should be involved in training a special category of practitioners who are not necessarily qualified doctors to dispense primary care. Nurses should also receive special training to deliver primary health care. Interns, after receiving focused preparation for rural work, should be encouraged with salary and other incentives to rotate through rural hospitals for three months each.

Senator C H WERTH: Mr President, this is a relevant issue and I thank Senator Redcliffe for placing it on the Question Paper. There is no doubt that a crisis exists and that a disaster is approaching.

Unfortunately, the sound system was not working when the Minister was speaking. I would like to ask the Minister whether she was speaking of another form of the "barefoot doctor" which we have discussed in the House before and which she is proposing at the primary health care level or not, because I believe that in order to correct the situation which exists for doctors, someone be-

tween the doctor and the patient at primary level is essential or we shall never be able to cope with the problem.

Senator E K MOORCROFT: Mr President, we in the DP share the concern expressed by hon senators about the position of doctors in the Public Service. We are extremely concerned about the shortages of doctors which exist and about the way in which these shortages are being aggravated by the continuing stream of doctors emigrating out of the country.

According to the Medical Association of SA, doctors and nurses at State hospitals are becoming increasingly demoralised by "work pressure, dreadful working conditions, serious budgetary constraints and a shortage of staff". These are the doctors who have finally decided there is no future for them in public health facilities and who either opt to go into private practice or, even worse, to leave the country and to emigrate.

Senator C R REDCLIFFE: Mr President, it is important to address the question of the long-term solution to the problems in our health services, but we need to address as a matter of urgency the question of the remuneration and working conditions of doctors in State hospitals, and I want to ask the hon the Minister a question.

The hon the Deputy President Mr Thabo Mbeki and the hon the Minister promised to look seriously into the working conditions of doctors in the Public Service after they had met with a delegation of the Medical Association of SA in Cape Town on 10 July this year.

Masa's proposals include a separate salary structure and a Public Service negotiating chamber for professionals; the right of essential service personnel to have disputes arbitrated without interference from non-essential service providers; the availability of adequate funds for overtime remuneration, and a standard system for overtime based on extra hours worked over and above a 40-hour working week. I want to ask the hon the Minister what has been done about this in the meantime.

The MINISTER FOR HEALTH: Mr President, before I answer, could I ask that you allow me more time. I hear that hon senators did not hear me before, because the sound system was not working. I may have to repeat what I said.

The PRESIDENT OF THE SENATE: Order! The hon the Ministe[r] will have at least two more minutes.

The MINISTER: Thank you, Mr President.

Responding to the question of Senator Werth, what we are proposing is that instead of starting a new training scheme, we should take a certain number of our present nurses and train them in clinical skills so that they can work in primary health care. I do not want to call them "barefoot doctors". They are nurse clinicians and I think we should keep that name.

Secondly, unfortunately I am not a prophet of gloom and doom like members of the NP. [Interjections.] The NP created the conditions which we now have to grapple with in the democratic South Africa. There is no problem in terms of interns. There is no chaos. It is merely the case that some of the people here unfortunately think that South Africa begins and ends in Cape Town and Johannesburg. They do not realise that South Africa is bigger than that, and that interns have to be distributed elsewhere as well. They are saying that there is chaos merely because some interns have to work outside Cape Town and Johannesburg. Other than that there is no chaos.

With regard to remuneration, doctors are earning salaries that are not satisfactory. Who is responsible for that? It is the very people who are now asking questions. [Applause.] I am glad that they have so much confidence in us that they expect us to correct the years of neglect and mismanagement in only one year. That shows how much confidence they ha[ve] in us. We will try to live up to that. [Applause.]

Debate concluded.

Academic hospitals: amount made available

2. Senator E K MOORCROFT asked the Minister for Health:

(1) What amount has been made available for academic hospitals in respect of the current financial year;

(2) whether any academic hospitals are due to close and/or to cut back services as a result of financial allocations from the central government; if not, what is the position in this regard; if so, which hospitals and/or services are affected thereby?

S402E.INT

Hansard
17/8/95

Deteriorating services 'blamed on doctors'

93

ARG 17/8/95

Health Reporter

DOCTORS are being unfairly blamed for deteriorating health services by patients who see them as second-rate practitioners working in second-rate facilities, says Stefan Morrell, chairman of the Senior Hospital Doctors' Association.

He said doctors were trying their best to continue providing quality care in the face of budget cuts, bureaucratic red tape, staff shortages, increasing workloads, strikes and theft.

"We're encouraged by the intentions of the national health plan to strengthen the public health sector and improve the working conditions of health care personnel," said Dr Morrell.

"The first priority now must be to restore the confidence, both of doctors and patients, in the ability of the system to serve their best interests."

Steps should be taken to improve doctors' working conditions and to attract and retain them for the public health service. It was also necessary to change the perception of "second-rate doctors working in second-rate facilities".

"We understand there are other financial pressures on the government, but equitable access to health care must be a priority," said Dr Morrell.

SCHOOL

↑OF

SA recruits doctors to fill exodus gap

ARG/8/8/95

(93)

TYRONE SEALE
Political Staff

THE flight from South Africa of overworked and underpaid public sector doctors has led to the government asking the United Nations and other international partners to send doctors here.

During interpellations in the senate yesterday, Health Minister Nkosazana Zuma faced tough questions and harsh criticism from senators who expressed concern that the country's public health system was on the verge of collapse, and that competent doctors were being snapped up abroad.

Dr Zuma said her department had inherited an unsatisfactory health system.

"Many of our doctors are working in often dilapidated hospitals. They work very long hours, they see too many patients and patients are not seen at the appropriate level. This reflects years of neglect by the apartheid system and its Bantustans. We are very worried."

She had set up a working group between the Medical Association of South Africa and her department to discuss all issues relating to doctors' working conditions.

Dr Zuma said she was surprised at the perception that academic hospitals, such as Groote Schuur, were being ignored, particularly since the government was spending just over R22 billion this year on academic hospitals alone.

What was needed was the rationalisation of apartheid-based duplicated services and institutions, and training of medical personnel should be transformed to make the student body more representative of the total population.

Doctors would be recruited from abroad "if we can't get enough doctors in this country to take care of the people in this country".

Alarm over image of doctors

Kathryn Strachan (93)
BD 13/8/95

MEDIA reports on the deterioration of public health services, and of increasing vacancies for doctors, has had a severely negative effect on the image of doctors, says the Senior Hospital Doctors' Association.

The first priority now must be to restore the confidence of both doctors and patients in the system, said chairman Dr Stefan Morrell.

"One of the biggest problems was that patients associate doctors with the poor conditions, which are in fact beyond our control. We are trying our best to continue rendering quality care amid budget cuts, bureaucratic red tape, staff shortages, increasing workloads, strikes, thefts and so on," he said.

State sector doctors recently came under fire for abusing the system of limited private practice, which allows them to spend 20% of their time on private work. Health authorities complained that some of these doctors spent hardly any time doing their hospital work, and a way of monitoring their time would have to be found.

Morrell said visible steps had to be taken to improve not only the doctors' working conditions to attract them to and retain them in the public health service but also to change the perception of second-rate doctors working in second-rate facilities.

"Without doctors to maintain services and patients using them, it is inevitable that the system will collapse. We understand that there are other financial pressures on the government, but equitable access to health care must be a priority."

He said recommendations made by the Medical Association of SA and the health department, scheduled to report to the ministry at the end of the month, would offer practical solutions which should be urgently implemented.

Public sector doctors were encouraged by the national health plan's intention to strengthen the public health sector and to improve the working conditions of health care personnel.

The sad plight of Gauteng's doctors

(93)

WM 18-24/8/95

Doctors in Gauteng's public hospitals work up to 100 hours a week for pitifully low salaries. **Pat Sidley** reports

IT'S 7am. The early shift at the hospital has begun. But the fresh doctors are working alongside others who have already been at work for 12 hours — and may have to continue for another 24.

Many doctors work between 60 and 100 hours a week — including shifts of 36 hours without a proper sleep break. For this, a registrar (who is specialising) takes home about R4 300, an amount which includes the 16 hours overtime that his employer (the government) recognises. Interns take home R2 500 and senior doctors a mere R4 500.

Many of the patients treated in Gauteng's public hospitals come from outside the province. A notice in the outpatients department at JG Strijdom Hospital tells patients that they won't be attended to if they have not been to their nearest clinic first or if they come from outside the area served by the hospital. They are also warned that if they haven't booked an appointment they may have to queue overnight. The futility of this can be seen in the length of the queue.

One doctor, sometimes two, will see 300 of these patients a day in a screening process to define their problems and sort them for further treatment.

The principal medical officer dealing with the queue at JG Strydom Hospital also has to do shifts in casualty, attending to heart attacks, stabbings and gun-shot wounds. At the end of the month, she will take home R4 500. Her son is to become a doctor soon. She has advised him to leave the country.

"It's no life," she says. "You get up at night to get here, and then you get home in the morning only to find you have to get up again to get here. You're so tired, you can't think." She doesn't believe there is any hope for a change in conditions. Aside from the lack of money, she says the patients won't stop bypassing local clinics and hospitals. That kind of change will take at least 20 years.

Why does she do it? "I'm a clinician, but I like some academic work. I like working with people and I like to stay up to date."

Doctors who used to do part-time work at the hospital have left in droves, placing greater stress on full-time staff. Gauteng's health administration reworked the way they were being taxed, so their R19 an hour has been slashed. This forced South Rand Hospital to close casualty wards at night.

Ian Sanne and Ramon Bonegio are registrars at Johannesburg Hospital's oncology department. Last week, each worked 100 hours. They will be paid for 40 hours as a basic salary and then get up to 16 hours of overtime pay at a flat rate that of about R23 an hour.

Registrars earn between R4 000 and R5 333 a month before tax. When overtime is added, it too is taxed. This would make an average figure for a registrar with 16 hours of overtime (but who may have worked 60 hours of overtime) little more than R4 264.

Recently the government agreed to pay for another 10 hours of overtime, but they did not send any further funds. As a result, Sanne, Bonegio and their colleagues only occasionally get the extra overtime.

At JG Strijdom's casualty department, the two doctors on duty worry that, with the immense pressure they are under, they may not always do their jobs properly and may place patients' lives at risk in the 30th hour on shift in a demanding day.

"It's a dangerous situation for litigation, and a fear that we have to live with," one said.

SATURDAY info

Saturday ANGLING
Peter Goosen

Kob hot spots promise action

CAPE anglers are poised to get to sea or at least on to the rocks as soon as the ocean, whipped up by this week's unseasonal south easterly gales, subsides enough to be safe.

It's hoped that the wind has been a blessing in disguise and will bring the kob on the bite.

The wind has brought discoloured and warmer water into the bay making conditions ideal for these fish of which there were already signs before the wind started.

So it looks as if the kob hot spots at Swartklip and Strandfontein will be the centre of attention this weekend.

The scouring action of the sea in False Bay is also sure to interest the winter steenbras and galjoen anglers who are going to find some of their favourite spots nicely washed out.

Back on the boat front, there is a possibility that the fair snoek catches that were made in Buffels Bay in False Bay before the wind started might still be there, and at least some boats are sure to go looking for them. There was also a showing of yellowtail among the snoek and this is yet another fishing opportunity at least some anglers are likely to exploit.

Snoek have also been on the bite at Kleinmond, Hermanus and Gansbaai and were also pretty prolific at the weekend around Llandudno where most of the fish in the Snoek Derby were caught.

What this area will be like when the sea subsides again is anybody's guess at the moment.

As far as other species are concerned, a nice class of red Roman have been caught on the Gordon's Bay side of False Bay and these fish form the basis of the fresh fish stocks on sale this weekend which will hopefully today and tomorrow be augmented by some nice fresh kob.

At Hout Bay, Mariner's Wharf has red Roman and red stump and Snoekies has yellowtail, kingklip, angel fish and fresh hake. They also have some defrosted elf which they say are in pretty good condition.

WEEKEND WEATHER

REGIONAL FORECAST

Western Cape:
Cloudy and mild becoming cloudy with light rain over the Peninsula. Coastal wind: Moderate NW.

Cape Town area:
Partly cloudy becoming cloudy with rain by evening. Wind, NW 20 knots (37km/h) reaching 25 knots (46km/h) and 30 knots (56km/h) at Cape Point.

Paarl area:
Partly cloudy becoming cloudy in the evening with rain. Wind NW 15 knots (28km/h).

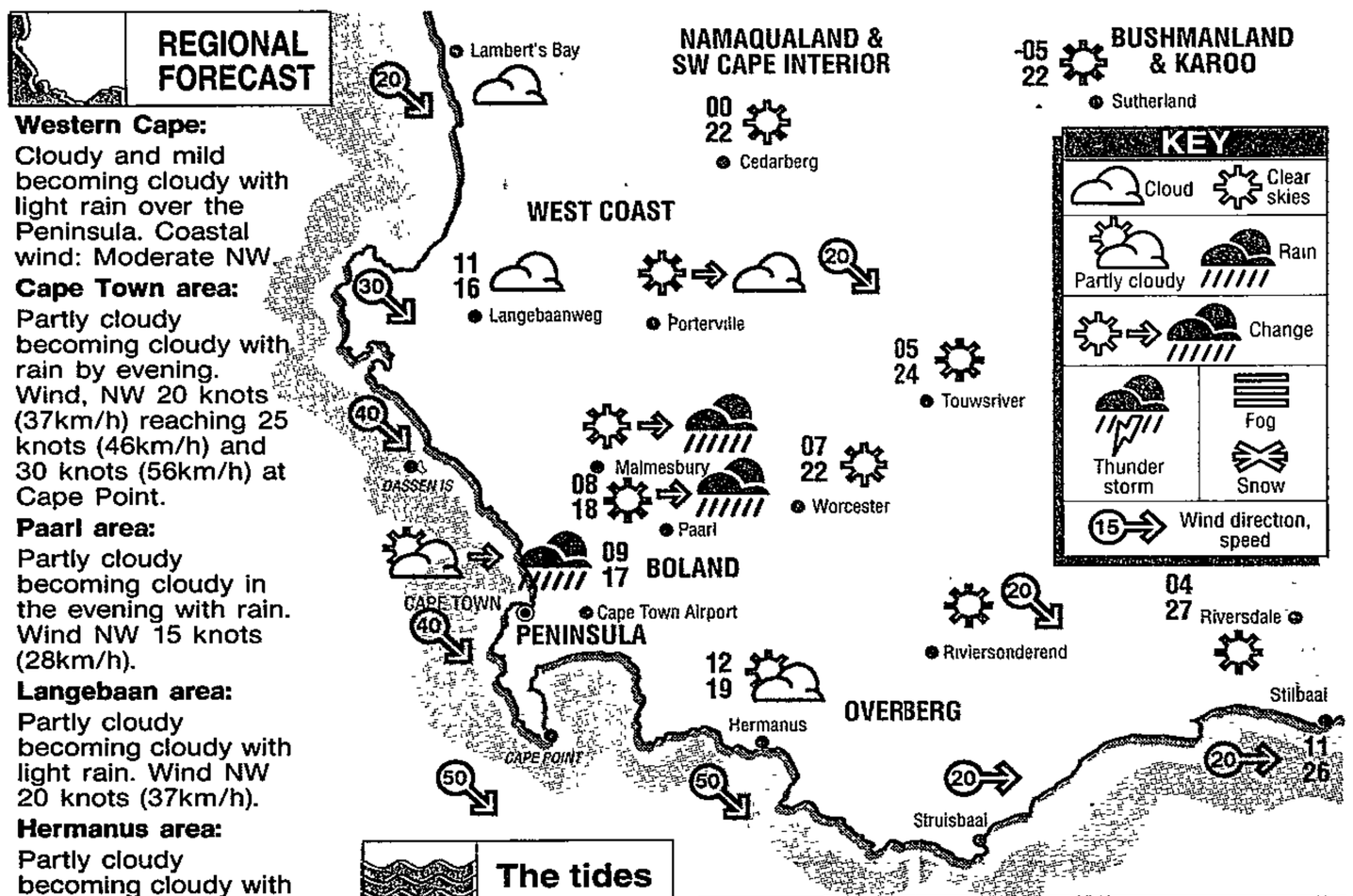
Langebaan area:
Partly cloudy becoming cloudy with light rain. Wind NW 20 knots (37km/h).

Hermanus area:
Partly cloudy becoming cloudy with rain.

OTHER AREAS

Eastern Cape:
Fine and warm but hot over the interior with strong NW winds. Coastal wind: Moderate NW becoming SW.

Northern Cape:
Fine and warm with strong NW winds. Overcast and cool on the coast with fog patches and a moderate NW wind.



The tides

Today
High 1008 2244
Low 0340 1632
Tomorrow
High ..... 1140 -
Low 0517 1802
Monday
High 0002 1245
Low 0625 1855
Tuesday
High 0056 1326
Low 0710 1934
Wednesday
High 0137 1359
Low 0746 2007
Thursday
High 0212 1431
Low 0817 2038
Friday
High 0244 1501
Low 0847 2108

The Moon

New moon ... Aug 26
First quarter.. Sept 2
Full moon..... Sept 9
Last quarter Sept 16

The Sun

Sets today: 1818.
Rises tomorrow: 0720

°C Water temperature

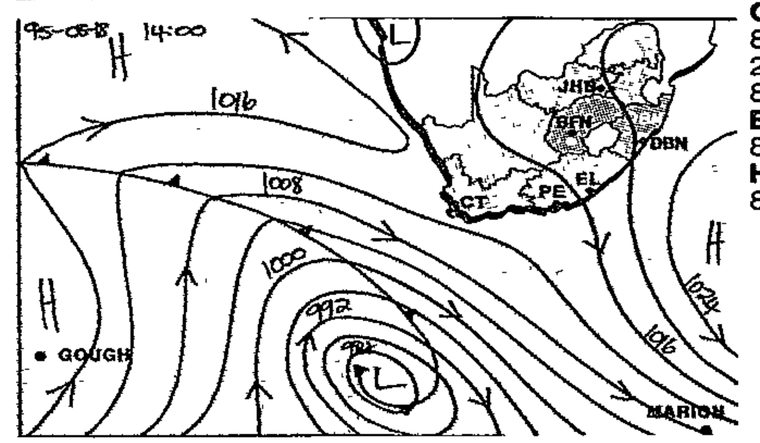
Sea Point: sea 11; pool closed
Muizenberg: sea 13; pool closed

°C Land temperature

Cape Town 09/17
Bloemfontein...08/24
Bethlehem.....02/20
Johannesburg .03/22
Pretoria.....05/24
George.....06/22
Kimberley.....10/27
Upington 14/31
Durban.....13/26
East London ...16/32
Port Elizabeth .10/25
Springbok 09/20
Windhoek.....10/25

THREE DAY WEATHER SERVICE
(021) 40881

PENINSULA MIN 9°C / MAX 17°C — PARTLY CLOUDY



□ **PARTLY CLOUDY:** It will become cloudy with rain.

SUNDAY: Partly cloudy and cold but cloudy at times with showers, mainly in the evening. Wind moderate SW becoming strong NW.

Surfing

WITH the NW wind and a small swell on the Atlantic coast, your best best will be Misty Cliffs and Witsands. But if the wind pushes up the swell, try Crayfish Factory.

False Bay has a small swell, in the region of two-to-three foot, and you should get good waves at Nine Miles on the high tide and Cemetery on the low tide.

Angling

THE kob run, which followed this week's SE gales, could be over as the wind switches around to the NW, bringing colder weather and perhaps even rain over the weekend.

However, snoek fishing could continue on a high note, especially outside Hout Bay where excellent catches were made yesterday. Conditions for galjoen and steenbras for rock and surf anglers remain good.

Weather data

Sunshine yesterday
7,7 hours
Cloud yesterday
8am: eight-eighths
2pm: nil
8pm: two-eighths
Barometer
8pm: 1 011,2 mb
Humidity
8pm: 90 percent
Wind
8pm yesterday: N 12 knots
Rain
This month: 37,7mm
Aug av: 80,5mm
Air temperature
Yesterday min 11,1 deg C
Yesterday max 17,8 deg C

Road report

NATIONAL ROADS

N1 Dutoitskloof Pass: Blasting from noon-2pm Monday to Thursday until October. Options: Reschedule journey, wait in kloof or use the N1 alternative route via Wellington and Wolsely (65km longer). Signs on freeway at Klapmuts and Worcester indicate if road is open or closed as well as N1 alternative route. New dual road being built between Huguenot Tunnel and Molenaars River.

N1 Old Oak interchange: Up to the Huguenot tunnel there is a 12-month project of rehabilitation of the road. Dangerous, slow to 60km/h. To end February 1996.

N1 Between Brackenfell and Kraaifontein: Okavango interchange being built, two lane deviations, speed 60km/h. To finish October.

N2 from Pinelands off ramp to Vanguard Drive: Work in progress on third lane and median wall — 18 month contract.

MAJOR PROVINCIAL ROUTES

R29 Outeniqua Pass: Major roadworks between George and Oudtshoorn. Construction activity begins at Blanco intersection, continues through entire pass, ends in Waboomkraal Valley. Pass closed weekdays 10am-2pm. Options: reschedule your trip, wait at closure booms; use Robinson Pass via Mossel Bay, use Montagu Pass (only light vehicles, one-way traffic control in operation). Anticipate delays and extreme caution to be exercised. Update from ☎ 0441 707865.

R302 Klipheuwel/Durbanville: Speed limits on Klipheuwel Road and rehabilitation work between Durbanville and N1. Three bypasses with 40km/h restrictions. Bypass at railway crossing on R302.

Easy win at superb Franschhoek event

LEADING virtually throughout, Bernard Fox and John Grant resisted all assaults on their position to run out comfortable winners of the R2 500 Petra Mansell Pairs final.

Held at the picturesque Swiss Farm Excelsior in Franschhoek, the 16 pairs of finalists, divided into expert and non-experts but in a single section, enjoyed excellent fare, accommodation and brilliant directing by Ray Jensen.

The former Western Province president was unobtrusive, accurate and charming and must be considered a suitable candidate for similar

Saturday BRIDGE
Alan Simmonds

□ Congratulations to Durbanville Bridge Club, which turned 20 yesterday. The club offers three free evenings to rubber bridge players to find out more about duplicate play. Moreover, the old hands promise "to be nice!" If you want to learn the ropes call secretary

Saturday DIARY
Pam Small

The Cape Orchid Society annual spring orchid show at Kirstenbosch Gardens today and tomorrow, 9am-5pm. Entrance fee: R3 adults, R2 for seniors, children free. **Waterfront Art and craft market** open every Saturday, Sunday and public holiday from 10am-5pm, in the blue shed opposite Portswood Square parking garage — ☎ 418 2850. This weekend Quentin and Gail Green demonstrate the making of ceramic beads.

Win puts Claremont in contention

A SINGLE good result has moved Claremont into contention for the WP Premier League.

An unexpectedly heavy 4 ½ to a half victory over Steinitz has moved the Rondebosch side to within five points of log leaders False Bay, with a game in hand. Three of Claremont's opponents in the coming six rounds are teams occupying the tail-end of the log, and more high scoring results will put Claremont on the 33 points I reckon will be the winning total.

False Bay slipped a little by [illegible]

Saturday CHESS
Nick Barnett

Dr Sarel Steel, a former international, is the Stellenbosch top board, while the other university side, UWC, is led by international, Lyndon Bouah. Two very young players, Erfaan Hoossen, 16, (Kasparov) and the brilliant Kenny Solomon, 15, (Mitchell P [illegible]

ised.

The champions averaged around 64 percent — awesome — but were chased hard and long by Springbok Norman Sulcas playing with Steven Kreiner — a player in his early twenties, who showed promise and flair and maintained concentration, particularly under pressure near the end.

English international Irving Rose, who had qualified top with Selma Abramsohn, ended third and then came the leading non-expert pair, in a fine showing — Adele Werth and Karen Lewis-Thomas who really produced the goods.

at 7.00 pm for 7.45, and annual membership fees are R10, plus R2 each time you play.

□ The International Women's Club Bridge Drive takes place at the Nico Malan Theatre Complex on Thursday, August 24 at 9.15 am at R10 a person. The event is in aid of local charities. Contacts: Danusia ☎439 5942 (duplicate) or Jill 438 7271 (rubber bridge).

Results:

Grosvenor BC (Petra Mansell Pairs, final positions (barometer, 75 hands): Bernard Fox/John Grant +121, Stephen Kreiner/Norman Sulcas +101, Irving Rose/Selma Abramsohn +76, Adele Werth/Karen Lewis-Thomas +41, Selwyn/Gail Gersowsky +33, Anine Trümpelmann/Andrew Welsh +26 (second, non-experts). Martin Harris/Steve McGibbon -9, Janice/Terry East -11, Richard Theunissen/Elana Verster -12 (3rd non-experts).

dro Espi (Pedro the Music Man) — ☎788 4106.

WP Cat Club 75th Championship cat show, 11am-5pm at the Monte Vista/Edgemead Community Hall.

Charity Cut-A-Thon, Blue Route Mall from 12-2.30pm. Hair cut for R20 by qualified and trained personnel. Seventy-five percent of money raised will go the needy at Princess Alice Orthopaedic Hospital — ☎72 2097 John Newman.

Cape Guild of Weavers monthly meeting, 12.30pm, begins with a winter lunch at Frank Joubert Art Centre. Topic: **"Finishes", problem-solving and trouble-shooting with your work** — ☎52 3418 Susan Stougie.

Tour at the SA National Gallery, 3pm, **Positive Lives: Responses to HIV**, with SANG guide, main building.

eaves ... ain just three points ... arrears, while Cape Town with a four to one win over Stellenbosch University are second on the log with 18 ½, just 1 ½ points behind False Bay.

Key encounters next week will be Claremont against Cape Town and False Bay against University of the Western Cape.

Apart from the keenly-fought team positions, there is a no less fierce a struggle for top-board honours. Cape Town's only international Master, George Michelakis, heads the Cape Town team, Danish import Tomas Pederson is the Claremont top board, while six time South African champion, Charles de Villiers, is number one for Manyanani.

Henry (Grassy Park).

Former league champions, Steinitz, have alternated Deon Pick and the improving Ashley on their top board.

Two essential factors have ensured that there has not been such a well-fought contest as there is in this years league — and league secretary Roland Willenberg is responsible for both.

The competition for the Premier League end on September 23, when 330 games will have decided who is the proud holder of the WP League Trophy. I know that if False Bay manage to hold on to their number one spot, there will be one hell of a party in formerly dry Fish Hoek.

□ Paul Skoll — part of his busy schedule is checking X-rays.

■ HUNDREDS of disgruntled state-employed doctors have quit the country, and with conditions of service at an all time low, more are set to follow.

Budgetsave been cut, there are fewer resources and posts have been frozen, putting more pressure on already demoralised and overworked staff.

Most doors believe RDP funding should be channelled into clinics and day hospitals, but these are not up and running yet.

Meanwhile, hospitals are bursting at the seams as more people are demanding treatment.

Staff reporter ADELE BALETA went "on call" with Red Cross Children's Hospital doctors to find out how hard they work.

Saturday Star
August 19 1995

Cough up or we quit, warn disillusioned doctors

(93) Star 19/8/95

By ADELE BALETA

Doctors practising in the public sector amid deteriorating conditions, increased workloads, severe budget cuts and staff shortages have submitted their grievances to the health ministry and are hoping to get a reply early next month.

The resignation of doctors and reports on the looming collapse of public health services have prompted Health Minister Nkosazana Zuma to establish a working group to investigate problems. Deputy President Thabo Mbeki has been in consultations with Zuma and both have committed themselves to finding solutions.

The working group chaired by Professor Dave Morrell of the Medical Association of South Africa (Masa) includes senior members of the Department of Health.

Morrell said: "Priorities on the agenda are: mechanisms for improving doctors' negotiating position, since they do not have the leverage of strike action; the necessity for service contracts and the improvement of working conditions, disparities and the low level of overtime pay; the issue of community service; and the redistribution of intern posts in 1996."

Morrell said the "precarious" position of doctors as a minority group in the public service bargaining council had been brought to Zuma's attention during a meeting in April.

"We are waiting for a response to our proposal for a separate bargaining chamber for white-collar workers as is the case in Sweden," he said.

Doctors were given a professional allowance along with their state-employed counterparts in other professions such as law and engineering.

"But doctors are required to work 56 hours' overtime a month before they get the allowance. Professionals in other sectors automatically receive the money. We believe this disparity should be cleared up."

There were no such things as service standards, Morrell added. "We want our overtime to be based on our basic salary. It must be paid at normally accepted rates of time and a third or double time."

Morrell said that at present doctors were earning about R13 an hour for overtime even if they were performing open-heart surgery at the time.

"In representing the medical profession, Masa is committed to enhancing health care for South Africans and the strengthening of the public service.

"We are especially committed to doctors who, while struggling to maintain services under extremely adverse circumstances, are often blamed by patients for the inadequacies of the system."

He added that doctors were distressed not only by their own conditions but by the inadequate and efficient services at hospitals in general.

"After all, we don't work on our own," he said.

Doctors in heart

ST(CM)(93) 20/8/95

By JESSICA BEZUIDENHOUT

A GROUP of state surgeons who run a private practice which performs up to four operations — including transplants — a month at Groote Schuur Hospital have been accused of profiting at the expense of taxpayers.

The head of Cape Town's Groote Schuur Heart Transplant Unit, Dr Johan Brink, confirmed this week that he and five other surgeons had permission to conduct a private practice at the hospital.

The doctors, who specialise in cardiac and thoracic surgery, are allowed to perform up to 12 heart operations a month on private medical aid patients at Groote Schuur, according to Dr Brink. At present they are performing an average of four private operations a month.

Last week Dr Brink criticised plans by the privately-owned City Park Hospital to perform its fourth heart transplant, claiming that "possible competition" between smaller units could not be ruled out.

"The results of organ transplantation have proved to be worst if performed in areas where multiple small units exist," he said.

Dr Brink and his colleagues have been criticised by some doctors who have accused them of deriving personal gain by using the facilities of a hospital funded by taxpayers' money.

Several doctors this week claimed there was no guarantee that private patients would not be favoured in terms of the arrangement.

Exposed

In an article in the latest South African Medical Journal, cardiac surgeon Dr Anton Ferreira, who operates at City Park Hospital, said: "The claim that they generate funds for Groote Schuur Hospital will quickly be exposed as a myth". Groote Schuur's Cardio-thoracic Unit "probably has a waiting list with an acknowledged mortality," Dr Ferreira wrote.

"To encourage private practice within such a unit raises serious ethical questions."

Known as the Limited Private Practice (LPP), the system was created to make up for salary demands by doctors which could not be met by the government, according to Dr Kenneth Wells, of the UCT Medical School.

Dr Brink denied that he and his partners were only interested in their own financial gain. He said the system was being used to retain the services of poorly-paid doctors who were threatening to leave state institutions.

The LPP enables doctors in full-time state employ to undertake a specified amount of private work of up to 20 percent in addition to their normal contracted time But this was subject to permission and restrictions by the institutions for which the doctors worked, Dr Brink said.

In the case of Groote Schuur doctors, the hospital and the UCT Medical School gave permission for their medical practitioners to engage in private practice at the hospital, with the proviso that there is a single billing system.

Dr Brink said a percentage of private practice earnings was paid into the UCT faculty fund and the hospital also imposed an additional levy of 10 percent on their income.

One doctor, who spoke on condition of anonomity, claimed this arrangement was open to abuse

"Firstly, there is no guarantee that private patients will not enjoy preference when it comes to organ transplants," he said.

BEAUTY AND THE BEAST . . . Student teacher Samantha Stander of Malmesbury checks out a huge Great White which was put together by museum taxidermists using a mould taken f recently. The suspended exhibit, which can be viewed from several different angles, is part exhibition. There is also a kelp forest and replicas of sea creatures ranging from leatherb fish to broadbill swordfish, pelagic stingrays and diamond squid

WP hammer Free State

SKIPPER Tiaan Strauss, playing in his 150th game for Western Province, led from the front when his team hammered Free State 45-24 in their Currie Cup encounter at Newlands yesterday.

Strauss, who was forced to leave the field just before half-time with a bloody nose, returned to the field in the second half to help steer Western Province to one of their best wins of the season.

After their disappointing loss to Northern Transvaal last week, yesterday's impressive win by Province, which included six glorious tries, put them firmly back on track in the hunt for a place in the Currie Cup final.

● Full report and picture on page 12.

Nat in fix over

By NORMAN WEST
Political Reporter

A WESTERN Cape National Party member says his party's court battles with the central government in the boundaries dispute have put him in "an embarrassing fix".

Cecil Herandien says he has been cited by the NP as a "respondent" because he was appointed, without being consulted, to the Western Cape Provincial Committee (WCPC) by the Minister of Constitutional Development, Roelf Meyer, a member of the NP.

Court papers cite Mr Meyer as second respondent and President Nelson Mandel spondent.

Parliamentary sou it is the first time in t history that a provin ment, the NP-domina Cape legislature, ha central government

This means that, and ANC both ser government of nation NP has taken certai public representativ

"Had the NP's Ca Court case again government succeed have been part of the team that lost agai party," said Mr Her

The Cape Suprem

TOO FEW SENIORS TO SUPERVISE GROOTE SCHUUR SURGERY

Trainee doctors in ops crisis

ANAESTHETISTS at Groote Schuur Hospital say the staff shortage is so severe they are afraid mistakes will be made and patients will die. CAROL CAMPBELL reports.

CT 21/8/95 (93)

TRAINEE specialists working at Groote Schuur are performing complicated operations without supervision because there are not enough senior doctors to watch over their work.

The problem seems worst in the Department of Anaesthetics where nine top posts have been frozen. This figure will increase to 10 at the end of the month when another senior doctor leaves.

The pressures are so great that one doctor, on duty on Friday night, said: "Becoming a doctor was the worst decision of my life.

"But how can I turn my back on a dying man and walk away for more money when I am the only one who can save his life? I can't — that's why we're in this situation."

In a confidential document circulated to staff members last week, anaesthetist Dr Peter Gordon said a further three senior specialists had said they intended leaving because of job dissatisfaction.

The department has 12 specialists doing the work of at least 17.

The document also said the deputy director of the Department of Health in the Western Cape, Dr Tom Sutcliffe, was to meet regional Premier Mr Hernus Kriel to try to unfreeze posts. Meanwhile, operations are to be cut back because of the doctor shortage.

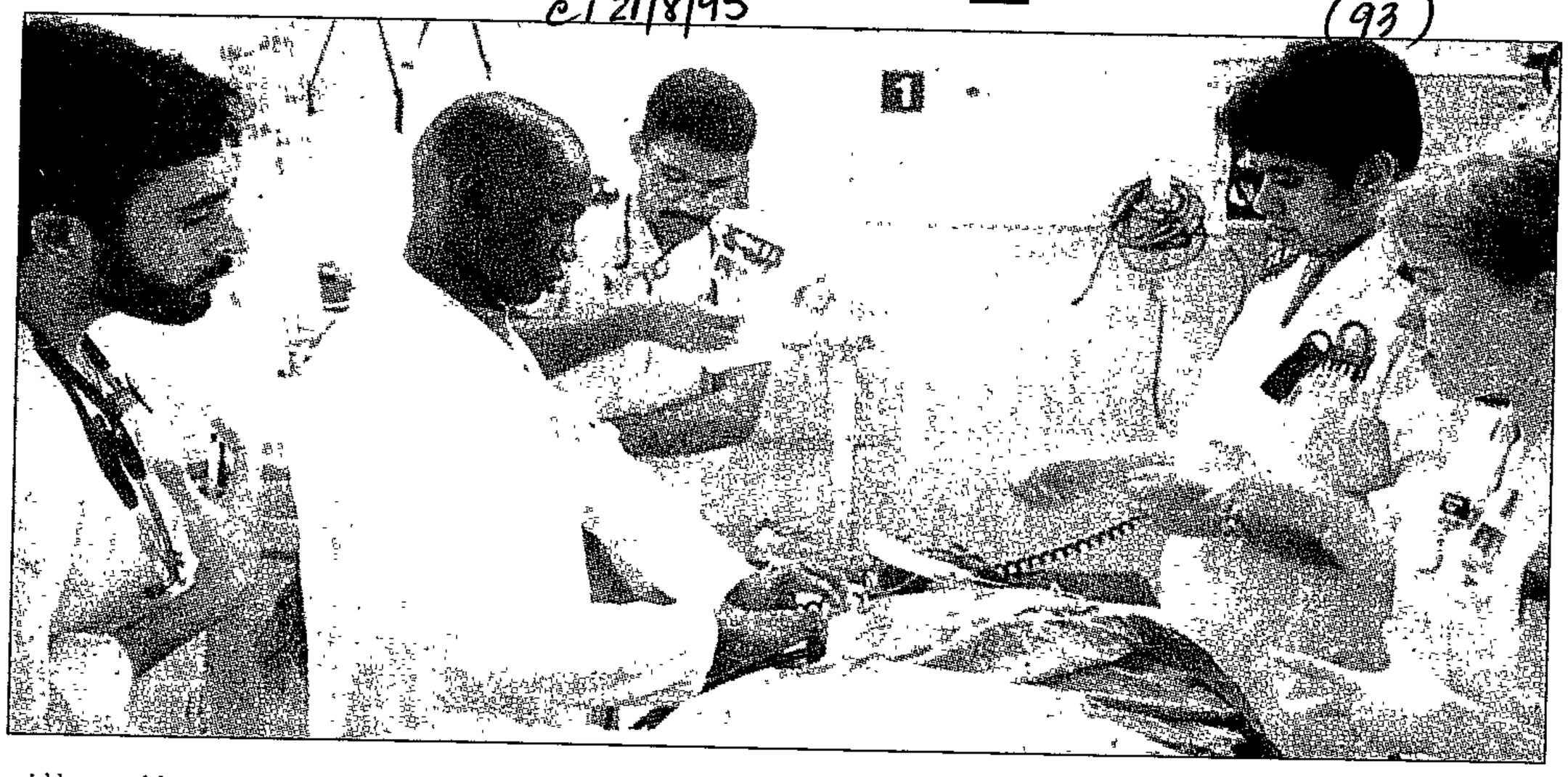
At a recent department get-together, doctors concluded that, because of the erosion of staff beyond the six posts agreed on, they were unable to maintain a safe standard of practice.

Anaesthetists at the hospital said it was too dangerous to try to continue working at the same intensity because mistakes could be made and "people will die".

"We will have to stop non-urgent surgery like hip replacements or eye operations," said one.

The chief director of the Western Cape Department of Health, Dr Alan MacMahon, said it was up to the hospital to comment.

Groote Schuur's chief medical superintendent, Dr Peter Mitchell, said he would comment today.



FRONTLINE DOCTORS: Doctors in Groote Schuur's trauma unit prepare to stitch up a stab wound in the early hours of Saturday. It is not unusual for a doctor to work up to 36 hours without taking a break for sleep. *PICTURE: BERNARD PEREZ*

A Cape Times team spent Friday night in Groote Schuur's trauma and casualty units. Although staff described the evening as "quiet", there was a steady flow of patients with gunshot and stab wounds, accident injuries and heart attacks.

Most of the registrars on call on Friday had been there since 7am and expected to go home about 6pm today. "There are beds here where we can sleep in quiet patches," a specialist said.

"We work 310 hours a month, but if we earned enough to buy groceries it would be all right," said another.

A registrar said she took home R3 300 a month, of which she used R1 200 to repay her student loan and R500 for insurance "because there is no job security".

Although doctors are not allowed to moonlight, most work locums for extra cash.

● See Page 4

WORKING HOURS LIMITED

Hospital relief plan

CT 22/8/95 (93)

A REDUCTION in state doctors' working hours is part of a new health department plan. **CAROL CAMPBELL** reports.

A NATIONAL plan to alleviate the plight of overworked doctors was revealed to the Cape Times yesterday and, if approved, will be presented by Minister of Health Dr Nkosazana Zuma to the nine health ministers and government officials on October 1.

Among the suggested changes is a move to limit doctors' working hours to 70 a week — at present most doctors in state hospitals work up to 120 hours a week.

Shifts could be cut back to a maximum of 28 hours, after which doctors would be forced to rest for 20 hours.

There is also a suggestion that medical schools, now mostly concentrated in Gauteng and the Western Cape, adopt an outreach programme with the formation of satellite campuses at regional hospitals around the country.

The allocation of interns is to come under the spotlight, as is the funding of academic medicine. The committee also suggested that for the first time doctors be given a job description.

The changes have been drawn up by a committee appointed by Dr Zuma and made up of representatives from the Medical Association of South Africa and the health department.

Yesterday a spokesman for the Registrars' Association of Medical Faculties in SA, Dr Tom Ruttmann, said the changes could mean a cutback in services at provincial hospitals because staff would not be working such long hours.

However, the standard of medical care would be far better because of better conditions for doctors.

Yesterday the chief medical superintendent at Groote Schuur Hospital, Dr Peter Mitchell, said that to avoid the unsafe practice of working overstressed doctors the hospital was reducing the number of non-emergency operating lists.

"Groote Schuur is doing its best to provide for complex procedures and at the same time ensure that the more routine treatment can be provided," he added.

● See Page 6

Doctors 'snapped up'

LINDA ENSOR

LONDON: Groote Schuur Hospital's poor treatment of its staff, the low salaries it paid and the long hours worked were blamed by a former senior registrar at the hospital for the fact that anaesthetists and other specialists were leaving.

Dr Errol Cornish, 47, worked at Groote Schuur from 1981 and was a senior registrar in the department of anaesthetics before taking up a post six weeks ago as registrar at Queen Mary's Hospital in Kent.

He said he knew of eight anaesthetists who had left Groote Schuur in the past three months, all of whom were "snapped up" by British hospitals.

"I am inundated by requests from doctors at the hospital to find them jobs in Britain," Dr Cornish said yesterday. Four of these requests had come from anaesthetists at Groote Schuur, which has such a staff shortage that trainee doctors are having to perform complicated operations without supervision.

but *exclude*

— Former TBVC states and Self-governing Territories (land and buildings)

— Statutory bodies such as Housing Commissions and Development Boards

— Parastatals

— Buildings owned by Provincial Governments

— Land and buildings of the former Posts and Telecommunications as well as of the former Transport Services

(a) State offices and miscellaneous buildings	— 28 210
Official residential accommodation	— 25 888
	54 090

(b) The market value of these properties are not known. The estimated cost to value the properties at the normal tariff for valuers would amount to approximately R108 million.

(2) Steps are being taken to expand the Department's inventory to include relevant information. The Department of Land Affairs as well as the provincial governments are involved in the process. The appointment of private sector companies to assist is also considered.

DET: Matriculation results

*23. Rev M M PHENETHI asked the Minister of Education:†

(1) Whether the former Department of Education and Training will handle the matriculation results this year; if not, why not; if so, (a) for what reasons and (b) what procedure will be followed in respect of the publication of results;

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

N1068E

The MINISTER OF EDUCATION:

(1) No, at its meeting of 20 March 1995 HEDCOM recommended that Senior Certificate results should be released simultaneously, before 31 December 1995, for all candidates in a particular province. Provincial education departments are responsible for the publication/dissemination of these results. This recommendation was approved at the meeting of the CEM of 28 March 1995.

(2) No. Hansard 23/8/95

Aids sufferers in prisons

*24. Mr G C OOSTHUIZEN asked the Minister of Correctional Services:†

(1) How many aids sufferers were there in prisons under the control of his Department as at the latest specified date for which information is available;

(2) whether he or his Department is contemplating any steps with a view to preventing aids in prisons; if not, why not; if so, what steps?

N1069E

The MINISTER OF CORRECTIONAL SERVICES:

(1) 15 Aids sufferers as at 30 June 1995.

(2) It is a fact that persons sentenced to imprisonment are admitted from the community, some who are HIV positive and others who have full blown AIDS.

Medical treatment and counselling to prisoners are available within the framework of the Department of Correctional Services' health care plan which has been compiled in conjunction with the Department of Health.

Furthermore, the Department of Correctional Services has an AIDS combating strategy in place but, due to the magnitude of this strategy, the contents thereof cannot be mentioned within the scope of this reply. However, should the hon member be interested in this strategy, a copy thereof could be made available to him on a personal basis.

It could be mentioned that a working group is at present reviewing the Department's health care plan. The present role-players of this working group are as follows, namely the:

— Department of Correctional Services

— Department of Health (Gauteng)

— South African Nursing Council

— South African Nursing Association

— District Surgeons

— International Red Cross

Invitations have also been extended to the National Department of Health and the Lawyers for Human Rights to join this working group. Other NGOs such as ATTIC's and the Aids Law Project of the University of the Witwatersrand were also invited to submit written inputs.

As soon as the recommendations of this working group are available, the current health care policy will be reconsidered within the framework of the working group's perspectives.

Doctors employed by military hospitals: resignations

93

*25. Col N G RAMAREMISA asked the Minister of Defence:† Hansard 23/8/95

(1) (a) How many doctors in the employ of military hospitals have resigned since 1 January 1995 and (b) what were the reasons given by these doctors for their resignation;

(2) whether these resignations have impaired the operational capacity of military hospitals; if not, what is the position in this regard; if so, in what respects;

(3) whether he or the South African National Defence Force envisages any steps in respect of the resignation of doctors; if not, why not; if so, what steps?

N1070E

The MINISTER OF DEFENCE:

(1) (a) A total of 65 doctors have resigned from the SA Medical Service since 1 January 1995. The Medical Service has been able to recruit 35 doctors to replace those who have resigned. During the previous financial year 90 doctors resigned.

(b) The following reasons were given for the resignations:

(i) Low remuneration.

(ii) Better working conditions in the private sector.

(iii) Tough working environment in the SA Medical Service whereby the personnel serve in remote areas under battle exercise and operational conditions.

(2) Yes. Those resignations have impaired the operational capacity of the SA Medical Service especially seen in the light of not having the services of National Service doctors anymore. Military Hospitals are barely able to supply Medical Officers on a rotation basis for duties in operational areas as well as the support for specific military operations and exercises.

(3) Yes. The SA National Defence Force has already initiated certain actions to counter the main reasons for the resignation of doctors. Project teams are currently investigating the remuneration, working conditions and personal administration of medical officers. Bursary schemes for military students are also under review.

*26. Mr Z D MGUNI—Welfare and Population Development.† [Withdrawn.]

*27. Mr P W COETZER—Minister without Portfolio.† [Question standing over.]

*28. Adv J H DE LANGE—Posts, Telecommunications and Broadcasting. [Withdrawn.]

Production/dismantling of nuclear weapons

*29. Mr T S YENGENI asked the Minister of Defence:

(1) (a) What was the cost incurred in respect of research on and the production and dismantling of nuclear weapons developed by South Africa and (b) what were the main reasons for dismantling South Africa's nuclear arms capability;

(2) whether any foreign countries were involved in (a) persuading and (b) finally assisting South Africa to dismantle its nuclear arms capability; if not, what is the position in this regard; if so, which countries?

N990E

No budget cuts, pleads doctor

(93) ~~95~~

CAROL CAMPBELL

ACADEMIC hospitals throughout the country are performing a massive primary and secondary health care function and should not be facing budget cuts, according to Dr Tom Ruttmann from the Registrar's Association of Medical Faculties of South Africa.

Until the state offered incentives which attracted doctors into the periphery health care institutions, patients needing primary health care would continue to flock to the major academic hospitals.

In a letter to the South African Medical Journal, Dr Ruttmann said 60% of the Western Cape's health expenditure went into the province's academic hospital regions but they performed 55% of the medical service in the province.

These figures were calculated by the Strategic Management Team of the Western Cape Ministry of Health.

CT 23/8/95

Nurses embark on disciplined strike

■ BY JANINE SIMON
MEDICAL CORRESPONDENT

Frustrated nurses at the Johannesburg Hospital embarked on disciplined strike action yesterday to demand a 25% to 30% pay rise, yet another signal that conditions in state hospitals have reached breaking point.

Patient care was not compromised by the action, hospital administrators said.

In a statement, Johannesburg Hospital superintendent Dr Warrick Sive said the action was an expression of the frustration nurses were experiencing with their salaries. and extreme demands of increasing patient loads and decreasing nursing appointments.

Sive said the organisation of the picket was responsible, and nurses had taken all reasonable measures to ensure patient care was maintained as best as possible.

Only those nurses not crucial to patient care had been asked to attend the picket, while those in wards wore stickers showing their support for the action, he said. A national moratorium had been imposed on nursing appointments a year ago.

And, although Gauteng's head of health Dr Ralph Mgijima now has the authority to make further appointments, bureaucratic delays in approving applicants, and the fact that the provincial health budget had been cut by more than R600-million, prevented new posts being filled.

Gauteng has filled 84% of staff posts, but had a budget for only 74%, he said.

The demand for more money has been supported in principle by national health authorities, who are in the process of consolidating public comment on the National Health Insurance Proposals released in June.

Director-General for Health Dr Olive Shisana said yesterday that a final report would be complete by mid-October.

She and Health Minister Dr Nkosazana Zuma were committed to the principles of increased salaries for health workers and managerial autonomy for hospitals. However this still had to be approved by Parliament, Shisana said.

Gauteng deputy director-general for health Dr Eric Buch said after a meeting with the nurses' representatives yesterday that the ministry had responded to their demands as best they could and would be giving them a detailed response next week.

(93) ARG 1/9/95

AL

Health workers protest

Sowetan 1/9/95

Disenchanted health workers threaten a fullblown national strike

By Glenn McKenzie and Mokgadi Pela

THE THREAT of crippling nationwide hospital strikes loomed large yesterday as health workers embarked on angry demonstrations throughout Gauteng.

Hundreds of nurses, cleaning staff and other health workers took part in unrelated protests at Johannesburg Hospital, Boksburg-Benoni Hospital, Tembisa Hospital and South Rand Hospital yesterday.

The demonstrations, which were organised by various unions and employee organisations, seemed to confirm rumours of growing discontent in the public health sector.

Outside Johannesburg Hospital, about 200 nurses picketed, calling for a 25 percent wage increase and an end to a hiring freeze at the hospital. The nurses threatened to embark on a full-scale strike "in the near future" if Gauteng government officials did not address their wage demands.

Florence Blani, a spokeswoman for the Johannesburg nurses, said: "We are tired of the government not returning our phone calls and not returning our faxes. Nurses are not being treated like professionals."

She said that the Gauteng government had been given until next Thursday to respond to workers' demands.

On the East Rand, a bitter dispute between two rival unions entered its second day and several departments at Boksburg-Benoni Hospital were forced to close.

National Education, Health and Allied Workers' Union members appealed to Gauteng MEC for Health Mr Amos Masondo to help resolve a clash with the Hospital Personnel Trade Union (Hospersa).

The union claimed that 10 of its members had been held hostage by armed Nehawu workers on Wednesday. Nehawu has denied the claims. According to Hospersa spokesman Mr Mike Ryan, demonstrations were likely to be extended to hospitals around Gauteng and possibly countrywide.

He called on the provincial government to address wage issues and the alleged "gross mismanagement" of health institutions.

"There is chaos in all of our hospitals. And it appears as if our managers do not have the teeth to do anything about it," he said.

Ryan said Hospersa members at Tembisa and South Rand hospitals were also involved in local protests yesterday. He warned that demonstration campaigns could soon spread to institutions around Gauteng, and possibly countrywide.

Gauteng health spokesman Mr Popo Maja said the government had "listened closely" to the Johannesburg nurses demands.

‘White med students favoured’

(93) MG 2/9/95

JOHANNESBURG. — Black medical students were being given internships in rural hospitals while white students were being placed in progressive Gauteng hospitals, the Medical University of Southern Africa (Medunsa) said.

More than 80 percent of University of Witwatersrand medical graduates and 45 percent of University of Pretoria graduates had been given internships in Gauteng hospitals, but only 17 percent of Medunsa graduates had been given posts in Gauteng hospitals.

Medunsa deputy principal Professor Ramaranka Mogotlane said students from Wits and Pretoria University had been posted to prestigious hospitals like Johannesburg General, known for its teaching techniques and skilled doctors.

Students at Medunsa were going to rural hospitals, often lacking doctors with post-graduate qualifications, he said.

“It's difficult to say whether the reason is discrimination because these people (the Gauteng department of health) are supposedly part of the new dispensation,” he said.

More than 99 percent of Medunsa's 1995 graduates were black. The allocations reflected apartheid-style promotions where blacks were given slots not reserved for whites, Professor Mogotlane said.

“If you look at hospitals where there is medical expertise, our students don't feature well on those lists.”

Medunsa students had been excluded from 12 Gauteng hospitals, the exception being at GaRankuwa, where only 17 percent of Medunsa's 149 students could be accommodated.

Rural hospitals accepted most of Medunsa's students for internships only after other hospitals had filled internship posts.

The Gauteng department of health said Johannesburg hospitals were familiar with Wits students and often gave those students preference.

Peter van der Berg, chief director for hospital services in Gauteng, said it could be argued that hospitals attached to medical schools had the right to give preference to those students.

He said that another system of allocating students could be explored for 1997 internships.

Medunsa's Professor Mogotlane said he would seek a meeting with the Gauteng Department of Health and write to Health Minister Nkosazana Zuma.

“We find it weird that the people who we have voted into power are kicking us in the teeth,” he said. — Sapa.

No posts for Medunsa's final year students

(93) BD 4/9/95

Kathryn Strachan

HALF of Medunsa's final year medical class still did not have internships for next year, principal Prof ET Mokgokong said on Friday.

He said this became clear at a meeting between the final year class and senior administration last week. The situation was unsatisfactory and he blamed it on discrimination by the Gauteng health department.

While 75% of the Wits University class and 32% of the University of Pretoria class were accommodated in their teaching hospitals, only 17% of the Medunsa class had been given posts in Garankuwa Hospital.

Wits had 146 posts in its hospitals, Medunsa had only 40 and many of these had been allocated by the Gauteng provincial administration to students from other medical schools.

Mokgokong said that while Medunsa accepted the need to get medical personnel out to underserved areas, this could not be done by sending interns to peripheral hospitals. Interns needed to be trained and supervised by expert doctors at academic complexes.

Gauteng health department deputy director-general Eric Buch responded that the MEC was committed to addressing the problem, but by the time Medunsa had raised the issue it was too late as legal contracts had already been drawn up with other interns.

He said the demands of Medunsa students were valid and the situation had arisen out of a historical pattern of each medical school sending interns to hospitals attached to them.

The department intended rectifying the situation, but time had been lost as Medunsa had first approached the Northwest health department.

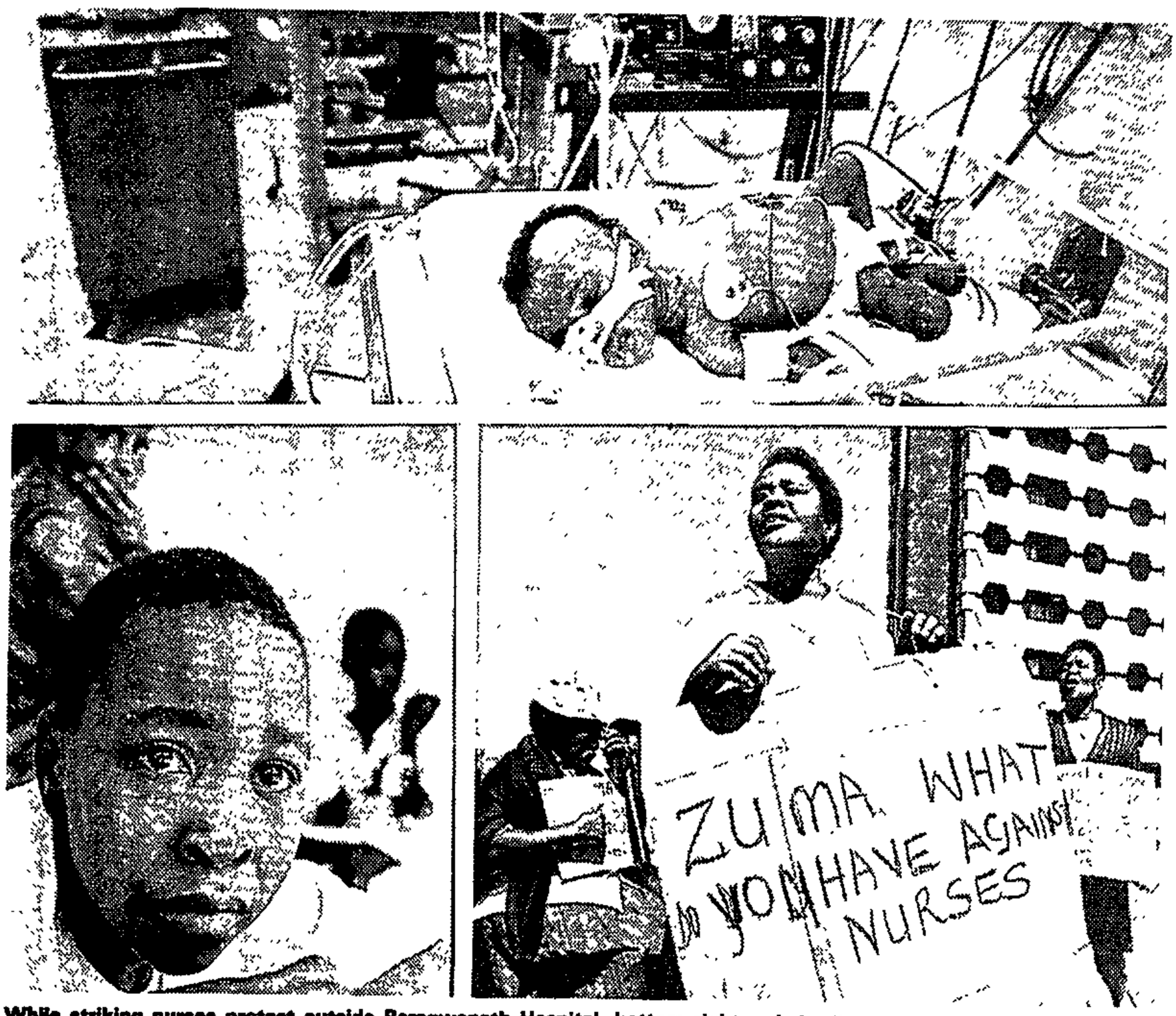
The MEC planned to meet all the medical schools to find a way to ensure that from next year all the internships in the province were allocated equally between medical schools.

"By the time the issue was brought to us the water was already under the bridge," he said. "The MEC is committed to rectifying it, but this will probably only be able to be done next year."

Mokgokong said Medunsa supported the call by the committee of deans and the Junior Doctors' Association for a moratorium to be placed on the reallocation of posts between provinces until a mutually acceptable system could be negotiated between the health department, the provinces and the medical schools. However, this call had been ignored, he said.

Medunsa, which had produced more than half the black doctors registered in SA, was requesting urgent meetings with the Gauteng health department and the neighbouring provinces to find a solution to the critical situation facing its final year class, he said.

There were 520 medical students qualifying in Gauteng at the end of the year, but there were only 320 posts for next year. Of those posts 80% of Wits students, 44% of Pretoria University students and 33% of Medunsa students would be accommodated.



While striking nurses protest outside Baragwanath Hospital, bottom right, a baby lies unattended in the hospital's intensive care unit, top, and Baba Mokwane, bottom left, shows his distress. Picture. NICKY DE BLOIS

A day at Bara as nurses toyi-toyi

Nomavenda Mathiane

A BABY lies in an empty intensive care unit, connected to machines, a mother holds a drip for her sick son and a young boy cries, while outside striking nurses voice their protest.

This was the scene at Baragwanath Hospital yesterday on the second day of a nurses' strike.

While the nurses toyi-toyied, doctors, matrons, workers and paramedics helped patients and strove to restore a semblance of order to the chaos brought about in wards by the strike.

The casualty wards resembled a military hospital. Soldiers pushed loaded stretchers to ambulances and evacuated critically ill patients to other hospitals.

Security guards ran between the wards and the superintendent's office, checking which patients were to be taken where.

Mothers in the children's casualty ward waited anxiously for word from doctors about their children.

Doctors, their faces lined with fatigue, said wearily that they understood the nurses' struggle but wanted it over so that there could be normality at the hospital.

Older children who had been in the hospital for a long time were helping with odd jobs, while other patients, "refugees" from township clinics run by the provincial administration, poured in.

And outside the nurses toyi-toyied.

Trying to get an interview with any of the nurses was a futile exercise. They have no spokesman willing to talk to the Press.

Their most important grievance, apparently, is low salaries. They say they take home R1 500 after deductions. And they received a 5% increase. They want 25% and a revision of the taxation process, and service equality with nurses employed by local authorities.

The strikers are openly hostile towards Health Minister Nkosazana Zuma, who is alleged to have said even laymen could be trained as nurses. The mention of Zuma sets them screaming. They take her comment as an affront after the years of training they have undergone.

If the nurses have an ally it is superintendent Dr Chris van der Heever. He understands their problems but he says he is not the man to solve them. "The dispute is between the professionals and the employing body," Van der Heever says.

He admits he foresaw the problem with the transformation of the health services and was in constant contact with Gauteng health MEC Amos Masondo, who assured him the problem would be solved.

Van der Heever, who has been at the hospital for 30 years, said he was sad to see the community subjected to poor care and health facilities.

"You will not die for being away from school for a day, but you might die for missing one day's nursing care," he said.

R1.3m spent

ICU closed after Baragwanath nurses walk out

ANC 6/9/95 (93) (1822)

The Argus Correspondent

JOHANNESBURG. — Baragwanath Hospital's intensive care unit has been temporarily closed and 43 critically ill patients transferred to private and government hospitals.

ICU head Jeff Lipman said it was the first time in his life he had been ashamed to be associated with the hospital.

When nurses walked out of the ICU, Professor Lipman was left with a staff of untrained nurses to operate highly sophisticated equipment and to care for very ill patients, a Baragwanath spokesman said today.

Two babies were taken by ambulance free of charge to Park Lane Clinic last night, said matron Lisa Penhall.

A five-month-old girl suffering from ACTH-deficiency and pneumonia was put into an oxygen headbox. A nine-month-old boy with intractable pneumonia was put on a ventilator. Both were stable.

Three other children were airlifted to Unitas Hospital in Pretoria. Unitas matron Retha Cronje said they were being cared for in the paediatric ICU.

The air force was also called in last night and several patients were admitted to One Military Hospital in Pretoria.

Several other hospitals in Gauteng have also been asked to take in critical patients.

Park Lane deputy matron Tim Groom said the hospital would charge at cost and a paediatrician would treat the children free of charge. Either Baragwanath Hospital or the Gauteng government would have to foot the bill.

The strike — which has brought health care to a virtual standstill in the province and led to calls for the resignation of Health MEC Amos Masondo — was expected to spread today.

The work stoppage, under the auspices of an organisation called the Nurses' Crisis Committee, has forced the affected institutions to discharge all but the most critical of patients with only emergency cases being admitted.

Hundreds of nurses at other medical institutions, including Leratong Hospital on the West Rand and Garankuwa outside Pretoria, were expected to join the strike today.

Johannesburg Hospital's acting superintendent Warrick Sive said yesterday they were "sitting on a knife-edge". "We expect a crisis should the nurses demands not be looked into."

OUT TO GRASS: Patients lie on the lawns at Baragwanath Hospital while nurses turn their backs, engrossed in their strike action which has hit Reef hospitals.

FURIOUS STAFF SET TO DEFY WARNINGS

Nurses' strike may spread to W Cape

CT 7/9/95 (93)

JOHANNESBURG: Defiant nurses vowed to continue their strike yesterday despite a warning that they could face stern disciplinary measures.

THE three-day nurses' strike which has crippled four of Gauteng's major hospitals could spread to clinics in the Western Cape today, furious representatives of the nurses said last night.

They had just emerged from a top-level meeting with acting Health Minister Mr Tito Mboweni and other top national and provincial health officials.

Spokespeople said they believed the ministry had acted rashly in their dealings with the nurses and it was possible the strike could encompass hospitals across the country.

Gauteng Health Minister Mr Amos Masondo yesterday issued his strongest warning yet to the nurses, telling them to return to work by 8am or the "no work, no pay" principle would be applied while other measures, including dismissal, would be investigated.

"We have a responsibility to ensure that the sick are cared for. The nurses are not alone in their perception that they deserve a better deal and their grievances will be pursued through formal channels. But their patients also deserve a better deal than being left, helpless, to their fate," he said.

The call, coming amid continued chaos in Baragwanath, Hillbrow, GaRankuwa and Lenasia hospitals, was met with defiance by nurses, who said they would continue the action if no concrete move was made on their demands. Yesterday, they tore up the notices issued by the ministry for them to return to work.

Gauteng health spokesman Mr Popo Maja said late yesterday Coronationville Hospital, which had earlier been affected by the strike, had gone back to work. But nurses there have vowed to embark on a go-slow from today to back their action.

In Baragwanath, all 1 700 nursing staff were out on strike and were later joined by radiographers. GaRankuwa, Lenasia and Hillbrow Hospitals recorded a 75% nurse absenteeism.

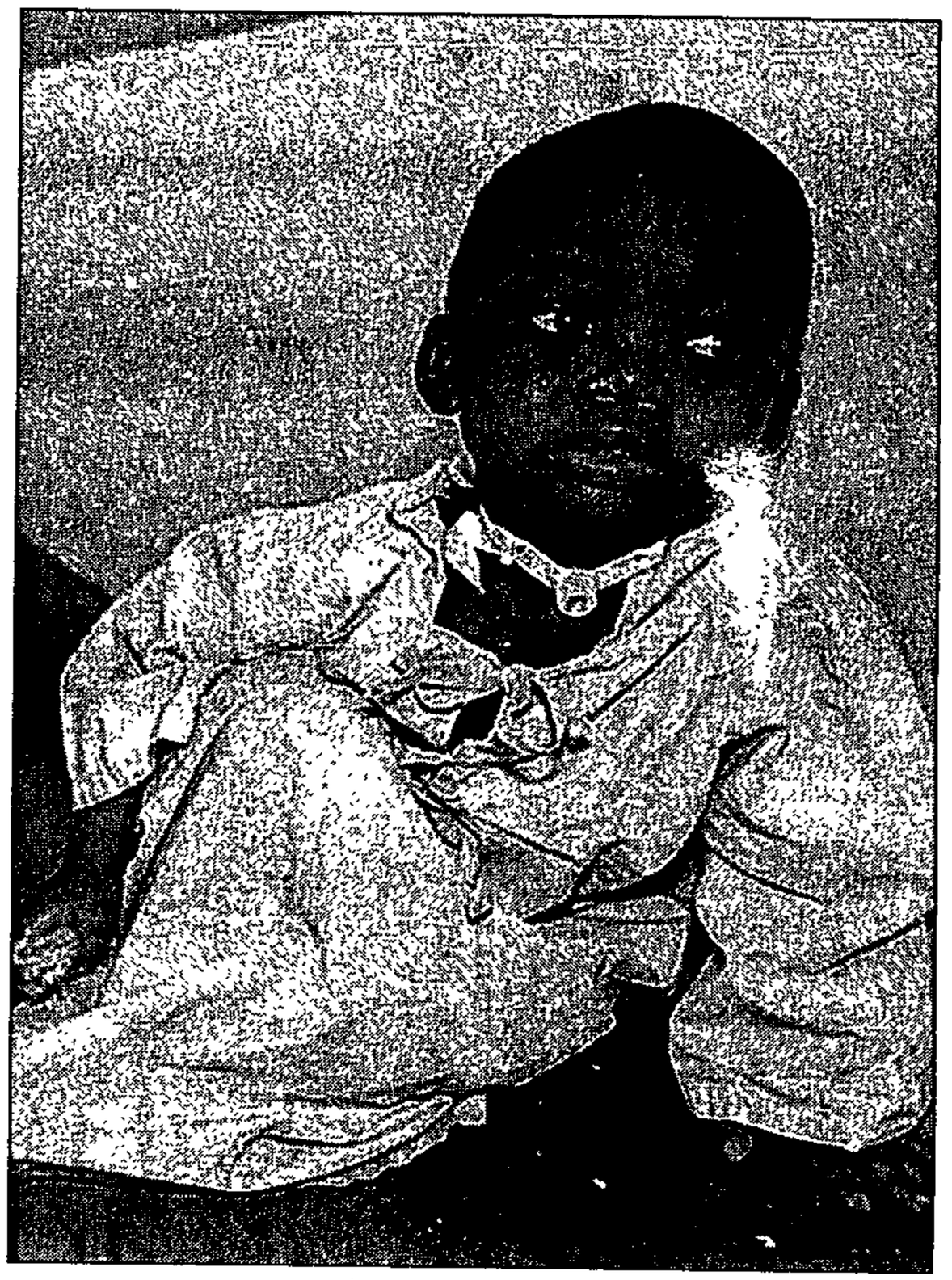
Critically-ill patients continued to be transferred to private hospitals yesterday from the affected hospitals. The transfers, taking place in emergency situations, were done without consulting parents or relatives.

Stories of horror and suffering continued to come out of the hospitals yesterday as weary staffers, overwhelmed by the sheer numbers of sick people, tried to render what little service they could.

At Baragwanath, there were 53 SA Medical Services members still working last night, aided by about 40 staffers and doctors. They were looking after about 1 000 patients. Forty-three patients had been transferred to private hospitals.

At Hillbrow Hospital about 30 staffers looked after 400 patients while nurses toyi-toyied outside.

— Special Correspondent



ABANDONED: A baby from the surgical wards at Baragwanath Hospital sits unsupervised in the passage of the paediatric ward yesterday. Many of the surgical wards have been closed and the most seriously sick patients moved to central wards as hospital officials attempt to cope with a wildcat strike by nursing staff. ***PICTURE: AP***

'Emergency laws for nurse strike'

(160) (93)

SPECIAL CORRESPONDENT

JOHANNESBURG: The Democratic Party in the Gauteng provincial parliament has called for a medical state of emergency to be declared.

In a snap debate on the crisis at Gauteng hospitals following strikes by nurses this week, Mr Jack Bloom said a medical state of emergency had to be declared to lift "the morass of restrictive regulations stifling hospital management in their ability to adapt to this crisis".

● See Page 5

CT 8/9/95

FRIDAY
SEPTEMBER 8, 1995 ★

DISMISSAL NOTICES SERVED

'Go back to work' (93) Mandela tells nurses

CT 8/9/95

JOHANNESBURG: The health department here has begun to serve dismissal notices on defiant striking nurses who yesterday refused to go back to work.

The Gauteng Health Department at noon yesterday began serving notices of dismissal to striking nurses in at least four hospitals as their defiance of the order to return to work by midday increased — and reports of intimidation of non-strikers surfaced.

Nurses at Baragwanath, Hillbrow, GaRankuwa and Lenasia hospitals defied the order — after marathon eight-hour talks through the night to end the crippling four-day strike ended in failure.

President Nelson Mandela yesterday advised striking nurses to either return to their jobs or leave the nursing profession.

The government did not have the resources to meet their demands, he told journalists at a briefing before returning to South Africa from a state visit to Botswana.

"We are not in a position to increase salaries at all," Mr Mandela said.

He said the government had an obligation to improve the lives of South Africa's five-million unemployed people and the seven-million living in squatter camps.

Although he understood the nurses' grievances, they were at least employed and able to earn something.

Gauteng Health Ministry spokesman Mr Popo Maja reported that Baragwanath Hospital was still experiencing a 100% stayaway, Hillbrow Hospital reported a 90% absenteeism while at GaRankuwa Hospital only 10% of the nurses were working.

"We have received several reports of intimidation of nurses at GaRankuwa, where many nurses want to return to work but are being warned not to," he said.

However, five of the 13 Soweto clinics hit by the strikes were re-opened this morning and were using skeleton staff.

Labour Minister, Mr Tito Mboweni, earlier said that nurses had to return to work by noon, failing which, legal steps would be taken.

But, following a meeting, the nurses said that: "From here on it's a full-scale strike and mass action throughout the country."—Special Correspondent

'Hospitals in crisis while Zuma fiddles'

(93)

CP 10/9/95

By RAFIQ ROHAN

HEALTH Minister Nkosazana Zuma has been scathingly rebuked for not cutting short her stay at an international conference and returning to South Africa to deal with the nursing crisis which is her responsibility.

Despite the nurses strike at Baragwanath going completely out of control Zuma did not cut short her stay in China as leader of the South African government delegation of women to the Beijing Conference on Women.

She has been absent at a time when her country needed her most, the Democratic Party complained.

"People have died as a result of the strike by hospital staff and services at the biggest hospital in Southern Africa have come to a halt – but she is nowhere to be seen," Mike Ellis, DP spokesperson on Health, said.

Ellis accused Zuma of not even indicating her willingness to return "to deal with the crisis. Her first duty is to her job, not to her role as a conference delegate. What are her priorities?"

Labour Minister Tito Mboweni had to fill in for her during her absence at a time when he was also focussing on the all-important Labour Relations Bill.

UNDER FIRE . . . The DP has strongly criticised Minister Zuma for ignoring her duties.

Following on President Nelson Mandela's the hard-hitting message to striking nurses to "go back to work" the Department of Health has proposed, as an impasse-breaking mechanism, the setting up of a National Health Consultative Forum.

The Forum will investigate "the appropriate basis" to determine nurses' salaries and put into place mechanisms that will accord nurses the "proper professional status". In addition, it will look at patient/nurse ratios and the training and education of nurses.

Importantly, it will explore ways of rewarding those nurses working under difficult circumstances and develop a fair and equitable system of paying nurses allowances.

The first meeting of the Forum will be held in two weeks' time at the Gauteng Provincial Legislature.

The proposal goes against the grain of the sentiments expressed by President Mandela. His instruction was firm and uncompromising this week. Nurses must return to their jobs or they should quit the nursing profession, he said.

He poured cold water over the demand for better salaries. The government's first obligation was to the five-million unemployed and the seven-million living in squatter camps, Mandela argued.

Deputy President F W de Klerk echoed the President's view, pointing out that better salaries could be paid to the nurses if the country experienced better economic growth.

Pay nurses, not apartheid debts – Azapo

(93) (96) Star 11/9/95

■ BY JOVIAL RANTAO
POLITICAL REPORTER

The Azanian People's Organisation (Azapo) has called on the Government not to service apartheid debts – which account for 20% of South Africa's annual budget – and use the money to pay nurses and doctors.

Azapo's vice-president, Lybon Mabasa, told a press conference in Johannesburg that the amount used to pay the debt amounted to "R20-billion".

"The Government is insincere when it says it does not have the resources to pay health workers," he said.

Mabasa said there was a need for workers to extricate themselves from the forum of bosses and the Government.

"It's our view that the present set-up (leads to a situation) where the labour movement is closer to the Government and finds itself unable to sufficiently articulate the aspirations of the workers," he said.

CAMPAIGN FOR RURAL HEALTH CARE

Tax breaks to lure doctors (93)

ET 19/9/95

A PLAN to offer financial and other incentives to city doctors to encourage transfers to rural hospitals has been launched in an attempt to improve the quality of health care around the country. **CAROL CAMPBELL** reports.

THE GOVERNMENT has launched a campaign to entice cash-strapped and overworked city doctors to rural areas with tax breaks, financial perks, extra leave and free further education.

The first phase of the recruitment drive was initiated at the weekend when the national health ministry placed an advertisement in a Sunday newspaper calling for South African doctors to "do your bit for the RDP".

Western Cape health department head Dr Tom Sutcliffe said the province would finance the initiative using R34,5 million that would otherwise have gone to Groote Schuur, Tygerberg and Red Cross hospitals.

Spokesman for the Registrars' Association of Medical Faculties in SA Dr Tom Ruttmann welcomed the "insightful" and "inspired" plan, but pointed out that incentives should make a meaningful impact on doctors' salaries and overall packages.

Dr Sutcliffe said a special "rural allowance" would be paid to doctors prepared to work in remote communities — either through extra pay or tax incentives.

The size and nature of the incentive had not yet been worked out, but would be calculated in consultation with health departments in the other provinces.

Doctors would also be encouraged to maintain ties with academic hospitals and continue their training through free seminars and courses.

Extra leave would be negotiated for these rural doctors so they could spend time with their families or just "keep in touch" with city life.

Dr Sutcliffe said the number of doctors leaving academic hospitals for jobs in rural communities would have to be monitored so that "a balance was maintained".

The Western Cape health department had already received a number of inquiries from South African doctors working oversees who were eager to return home and it was likely there would be a reasonable flow of these doctors back into the country.

Research

"Until now doctors have been reluctant to transfer to rural hospitals because there was no support structure but, with the new plan, doctors can feel confident they won't have to shoulder the burden alone," he said.

The province's three academic hospitals, Groote Schuur, Red Cross Children's Hospital and Tygerberg, would remain as "centres of excellence" and would be adequately staffed to ensure effective teaching.

They would also be used for research and encouraged to specialise in certain areas — like the transplant unit at Groote Schuur.

"At the moment 55% of all hospital patients in the province pass through these three hospitals but once the new system is in place this is expected to drop as some of the load will be borne by the rural hospitals and clinics."

He also said a total "sympathetic revision" of the working conditions of all medical service staff was needed.

"Doctors are underpaid in relation to their expertise, but we need to look at the hours worked by all medical staff and the pressure they are under."

In a recent Cape Times investigation into the working conditions of doctors at one of the province's state hospitals, it was revealed that qualified doctors training to be specialists were taking home as little as R3 300 a month after tax — before they paid their medical student loan, which averaged about R1 200 a month.

These doctors worked about 120 hours a week and most worked shifts of 48 hours without an uninterrupted sleep.

A government plan aimed at cutting doctors' hours back to 70 a week, with shifts being a maximum of 28 hours followed by a 20-hour rest period was already in the pipeline.

A spokesman for the Junior Doctors' Association of SA (part of the Medical Association of SA), Dr Prenilla Naidu, said the shortage of doctors in the public sector was due to a gradual deterioration in working conditions and lack of career incentives.

"A task group of the medical association and the Department of Health has been working hard at coming up with positive proposals to address doctors' grievances and problems with a view to creating long-term career incentives for public service," she said.

The group will report to the Minister of Health, Dr Nkosazana Zuma, by the end of the month.

Doctors' perks

CT 20/9/95 (93)

A GOVERNMENT plan to entice doctors to rural areas through financial, study and leave perks should be implemented urgently — before more of the country's "precious" doctors left for jobs overseas, DP health spokesman Mr Mike Ellis said yesterday.

He said his party welcomed the incentive plan as it was "high time" rural hospitals had more access to quality health care.

Foreign doctors can be a mixed blessing patients find

(93) Sowetan 28/9/95

FOREIGN doctors work miracles ... and cause disasters

If there is a frontline in the war over foreign doctors, it is in Northern Province. Here, foreigners comprise a large proportion of the physicians employed by the state. In many cases they are the only professionals willing to live in poverty-stricken, under-serviced rural areas.

In the area around Bochum, in the former Lebowa homeland, five foreigners are the only fulltime public doctors serving more than one million people (about 2,5 percent of South Africa's population.)

The doctors come from Ghana, Zaire and Pakistan. According to nurses at Helene Franz Hospital, some work miracles. Others are walking disasters, who have to be taught how to prescribe medicine to children.

One nurse told *Sowetan* how she had prevented a Zairean doctor from giving a a baby a fatal overdose of antibiotics. In another instance, she and another nurse had refused to follow the orders of a foreign doctor in order to save a patient's life.

"I can say the Ghanaian doctors are the best," said the nurse. "They know how to perform Caesarean sections (a surgical procedure performed on some women during childbirth). And from what we have seen, their training is very good.

"The Pakistani doctors do not know how to do things like Caesarean sections. But at least they know the medical side (prescribing medicines, diagnosing diseases and so on).

"But we have to teach all of these things to the Zaireans. Even so, I am glad we don't have doctors from Bangladesh anymore. They were terrible."

On the other side of the coin, foreign doctors claim they provide valuable services in return for the valuable experience and training they gain in Northern Province hospitals.

But if they have families, even the foreigners often leave for greener pastures.

At Nkhensani Hospital in Giyani, a foreign doctor from Zaire told *Sowetan* he was likely to go to the United States because wages, housing and schools were inadequate in the community.

"Unless the Government does something to improve conditions for us (doctors), not only will they continue to be unable to attract local people, but they will lose their good foreign doctors as well."

'No money for specialist doctors'

(93) ARG 29/9/95

JENNY VIALL
Health Reporter

HIGHLY-skilled specialists are needed to ensure high standards of training of doctors, but there is no money available to pay them, according to the Registrars' Association.

The association says the maintenance of academic standards in a future health system is vital.

Registrars, who are doctors training to be specialists, say that with a shift of emphasis from tertiary to primary health care, there is not enough money being provided to ensure the adequate training of specialists.

And without a solid academic training, there can be no meaningful primary health care.

"We support the primary health care approach, but not to the detriment of tertiary health," says Linda-Gail Bekker, chairwoman of the Registrars' Association of Medical Faculties of South Africa.

Registrars are concerned that there is very little to hold specialist doctors at state hospitals.

Registrars say they render a cheap service in state hospitals, working long hours in difficult conditions for poor pay.

"We're a captive labour market and we put up with difficulties because we're here to train towards a goal. But the system is open to abuse," says Dr Bekker.

Dr Loubser agrees: "We're not primarily here to render a service, but to train. The reality is that specialisation means a kind of community service with long hours and little money."

Doctors emigrate to accumulate

(93) ARG 29/9/95

Specialists leave the country with academic hospitals in 'poor health'

JENNY VIALL
Health Reporter

MANY specialist doctors are leaving South Africa, dissatisfied with pay and working conditions.

Wynand van der Merwe, chairman of the Academic Doctors' Group, said: "The situation is in a state of flux and change. Indications are, however, that we are losing specialists to the private sector and to academic posts abroad."

Reliable figures of how many doctors were leaving were difficult to obtain.

"Some specialists go overseas but don't have their names removed from the medical register," said Dr Van der Merwe.

"Others leave for six months or a year, earning double or treble what they can here to work off their debt, then come back.

"But our impression is that we're losing people permanently at a more rapid rate than in the past."

Specialists were leaving for a variety of reasons, particularly salaries.

"Salaries haven't kept up with the inflation rate and the income difference betwen public and private specialists has increased continuously."

In addition, working conditions at the moment were "appalling", said Dr Van der Merwe.

"The service load for specialists has increased tremendously, partly because of government changes with regard to free health care for pregnant mothers and children up to the age of six.

"And as doctors leave, the workload on those left behind increases."

There was a lack of funds for infrastructure and equipment at academic hospitals, contributing to bad working conditions.

"There are no funds available to buy new equipment. State hospitals lag far behind the private sector and equivalent centres abroad."

Private and state hospitals had switched roles from 15 years ago, said Dr Van der Merwe.

"All the modern equipment used to be in academic hospitals, and the private sector came to them to learn. Now we find ourselves in the situation where we send registrars out to the private sector to work and learn how new equipment functions."

Specialists were also facing uncertainty as to the future of academic medicine.

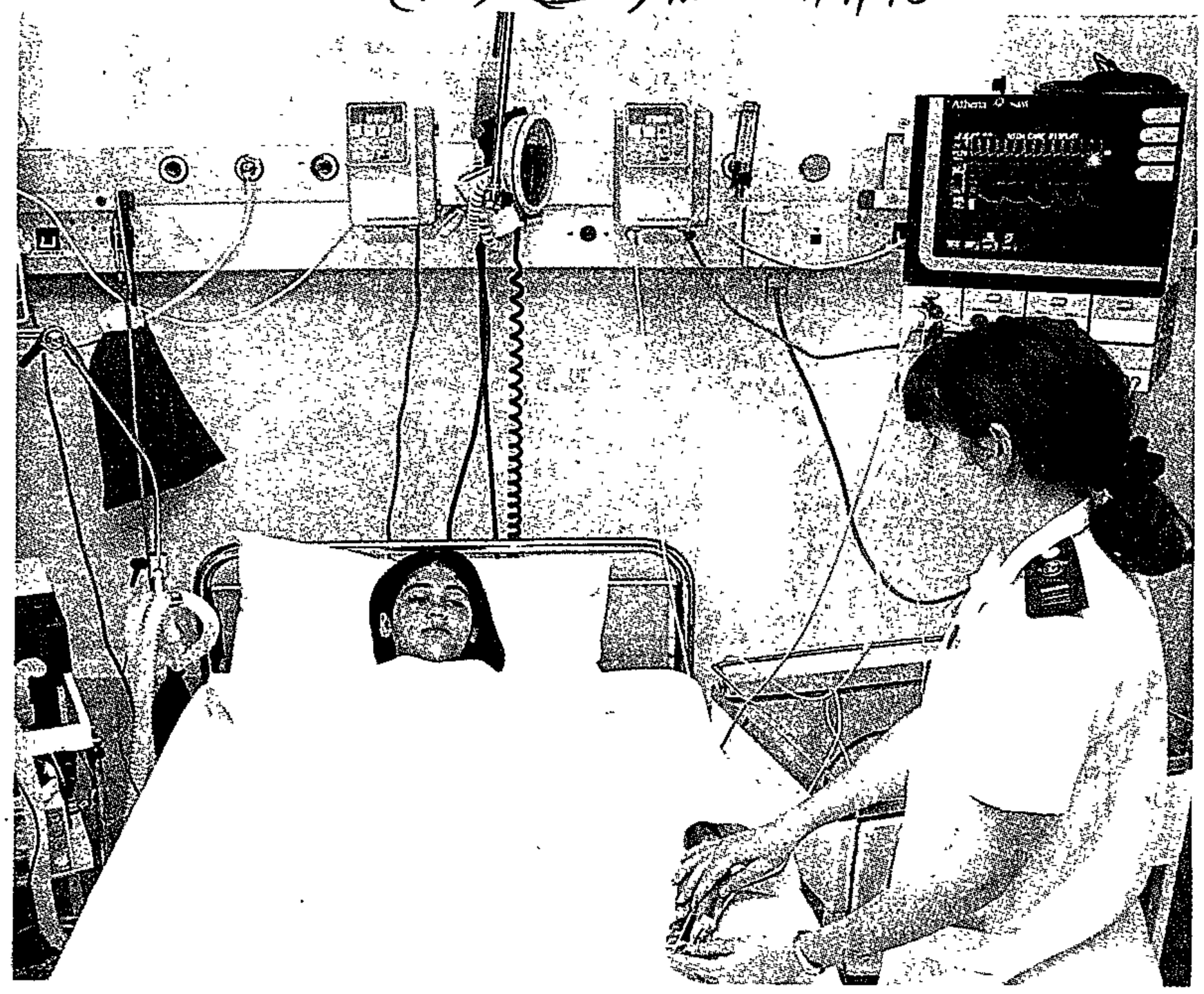
"There is no clear indication from the Department of Health as to where we're going with academic medicine. Primary health care is important, but if it happens at the cost of secondary and tertiary care, then we have a problem," said Dr Van der Merwe.

"Upgrading primary health care doesn't decrease the load at academic hospitals. In fact it increases it. So now we're faced with decreasing budgets and increasing workloads."

Dr Van der Merwe said there had not been a drop in the number of doctors applying for registrar posts.

"It may be that people are happy to come in, and then will leave immediately they finish.

"Our specialists are highly regarded. Our training is good. It's a major problem though. We need young people in academic medicine, but at the moment they qualify and leave."



Picture LEON MÜLLER, The Argus

HIGH CARE: Wynberg Hospital, specialising in cancer treatment, opened last week. The hospital provides high technology care for all medical specialist procedures. The hospital has a fully computerised radiation treatment unit and the latest in linear accelerator machines, putting it at the forefront of cancer treatment in the Cape. Here Sister Joanne Kennedy attends to model "patient" Bianca Barron in the intensive care unit.

The Government supports the involvement of the UN's negotiators and peacekeeping forces in efforts to find a lasting solution to the conflict. The Government believes that the only realistic option in the quest for lasting peace in the region is for all the parties involved to accept the principle of dialogue.

(bb) (ii) Through their Ambassadors in South Africa we urge the governments of the "Contact Group", ie the UK, France, Germany, the Russian Federation and the USA, to make every effort to put an end to the war. The contents of official press releases reveal that we also fully support the efforts of the United Nations and other international organisations in securing a peaceful settlement of the conflict in Bosnia and Herzegovina.

We welcomed the decisive action taken by NATO in response to the recent massacre of innocent people in a Sarajevo marketplace.

We share the concern and indignation of our own community over the forceful manner in which Bosnian Muslims have been dislocated and forcibly removed. We urge all parties in South Africa to talk to us and share their ideas on what more South Africa can do to assist and end the conflict in Bosnia and Herzegovina.

The world, and we as South Africans, cannot stand idly by while this carnage and destruction is allowed to continue and threaten world peace.

Dr B L GELDENHUYS: Mr Speaker, arising from the answer given by the hon the Deputy Minister, will he not agree that, given the Bosnian experience, greater emphasis on the protection of minority rights in South Africa would be the right thing?

The DEPUTY MINISTER OF FOREIGN AFFAIRS: Mr Speaker, I want to remind my colleague on the other side that South Africa has probably one of the world's best ways of trying to deal with our specific problems.

Labour problems in West coast fishing industry

*13. Mr C A WYNGAARD asked the Minister of Labour:†

(1) Whether his attention or that of his Department has been drawn to any labour problems in the West Coast fishing industry; if so, (a) what are the problems and (b) where are such problems being experienced;

(2) whether he or his Department is contemplating any steps to (a) handle such problems and (b) prevent them in the future; if not, why not; if so, what steps;

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

N1154E

The MINISTER OF LABOUR:

(1) Yes.

(a) As far back as February 1993 the Human Sciences Research Council was requested by the Department of Environment Affairs and the African National Congress to undertake an investigation concerning the West Coast fishing community. The purpose was to collect baseline data to plan community development projects.

This report (August 1993) did not identify labour standards or labour relations as the major problem areas but rather a need for community and regional development.

(b) More recent problems on the West Coast (ie from November 1994) that have been brought to the attention of the office of the Provincial Director: Western Cape concern *inter alia*:

- the registration of fishermen and, I hope, also fisherwomen;
- central registration of all employers and employees;
- illegal and legal immigrants;
- community trust quotas, etc.

(2) (a) Yes. The Department of Labour forms part of an inter-disciplinary forum, under the auspices of the Department of Environmental Affairs and Tourism, together with four-

teen other parties, to address the abovementioned problems.

(b) See (2)(a) above.

(3) I do not deem it expedient to make a statement on the matter.

The DEPUTY SPEAKER: Order! Question 14 is addressed to the hon the Minister for Health. The Minister for Health does not appear to be in the House.

The MINISTER OF LABOUR: Mr Speaker, I am the acting Minister. That is why I had to go and talk to the nurses.

The DEPUTY SPEAKER: The question does not deal with the nurses, however, it deals with the doctors.

The MINISTER OF LABOUR: Yes, I see that it deals with the doctors. [Laughter.] The Minister for Health is currently out of the country and she requests that questions 14 and 19 stand over until her return.

Doctors: resignations from State hospitals

(93)

*14. Dr W A ODENDAAL asked the Minister for Health:†

(1) (a) How many doctors left the service of State hospitals during the period 1 January to 31 July 1995 and (b) what were the reasons given by such doctors for their resignations;

(2) whether these resignations have impaired the operational capacity of the hospitals in the communities involved; if so, in what respects; Hansard 13/9/95

(3) whether he is contemplating any steps in respect of the resignations of such doctors; if not, why not; if so, what are these steps?

N1155E

The MINISTER FOR HEALTH (*Written reply subsequently furnished*):

(1) (a)

Free State	26
KwaZulu-Natal	32
North West	40
Mpumalanga	24 Full time; 19 Part time
Western Cape	254
Northern Cape	11

(b) — Transfer to academic centres for specialisation

— Resignations to go into private practice

— Emigrated

— Relocation/retirement

— Insufficient remuneration

— Heavy workload

— End of contract period

— Unsatisfactory working conditions

— Threats and disruption of services by trade unions

— No long-term career prospects

— Other and personal reasons

(2) Yes, certain services at hospitals such as non-emergency operations and out-patient services, had to be delayed for varying periods. Delays in the treatment of patients arise due to insufficient doctors being available.

The Free State indicated that the operational capacity of the hospitals is not affected.

(3) For staff transferring to academic centres for specialisation, we do not discourage them as we need specialists. For staff who go to private practice, we have difficulty retaining because the salaries are low. Hence we call for support of the National Health System for Universal Primary Health Care which will provide a means for improvement of working conditions of public sector doctors and other health personnel.

Those who emigrate to other countries cannot be stopped. We hope that the educational bursary scheme will encourage many to remain in South Africa as most newly qualified doctors leave the country to developed countries in order to earn more and pay their educational loans.

District surgeons: resignations

*19. Dr R T RHODA asked the Minister for Health:†

(1) (a) How many district surgeons resigned from their posts in each of the latest two calendar years for which information is

available and (b) what were the reasons given by such district sugeons for their resignations;

(2) whether these reisignations have detrimentally affected the communities concerned; if so, in what respects;

(3) whether she is contemplating any steps in respect of the resignations of district surgeons; if not, why not; if so, what steps?

N1160E

The MINISTER FOR HEALTH (*Written reply subsequently furnished*):

			1994	1995
(1)	(a)	KwaZulu-Natal	5	5
		Mpumalanga	1	2
		Free State		13
		Western Cape	6	12
		Northern Cape		11
		North West	0	0
		Gauteng	0	5
		Eastern Cape	0	6
		Northern Province	0	0

(b) — Insufficient remuneration

— Transfer to academic centres for specialisation

— Emigrated

— Relocation and personal reasons.

(2) The communities have not been detrimentally affected as replacements could be appointed immediately.

(3) The system of district surgeon is currently under review as in some provinces they still practice apartheid in their waiting rooms. The private patients (who are often white) are kept a decent waiting room while the state patients (who are often black) are kept in another, often dilapidated room. This system is being reviewed by several provinces.

Sale of arms to Cuba

*21. Dr B L GELDENHUYS asked the Minister of Foreign Affairs:†

Whether Cuba is on the list of countries to which South Africa does not sell arms; if not, what is the position in this regard; if so, why?

N1162E

The DEPUTY MINISTER OF FOREIGN AFFAIRS: Mr Speaker, this is a strange way to make me earn my living.

The answer to the question is . . .

Dr W A ODENDAAL: Mr Speaker, may I draw your attention to the fact that Question 19 has not been answered.

The DEPUTY SPEAKER: Dr Odendaal, the Minister of labour indicated that we could not deal with either Question 14 or Question 19. They both have to stand over. They are both addressed to the Minister for Health. He is the acting Minister for Health and he asks the House to allow those two questions to stand over.

Dr W A ODENDAAL: Mr Speaker, will that also go for Question 22 then?

The DEPUTY SPEAKER: We will come to that as soon as we have disposed of the Cuban question.

The DEPUTY MINISTER OF FOREIGN AFFAIRS: I wish to refer the hon member to the recent press statement made by Minister Kader Asmal regarding the Government's new arms trade and transfer policy.

A primary goal of the policy is to establish South Africa as a responsible producer, possessor and trader of defence-related products and advanced technologies. The policy provides for a ministerial controlling committee—the National Convential Arms Control Committee (NCACC)—which will consider and process applications in terms of internationally recognised principles and guidelines. The system will consist of multi-tier organisational structure with an independent inspectorate with parliamentary checks and balances. Decisions will be based on product classification in accordance with the sensitivity of the equipment to be traded.

In terms of this policy, use will not be made of a country classification system as in the past. Each transaction will therefore be considered in accordance with a set of principles which have been adopted. These principles are based on the United Nations Charter, International Law and other recognised international arms control systems. It primarily relates to economic, ethical, political, military and security considerations which accompany arms transfers.

Upon receipt, an application for arms to be exported to Cuba will be considered in the same manner as applications received from other countries. It is therefore not possible to preempt a decision until an application has in fact been received and considered.

Dr B L GELDENHUYS: Mr Speaker, that is a very long answer to a short question. Is the hon the Deputy Minister in fact implying that the existing list on which the name of Cuba appears as a country to which South Africa does not sell weapons is now invalid?

The DEPUTY MINISTER OF FOREIGN AFFAIRS: Mr Speaker, I wish to inform my colleague that that "existing list" which was produced in November is very outdated. A statement by Minister Kader Asmal has put into perspective what I have been trying to say with regard to a whole new system of dealing with arms sales and purchases.

*22. Dr W A ODENDAAL—Health † [Question standing over.]

The MINISTER OF LABOUR: Mr Speaker, the Minister for Health is out of the country and has requested that his question also stand over.

An HON MEMBER: Why?

The MINISTER OF LABOUR: That member wants to know why she is out of the country. Does he not read the newspapers?

†Dr W A ODENDAAL: Mr Speaker, this is totally unacceptable. It is the last Wednesday of this parliamentary session on which questions are to be answered. There are some extremely important questions on health on this Question Paper. Hundreds of doctors are resigning from the employ of state hospitals, nurses are striking on a large scale, the school feeding scheme is falling apart and the Minister for Health is on holiday out of the country. [Interjections.]

I think this Minister's reaction is absolutely unacceptable. While the nurses have an important case to put forward, the Minister is not here to attend to the matter. When questions are put to her, they are simply ignored by the Acting Minister for Health.

†The DEPUTY SPEAKER: Order! The hon member made the allegation that the hon Minister for Health is on holiday. To my knowledge, that is not so. The hon Minister is not on holiday. [Interjections.]

The hon member has suggested that the Minister is away on vacation while we are busy with this particularly important week of the parliamentary session, and that the questions are not being dealt with. He feels it is very unsatisfactory.

The MINISTER OF LABOUR: Mr Speaker, I would really like to take strong exception to the hon member's reference to the Minister for Health as being on holiday. If the hon member does not understand that the Minister for Health is leading a very important South African delegation to a very important conference in Beijing, and he thinks that leading a delegation in Beijing is the same as going on holiday, there is something wrong with the capacity of this member to understand recent developments in our society. It may perhaps explain his own approach to gender questions, which he may indeed need to explain to this House. [Interjections.]

The DEPUTY SPEAKER. Order! I do not wish to prolong this discussion

†Dr W A ODENDAAL: Mr Speaker

†The DEPUTY SPEAKER: Order! Do you have a new point of order?

†Dr W A ODENDAAL: Mr Speaker, I have a follow-up question.

†The DEPUTY SPEAKER: Order! There was no reply to the question, and it will therefore be impossible to ask a follow-up question.

†Dr W A ODENDAAL: Mr Speaker, I would like to address you briefly. According to the Minister I have just made an extremely sexist statement here, because I belittle the importance of the women's meeting in Beijing

†The DEPUTY SPEAKER: Order! That matter is not at issue here now, and it can be discussed further outside the Chamber. [Interjections.]

Draft Labour Relations Bill: approval by Cabinet

*25. Mr K M ANDREW asked the Minister of Labour:

(1) Whether the Labour Relations Bill was approved by the Cabinet prior to its submission to Nedlac; if not,why not; if so,

Hansard 13/9/95

12 W Cape district surgeons quit

(93) ARG 10/10/95

Political Correspondent

TWELVE district surgeons have resignedin the Western Cape this year — the second highest number of resignations in the country.

Reasons for resignations included ill-health, acceptance of academic posts, low pay, emigration and the heavy workload.

Replying to questions by Tony Leon of the Democratic Party, Health Minister Nkosazana Zuma told the national assembly that all the posts in the Western Cape had been filled.

7 000 Transkei nurses dismissed

☐ *Strikers 'will have to re-apply for jobs'*

ARG 10/10/95

The Argus Correspondent

PORT ELIZABETH. — More than 7 000 Transkei nurses have been fired and will have to re-apply for their posts after they went on strike 11 days ago.

Provincial health department spokesman Khululekile Bata said yesterday only 10 percent — or 790 of the staff complement of 7 905 nurses — heeded the government's warning last week to return to work.

He said although actual figures would only be available later, "our monitoring team has confirmed that only 10 percent of the nurses beat the Friday deadline and, as things stand, those are the figures we will work on".

Mr Bata said discussions were being held on the best way to handle the administrative side of the mass dismissal.

The nurses were demanding salary adjustments for promoted nurses and the formal employment of about 700 students.

They claimed that their grievances, dating back to 1992, had been ignored by Bisho.

But this was disputed by the provincial health department, which said all the nurses' grievances were being attended to at regional at and national level.

On Friday, provincial Health and Welfare MEC Trudie Thomas announced that those who failed to heed the warning could "now consider themselves dismissed" and that fresh recruitment of nurses would begin soon.

A crisis management committee, set up shortly after the strike started, arranged for the transfer of critically ill patients to hospitals elsewhere in the province.

The committee said 16 patients had died since the strike started. They were from the Umtata General Hospital, All Saints at Engcobo, and the Madwaleni Hospital.

He said the situation was still critical although nurses had started trickling back.

However, a report in Umtata yesterday said that none of the hospitals contacted reported 100 percent attendance.

According to an attendance register, 200 nurses reported for work at Umtata general hospital on Sunday.

Many were in civilian clothing as they were afraid of growing intimidation and harassment by other strikers who were alleged to have threatened them even at their own homes.

Mr Bata confirmed the intimidation and the call for more policemen to man the hospitals from early last week.

The strengthened security was also meant to prevent looting which was reported to have taken place after the nurses went on strike.

Transkei police confirmed at the weekend the arrest of three labourers on charges of theft.

Captain Monde Nqadini said police were also investigating arson at the Madwaleni hospital in Elliotdale after a storeroom was gutted by fire at the weekend.

Earlier, police in Umtata had arrested two nurses at the Umtata General Hospital on charges of intimidation.

The nurses were later released after questioning and their case was still being investigated, police said.

In Port Elizabeth, the Port Elizabeth Regional Chamber of Commerce and Industry (Percci) joined several other organisations in support of the government's decisive action in dealing with the Transkei nurses' strike.

Percci corporate executive director Kevin Wakeford said yesterday that while the business organisation acknowledged the nurses' grievances as genuine and historical, strike action had a detrimental effect on the province's economy and had to be dealt with accordingly.

He said Percci was pleased that the Bisho administration took a decisive stand on the matter as this would serve as a warning to others contemplating similar action.

The Transkei Nurses' Ad-hoc Committee, representing the striking nurses, could not be reached for comment.

(93) CT 10/10/95

Doctors 'leaving in droves'

WESTERN CAPE MEDICAL LOSSES SHOCK

ZUMA REVEALS

WESTERN Cape hospitals are losing doctors faster than other provinces, reports **ANTHONY JOHNSON.**

OVERWORKED and underpaid doctors are leaving Western Cape hospitals in droves, Parliament was told yesterday.

And Health Minister Dr Nkosazana Zuma acknowledged that there was little the government could do to halt the exodus.

She also said the district surgeon system was being reviewed as some provinces "still practise apartheid" in waiting rooms.

Two-thirds of the 387 doctors leaving the service of state hospitals in the first seven months of this year were from this province.

The number of district surgeons resigning over the past 18 months has also been significantly higher in the Western Cape than any other province.

Countrywide, 54 district surgeons have resigned so far this year compared with 12 last year.

Dr Zuma told the NP's health spokesman Dr Willie Odendal that 254 doctors left state hospitals in the Western Cape between 1 January and 31 July. The total for the rest of the country was only 133.

She said the reasons offered by doctors for their resignations were: Emigration, leaving for private practice, insufficient pay, heavy workload, unsatisfactory working conditions, threats and disruption of services by trade unions and no long-term career prospects.

Other reasons included transfers to academic centres for specialisation, relocation/retirement, and personal reasons.

Dr Zuma said that services like non-emergency operations and outpatient services had to be delayed for "varying periods".

State hospitals had difficulty retaining staff leaving for private practice because "the salaries are low".

The government did not discourage staff transferring to academic centres for specialisation, as the country needed specialists.

In the case of district surgeons, the minister said 18 had resigned in the Western Cape since 1994 — 12 of these this year.

Dr Zuma said in response to questions from the NP's Dr Rodney Rhoda that communities had not been detrimentally affected by the resignations of district surgeons as replacements could be appointed immediately.

'Apartheid'

She added that the system of district surgeons was under review "as in some provinces they still practise apartheid" in their waiting rooms. "The private patients (who are often white) are kept in a decent waiting room while the state patients (who are often black) are kept in another, often dilapidated room."

PETER DENNEHY reports that part of the reason Western Cape doctors are leaving state hospitals in such large numbers is that they have far better opportunities in the private sector than are offered in most other provinces.

Dr Revere Thompson, a medical superintendent of Tygerberg Hospital, said another important reason for doctors leaving, many to go overseas, was uncertainty over their future.

"Many who were expecting a job in an academic environment are not sure about that any more, with funding reduced."

In addition, as some doctors left, the workload of others grew. This led to a perceived disparity between "what you do and what you get for it".

ı to be at Milton Beach.

PICTURE: CLIVE SMITH

Over 1 000 health workers emigrated

(93) CT 11/10/95

ANTHONY JOHNSON

MORE than 1 000 doctors and other health workers emigrated from South Africa in the 17 months before March this year.

Of these, 698 left in 1994, 126 in November and December 1993, and 190 in the first three months of this year, Health Minister Dr Nkosazana Zuma told Parliament yesterday.

A breakdown showed that the exodus abroad was led by the medical, dental and related health service occupations (507), followed by nursing professions (133), medical practitioners and physicians (120).

Asked if she intended to impose a limit on the number of final-year medical students allowed to complete their internship at academic hospitals, the minister said she did not.

"The Minister of Health wants to ensure there is equity in the allocation of internship posts without sacrificing the quality of education they receive."

She added that re-allocation of interns to more training places in all provinces would increase their range of experiences and make them more effective doctors.

DP health spokesman Mr Mike Ellis said the fact that 54 district surgeons and 407 doctors had resigned this year due to poor working conditions was "yet another sign of the steady deterioration of health care in the country".

Better working conditions for doctors at state hospitals

(93) CT 11/10/95

CAROL CAMPBELL

A NEW contract for doctors — who are leaving state hospitals in their droves — is being worked out by the medical association and the government.

In terms of the new deal, doctors working extraordinarily long shifts will soon be able to claim overtime pay if they work more than 40 hours a week. They will also be required to undergo at least three hours of training a week — during working hours.

Details of the draft contract, which was circulated to doctors recently, were leaked to the Cape Times yesterday. It is expected to be in operation by April next year.

The document stipulates that interns and registrars must be supplied with a proper training programme fulfilling SA Medical and Dental Council requirements.

The document also protects doctors from random transfers and says they will only be moved "after negotiation" with their employer — the state.

Now doctors will be able to claim overtime once they exceed a 40-hour week, but still at the lowest rate available to public servants — R17 an hour during the week and R26 an hour on Sundays.

Doctors will not be allowed to work more than 120 hours overtime a month or longer than 28 hours on one shift.

The chairman of the Registrars' Association of Medical Faculties of SA Dr Linda-Gail Bekker said doctors would have to continue working at their current rate until the tide of primary health care patients from rural areas could be stemmed.

Until now doctors at state hospitals had maintained a high standard of health care, but if doctors continued to leave "something would have to give", she said.

"It is wrong that young doctors are the ones who have to turn patients away because this is opposite to what we have been taught."

Dr Tom Ruttmann, a member of the government working group on health, refused to comment on the contracts.

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Draw helps Kasparov to keep world title

NEW YORK: Garry Kasparov retained his world chess title on Monday when he held on to draw the 17th game of his championship match with Viswanathan Anand, raising the score to 10-7 in his favour.

The winner of the 20-game Professional Chess Association contest

Smokers' world gets smaller

STAFF REPORTER

IF you insist on smoking outside the privacy of your home you best familiarise yourself with when and where you may light up.

In terms of the Tobacco Products Control Act, you have to avoid any indoor area open to the public in the Cape Town municipality. And that includes:

Health facilities, banks, accommodation establishments, libraries, museums, galleries, municipal buildings, post offices and public transport terminals, restaurants, hairdressing salons, creches, shopping malls, retail stores, theatres, cinemas and sport stadiums. Also lifts, public conveyances and any room, hallway or service area in a public place where there is a service queue.

Exempted are bars, casinos, retail tobacco stores, private clubs and restaurants, hotels, conference or meeting rooms used for private functions and municipal halls.

Many facilities are now providing designated smoking areas which have to be an enclosed area measuring not more than 20% of a public space. Air must be exhausted to the outside and non-smokers should not normally have to utilise such an area.

CT 11/10/95

Health workers leave SA in droves

BD 11/10/95 (93)

Wyndham Hartley

CAPE TOWN — More than 1 200 health care workers — including 148 doctors and specialists — have left SA in little more than two years.

Health Minister Nkosazana Zuma said the emigration of doctors and medical professionals had rocketed from 126 in 1993 to 698 last year.. Almost 200 health professionals left in the first three months of this year.

Zuma was replying to a question from NP senator Charles Redcliffe.

In a separate reply to a question from DP leader Tony Leon, she said 56 district surgeons had resigned from the national health department this year. Among reasons for the resignations were emigration, retirement, dissatisfaction with remuneration and quitting medicine. Some were fired.

Of the five district surgeons who left the service in Gauteng, all posts were filled after being advertised, she said.

The largest category of emigrating health care workers was "medical, dental and related health services occupations" with 507 people leaving the country in the 27-month period. The second largest group was doctors, followed by nurses with 133 emigrants.

Those who left included pharmacists, veterinary science professionals, medical technicians and "health service professionals".

Sapa reports that Wits University medical school head Dr John Milne said doctors were unlikely to leave their jobs or the country because of the fatal shooting of a doctor at the Johannesburg Hospital on Monday.

Ear, nose and throat specialist Dr Steven Ming Chi Pon, 59, died on Tuesday after being shot by car hijackers.

"Whether or not you're hijacked outside your house ... or outside the Johannesburg Hospital doesn't matter. It's all part of the wave of crime in this country," Milne said. The vehicle was recovered in Tembisa late on Monday, but there have been no arrests.

DP health spokesman Mike Ellis said Zuma had shown indifference and incompetence by saying government could do little to halt the exodus of doctors from the public service.

"While the government consults and strategises endlessly on evolving long-term plans for the future of health care, the crisis is mounting to the extent that viable public health care is becoming an impossibility."

□ **Edward West** reports from Cape Town that President Nelson Mandela said yesterday SA's scientists, engineers and academics should resist the temptation to emigrate to developed countries, as the challenges and successes were more rewarding in SA.

Speaking at the opening of a conference on cyclotrons, Mandela said government had approved a restructuring of the governing bodies of SA's science councils to promote greater representation and to orient activities towards the needs of society as a whole.

A national advisory council on science and technology would be formed with its members drawn from the scientific community, the private sector and other spheres of civil society.

A White Paper would provide opportunity for wide consultation and debate on issues such as how to use limited resources to generate, acquire and apply knowledge for economic, social and cultural development.

LOSS OF W CAPE DOCTORS LESS THAN QUOTED

Zuma's claims slammed

CT 13/10/95 (93)

THE NET LOSS of doctors in the Western Cape is far less than the number which was quoted by Health Minister Dr Nkosazana Zuma this week, **CHRIS BATEMAN** reports.

CLAIMS by Health Minister Dr Nkosazana Zuma that doctors were leaving Western Cape hospitals "in droves" were "hugely misleading" and based on incomplete information provided by provinces, says an adviser to regional health minister Mr Ebrahim Rasool.

Dr Fareed Abdullah said the net loss of local doctors was far less than the figures quoted by Dr Zuma in parliament this week.

Dr Zuma said two-thirds of the 387 doctors leaving the country's state hospitals during the first seven months of this year were from the Western Cape and that the number of district surgeons resigning over the past 18 months was also significantly higher than any other province.

Dr Abdullah said his department had not told Dr Zuma how many doctors had replaced those who left.

"What they asked for was the number of doctors who actually left and that was all they got," he admitted.

Of the 254 doctors cited as leaving the Western Cape between January 1 and July 31 this year, 69 had completed training, 27 had transferred to other hospitals in the province and 59 had left for overseas — most of them for short periods to earn money to repay bank loans.

Giving examples of the kind of figures left out by Dr Zuma, Dr Abdullah cited Conradie Hospital where 12 doctors left but five were replaced, giving a net loss of seven.

All the doctors who left Red Cross Children's Hospital were replaced and the 12 district surgeons who left had worked in just three practices, he said.

However, one major worry was that 81 doctors had left the region's public sector to go into the private sector.

He said that if Dr Zuma had included Gauteng's figures in the national total, the two-thirds figure given for the Western Cape would have dropped dramatically.

Mr Rasool was confident of attracting doctors to the public sector and had just proposed to the provincial service commission new posts for George, Worcester and Paarl and several smaller community hospitals.

"We fully support national negotiations to improve conditions and salaries for doctors, particularly those at primary level and in rural areas," he added.

The great drugs rip-off

(93) MG 13-19/10/95

To get doctors to use their medicines, companies give them free drugs, which the doctors sell at huge profits. Hazel Friedman reports on the practices which have made our drugs the most expensive in the world

MANY of South Africa's 6 000 dispensing doctors receive free bonus drugs which they sell to consumers at high prices.

These drugs serve as incentives for doctors to keep selling the same medicines, enabling pharmaceutical companies to exert a stranglehold on supplies and making the cost of South African medicines the highest in the world.

The *Mail & Guardian* has in its possession several invoices sent to doctors by drug companies, as well as prescriptions from different dispensing doctors to pharmacies. The invoices list expensive antibiotics which sell at retail pharmacies for hundreds of rand, plus additional free "bonus" medicines amounting to the sum of R600.

If 1 000 doctors were to receive similar bonus drugs, and these were sold at the full price, approximately R600 000 profit in "freebies" would be made by these dispensing doctors. Medical sources estimate that prescribing for profit amounts to millions of rands a year.

A spokesperson from the Pretoria-based Pharmacy Council reports that investigations are under way into allegations of pharmaceutical company sales representatives bribing doctors with holiday packages and "free gifts".

"This practice has been going on for some time but is reaching a crisis level, and the the Pharmacy Council is powerless to do much about it," he says. Reports have also reached the council of doctors who have allegedly claimed from medical aid, after providing free medication to indigent patients.

The South African Medical and Dental Council's Ethical Rules of Medicine prohibit doctors from engaging in or advocating the preferential use of prescribed medicines for profit.

Last year, the SAMDC investigated Garec Holdings, the marketing wing of PTMC (Pharmacy Trade Mark Company), which had allegedly sold shares to doctors. PTMC allegedly supplied these doctors — who in 1994 comprised the majority of the company's 550 shareholders — with discounted medicines in proportion to the value of their shares.

Marketing Manager of Garec, Stavros Nicolai, insists that this was done, not in order to reap extra profits, but to provide consumers with less expensive medicines. According to a SAMDC spokesperson: "We were unable to find direct proof that the doctor-shareholders had contravened the Ethical Rules on Medicine. But there are still unanswered questions regarding this matter."

Pharmacists are also up in arms over what they describe as the drug companies' "unlimited licence to loot the industry". David Pleaner, director of the Association of Community Pharmacists, complains that 76 outlets have been forced to close in the past 12 months due to "unfair pricing structures implemeted by the pharmaceutical companies combined with slow payments by medical schemes". Pharmacists, unlike doctors, are legally compelled to give discounts to medical aid societies, yet they are not entitled to receive reductions from the drug manufacturers.

'Doctors who dispense drugs pay no overheads and obviously stand to get the highest margins from prescribing and distributing the most expensive products'

"South Africa's drug companies are a law unto themselves," says Lip Fine, owner of a Pretoria pharmacy. "They set prices arbitrarily and justify their actions because they do state tenders which allow the government to purchase drugs at approximately one tenth of prices paid for medicines in the private sector."

He adds: "Doctors who dispense drugs pay no overheads and obviously stand to get the highest margins from prescribing and distributing the most expensive products. That's why it's not in their interests to promote the use of generic drugs. And consumers aren't any the wiser."

Currently, South African medicine costs are the highest in the world. Of the R8,7-billion paid out in benefits by medical aid schemes in 1992, a whopping 35 percent (approximaely R3-billion) was paid out for medicines. The current prescription market totals R2,37-billion and it is estimated that it will reach R4-billion by 1997. In the United Sates, less than 15 percent of medical aid benefits are paid out for drugs. Due to the exorbitant costs involved, medical aid societies are urging doctors to prescribe cheaper generics to consumers.

But dispensing doctors are allegedly reaping handsome profits from incentives given to them by drug companies intent on keeping the costs of medicine as high as possible. And South African consumers are being forced to pay the price.

In the US, generic drugs comprise 75 percent of all medicines sold to consumers. But in South Africa they account for a mere 19 % of the total prescription market. Even when generics are sold at pharmacies, the cost difference with the more expensive "ethical" drug is often negligible because of huge retail markups.

The government has responded to this imbalance by releasing the Broomberg/Shisana Report on regulating the drug industry in South Africa . In terms of the report, control of drug supplies will be achieved through an Essential Drug List, whch will reduce the estimated 3 000 drugs curently available in the public sector to about 120.

According to Director General of Health Dr Olive Shisana, "this will eliminate fraud and bribery in the private and public sectors and achieve a larger economy of scale by excluding more expensive drugs". The essential drug list will also be made available to private-sector patients at the same cost plus a handling fee. In addition, the government is planning to introduce parallel imports, which will eliminate resrictions on imported cheap drugs.

Local drug companies are outraged by the proposals. Says a member of the National Association of Pharmaceutical Manufacturers: "An essential drug list is potentially hazardous because it wil severely undermine the pharmaceutical maufacturers' ability to recoup profits in the private sector".

Picture: DOUG PITHEY, Staff Photographer.

□ **DOCS ON CALL:** Private doctors Oscar Setsubi, left, and Mxolisi Mankazana are ready and willing to deliver a much needed service.

Prevention is better, say GPs

ARG 21/10/95

ADELE BALETA
Staff Reporter

■ A pair of private doctors have figured out a way to stay in business by investing in primary care. (93)

THERE are too many politically correct people who think that private doctors "stink" because they are seen to be lining their own pockets and not contributing to primary health care.

That's the view of Mxolisi Mankazana, a private doctor who together with another GP, Oscar Setsubi, has realised a dream of offering primary health care to disadvantaged communities. At the same time the pair will be doing research to link up with public health efforts.

The doctors, who practice in Langa and Mitchell's Plain, joined forces to establish a Health Development Institute (HDI) to focus on preventative health care and community-based research.

The HDI was made possible by the injection of R250 000 from D & E Medical Administrators.

The research will determine what is needed in disadvantagd areas and appropriate programmes will deal with specific problems.

HDI projectsinclude cervical screening involving 261 women over the past eight months, a measles update programme in backyard creches, hypertension research by a community pharmacist and a community needs assessment research project.

Dr Mankazana, 56, who spent several years in England said: "There has been a tendency to look down on doctors in private practice, but we are delivering primary health care. We are moving ahead, in line with the RDP. We have been looking for a different way of delivering health care and we are showing everyone we can do it."

Dr Setsubi, 31, got his degree in Natal in 1986. Two years later he opened a practice at Mbekweni in Paarl.

"Things were volatile in the townhip at the time. I treated a lot of cases relating to police and domestic violence and other common ailments.

"I have always enjoyed my independence as a GP and have never wanted to go into hospitals.

"The difficulty for me as a private practioner was running a business and becoming involved in preventive treatment. A large part of GP's work is curative.

"What do you do when you are faced with an outbreak of measles? You can continue to treat the individual patients which would not be bad for business, or liaise with the schools and organise the children to be isolated, and sort the problem out."

In 1990, he came to Cape Town and joined a practice of doctors working in Langa, Khayelitsha and Guguletu.

Dr Mankazana qualified in 1966 in Natal. He practised medicine at at mission hospitals in Zululand

Scheme to lure doctors into rural hospitals

(93) ST 22/10/95

GENEROUS hardship allowances to entice doctors to work in remote country hospitals are among proposals to improve the lot of public service doctors.

Doctors accepting jobs in "inhospitable" areas could find an extra 75 percent added to their pay packets.

The scheme — which effectively scotches controversial compulsory community service in favour of an incentive-driven approach — would cost R17-million a year and improve the lot of about 1 000 interns filling hardship posts.

As a spin-off, selected hospitals in "inhospitable" areas would be upgraded and kept under the wing of teaching hospitals for the benefit of patients and staff.

These and other proposals — if accepted — are expected to reverse the medical brain drain, improve hospital morale and upgrade patient care.

The report, written by a working group drawn from the Medical Association of SA and the Department of Health which was set up five months ago to investigate deteriorating public hospital conditions, is to be handed to the Minister of Health, Dr Nkosazana Zuma, on Wednesday. She was not available for comment this week.

Key issues investigated by the committee included compulsory service in underserved regions for graduate doctors.

The report contains some innovative solutions to lure young doctors away from the city lights and more popular posts, while quelling doctors' threats to emigrate should two years of compulsory service be introduced.

Doctors agreed that the shortage of medics in rural areas must be corrected, but recommended the carrot, rather than the stick, approach.

Proposals put forward during working group sessions included:

- An "inhospitable" allowance of up to 75 percent of salary;
- Up to R1 000 a year for further education and attending conferences;
- Freedom for the graduate doctor to choose where to work during his community service; and
- Support and guidance for young doctors sent to outlying hospitals.

By CAS St LEGER

Junior doctors, represented by Dr Jonny Taitz, chairman of the Junior Hospital Doctors' Association, made it clear that compulsory community service would lead to hordes of doctors leaving the country.

Dr Taitz said junior doctors were pleased that they had been consulted by the committee drawing up the report.

He said that the final report had followed the association's suggestions closely.

At the heart of the scheme, due to be launched next year, would be pilot hospitals which would be given "priority" attention by the government over a six-month period to ensure that there were adequate supplies, extra tuition and referral facilities to other hospitals.

Supervision of young and foreign doctors would be guaranteed. Interns in need of back-up would have a "hot line" to senior doctors in the teaching hospital selected to be the "guardian" of the disadvantaged hospital.

All doctors working in these hospitals would receive a hardship allowance which could amount to an extra R2 000 a month after tax.

"This is not just for the doctors' benefit, but for good patient care," said Dr Taitz.

In terms of the proposed plan, the Health Department would divide hospitals into three categories:

- "Hospitable" hospitals like Johannesburg, H F Verwoerd, Groote Schuur and Red Cross Children's;
- "Moderately inhospitable", perhaps including hospitals such as Natalspruit; and
- "Inhospitable" hospitals, a category likely to include hospitals in Tzaneen, De Aar, rural Kwazulu Natal, the Transkei and townships including Katlehong and Khayelitsha.

A statement from Masa this week said the report would enable Dr Zuma to effect "positive improvements" to doctors' conditions of service, including the restructuring of salaries.

The working group had come to the conclusion that "the public health sector environment is not conducive as a career option for doctors," said Masa.

Problems had to be solved "to restore the credibility of the public health sector and the morale of doctors".

Among the issues investigated by the working group were conditions of service, including overtime pay and hours of work; limited private practice; and the appointment of foreign doctors.

The role of doctors in the Public Service Bargaining Chamber and the training of labour relations officers was also raised.

Isolated health workers to join network

(95) BD 26/10/95

Kathryn Strachan

AN AMBITIOUS new project to connect health workers in remote rural areas to a computer network is expected to reap great benefits in improving health services in these neglected areas.

While information channels have tended to flow only between health centres and the provincial or national offices, and even that flow has been unreliable, the new computer information system called HealthLink will bring the most isolated health workers into the fold.

The most urgent restructuring is needed at the level of districts, and by putting doctors and other health workers at this level in touch with each other, ideas and solutions can be shared.

Funded by the Health Systems Trust, the R1,5m project is starting by focusing on the most rural areas of Northern Province, the Umtata and Mdantsane districts in the Eastern Cape, and the Free State.

In this way the project hopes to use electronic mail in improving the management of health services, providing health workers with access to information resources and training people in the use of computers.

Ordering drugs, sending out laboratory results and transmitting statistics can be done more efficiently by e-mail. But the project looks to be going beyond the routine transmission of data, to setting up a dialogue between health workers at the level of districts.

It has proved much easier to set up an e-mail where there are existing information channels, for example in the case of ordering drugs. Setting up a system where there are no existing pathways is more of a challenge. So the task is not only to set up technical computer links but to foster a flow of communication.

To do this there has to be a process of getting people at the level of districts in touch with each other.

Tighter controls for foreign doctors

(93) BD 26/10/95

Kathryn Strachan

SA HAS tightened up its control of foreign doctors entering the country in order to prevent the country draining neighbouring states of their doctors' vital skills.

The interim Medical and Dental Council of SA accepted a proposal that placed a moratorium on the limited registration of individual doctors who had qualified in foreign countries.

The council is investigating instead the possibilities of limited registration for groups of doctors recruited to work in particular areas in terms of government-to-government agreements.

This decision would make it much more difficult for doctors from neighbouring countries to work in SA unless they are sent by their own government.

The health department said yesterday a major reason for the proposal was to halt the flood of applications for limited registration coming from doctors in countries which were themselves short of medical personnel.

Many of SA's rural health systems depend almost entirely on the services of foreign doctors.

Cuban doctors to be recruited

(93)

Kathryn Strachan

BD 6/11/95

HEALTH Minister Nkosazana Zuma and members of the interim SA Medical and Dental Council are to visit Cuba this week with a view to recruiting Cuban doctors to SA.

The delegation will examine health facilities and medical schools to learn about Cuba's health system and investigate the Cuban standards of training for doctors.

Zuma left on Saturday on the international tour, which includes Taiwan, India and Switzerland.

In Geneva she will attend a meeting of the UN's AIDS organisation, of which she is deputy chairman.

The visit will focus on developments in nutrition, research, mental health, HIV/AIDS and pharmaceuticals in these countries.

In India she will be looking at setting up a working group on health between the two countries.

Meanwhile, Tim Wilson, special advisor to the health ministry, was on Friday appointed chief director responsible for hospitals and academic health service complexes.

The appointment is expected to give direction to the turbulent sector of hospital care, and guide the transformation of academic hospitals.

A spokesman for the department said the overall structure covering the area of hospitals, as well as the funding policy and the roles of national, provincial and district health authorities had been clarified.

Attention could now be given to coordinating the work of the academic health service complexes and to providing assistance to improve services.

Before taking up the position of special advisor, Wilson was director of the Alexandra health centre and University Clinic for seven years.

Vote a big blow to unity in SA nursing

(95)

BD 6/11/95

Kathryn Strachan

PLANS to unite all nurses under a single banner fell apart last week when nurses from the largest organisation — the SA Nurses' Association (Sana) — voted against the move.

"It really is a crisis that our members did not vote yes," said Sana acting executive director Eileen Brannigan.

"It is vital that we unify nursing. The nursing profession has been fragmented in the past ... this has affected not only nurses, but patient care too."

Sana represents about 92 000 nurses out of a total of 180 000 in the country. The racial balance in the association is about equal.

All the nursing associations of the former homelands and self-governing territories have voted in favour of a single organisation — to be called the Democratic Nurses' Organisation of SA — and they were waiting for the outcome of the Sana ballot to form a unified body.

Sana members, however, voted against dissolving their association and forming a new body.

Brannigan said the strikes in the nursing profession could have influenced Sana members in their vote.

Foreign doctors may fill vacancies in SA's outlying hospitals

(93) Star 6/11/95

The proposal to import doctors to alleviate staff shortages disturbs those trapped in state hospitals, working long hours in appalling conditions

BY JANINE SIMON
Medical Correspondent

Teams of senior German, Iranian, Cuban and Swedish doctors, and doctors from the United Nations volunteer programme, could be filling vacant contract posts at South Africa's stricken outlying hospitals within months.

This plan to even out rural/urban health care is already being implemented, but has disturbed foreign-trained doctors already trapped in insecure positions in state hospitals.

Health officials say that the idea is to capitalise on goodwill towards South Africa, by employing doctors from selected countries on government-to-government contracts for one to two years.

The contracts are seen as sound short-term strategy: 20% of the 5 000 posts in primary and secondary hospitals are open, and a backbone of about 2 000 foreign-trained and 2 000 junior South African doctors are battling to keep essential medical services going.

If successful, contract workers could boost capacity at primary and secondary hospitals, and also treat some of the patients who now, inappropriately, flood academic hospitals, like Johannesburg, Baragwanath and J G Strijdom.

But there is one major concern: the supply of new foreign doctors could temper the urgency for Health Minister Nkosazama Zuma to put up incentives to attract local doctors to community service, address the concerns of foreign-trained doctors, and act on the appalling conditions facing the 10 500 doctors working for the State.

Director-General for Health Dr Olive Shisana announced the new policy in September, at the first meeting of medicine's new-look regulatory body, the Interim National Medical and Dental Council of South Africa.

Shisana declared a moratorium on limited registration, which allows foreign-trained doctors who pass a multiple-choice entry exam to work for a year under supervision at state hospitals.

The system has a double-negative: it traps good foreign doctors wanting South African experience in short-term, difficult jobs in state hospitals, sometimes forcing them to apply for a work permit every six months; and, it allowed some poorly trained colleagues into the wards, fuelling accusations of slipping standards.

Shisana said South Africa wanted a policy to get hundreds of doctors into under-served areas, without acting as a magnet for doctors from surrounding countries, which needed their practitioners.

Already, Germany and Iran had expressed keen interest, and a model government-to-government agreement was being finalised, Shisana said.

The United Nations Development Programme has also relayed an urgent message through its Geneva volunteer office to selected countries, Anne Githuku-Shongwe, assistant resident representative of the UNDP, said last week.

"We're working towards a solution some time in November," she said.

Zuma's special adviser, Tim Wilson, said numbers of doctors needed were still being finalised by the provinces. The plan was to match individuals with positions and set up teams of two or three to supervise younger, local doctors.

"We're looking for generalists with three to five years' experience, and specialists, for example orthopods," he said.

According to Shisana, payment will be at current rates for state doctors, but could be supplemented by the home country. Assessment will be in collaboration with the interim council, and, Wilson said, be based on standards of practice, training facilities attended and an examination.

Shisana said the government-to-government scheme would only "augment" proposals on incentives to get local doctors to perform rural community service, but doctors are edgy.

The work group on incentives for community service unofficially reported to Zuma early in October.

Yet the announcement on new contracts came without any guarantee to improve working conditions for existing doctors, said Dr Stefan Morell, chairman of the Senior Hospital Doctors' Association on the position of foreign qualified doctors.

There's no sign of lifting the one-year limit, and salary offers made so far at the Public Service Bargaining Chamber don't address the overtime issue, or offer an allowance for working a 56-hour week, he said.

Few realised the depth of conditions in small hospitals, Morell said.

"Where I work, 20% of patients are HIV-positive, there's not a doctor who hasn't had a splash of blood in the eye, or a cut. What about the risk of contracting HIV, or other diseases?

"There are not enough doctors. We work 70 to 80 hours a week without recognition, at hospitals with poor reputations. There are very few people who are not looking around."

THYS DULLAART

Keeping state medical services afloat ... Dr Abu Meher, of Dhaka, Bangladesh, passed his Examination for Limited Registration in July 1993. He applies every six months for a work permit and every year for an extension of his post at Natalspruit Hospital's Department of Surgery.

FACTFILE

- There are 26 452 doctors registered in South Africa; as of December 1994, 1 877 have limited registration.
- Only doctors qualified in Great Britain, the Republic of Ireland and Belgium may get full registration here without sitting further exams.
- In 1994, 5 599 doctors applied for South African registration; the number of applications since January is 4 036.
- 5 500 of the 10 500 posts in State health are in academic or tertiary hospitals; 5 000 in primary and secondary hospitals.

Source: The Interim National Medical and Dental Council of South Africa and Dr Stefan Morell, chairman of the Senior Hospital Doctors' Association on the position of foreign qualified doctors.

Proposal to double hospital doctors' pay

(93)

CT 7/11/96

EUNICE RIDER

HOSPITAL doctors' salaries might be effectively doubled from July next year, in a bid to make them more competitive with salaries offered overseas and stop the exodus of top doctors in the public sector.

At a meeting of Groote Schuur registrars last week doctors were told of a government proposal that their current salary packages of between R52 000 and R72 000 a year, excluding housing and overtime allowances, would be raised to R125 000 to R145 000 a year, (including benefits) depending on their experience and qualifications.

Mr Peter Brewer, head of the full-time practice sector of the Medical Association of SA, said yesterday the figures were "not definite, but neither are they impossible".

A registrar who did not want to be identified said the newly proposed salary scales were equivalent to those in overseas countries such as the UK and New Zealand, and had been received "extremely positively".

"The feeling is that the increased salaries will stop the trend of emigration," he said.

Mr Brewer said the proposed salary hikes were "only principal proposals at this stage".

"There is only R6,5 billion available for the restructuring of salaries for all civil servants and naturally everybody wants a piece of the pie."

The Star ... Tues

New heart transplant protocol among doctors

(93) Star 7/11/95

By Janine Simon
Medical Correspondent

The dash to collect a heart from a road accident victim in East London for a desperately ill Pretoria businessman was the result of a new spirit of commitment between transplant surgeons.

St Dominic's Hospital in East London first alerted Cape Town's Groote Schuur Hospital transplant team about the available organ, according to a hospital spokesman.

But Groote Schuur had no suitable recipient, and forwarded the information first to a private hospital in Cape Town and then to one in Johannesburg before the donor heart was finally matched to Barry van Rensburg (40) at Medforum, a private hospital in Pretoria.

Van Rensburg is now in a stable condition in intensive care, Medforum's Dr Bert von Wielligh said yesterday.

This swift co-operation has replaced the tension which flared when private surgeons first entered the transplant "market" in 1993, and when Dr Fanus Serfontein attempted to set up a second State heart transplant unit at Pretoria's H F Verwoerd Hospital earlier this year.

Health Minister Nkosazana Zuma dampened the hopes for another transplant unit with a decision that only Groote Schuur should conduct State transplants.

But private surgeons continued doing transplants in Gauteng as well as Cape Town and the shortage of donor organs remained.

According to the Organ Donor Foundation, barely half of the people who need transplants actually get them.

The troubling issues were whether hearts from private patients were being passed on to State patients, organ collecting costs and whether patients from the same region as a donor should get preference, said transplant surgeon and Organ Donor Foundation chairman Dr Elmin Steyn.

"Its been a nightmare, but we've made definite progress," says Lynn Botha, national transplant co-ordinator for Clinic Holdings, which has spearheaded the agreement.

"We've agreed to follow set criteria and, if no match is found in the region, to refer out of it. The closest, best-suited patient, most in need gets the organ," she said.

The agreements are still fresh but has all the signs of a fledgling protocol among doctors on the use of a scarce resource.

No new contracts for foreign-trained doctors

(93)

OWN CORRESPONDENT

CT 15/11/95

DURBAN: A moratorium has been placed on the registration of all foreign qualified doctors by the Medical and Dental Council and the Department of Health.

The director-general of the Health Department, Dr Olive Shisana, said new contracts would not be entered into with foreign doctors already in South Africa unless an agreement had been reached with their government, although existing contracts would be honoured.

The moratorium is aimed at curbing the "brain drain" of doctors from neighbouring countries to South Africa. The government has devised an interim arrangement to recruit doctors from other countries to work in rural areas, easing the shortage of health professionals.

CUBANS COMING TO SA

■ Health Minister Nkosazana Zuma is in Havana to recruit large numbers of Cuban doctors to work in South Africa's rural areas.

WILLEM STEENKAMP
Staff Reporter

THE Cubans are coming — hundreds of foreign doctors, including many Cubans, are being recruited to work in South Africa's rural areas to underpin the country's dwindling medical resources.

Health Minister Nkosazana Zuma flew to Cuba this week and is currently signing bilateral agreements with Fidel Castro's government for Cuban doctors to work in South Africa.

Director-general of the Department of Health, Olive Shisana, told Saturday Argus last night that if everything went according to plan, the first Cuban doctors should arrive as early as January.

She said hundreds of doctors were needed in rural areas which had an acute shortage of medical services and the government would also try to entice doctors from European countries such as Ireland and Britain to work here.

She said many South African doctors had left the country to work overseas for better pay and to pay off their bursaries, leading to a shortage of hundreds of doctors, especially in rural areas.

"For several reasons our own doctors are not willing to work in rural areas and until such time as conditions have improved and we can convince them to take up positions in these areas, we will use foreign doctors.

"We promised to deliver and improve medical services in these areas and this is what we now intend doing," Dr Shisana said.

She said foreign doctors would be signed up for a maximum period of three years to deliver much-needed health services.

Members of the Interim Medical and Dental Council were in Cuba with Dr Zuma and would help evaluate Cuban doctors who volunteered to come and work in South Africa.

"Obviously these doctors must be able to speak English and we will also be evaluating their competence and level of expertise to see if they meet the medical requirements in our country.

"The minister will ask the Cuban government to supply our government with a shortlist of volunteers, out of which we will evaluate and choose doctors to come and work here."

Dr Shisana said she had talks with a group of top local doctors in Cape Town yesterday and spelt out the government's plans to recruit Cuban and other foreign doctors.

"They did not seem to to be uncomfortable with the idea although the question of how these foreign doctors would adapt to the culture in rural areas was raised.

"I do not believe this will be a problem. Many of our own doctors cannot speak an African language and have to use a translator when attending to patients, which means that the doctor/patient confidentiality does in any event not exist.

"Obviously the first prize would be to use our own doctors in these areas but until such time as we can, we have no choice but to use foreign doctors to deliver health services in these areas."

Dr Shisana said the government had recently placed a moratorium on allowing individual foreign doctors to come and work in South Africa.

She said that foreign doctors currently used the opportunity to work in South Africa to move into private practice, which did not solve problems in rural areas.

Reforms: Doctors to launch petition

SPECIAL CORRESPONDENT

JOHANNESBURG: Dispensing doctors are to launch a petition against the health care reforms taking place in South Africa.

The Society of Dispensing Family Doctors (SDFP) has accused the Department of Health of "a lack of transparency in the appointment of various commissions and of not heeding the concerns of the medical profession".

Proposals in the National Health Service package which have caused particular unhappiness concern those preventing doctors from dispensing medicines if a pharmacy is nearby.

SDFP president Dr Mohamed Adam said such proposals had already been rejected by the Competition Board, but had recently been revived and now accepted by the Department of Health.

"This affirms the society's contention that the process of reform cannot be hurried since many faulty decisions can be made," he said.

The petition will be launched on December 3 at Midrand.

(93)

ET 21/11/95

Medical plan may put doctors in reach of all

ET 21/11/95 (93)

STAFF REPORTER

THE introduction of a flat-rate scheme of payment for medical services, called capitation, could mean that many people, for the first time, will be able to afford to see a doctor.

The system is to be launched by the Medicross Healthcare Group in January and will enable companies to pay a flat rate for their employees — no matter how often they visit the doctor or dentist.

Dr Tony Behrman, vice-chairman of the Cape Independent Practitioners' Association (Cipa) and a branch councillor of the Medical Association of SA (Masa), said last night that capitation was "the future of medicine". He predicted it would make serious inroads into the fees-for-service style of practice, which was already dwindling because of high costs.

Capitation entails a teaming-up of group medical practices and medical aid schemes.

Employees would have to use the practitioners at their assigned group practice. If they went to a doctor of their choice, they would have to pay out of their own pockets.

Dr Behrman said patients could choose an approved doctor for a specified period. If they wished to change physicians, they would do so at the end of this period.

Doctors could run "substantial risks" with capitation if, for example, they were faced with an epidemic and had to treat patients for a flat rate, Dr Behrman said. Doctors could form "risk pools" which would receive the flat rate, siphon some money to them and keep the rest as insurance against such occurrences.

Capitation also held benefits for doctors, who would be encouraged to band together and be motivated to contain treatment costs.

The major benefit, however, would go to the patients.

"It covers large numbers of patients who in the past couldn't afford medical care," Dr Behrman said.

He did not think South Africans would be tempted to make more visits to the doctor under the capitation scheme. The average number of annual visits was between 1,8 and three. This would probably rise to between three and 3,5 visits a year.

Caution

The chairman of the Medical Association of South Africa's private practice committee, Dr H Hoffmann, said the association believed doctors and patients should manage health care initiatives with caution.

His concern was that some management techniques could limit patient choice.

"The introduction of capitation payments could be premature, given the lack of health care data. This could pose a financial risk for both health services providers and patients."

Controls over abused system tightened up

(93)

CHRIS BATEMAN

CONTROLS over the system enabling public service doctors to supplement their income and compete with the private sector have been tightened up following an auditor-general's report citing "serious deficiencies".

This assurance was given to a joint sitting of the Standing Select Committees on Public Accounts for the Western, Eastern and Northern Cape governments, by Western Cape health director Dr Tom Sutcliffe yesterday.

He was responding to the auditor-general's finding that no satisfactory system of control was in place for the Limited Private Practice Scheme (LPP), which allows public service doctors to treat private patients at provincial hospitals after working hours.

He said a computer link was established to monitor accounts.

The LPP at Groote Schuur Hospital alone had raised R377 331 for the province in terms of a profit-sharing scheme in which the doctors were paid 33% and the hospital 66% of fees charged.

Mr Hennie Bester (DP, Western Cape) said a "commendable" system had become open to abuse.

However, Dr Sutcliffe said he believed all control measures were in place and abuse was "not taking place on any scale".

CT 22/11/95

The Star ... Thursday November 23 1995

Cuban doctors to ease SA's 'critical shortage'

Star 23/11/95 (93)

Minister agrees to send as many GPs as needed

Cuban doctors will begin arriving in South Africa next year to help alleviate the country's "critical shortage" of general practitioners, Health Minister Nkosazana Zuma has said.

Speaking at the Johannesburg International Airport on her return from Cuba yesterday, Zuma said the doctors would initially be on one-year contracts to the state health service, but could spend up to three years in South Africa.

The Health Department has already asked the medical regulating body to limit the registration of foreign doctors in SA to those entering on government-to-government contracts, to allow them to focus and control the inflow.

In Havana on Monday, the minister signed an agreement with her Cuban counterpart, Carlos Martinez, to send "as many doctors as South Africa needs. We had discussions in Cuba to see whether they can help us fill gaps which are very critical in our health sector ... they will work where the government needs them most," Zuma said.

The doctor shortage is particularly acute in rural areas, such as in the populous but economically depressed KwaZulu Natal, and the Cubans will have to concentrate on primary health care.

The deal will cost South Africa "nothing" because it will absorb surplus Cuban doctors into vacant posts at South African hospitals and clinics, for which the government had already budgeted, Zuma said.

"To give you an idea of the situation, Cuba has 11-million people and 57 000 doctors, whereas we have 40-million people but only 43 000 doctors," she said.

The number of doctors required will only be known once each of South Africa's nine provinces have calculated the number of posts they have vacant, Zuma said.

A team from the South African Health Department will visit Cuba some time in the next two months to select applicants with at least three years' working experience and the ability to speak English, she said.

The doctors will still have to pass an oral and clinical "peer review" appraisal before being granted registration to practise in South Africa, according to a spokesman for the Interim Medical and Dental Council of South Africa.

Zuma caused a storm in medical circles recently when she unveiled new policies, which, if implemented, would require newly qualified doctors to perform compulsory service in state institutions for a limited period. A proposal on incentives to attract doctors to rural areas is now being discussed. – Medical Correspondent and Sapa.

Opposition to Cuban doctors

(93)

Sowetan 27/11/95

By Glenn McKenzie

HEALTH sector organisations have reacted with dismay to the Government's practice of hiring Cuban doctors.

Both the Hospital Personnel Trade Union and the Medical Association of South Africa expressed anger at the move, saying Health Minister Dr Nkosazana Zuma should improve South African doctors' working conditions.

MASA official Professor Dave Morrell said local doctors were better trained to understand South Africa's health problems than Cuban doctors.

"MASA will continue to press for adequate career incentives and better working conditions," he said.

The trade union accused the Government of failing to address the root cause of the doctor shortage.

"Instead of paying market related salaries, the Government prefers to admit foreign doctors with inferior training at the expense of our own".

Monday November 27 1995

Medical body slams Cuban recruitments

(93) Star 27/11/95

The Professional Health Organisation of South Africa (Phosa) has savaged Health Minister Nkosazana Zuma's decision to appoint foreign medical doctors, saying it addressed the symptoms, not causes, of the health crisis.

Phosa's statement last week verbalised common fears surrounding the health department's decision to recruit Cuban doctors on contracts.

Phosa said Zuma was admitting there was a crisis in health care delivery, but was importing foreign doctors because she realised they would be easier to exploit than local doctors.

"Zuma should now import all categories of health professional workers as we are all disgusted with being exploited, and will no longer tolerate the avoidance of the real issues," the statement said. These issues were: professional recognition, bad working conditions and dead-end careers.

The Government said it was a short-term strategy to address the critical shortage of doctors in rural areas. – Medical Correspondent.

'ENGLISH-SPEAKERS EMIGRATE'

Govt to favour black, Afrikaans medics

(93) ET 30/11/95

THE HEALTH DEPARTMENT is designing a formula to provide more funds for training black and Afrikaner doctors because too many English-speaking graduates emigrate.

THE government plans to shift funding from English-speaking medical students, who often emigrate, to black and Afrikaans students, who tend to stay in the country, an official said yesterday.

Dr Olive Shisana, director-general of health, said her department was designing a funding formula to reward medical universities that have higher proportions of black and Afrikaans students.

"Most of the English-speaking doctors have an air ticket to leave the country as soon as they qualify. Something like 97% of the black and Afrikaans-speaking doctors stay in South Africa," she said after an address to a parliamentary committee on the public service.

Her department planned to establish a committee to work with universities to select medical students and would favour those likely to stay in the country.

"If a university can demonstrate a large proportion of black and Afrikaans students or show that it has a record of producing doctors who remain in the country, this will be reflected in the allocation of funds," she said.

Professor J P van Niekerk, dean of medicine at the University of Cape Town, said: "It's a very complex issue ... this sort of social engineering could be very dangerous."

He said all the country's medical universities taught at least partly in English and most, including UCT, had more black first-year students than whites.

"It is a very important problem, but it's a socio-political issue, not a question of the university you go to," he said.

Dr Shisana said surveys had shown that up to half the English-speaking medical graduates emigrated soon after graduation.

Most black students and Afrikaans-speakers found it harder to find work abroad and were also more likely to work in the public service, she said.

South Africa had 26 452 registered physicians in 1994 and hundreds of funded posts vacant in rural areas, where most doctors already in service are foreigners.

● The first Cuban doctors to work in South Africa's understaffed rural hospitals could arrive as early as January next year, Dr Shisana said.

● The Department of Health aimed to implement a national health system by April next year, she said. — Sapa

Life assurance deal for HIV sufferers

ARG 30/11/95 (92)

JOHN VILJOEN
Business Staff

FOR the first time, one of the major life assurers has announced plans to offer life cover to HIV-positive South Africans.

Metropolitan Life managing-director Marius Smith said yesterday that the company planned to market a life assurance policy for HIV-positive people in the new financial year.

Speaking after announcing the company's annual results, Mr Smith said Metlife had to turn away about 500 potential new policyholders each month because they tested HIV-positive.

"If it stays at this level, it means we lose 6 000 policies a year where the client is already signed up and we have to cancel the policy.

"Therefore we are seriously considering bringing a product to the market offering life assurance to people who are already HIV-positive."

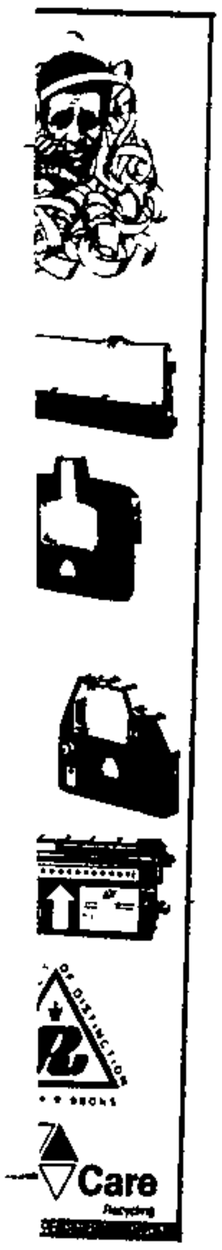
Research on the impact of the virus was now advanced enough to allow the company to calculate the life expectancy of HIV-positive policyholders.

"The course of the disease has become predictable.

HIV-positive policyholders would pay higher premiums.

The company was consulting widely on how to deal with issues such as confidentiality before finalising the product, Mr Smith said.

A RECOVERY IS IMPROVED R



Govt plan to shift funds away from English medical students

BD 30/11/95 (93)

CAPE TOWN — Government planned to shift funding from English-speaking medical students towards black and Afrikaans-speaking students, health director-general Dr Olive Shisana said yesterday.

Shisana said surveys had shown that up to half the medical graduates from SA's British-descended English minority emigrated soon after graduation.

"Most have an air ticket to leave the country as soon as they qualify... Something like 97% of black and Afrikaans-speaking doctors stay," Shisana said. Most black and Afrikaans-speaking students found it harder to obtain employment abroad and were also more likely to work in the public service.

Shisana said her department was designing a funding formula to reward medical universities that had higher proportions of black and Afrikaner students. "If a university can demonstrate a large proportion of black and Afrikaans-speaking students or show that it has a record of producing doctors who remain in the country, this will be reflected in the allocation of funds."

Cape Town University dean of medicine Prof JP van Niekerk said universities were aware of the problem, but warned: "It is a very complex issue ... this sort of social engineering could be very dangerous." All SA's medical universities taught at least partly in English and most, including Cape Town, had more black first-year students than whites.

Rewards in return for loyal doctors — Shisana

93 BD 1/12/95

Kathryn Strachan

GOVERNMENT had to look at offering incentives to medical schools which produced graduates who stayed in the country, health director-general Olive Shisana said yesterday.

There had been many documentations in the SA Medical Journal that emigration was the highest among English-speaking white doctors. In finding long-term solutions to the shortage of doctors in neglected rural areas, one had to look at which students tended to emigrate.

With the great need for doctors in the public sector and in rural areas, medical schools had to find people who were committed and caring. Shisana said certain medical schools had a far higher rate of students emigrating on graduation than others.

She said the question of rewarding those medical schools who had more Afrikaans-speaking and black students was a point of discussion and not government policy. She said the idea was not discriminatory, it simply rewarded institutions who trained people who stayed in SA.

DP leader Tony Leon said yesterday that his party was appalled by government plans to shift funding from English-speaking students to black and Afrikaans-speaking students.

"The proposal, if implemented, would amount to racism and social engineering of the most blatant kind.... The real answer to the brain drain ... is for government to take urgent steps to arrest the slide towards anarchy in SA which is the root cause of professionals emigrating," he said.

Cost of free health care

85

Nomavenda Mathiane

BD 1/12/95

THE Gauteng health department would spend R383m on free health care for pregnant women and children, health MEC Amos Masondo said yesterday.

He was replying to questions by DP provincial MP Jack Bloom who responded that it was a large amount which still did not appear to be enough to alleviate the problems experienced by medical staff.

He said it was puzzling that only 22% (R85m) of the budgeted amount had been spent at this stage of the year.

The DP was unconvinced that an appropriate balance had been found in countering the destabilising effects of the top-down initiation of free health care categories which were in fact compounding the difficulties of restructuring the health services.

Accords to boost US-SA ties

BD 1/12/95 (30419)

Tim Cohen

CAPE TOWN — Four co-operative agreements between SA and the US were due to be signed during US vice-president Al Gore's visit to SA next week, while the American and President Nelson Mandela were due to discuss the Nigerian question, officials said yesterday.

Government officials are confident that SA-US relations will be significantly boosted by the signing of the agreements, although two major outstanding problem areas are unlikely to be resolved during the three-day visit.

A finance department spokesman said a double taxation agreement between the US and SA was still under discussion, while the court case in which Armscor has been charged for violations under US sanctions legislation is still pending.

Gore and several other US officials are visiting SA at the invitation of Deputy President Thabo Mbeki, who is a co-chairmen of the US-SA binational commission set up during Mbeki's visit to the US in March.

The commission — one of three binational commissions set up by the US with SA, Russia and Egypt — is aimed at developing business, education and science and technology contacts.

The four agreements due to be signed deal with: the national youth development plan; a programme concerning the peace core; a framework agreement on scientific and environmental issues; and an economic and technical agreement.

Accompanying Gore will be Commerce Secretary Ron Brown and Energy Secretary Hazel O'Leary. They have visited SA before, to develop bilateral relations in their specific areas.

Also present will be Interior Secretary Bruce Babbit, Clinton science and technology aide John Gibbons, and Peace Corps representatives.

US and SA officials confirmed the issue of Nigeria will be discussed when Gore meets Mandela, but remained tight-lipped on what might be decided.

Reports from the US suggest Gore and Mandela will begin to iron out a workable strategy against the military regime in Nigeria, although the two governments are currently adopting very different stances on an appropriate response to the Nigerian question.

Mandela has been pressuring the US, which buys about 40% of Nigeria's total crude oil output, to impose an oil embargo in response to the execution of writer Ken Saro-Wiwa and eight other minority rights activists.

The US has been adopting a much softer stance, partly for fear of substantial petrol price increases in the US.

POLITICS

Cuban doctors are coming – Shisana

Sowetan 1/12/95 (93)

White English-speakers prefer to work in other countries' rural areas

By Rafiq Rohan
Political Correspondent

DESPITE THE OUTCRY from the local medical fraternity, the Department of Health is going ahead with plans to recruit Cuban doctors, amid reports that white English-speaking graduates waste no time in leaving South Africa as soon as they complete their training.

This emerged during a presentation to the Portfolio Committee on the Public Service and Administration in Parliament yesterday. Dr Olive Shisana, director-general of health, revealed that the white English-speaking doctors, as opposed to their Afrikaner counterparts, pack up and leave as soon as they get the chance.

"We have to look at the more fundamental issue of who continues to be trained. Black and Afrikaner graduates stay in South Africa while the English-speaking go overseas," Shisana said.

She also pointed to the anomaly of doctors being trained in South Africa and then leaving the country to work in the rural areas of countries like Canada. They later return to pay off their loans and then go into private practice. This is particularly easy for those trained at English universities like Wits and the UTC because doctors from these institutions are welcomed overseas.

"We have to change some curriculums to get graduates to stay here. We also have to change who we are training," she said.

Health services in rural areas are adversely affected and remain neglected.

Shisana said plans to recruit Cuban doctors would go ahead as this would benefit South African health services.

● **See also page 10.**

Support for Cuban GPs (93)

Sowetan 1/12/95

Black medical association sees them as a good short-term solution

By Glenn McKenzie

A MAJOR BLACK MEDICAL association has thrown its support behind a controversial Government strategy to import Cuban doctors.

The South African Medical Practitioners Association, which consists of mainly of black doctors who work in underprivileged communities, accepted the Government strategy as a "short-term solution" to the shortage of doctors in rural areas.

However, the organisation called on the Department of Health to ensure that the Cuban doctors are proficient in English. It said they should be given only limited registration which must be renewed annually. The organisation further stressed that Cuban doctors should only be allowed to work in the public sector.

Sampa said a long-term solution to South Africa's doctor shortage would be to admit more blacks to medical schools. Currently less than 20 percent of South Africa's 26 000 doctors are black.

"Black graduates tend to stay in the country. They do not export their skills to already developed countries," Sampa said.

Meanwhile, the Gauteng branch of the African National Congress has also given its full support to the plan to import Cuban doctors, the organisation said in a Press release this week.

ANC spokesman Dr M Nethononda accused the Medical Association of South Africa, which is opposed to the plan to import the doctors, of being hypocritical.

"Given its apartheid past and lack of concern for the health conditions of the majority of the people, MASA should be the last to lecture the new national Health Ministry about what is good and what is bad for our peo-

Mr John Drake, Shell South Africa chief executive(right), with corporate affairs manager Ms K Koosum at a Press conference in Johannesburg where he outlined why the oil company will not pull out of South Africa or Nigeria. PIC: MOFFAT ZUNGU

Move to warn telephone subscribers

By Musa Zondi

WHEN you hear the sound of a heavy Afrikaans-accented voice at the other end of the line reminding you that you have not paid your telephone account, please do not get yourself into a frenzy.

It is certainly not Big Brother keeping a watch on you and checking up on whether you have paid or not. It is a new system Telkom is trying out to avoid the suspension of lines.

The company is running an experiment to see whether it is possible to avoid the suspension of lines by using a computer that scans through all the accounts of a particular area and, before the suspension dates, warns subscribers – or shall we say those who forget to pay – 10 days before the actual suspension to pay up or face the music.

A voice will inform the account holder about 10 times a day – that is if someone picks up the phone.

The reminders will also be given at night for a few hours. In cases where subscribers have queries, the call will automatically be transferred to an operator who will have all the information at hand.

The system is still being tested in Johannesburg.

Cuban docs pass SA inspection

(93)

ARG 2/12/95

ADELE BALETA
Staff Reporter

■ South African doctors have given Cuban medical services a clean bill of health after a high-powered "in loco inspection" in Cuba.

IN a dramatic about-turn the largest organised body of doctors in the country has decided to back the government's plans for Cuban doctors to fill posts in rural areas as an emergency measure.

The Medical Association of South Africa was initially "deeply disturbed" by the plan, disclosed in Saturday Argus, to recruit Cuban doctors from January to alleviate the critical shortage of health services in the rural areas.

But Dave Morrell, Masa's chairman of the committee for fulltime practice, said there had been a change of heart following an "in loco" inspection of Cuba's health system by a high-powered medical team.

The team consisted of the president of the interim national medical and dental council of South Africa, Soromini Kallichurum, the council's chairman of the specialist committee, Cornelius Nel, and the director-general of health in Kwazulu/Natal, Ronald Green-Thompson.

"Until now we did not know of the Cubans' abilities. We were not aware of their level of care. Even the council had doubt about their standards. But that has changed now. They are well trained and equipped for primary healthcare," he said.

In some areas the Cubans were well ahead of the United States.

Another reason for the attitude change was the assurance by Health Minister Nkosazana Zuma at a meeting on Thursday that foreign doctors would be eligible only for posts that had been advertised and that had not been been applied for by South Africans.

"At the meeting Minister Zuma presented doctors with a list of hundreds of posts that had been advertised and that had not even been responded to."

"The situation is desperate. Something has to be done to address the problem in the short term."

The crisis in the rural areas was echoed by director-general of health Olive Shisano, who said people living in the rural areas would not be compromised. "Many people in the rural areas do not have any healthcare. It's urgent. Sixty percent of South African doctors are in the private sector and only 20 percent of all doctors work in the rural areas. It cannot go on.

"We cannot wait for South African doctors to fill these posts in the rural areas. We have tried and it appears there is little interest. In the meantime we are building up these areas. Nearly 3 000 clinics are being built, mobile units have been set up, nurses are being trained and doctors salaries addressed," Dr Shisano said.

Professor Morrell said: "A major concern for South African doctors was the absence of reassurances from the minister that Cuban doctors would not threaten the jobs of South Africans." But this assurance has been given and there were also guarantees in place.

"Cuban doctors have to pass the exam for limited registration, they would have to complete a test in English and they can stay for only three years, after which they would have to leave. They cannot set up a practice after their contract ends. They would also be subject to the rules — including those on ethics and negligence — of the interim national medical and dental council.

"Language is a problem and there is no merit in the argument that many South African doctors cannot speak African languages. The point is that South African doctors are familiar with African culture and can establish a better communication with the patients. Cuban doctors will have to pass an English test before they can practise.

Professor Morrell said demoralised doctors had been negative about the Cuban plan because they felt government needed first to address South African doctors' working conditions, salaries, lack of resources, facilities and backup in the rural areas.

"The minister's hands have been tied to a large extent because doctors' salaries are negotiated in the public service central bargaining chamber, which is why she commissioned the help of Deputy President Thabo Mbeki to address doctors' salaries as a matter of urgency and to try to set up a separate chamber for professionals in the public service.

"We are happy to say that the proposals for doctors' salaries are so good that we believe it will not only keep doctors in the public service but draw in others."

He said salary negotiations would be settled at the end of April and would be effective from the beginning of next July.

A payback for Fidel

But plan to import Cubans may have no long-term benefits for SA

(93) ARG 2/12/95

DAVID BREIER
Political Staff

■ Cuban doctors and teachers are highly regarded — but for the ANC it's a matter of repaying Cuba for services rendered during the "struggle". And South Africa could suffer in the long term.

IT'S payback time for Uncle Fidel as the ruling African National Congress and its SA Communist Party allies import hundreds of surplus Cuban doctors and possibly teachers.

One analyst says the ANC owes Fidel Castro's Cuba a huge moral debt for backing the fight against apartheid, especially militarily. Cuba fought South African forces and their former Unita ally in Angola in the 1980s.

Also, the ANC's allies in the SACP are eager to shore up the embattled communist country, which lost its Soviet financial and political backing after the fall of communism in Eastern Europe.

But while Cuba stands to score enormously from the deal, South Africa's benefits will be short term.

In the long term the deal could harm South Africa by making it less self-sufficient, says Antoinette Handley, Latin American research fellow at the SA Institute of International Affairs.

The deal is a huge boost to the communist island's world prestige, as Cuba is seen to back up Nelson Mandela's brave new South Africa at a time when South Africa has a high moral standing, she says.

But South Africa will be on the losing end as it will rely increasingly on temporary imported doctors and teachers, rather than training its own people.

The South African deal has enabled Cuba to thumb its nose at the United States embargo of the island.

And Cuba also stands to gain financially on the deal as South Africa will have to reimburse Cuba for the cost of teachers' training.

US sources are tight-lipped over the deal, saying it is an internal affair which does not involve them.

However, earlier this year the United States criticised South Africa's close relations with Cuba and Iran, which Washington accuses of destabilising the Middle East.

Ms Handley says Cuba is producing good doctors and teachers, but has more than enough of them. "It has an incredible number of doctors," she says.

Cuban doctors are qualified in the primary health field, which involves preventative medicine such as nutrition, cleanliness and immunisation, rather than "mopping up the pieces" after a patient's health had collapsed. South Africa's health policy now concentrates on primary health as well.

"In terms of foreign policy, it is quite a coup for Cuba to be able to support South Africa," she says.

Cuba's close relations with South Africa have become "absolutley critical" for the island nation because of the US blockade.

"South Africa is one of the few countries prepared to stick its neck out for Cuba," she says.

This is "hugely important" for Cuba as South Africa still appeared to have high moral standing in the world.

Mr Mandela attended a recent Cuban solidarity conference in South Africa, one of the few countries to call for the lifting of the US embargo.

"It's payback time for the Cubans," Ms Handley says.

South Africa plans to import Cuban maths and science teachers to compensate for the shortage of technical teachers here. Ms Handley says the quality of these teachers is much the same as Cuban doctors. "People do regard them with a fair amount of respect."

But the downside for South Africa is that it is delaying restructuring the country's own health system, which needs to ensure local doctors are paid well enough to stay in the country at a time when many South African doctors were leaving.

Importing Cuban doctors and teachers is a "short-term fix", she says. "We are not developing our own human resources. We are relying on someone else."

While Cubans are Spanish-speaking, one of the stipulations is that the imports be fluent in English, which is a compulsory language in Cuban schools.

Masa now supports use of Cuban doctors in rural areas following visit

(93) Star 2/12/95

Cape Town – In a dramatic about-turn, the largest organised body of doctors in the country has decided to back the Government's plans to import Cuban doctors to fill posts in rural areas as an emergency measure.

The Medical Association of South Africa (Masa) was initially "deeply disturbed" by the plan, disclosed last month, to recruit Cuban doctors from January to alleviate the critical shortage of health services in the rural areas.

But Prof Dave Morrell, chairman of Masa's committee for full-time practice, said there had been a change of heart following an *in loco* inspection of Cuba's health system by a high-powered delegation in the past 10 days.

"Until now we did not know of the Cubans abilities. We were not aware of their level of care. Even the council had doubt about their standards. But that has changed now. They are well trained and equipped for primary health care," Morrell said.

In some areas the Cubans were well ahead of the Americans, he said.

Another reason for the attitude change was the assurance by Health Minister Nkosazana Zuma at a meeting on Thursday that foreign doctors would be eligible only for posts that had already been advertised and that had not been been applied for by South African doctors.

"At the meeting, Zuma presented doctors with a list of hundreds of posts that had been advertised and had not even been responded to.

"The situation is desperate. Something has to be done to address the problem in the short term." – Own Correspondent

District surgeons role set to change

(93)

ct 6/12/95

DALE GRANGER

FREELANCE doctors could soon give state patients a much wider variety in their choice of district surgeon if sweeping new medical care measures are implemented.

The measures, recommended by a committee investigating the health system, were announced by Western Cape Health Minister Mr Ebrahim Rasool yesterday.

They must still be passed by the Western Cape legislature.

The new system has already begun operating at Robertson, Bredasdorp and Riversdale.

Recommendations are:

● The separation of district surgeon duties with a "community medical officer" attending to basic medical care and a "forensic medical officer "responsible for examining rape victims, post-mortems, prison medical care and blood tests of suspected drunken drivers.

● A rotation of district surgeon duties with several doctors in an area or town working specific shifts at a clinic as the district surgeon and being reimbursed on a contract basis.

● Screening of patients whereby each person seen by a district surgeon will first have been examined by a nurse and referred to the doctor only if the nurse was unable to treat the ailment or injury.

District surgeons, who in small towns had earned up to R11 000 a month, would now be sharing the cake with other doctors in the area.

Doctors would be able to apply for contracts to serve as district surgeons. Existing district surgeons would be given priority, he said.

WEDNESDAY
DECEMBER 6, 1995

ANTI-SMOKING STRATEGY ON TABLE

Commonwealth call for tobacco ads ban

CT 6/12/95

SOMERSET WEST: The Commonwealth secretariat has proposed a tax hike that would make tobacco more expensive.

A BAN on tobacco companies' promotion of sports events and advertising is being considered by more than 30 Commonwealth countries.

Officials attending the Commonwealth health ministers' conference in Somerset West are also considering a call for tax hikes to increase the price of tobacco.

The recommendations are included in a 10-page submission by the Commonwealth secretariat on the effect of smoking on women.

The submission also proposes that members co-ordinate efforts to identify alternative cash crops for countries that are dependent on income from tobacco exports.

Spokesman Mr Michael Fathers said the conference could choose to ignore the recommendations or adopt some of them.

Canada's Minister of Health, Ms Diane Marleau, told the conference on its opening day on Monday that smoking-related diseases were the single biggest cause of death among Canadian women.

The secretariat submission describes smoking as an "epidemic" that claims more than three million lives a year, one million of these in developing countries.

Unless the trend is reversed, the world figure is expected to rise to 10 million a year by the 2020s or early 2030s, with 70% of this number in developing nations.

The submission notes that in 1990, 30% of smokers were adolescents and young people. It predicts that if no change takes place in smoking patterns, 200 million of the world's youth will die as a result of smoking.

If significant progress is to be made towards smokeless societies, the focus on prevention will have to shift from adults to adolescents, particularly young women and girls.

Tobacco campanies' "sophisticated marketing methods utilise all the information about factors which influence starting and maintaining tobacco addiction — and are proving very successful", the submission says.

While tobacco use and production are on the decline in the United States and Western Europe, they are on the increase in the world's developing nations, particularly those in Asia and the Western Pacific. — Sapa

Plight of doctors highlighted

(93) CT 6/12/95

PRETORIA: Poor working conditions suffered by doctors have been highlighted by a ministerial working group here.

A joint statement by the Health Department and Medical Association of South Africa has given due recognition to financial and legislative constraints in the public service.

The report was given to Health Minister Dr Nkosazana Zuma last week.

It is believed the report would help Dr Zuma improve doctors' service conditions during deliberations on the restructuring of the salary grading system next year.

Problems highlighted in the report included the maldistribution of doctors caused by inhospitable working conditions and the tendency of medical graduates to specialise. — Sapa

Working conditions of doctors receive attention

BD 7/12/95 (93)

Kathryn Strachan

AT A meeting with the Medical Association of SA (Masa) last week, Health Minister Nkosazana Zuma agreed that a strategy be drafted to implement recommendations made by a ministerial working group on the working conditions of doctors.

The working group, made up of Masa and health department representatives, made recommendations on working hours for doctors, standardising overtime, an employment contract and the promotion of a caring ethos in the public health service.

Masa believed the report of the working group would enable Zuma to effect improvements in doctors' conditions of service during further deliberations between the state and the public service employee organisations on restructuring the salary grading system next year.

The working group found the inhospitable working conditions and the fact that medical graduates were orientated more to a specialist environment led to a maldistribution of doctors.

The report concluded these problems needed to be addressed to restore the credibility of the public health sector and the morale of doctors.

During the meeting Zuma expressed deep disappointment at the spate of negative reaction to the announcement that she would be recruiting doctors on government-to-government contracts to provide primary health care in underserved areas.

Her decision was motivated by the urgent need to attend to the current needs of both doctors and the community, following the unsuccessful advertising of numerous vacant posts for doctors in all the provinces.

She said the priority was definitely to improve the working conditions to make the public service more attractive to locally qualified doctors in the long term.

She assured the Masa delegation that the clinical competence of the Cuban doctors had been independently assessed by the interim National Medical and Dental Council, and the same procedure would be followed in respect of agreements with other countries.

Taxi task team maps out industry solutions

BD 7/12/95

Theo Rawana

FAR-reaching changes are contained in the interim recommendations the National Taxi Task Team will present to Transport Minister Mac Maharaj today for a more structured and economically viable minibus industry.

The team, formed by Maharaj in March to seek solutions to problems in the taxi industry, is an advisory task team which includes provincial representation of the taxi industry, all three levels of government and specialist advisers.

Key recommendations in the package, which will be presented to Maharaj in Johannesburg, include regulation and control of the industry, its restructuring into more formal business units or co-operatives, and economic assistance through a short-term "survival" package.

The team proposes the development of a skilled and trained industry and improvement of labour relations and traffic safety.

Task team chairman Dipak Patel said the proposals were well considered solutions to the problems which beset the industry.

"We believe these recommendations can be implemented in the short term to lay the foundations for restructuring and sustainable long-term solutions." Because these were interim recommendations, an announcement would be made by Maharaj early next year.

Patel said violence was the most serious manifestation of problems in an industry which had been allowed to grow unchecked.

The hearings had yielded an overwhelming plea for government to intervene to put minibus taxi businesses on a development path.

Parliamentary brief slated

Mduduzi ka Harvey

THE Citizens' Alliance for Parliament (CAP) has slammed as narrow and biased a constitutional development department brief to government on the cost of running SA's dual parliamentary system, for allegedly ignoring R5bn in costs.

CAP is a group lobbying for Parliament to remain in Cape Town.

Its convenor David Bridgman said the brief given to Pretoria-based auditing firm KPMG meant the report would only investigate costs to government. It had not focused on total cost to the economy, job losses and compensation to the Western Cape, probably billions, if parliament had to be moved.

Constitutional Affairs spokesman Izak Retief said that the ministry could not comment, as minister Roelf Meyer and deputy Valli Moosa were both in England on official state business.

Racist district surgeons to be rooted out

(93)

M+G 8-14/12/95

Rehana Rossouw

DISTRICT surgeons in the Western Cape who still practise racism are to be rooted out of public service in terms of new proposals devised by provincial health authorities.

MEC for health and welfare Ebrahim Rasool this week said district surgeons were one of the first "bugbears" he faced in office. He had been confronted with petitions, sit-ins and delegations where communities complained about poor service.

"There were three recurring themes — racial discrimination where many doctors had 'two-door' policies dividing waiting rooms for white and black patients, certificates of indigency which had to be obtained from magistrates when patients could not afford medical services, and financial abuse by doctors."

A committee set up by Rasool's department to investigate the district surgeon service this week recommended that the service be separated into community medical officers and forensic medical officers.

All patients will be referred by community health clinics to district surgeons, which will eliminate the chances of doctors claiming fees for patients they had not examined.

Rasool said since he took office last year, two doctors had been charged with fraud and four were being investigated.

Cuban medics: Training meets SA requirements

(93)

ARG 9/12/95

PRETORIA. — The education and training of Cuban doctors met the requirements of the Interim National Medical and Dental Council of South Africa, the council has said.

In a media statement the INMDCSA said an evaluation of the professional competence of Cuban doctors — who are to be involved in the government-to-government agreement with South Africa — is to be conducted "in due course".

Three council members, accompanied by a Department of Health delegation, recently visited Cuba to facilitate an agreement on obtaining foreign-trained graduates.

It was agreed the council would conduct an inspection of the system of education and training of practitioners. Their professional competence would also be inspected.

"The first leg of this evaluation process has been concluded as far as Cuba is concerned," said the statement.

On the September moratorium imposed on the registration of foreign medical and dental graduates, the council said those who have already sat for the INMDCSA examinations and passed, "will be registered on the same conditions as applied before the moratorium".

"In addition to having passed the examinations, they also have a valid offer of employment from a South African employing authority," the council said.

It said the number of practitioners involved was not yet known. — Sapa.

THE CAPE

'Cubans up to scratch'

(93) ARG 15/12/93

☐ *Zuma says criticism is unfair*

CLIVE SAWYER
Political Correspondent

HEALTH Minister Nkosazana Zuma says she was shamed by having to "beg" for doctors from Cuba.

But she said much of the controversy about the recent recruitment of doctors from Cuba was based on ignorance, prejudice and propaganda.

Cuba had one of the best health services, not merely among developing nations, but in the world.

"We will not be bringing Cuban doctors to South Africa to exploit them as many people have claimed.

"These doctors will be paid the same as local doctors."

Speaking in Johannesburg at a graduation ceremony for primary healthcare nurse facilitators, she called for women to be accommodated at all levels of society, especially in management.

"We all urgently and intentively need to be looking at every possible way to make sure the roles, functions and abilities of women are taken seriously."

Referring to a woman's twin roles of worker and mother, Dr Zuma said: "If we expect women to perform in our society, at whatever level of business or service, we must take their needs into consideration and, amend working conditions to accommodate them."

Dr Zuma said the Department of Health was committed to changing working conditions for all public sector health workers "so that we don't lose them to the private sector".

Nurse facilitators graduating were the first in a multi-million rand mining industry initiative to train nurses who run clinics, some in the poorest and remotest rural regions.

They are being helped to develop wider diagnostic skills, basic epidemiological expertise, managerial and business skills, research techniques and communication and training skills.

Gauteng woos doctors back

Sowetan 18/12/95

(93)

Sowetan Correspondent

MORE THAN 1 000 doctors have left the Gauteng health department in the past three years for greener pastures locally and elsewhere.

But the provincial government hopes to reverse this trend through better salaries and overtime pay for state doctors next year.

Figures released by Gauteng MEC for health Mr Amos Masondo reveal that 1 159 medical professionals have resigned from state hospitals in the province in three years.

The figure includes 861 doctors, 197 medical specialists, 78 registrars, 10 hospital superintendents, 11 dentists and two chief family practitioners. Most of the resignations were motivated by better financial prospects in the private sector, Masondo said.

He said 43,23 percent of the doctors left because of "difficult basic conditions of employment", 32,01 percent because of "better remuneration and benefits in the private sector, and 11,82 percent upon "completion of internships or training".

"To a large extent this problem is being dealt with through the National Health Minister's Proposals for universal primary health care.

"The Minister (Dr Nkosazana Zuma) is also having consultations with associations of medical personnel with a view for the betterment of service conditions and overtime payment across the board," he said.

"A trend towards usage of sessional doctors instead of permanent employment is being implemented in the province's hospitals," he added.

A spokesman for the Gauteng health department said the problem of medical professionals resigning from state hospitals was not unique to this province and "is something which is happening throughout the country".

"We are aware of the vast number of doctors leaving state hospitals for better prospects in the private sector and going overseas.

"We have identified remuneration as one of the key problems affecting doctors and funds have been set aside in the new financial year to tackle this issue," said the spokesman.

Doctors promised better pay

(93) Star 18/12/95

1 159 Gauteng professionals resigned from state hospitals in past three years

By Priscilla Singh

More than 1 000 doctors have left the Gauteng health department in the past three years for greener pastures locally and elsewhere.

But the provincial government hopes to reverse this trend through better salaries and overtime pay for state doctors by next year.

Figures released by Gauteng Health MEC Amos Masondo reveal that 1 159 medical professionals have resigned from state hospitals in the province in three years.

Masondo was replying to questions in the Gauteng legislature put by Democratic Party MPL Jack Bloom.

The figure comprises 861 doctors, 197 medical specialists, 78 registrars, 10 hospital superintendents, 11 dentists and two chief family practitioners.

Most of the resignations were motivated by better financial prospects in the private sector, Masondo said.

He added said 43% of the doctors cited as reasons "difficult basic conditions of employment and better salaries in the private sector".

Another 32% cited "better remuneration and benefits in the private sector, and the starting of their own practices", and 12% said they had left on "completion of internships or training".

"To a large extent this problem is being dealt with by Heath Minister Nkosazana Zuma's proposals for universal primary health care. Dr Zuma is also having consultations with medical personnel associations in view of the betterment of service conditions and overtime payment across the board," Masondo said.

"A trend towards the use of sessional doctors instead of permanent employment is being implemented in the province's hospitals," he added.

A Gauteng health spokesman said the problem of medical professionals resigning from state hospitals was not unique to this province and was "something that is happening throughout the country".

"We are aware of the vast number of doctors leaving state hospitals for better prospects in the private sector and going overseas, and have identified remuneration as a key problem. Funds have been set aside in the new financial year to tackle this issue," the spokesman said.

He added that the adjustments should be made by March.

TABLE OF PROFESSIONAL MEDICAL STAFF RESIGNATIONS IN GAUTENG STATE HOSPITALS

Post class	Total	Overseas left country	Resigned	No post at end of training/ internship	Retirement	Absconded	Medic
Superintendent	10		3		5		
Specialist	197	5	63		9		1
Dentist	11	1	5		1		
Medical officer	861	48	417	75	8	1	3
Registrar	78	3	13	62			
Chief family practitioner	2		501		2		
TOTAL	1159	55	501	137	25	1	4

Plan to hire Cuban doctors goes ahead

BD 20/12/95 (93)

Kathryn Strachan

SA NEEDED 800 doctors in the public service immediately and a further 1 200 over the next two years, health deputy director-general Ayanda Ntsaluba said as his department was making plans to bring over the first wave of Cuban doctors.

Ntsaluba declined to reveal how many Cuban doctors would be coming to SA in early February, but other sources said about 100 would be recruited initially.

The interim SA Medical and Dental Council will be in Cuba selecting doctors in the next few weeks.

Following a provincial assessment it was found that there were 800 vacant posts, almost all of which were in KwaZulu-Natal, Eastern Cape and Northern Province.

A further 1 200 doctors' posts had been frozen, mostly by previous homeland administrations which did not believe they could afford so many posts.

Once the available 800 posts had been filled, the department would assess the workload in the various provinces and free the frozen posts.

Ntsaluba said that while these frozen posts were absolutely necessary for health services, they would be unfrozen only a year or two down the line. The department was first looking at building new clinics and creating the infrastructure before taking on new staff to service them.

Responding to doctors who feared an influx of Cuban doctors would make them expendable and take away their negotiating power, Ntsaluba said: "SA doctors will always be our first prize."

But as the department was not able to fill posts, particularly in rural areas, interim plans had to be made. "We are very conscious this can only be a short-term solution, a stop gap measure."

Doctors who work a 56-hour week for R3 500 a month after tax, and specialists who earn R5 500, fear that government will ignore their demands for higher salaries because there will be Cuban doctors to fill their places.

"We need a strong, vibrant public sector, and we cannot do this without taking care of those few people who have stayed in the public sector."

The Medical Association of SA complained about the timing of the Cuban plan, saying it should have been introduced after incentives had been offered to rural doctors, but Ntsaluba said the gruelling working hours were forcing many doctors to leave the public sector and they could not afford to delay the plan. "Every day doctors are leaving, and every day counts."

Transnet to evict Thokoza squatters

BD 20/12/95

Deborah Fine

TRANSNET has secured a Rand Supreme Court order for the eviction of squatters illegally occupying land in Thokoza, near Germiston, which has been earmarked for the development of low-cost housing early next year.

The order — granted yesterday by Judge JC Labuschagne — authorises the Alberton/Germiston sheriff to demolish about 25 shacks and evict squatters unlawfully occupying the Transnet property situated on the farm Palmietfontein, adjacent to the Mpilisweni hostels.

Transnet projects manager Willem Janson said in papers before court that the squatters had been "extremely hostile" towards Transnet employees. He had also been informed by Thokoza police that they were reluctant to evict squatters without a court order because it was "dangerous" for SAPS members to enter the settlement.

Janson said the occupied land had been set aside as part of the Katorus presidential project for the development of a township comprised of 562 residential stands, two schools, three business sites and a community centre.

A project linked capital subsidy had already been allocated to the project by the provincial housing board to assist Thokoza, Katlehong and Vosloorus residents to obtain affordable housing.

Transnet would begin developing the land in January.

Where have all the doctors gone?

(93) (ARG) ARG 20/12/95

Argus Correspondent

JOHANNESBURG. — More than 1 000 doctors have left the Gauteng Health Department in the past three years, for greener pastures locally and elsewhere.

But, the provincial government hopes to reverse this trend through better salaries and overtime-pay for State doctors next year.

Figures released by Gauteng Health MEC Amos Masondo reveal that 1 159 medical professionals have resigned from State hospitals in the province in three years.

Mr Masondo was replying to question in the Gauteng legislature put by Democratic Party MP Jack Bloom.

The figure includes 861 doctors, 197 medical specialists, 78 registrars, 10 hospital superintendents, 11 dentists and two chief family practitioners.

Most of the resignations were motivated by better financial prospects in the private sector, Mr Masondo said.

Mr Masondo said 43,23 percent of the doctors left because of "difficult basic conditions of employment". Another 32,01 percent left because of "better remuneration and benefits in the private sector, and some also started their own practices". He said 11,82 percent left upon "completion of internships or training".

Mr Masondo said: "To a large extent this problem is being dealt with through the national health ministers' proposals for universal primary health care. The Minister of Health Dr Nkosazana Zuma is also having consultations with associations of medical personnel, with a view to the betterment of service conditions and overtime payment across the board."

He added "a trend towards usage of sessional doctors instead of permanent employment is being implemented in the province's hospitals".

A spokesman in the Gauteng Health department said the problem of medical professionals resigning from State hospitals is not unique to this province and "is something which is happening throughout the country".

"We are aware of the vast number of doctors leaving State hospitals for better prospects in the private sector and going overseas.

"We have identified remuneration as one of the key problems affecting doctors and funds have been set aside in the new financial year to tackle this issue," said the spokesman, adding the adjustments should be made by March next year.

Mr Bloom said the breakdown of resignations indicated there was "a high turnover of posts in this strategically important position".

"These figures reveal in stark terms the magnitude of the crisis facing State hospitals and the urgency of measures to retain skilled personnel in these institutions," he said.

Plan to hire Cuban doctors goes ahead

(93)

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BD 20/12/95

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Transnet would begin developing the land in January.

Trying times for Zuma

The gravest test for the minister were the strikes

On the boil ... Coronation Hospital nurses in Johannesburg went on strike in September in support of their wage demands.

By Glenn McKenzie

THIS YEAR WAS a new beginning for South Africa's new Health Ministry ... and also signalled an end to the "honeymoon" period that followed the country's first elections in 1994.

For Health Minister Dr Nkosazana Zuma, it was a trying period.

At the beginning of January the media began speculating that Zuma would support a "Deeble" health system, which some critics said was too expensive and impractical for a country with South Africa's income and health problems.

In this first "crisis", Zuma remained calm under pressure and appointed a committee of inquiry to look into various options that could form South Africa's new health system.

Radical changes

The committee presented a report in June that offered a series of radical changes, without forcing the private sector to make major sacrifices. It is not known whether these recommendations will be implemented.

A few months later, the health system was again confronted with problems. *Sowetan* published a series of articles detailing shortages and theft of medicines in Soweto clinics and various hospitals around Gauteng.

By June, the shortage of some types of children's medicines resulted in a catastrophe, according to many doctors, at Natalspruit Hospital on the East Rand and at various Soweto clinics.

Doctors in these areas were, in some cases, forced to turn away 'flu-stricken children. In other cases, they could not give the children the most effective medications.

Meanwhile, significant changes to the health system were being talked of, but not yet seen.

Dr Olive Shisana, Zuma's former special adviser, was appointed director-general of health. In the provinces, other new leaders with visions of change were also appointed.

Shisana said she hoped that an essential medicines list, which would include all drugs used in treating 90 percent of South Africa's medical problems, would be implemented by the beginning of 1996.

Hopefully, for most South Africans, this will mean that shortages of common antibiotics can be avoided in the future, and the price of common medicines will drop sharply (possibly in the new year).

Meanwhile, rumblings of discontent in the public health sector reached a head in September.

Beginning in Soweto's 13 provincially run community clinics, thousands of nurses embarked on wildcat strikes to protest against the five percent wage increases that had been negotiated by the major trade unions and the Government.

A number of patients died during the strikes and military personnel were called on to provide emergency services.

In this, the biggest health crisis of the year, Zuma was absent. She was heading a delegation to a United Nations Women's Conference in Beijing, China.

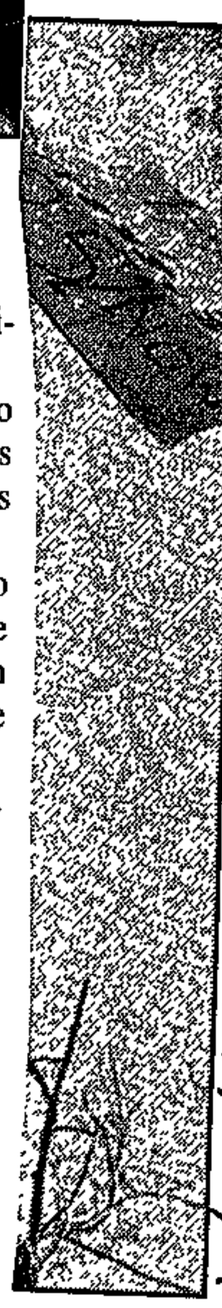
Shisana, Labour Minister Tito Mboweni, Gauteng health MEC Amos Masondo and others seemed at a loss to handle the nurses' strikes.

In the end, the nurses went back to work only because their jobs were threatened (in the Eastern Cape, even this was not enough of a threat to make them return).

Now, several months later, the quality of services in some hospitals still suffers. Morale among nurses has been low, and a new labour movement is promising another round of strikes if negotiations with the Government are not profitable in the new year.

Government leaders are speaking the truth when they say their hands have been tied by a budget that has not increased significantly from previous years.

But nurses also have legitimate grievances, and have made it known that if the Government does not make salaries a priority, it will only mean chaos.



Young doctor on the rise to stu

23/12/95 (93)

MXOLISI MGXASHE
Staff Reporter

FROM a rural African background, Bongani Mayosi, 28, is the latest black doctor to rise to the top in white-dominated Groote Schuur Hospital.

Dr Mayosi recently became a Fellow of the College of Physicians of South Africa. In simple language, he is now an internal medicine specialist, treating complicated cases of high blood pressure, diabetes, pneumonia, heart disease and other such illnesses.

He evaluates the damage to the patients caused by these diseases and if they need surgery, he makes the necessary referral to a surgeon.

Next year Dr Mayosi will be taking up a research post at the Groote Schuur cardiac clinic, to study cases of heart-rhythm disorders which are treated with pacemakers.

"A pacemaker is a very effective form of therapy, especially in cases of a complete heart block. Their effectiveness usually results in a normal lifespan. They are cost effective and their benefit to the community cannot be regarded as inappropriately expensive compared to what they do.

"But in spite of these benefits, the number of people in South Africa who utilise the advantages of a pacemaker is disappointingly low. The majority of needy cases do not have access to a pacemaker. This is the subject of my study," said Dr Mayosi.

His entry into medicine was a process most aspirant African physicians never get exposed to. He is from a black middle-class family. His father George was a respected general practitioner in Ngqamakwe in the Transkei.

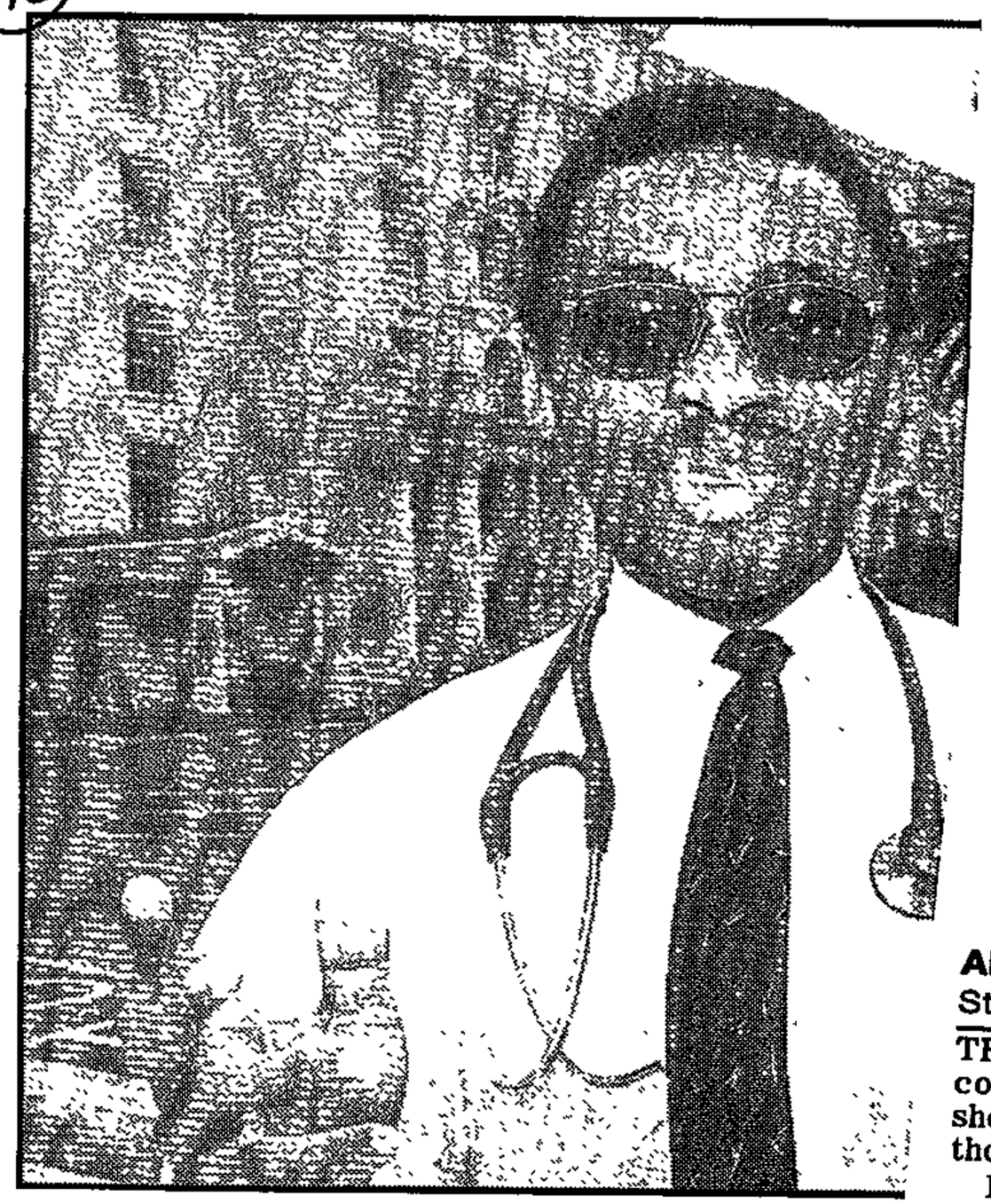
Dr Mayosi sen later went back to school to specialise in obstetrics and gynaecology. He practised in Port Elizabeth until his death in 1993.

Dr Mayosi junior's mother is a tutor in primary healthcare at Dora Nginza Hospital in Port Elizabeth.

"When I chose medicine as a career I did not have to make any decision. It was part of a natural growth. My father was my role model and he delivered me into the health profession — I'm grateful to him and my mother," said Dr Mayosi.

He obtained his bachelor of medical science degree *cum laude* in 1986 at the University of Natal, majoring in human anatomy and pharmacology. Three years later he got his bachelor of medicine and bachelor of surgery degree, also with distinction, at the University of Natal, with certificates of merit in cine I and II.

Among the award



☐ **SPECIALIST:** Bongani Mayosi

☐ **BOY'S TOY:** Clint du Plessis, 14, has found what he wants for Christmas — the Big Dictator, the latest development in radio-controlled toy cars.

Just toying with a Baywatch Barbie and a mini-Ferrari

ANDREA BOTHA
Staff Reporter

THEY say it's the thought that counts, but some Christmas shoppers have more expensive thoughts than others.

Far from the madding crowd of frenetic Christmas shoppers, theirs has been a luxurious cruise down aisles of exclusive, expensive and often bizarre gifts.

How about the 4x4 mini jeep that kids can ride in, available at Reggies, Tyger Valley, for

ing keyboard is available for children three years and older, with a variety of educational programmes.

For children of more advanced years there is the chance of owning an authentic replica of a Ferrari Testarossa, albeit on a 1/8 scale, at R2 000.

Then there is the latest development in radio-controlled cars, the current rage being the Big Dictator for R1 000.

But if you fancy hi-tech toys for grown-ups to play with,

Mpumalanga plan to attract doctors

(93) BD 28/12/95

Kathryn Strachan

MPUMALANGA is taking a new approach in luring doctors to serve its poor and mostly rural communities.

Currently the province depends entirely on transferring patients to secondary hospitals and specialists in Gauteng. By upgrading four of its community hospitals to the secondary level and by establishing links between those hospitals and medical schools, doctors and specialists will find the work environment more attractive.

With a formal link between Mpumalanga and Wits, Medunsa and Pretoria universities, specialists connected to the medical schools will be able to conduct work sessions in the province's hospitals.

One of the reasons why doctors have stayed away from rural areas is that they do not get professional recognition for their work or the guidance of specialists, and by linking hospitals with universities the working experience of doctors is given academic status.

The province has begun extending services at Witbank, Bethal, Nelspruit and Dennilton community hospitals. By equipping them with intensive care units and specialists they will soon be able to take referrals.

The management structure of all the province's hospitals are also being changed to enable them to consult and make decisions together with other players in the health care arena.

To reach remote rural areas which have had no links with the health system and where many people have never been to a clinic, the province has looked to the community health worker concept to bridge the gap between poor rural families and clinics.

In early January, 500 community health workers will be trained in basic primary health skills. People are elected by their communities to attend the course and when they return home they are able to respond to the urgent health needs of their communities.

Mpumalanga is focusing on its infant and maternal mortality rate, which is the highest in the country. Improving emergency services and extending them to former homeland areas is another priority.

Other aims are to extend the present 60% immunisation coverage to 85% in the next three years, to boost its extensive malaria programme, and implement the sexually transmitted diseases and AIDS national programme.

In Mpumalanga, the health department is taking the lead in initiating collaboration between all sectors to uplift the socioeconomic status and health of its people.

With more than 50% of households in the province without water or sanitation and with a high illiteracy rate, the department is aiming to improve all factors which effect health. Its interventions are closely tied to providing water, housing, education and jobs.

The department's first task is to provide services to former homelands such as KaNgwane and KwaNdebele which had less than one third of the old Eastern Transvaal's per capita health spending. Several clinics are up, but bureaucracy is slowing the process.

However, Mpumalanga's chief director of health services, Gulam Karim, says all these plans cannot be achieved without first changing the attitudes and skills of their staff.

By creating leadership and decentralising management, the new district health authorities should be able to take over when health budgets are handed over to the district authorities in April.

HEALTH & DISEASE — DOCTORS

1996

JANUARY — JULY

GPs work towards new lease of life for private health care

(93)

Doctors' initiative represents the aims of 1 400 professionals countrywide

Star 10/1/96

By Janine Simon
Medical Correspondent

Frustrated general practitioners are starting their own managed care health systems in order to charge better consultation fees.

Managed health care, where service providers, patients and funders agree on a programme to manage treatment and contain costs, is widely seen as being poised to revolutionise South Africa's private health care system.

The doctors' initiative is spearheaded by the National Association of Independent Practitioners Associations (Naipa), which represents 14 Independent Practitioners Associations (IPA's) and 1 400 GPs countrywide.

According to chairman Dr Ernst Snyman, Naipa's aim is to get a better deal for doctors and save money for both patients and medical aids.

Costs could be contained by, for example, setting up GPs as the gatekeepers to medical care and eliminating overprescribing, he said.

Naipa structures include its own medical aid, Docmed, group practices run on a managed care basis, and a franchise for a 24-hour 14-member group practice service, which aims for accredition by the national health system.

Naipa had structures around the country and was negotiating for contracts with major companies, he added. GP's frustrations are rooted in the Representative Associations of Medical Aids (RAMS) 8% general increase for medical aid scale of benefits for 1996.

The increase, which Snyman says is "laughable", flew in the face of the Medical Association of South Africa's (Masa) lobbying for a 12% increase%. For GPs, the 8% translates into R48 per consultation – less than half the R104 Masa says is reasonable compensation.

Masa says this illustrates again how payouts for doctors have shrunk in relation to those for hospitals and medicines. Benefits paid for GP services shrank from 17,2% in 1982 to 10,5% in 1994; hospital payouts increased from 18% to 22,4% and medicines from 25,8% to 32,9% over the same period.

But says RAMS policy director Professor Alan Rothberg, the 8% did not reflect additional payments such as those made for after hours work, and the actual increase would probably approach 10%.

Warning to medical schools

By Janine Simon
Medical Correspondent

Wits and UCT medical schools could be penalised if the Department of Health goes ahead with plans to give financial incentives to medical schools whose graduates stay in South Africa.

The Director General for Health, Dr Olive Shisana, said her department was taking a "critical investor's" look at English-language medical schools due to a high percentage of their graduates emigrating.

Shisana denied reports that places for English-speaking students at medical schools should be limited because these students were more likely to emigrate.

The department was gathering data to compile a resource allocation formula for the 1997/98 financial year, she said.

This would take into account that emigration rates from African and Afrikaans language medical schools were significantly slower than those at English language institutions such as Wits and UCT.

"We would give financial incentives to those universities which train doctors who stay here and work in townships and the Winterveldt," Shisana said.

But, said Dr Max Price, dean of the Wits' Faculty of Health Sciences, this would be an "incredibly blunt instrument" for the Government to receive a return on its investment.

"You penalise a whole medical school, and its students committed to staying, without touching those students from other medical schools who emigrate."

More sensible was to charge fees equal to the cost of training, and require students to pay it back by working for the state, Price said.

(93) Star 16/1/96

As many Afrikaans as English doctors leaving

(93)

Kathryn Strachan BD 17/1/96

AS MANY Afrikaans-speaking medical graduates have gone to the UK in the past 18 months as English-speaking graduates, according to statistics from agencies recruiting local doctors to Britain.

The statistics come in the wake of health director-general Olive Shisana's statement that the department was looking at a way of providing financial incentives to medical schools which produced graduates who stayed in the country. This would take into account the fact that emigration rates from Afrikaans and black medical schools were significantly slower than those of English universities.

But the three major recruitment agencies surveyed yesterday said their records showed that an equal number of Afrikaans and English graduates went to the UK over the past 18 months.

A Johannesburg agency, which will be sending 150 graduates to the UK at the end of the month, said the largest group was from Stellenbosch followed by Wits, UCT and Pretoria. Overall, Afrikaans and English-speaking graduates going over were equal.

The agency has also received as many queries from Medunsa as from any other medical school, but as Medunsa was not recognised by the UK medical council, its graduates were not eligible to work there.

A Cape Town-based agency said that in the past 18 months it had processed applications from 333 graduates of English medical schools and 328 from Afrikaans medical schools.

The agencies said they were not helping doctors to emigrate, but were giving them an opportunity to gain foreign experience on short-term locums lasting not more than a year. They did, however, admit the locums were an opportunity to "get a foot in the door".

Foreign doctors under fire as two patients die, others ill

(93) Star 18/11/96

OWN CORRESPONDENT

Two foreign doctors, allegedly underqualified, at a Northern Province hospital "have caused the death of two patients and severe complications in several others", a local doctor claims.

The two doctors have been reported to the SA Medical and Dental Council, according to Dr A A Kochan, who blew the whistle on what he described as negligence, malpractice and an attempted cover-up at the hospital.

An SAMDC spokesman, Estelle Swanepoel, confirmed that the two doctors, whose names are known to The Star's correspondent, were being investigated.

In a letter to the SAMDC, Kochan said one of the doctors "came to South Africa without practical experience and started getting it at the cost of human life. For him a black patient is not human".

One of the victims was a 3-year-old-girl. It is alleged that a postmortem revealed there had been no proper examination conducted before a two-hour operation was performed on the toddler.

The second victim was a mother of four.

She was a victim of "gross incompetence and negligence" by another doctor, Kochan said.

He said that a senior doctor at the hospital had pleaded with him not to release these findings.

He said the two doctors had previously been criticised at another hospital "after sloppy operations".

It had been recommended that one of the doctors be barred from performing operations following failed operations at one hospital after patients had to be referred to another for treatment.

One such patient, a surgeon wrote in his report, was "lucky to be alive".

A spokesman for the hospital declined to comment.

A spokesman for the provincial Department of Health and Welfare, Tshepo Moshima, said the matter had been referred to the premier's office so that an official commission of inquiry could be established.

Rookie doctors exposed

Sowetan 18/1/96 (93)

By Khathu Mamalla

Two underqualified foreign doctors at Maphutha Hospital near Phalaborwa allegedly caused the death of two patients and severe complications to other patients through negligence and ineptitude, a courageous doctor has claimed.

Dr AA Kochan blew the whistle on the alleged malpractices and cover-up by seniors. He reported them to the health department and the South African Medical and Dental Council.

SAMDC senior administration officer Ms Estelle Swanepoel confirmed yesterday that the two doctors, whose names are known to *Sowetan*, were being investigated.

In one of the letters to the SAMDC, Kochan said one of the doctors "came to South Africa without practical experience and started getting it at the cost of human life. For him a black patient is not human".

One of the victims was a three-year-old girl, Antonette Mbombi. A postmortem found that no proper examination was conducted before a two-hour operation was performed on the toddler. This had caused her death.

The second person to die was a mother of four, Ms Lilly Ngobeni. She too was a victim of alleged gross incompetence and negligence by another doctor, according to Kochan.

When he submitted his report, a senior doctor at the hospital pleaded with him to change his finding to exonerate the negligent doctors.

Despite being threatened with dismissal, Kochan did not alter his finding. He instead sent a complaint to the SAMDC.

Kochan also revealed that the two doctors had been criticised by the head of surgery in Garankuwa, Professor MCM Modiba, after sloppy operations.

He also recommended that one of them be stopped from operating on patients. This was after operations had been stopped midway and the patients rushed to Garankuwa, over 600km away.

Commenting on a patient transferred to Garankuwa after an abortive operation at Maphutha, Modiba wrote: "This patient is lucky to be alive."

He also recommended that the doctor who had performed the first operation should be stopped from operating.

In another case, which also led to complications and a transfer to Garankuwa, Modiba said "the surgeon was unqualified to do a mastectomy".

Modiba wrote: "These are just two patients in Garankuwa Hospital at this moment. Other surgeons here have witnessed unusual practices on patients referred from Maphutha.

"We request that these observations be communicated to authorities in charge at Maphutha so that the practice of surgery there can be inspected."

However, Kochan said the doctors at the hospital were covering for each other because they were involved in illegal activities, including working in the private surgery of one of the local doctors. A spokesperson for the hospital declined to comment.

Department of health and welfare spokesman Mr Tshepo Moshima said his department had referred the matter to the premier's office to establish a commission of inquiry.

South African National Civic Organisation general secretary in the area Mr H[illegible] shehla said his organisation would help the families of the dead patients to institute civil claims.

Feuds 'fuelling claims about foreign doctors'

Star 19/1/96 (93)

By Janine Simon
Medical Correspondent

Old feuds at the Maputha L Malatji hospital are worsening allegations of professional incompetence levelled against foreign doctors there, according to the Northern Province's head of health, Dr Nicholas Crisp.

The allegations come just weeks before the arrival of Cuban doctors on government contracts.

Tempers flared at the 204-bed hospital just outside Phalaborwa yesterday when its four doctors learnt that Dr Andrzeaj Kochan – a Pole who left the hospital in April 1995 – had reported two of his former colleagues to the Interim Medical and Dental Council of South Africa.

Superintendent Dr Richard Tarkowski said he was confident the truth would be revealed during the investigations.

Kochan's complaints, lodged in July 1994, centred on the deaths of a three-year-old girl and a woman.

Kochan, now working at Roodepoort's Discovery Hospital, told The Star he had documents to prove his allegations, and that the health department and council had repeatedly tried to cover up reported problems.

Kochan also said Garankuwa hospital's head of surgery had criticised the quality of surgical work at Maputha.

Garankuwa's Prof Charles Modiba confirmed writing two letters to his superintendent.

"The operations were not done the way Western-trained doctors would proceed. They made me feel the doctors should not be operating," Modiba explained. The problems were often picked up in patients referred from peripheral areas, he added.

The Interim Council's assistant Registrar, Ronnie Filmater, confirmed Kochan's complaints had been received. They were being investigated, he said.

Crisp said he had appointed an investigating officer to look into allegations of misconduct, and had written to the Maputha doctors, appealing to them to continue providing services to the 50 000-strong community.

Only the interim council could comment on incompetence charges, he said. "But to whip up feelings against foreign doctors on the eve of the arrival of the Cubans is malicious. This province has only 117 doctors, fewer than most hospitals in Gauteng."

Public service for doctors on cards

Sowetan 23/1/96

(93)

Graduates may be forced to do work in underprivileged communities

By Glenn McKenzie

THE GOVERNMENT is "very close" to a deal with medical associations that wil see all graduating doctors perform mandatory public service in underprivileged communities, health director-general Dr Olive Shisana has told *Sowetan*.

The Government and various other stakeholders were negotiating terms of a new deal in the National Bargaining Chamber, Shisana said. An official announcement could be made soon.

So far, it is not known when the deal will go into effect or what the terms are, said Shisana. But the programme will likely mean that all graduating doctors will serve a stint in rural communities before being given their full medical credentials.

The programme is designed to encourage doctors to work in underserviced areas and also to prevent them from going overseas immediately after graduating from university.

Graduates who participate will be given free lodging and an allowance during their work terms.

Meanwhile, a major black doctor's association has called on South African doctors who leave the country for greener pasture to be given fines of R400 000.

The South African Medical and Dental Practitioners (SAMDP), which has a membership of almost 1 500 black doctors, called on the Government to levy fines of R400 000 on doctors who emigrate overseas. This amount is roughly what the Government spends to educate a single medical student.

Doctors who wish to leave should be forced to pay the fine prior to being granted "medical clearance" from the largest medical controlling body, the South African Medical and Dental Council, said SAMDP national president Dr Joe Maelane.

Maelane said that many of the students in his 1983 graduating class had emigrated to Europe or North America.

"And we must educate more black doctors. In my class we had fewer than 20 out of 200 students. That is no longer acceptable," he said.

ARG 24/11/96

First Cuban doctors in SA next month

(93)

JOHANNESBURG. — The first of 200 Cuban doctors recruited by South Africa to ease a chronic shortage of qualified staff in rural areas are due to arrive next month.

Vincent Hlongwane, a spokesman for Health Minister Nkosazana Zuma, said government-run hospitals and clinics had 2 000 vacant posts that could not be filled with local staff.

The first Cuban general practitioners and specialists were expected in South Africa on a three-year contract on February 20. By the end of March, 200 would have arrived, he said.

South Africa has struggled with a medical "brain drain" for years and surveys show up to half of the English-speaking medical graduates emigrate soon after graduation.

"We want to dramatically improve our primary healthcare. But with a population of 43 million we have only (about) 22 000 doctors and the majority are in urban areas," Mr Hlongwane said.

The Cubans would be sent to rural areas, mostly in the Eastern Cape and Northern Province.

"The Cuban programme will help us realise our vision of universal access," he said. — Reuter.

Increase for govt doctors on the cards

(93) Star 24|1|96

'Speculative' figures put public sector hospital rises at 40% after March

By Janine Simon
Medical Correspondent

Public sector doctors and nurses should know by late March exactly how the R6,5-billion allocated for restructuring the public service will improve their lives.

Final details of how the money is to be divided between civil servants will be thrashed out in a series of workshops and negotiations when the bargaining council of the Public Service Commission meets from February 26 to March 8.

According to a senior Johannesburg Hospital doctor, the proposals involve increases of around 40% and other "noises in the right direction" on issues such as patient ratios and incentives to work in rural or regional hospitals.

But the Medical Association of South Africa (Masa) says figures at this stage are "purely speculative".

"Masa is optimistic about the Government's intentions, but allocations must still be negotiated," Professor Dave Morrell, chairman of the committee for full-time practice, said.

Director-general of health, Dr Olive Shisana, said doctors seemed to be "very happy" with what had been tabled, although small issues still needed to be worked out.

Negotiations had been protracted because participants first had to understand the grading system, but the harmony and efforts to find a workable solution had been encouraging, she added.

The changes, crucial to the drive to restructure the public health service, are expected to take effect later this year.

Poor salaries and working conditions sparked last year's nurses' strike and repelled young doctors from state employment, particularly in rural and regional hospitals.

Older doctors who have stayed in the system are spending increasing amounts of time in limited private practice to make ends meet, says Professor Graham Mitchell, deputy dean of Wits' Faculty of Health Sciences.

And, while Cuban doctors on government contracts are expected to start work in the underserved Eastern Cape and Northern provinces by mid-March, Britain's National Health system is attempting to mine the seam of disaffected South African medics by advertising good positions in its own wards.

Masa has accepted the bona fides of the plan to import Cuban doctors to serve the community. But, it warned, a number of local doctors who had accepted work in the United Kingdom had been misled about employment opportunities, remuneration and other benefits, and should check before signing contracts.

Public service for doctors likely soon

MEDICAL CORRESPONDENT

Community service for doctors is on the cards, probably within the next year, but whether it will be mandatory or incentive driven is still not clear.

Senior Department of Health officials are still engaged in negotiations over the terms of public service and other details for improving work conditions for doctors.

Results will probably be released only late in March, along with details of the new salary deals for doctors negotiated in the Public Service Commission's bargaining chamber.

Earlier this week Director-General of Health Dr Olive Shisana said her department was "very close" to a deal for doctors to do mandatory public service in underprivileged communities.

She said it was likely that doctors would serve a stint in rural communities before being given their full medical credentials.

According to the Medical Association of South Africa, the Masa and Department of Health ministerial working group has recommended that the community service be incentive driven.

The working group document's point of departure is that all parties are sensitive and agreeable to the need for community service at all levels to address the poor distribution of doctors among different areas and between the public and private sectors.

The document recommends that community service be implemented within a year, starting off in about five of the worst situations identified in each province.

The service should be phased in to allow close monitoring and budgeting, which would in turn ensure success.

Star 25/11/96 (93)

SA TEAM TO INTERVIEW APPLICANTS

Cuban doctors 'up to standard'

(93) . 26/1/96

Health Writer **ANEEZ SALIE** reports that about 200 Cuban doctors are expected here next month after their training was approved by SA.

THE training of Cuban doctors is up to standard, the Interim National Medical and Dental Council of South Africa has found, and on Sunday a multi-disciplinary team will leave for the island state to vet applicants.

This paved the way for the arrival of about 200 practitioners on February 20, said Mr Dan Naudé, the council's assistant registrar for ethics and liaison.

He said this followed a visit to Havana last month by a council delegation which inspected the system of education and training of doctors.

The team was led by council president Professor S Kallichur and included the chairman of its education committee, Professor C Nel and an executive member, Professor R Green-Thompson.

Naudé said they were unanimous in their assessment that Cuban standards met the council's requirements.

It is the council's statutory duty to ensure the professional competence of anyone wishing to practise locally. Besides Cuba, it is looking at European Union countries.

Cuban doctors are still not free to make the journey to South Africa. Now that their training has been sanctioned, individuals will have to prove their ability.

To this end, the delegation leaving on Sunday will interview several applicants. Some 200 will be chosen by a panel that will include a surgeon, anaesthetist, physician, paediatrician, gynaecologist and a general practitioner.

They cannot be named until the team is finalised this morning. They will form part of a Health Ministry delegation that will include Health Minister Dr Nkosazana Zuma. She has piloted a swing from individual recruitment to entering into goverment-to-government agreements, the first of which was with President Fidel Castro's government.

This has led to a ban on registering individual foreign medical and dental graduates.

However, Naudé said those who had already sat the council's examinations for limited registration could still be registered, subject to two conditions — they have to pass well and they must have job offers from an employing authority.

"We decided on this because of the hundreds of vacant, funded medical officer posts in the public sector which might not all be filled by government-to-government agreements," said Naudé.

He added: "Further examinations for limited registration will not be held, at least for the time being."

The embargo will be reconsidered once a joint task group of the council and the Medical Association of South Africa reports on the need to continue the embargo.

Dr Zuma's spokesman, Mr Vincent Hlongwane, said Cuban doctors would be recruited on three-year contracts, starting on February 20.

He said state-run hospitals and clinics now had 2 000 vacancies.

Zuma to screen Cuban medics

(93) Star 27/1/96

Health Minister Nkosazana Zuma will go to Cuba this weekend to screen doctors recruited for South Africa's understaffed rural areas, the Health Ministry said yesterday.

Zuma will be accompanied by top health ministry officials and doctors from the National Medical and Dental Council of South Africa, the ministry said.

"The provision of accessible, affordable, equitable and efficient health services is being hampered by a shortage in many parts of South Africa, and especially in the rural areas, of skilled medical doctors. Cuba is willing to assist South Africa to recruit skilled medical doctors.

"The main objective of this visit will be to screen and examine selected skilled medical doctors in Cuba, if they meet the requirements set in respect of qualifications, skills and language," the ministry said.

The South Africans will leave tomorrow and return on February 7. – Reuters

Foreign doctors for the rural areas

(93) Sowetan 29/1/96

By Glenn McKenzie

SOUTH African rural communities will receive approximately 100 Cuban doctors who are "the cream of the crop in their country" later this month, according to Dr Ray Ntsaluba, South Africa's deputy director of health. Another 200 doctors will arrive in March and April.

Ntsaluba, who spoke to *Sowetan* last week, and Health Minister Dr Nkosazana Zuma departed yesterday on a 10 day trip to Cuba, where they will investigate that country's health system and give briefing to Cuban doctors who will soon begin working in South Africa.

Ntsaluba said Cuba had "generously offered" highly skilled doctors to South Africa as a public relations move.

"It is expected that they will take some of their earnings back to their country and this could benefit Cuba," said Ntsaluba.

He said up to 800 foreign doctors could be working in South African rural communities by 1997 under government-to-government agreements.

Previously, foreign doctors had been admitted to South Africa under "haphazard conditions." Many ended up working in major cities after promising to work in rural areas. "We want to avoid this situation in the future," said Ntsaluba.

Physician, heal our health care

(93) ST 4/2/96

By PAT SIDLEY

RAYMOND "Bill" Hoffenberg left South Africa in 1968 "as sad as sad could be". He'd been banned in 1967 by John Vorster's government — which not only deprived him of a career at the University of Cape Town's medical school, but deprived the country of a top scientist and gifted teacher.

But now Sir Raymond Hoffenberg — the UK reaped the rewards of his talents and knighted him for his efforts — is back. He is part of a team of top academics asked by the Minister of Health, Nkosazana Zuma, to advise the Department of Health on dealing with medical schools and related issues.

Before he left South Africa he had chaired the Defence and Aid Fund, which helped political prisoners; had been a member of the Liberal Party; and had been involved in the National Union of South African Students — none of which endeared him to the National Party.

It didn't help that he unsuccessfully sued Vorster after the Defence and Aid Fund was banned under the Suppression of Communism Act.

Sir Raymond's friendship with Dr Zuma goes back 20 years, to her own hurried exit from South Africa and exile in Britain, where she trained as a doctor.

The team faces a set of vexed questions, including government threats to penalise "English" medical schools for producing students who emigrate, huge budget cuts to teaching hospitals in Gauteng and the Western Cape, the redeployment of interns to underserved areas, and forcing doctors to do two years of community service.

And the selection of students for medical schools will be made with a large dose of affirmative action. If early proposals are anything to go by, the process of selecting, training and placing doctors is due for a serious overhaul.

"We are exploring a common selection application form and a centralised office to handle all applications, as they have in Britain," Sir Raymond said.

Every applicant to every university would come to the same office and fill out the same application form, listing their choice of medical schools in order of preference.

The central office would handle the logistics but universities would retain full autonomy, Sir Raymond said. This would overcome the chaos in the present selection system.

He said a policy committee might be established to give guidance on such matters, and race and gender issues.

Would this not impede university autonomy? "Twenty percent of whites can't keep producing 80 percent of doctors. We must give people a fair chance," he said.

Sir Raymond said he had not heard of the threat by the director general of health, Dr Olive Shisana, to penalise the English medical schools. The issue had not been raised in two weeks of intensive discussion, he said.

However, he said medical schools were already being penalised for training doctors who left. In the past, the best students were selected to work in top hospital posts but "something's gone wrong".

He dismissed suggestions that students would be trained in such a way that they would not leave the country: "You could not possibly set out to train doctors in a way which would make them unacceptable elsewhere. No government would set out to train doctors to chain them to this country."

Training doctors in skills appropriate to the country's needs, however, was not a debate unique to South Africa, Sir Raymond said.

The debate was practically global and dealt with issues like whether doctors should be good physicists and chemists only or whether they needed communication and management skills too.

Doctors were probably not trained appropriately in the US, Britain or other countries, where there was an emphasis on hi-tech medicine.

"It's important to train doctors to communicate in a basic, non-authoritarian way."

Sir Raymond warned that the trend of good students leaving for the private sector or for overseas inevitably led to standards being threatened.

Role models and potentially good teachers were no longer there, which affected the quality of training and research.

The tough questions have to be asked and some of the uncomfortable issues tackled. Are the right students being selected? Are they being appropriately trained?

And the imbalances of apartheid have to be addressed.

When Sir Raymond was overseas he saw other countries trying to recruit South African doctors.

He said: "I was horrified to see the advertisements from England and the Middle East.

"England has a large number of doctors. To tempt away doctors from a deprived situation is deeply immoral.

"I don't believe that one should overlook the fact that these doctors are trained at public expense."

The advertisements provoked a letter of protest from Dr Zuma.

Sir Raymond trained as a physician and was held in high regard as a scientist, as a researcher and as a teacher.

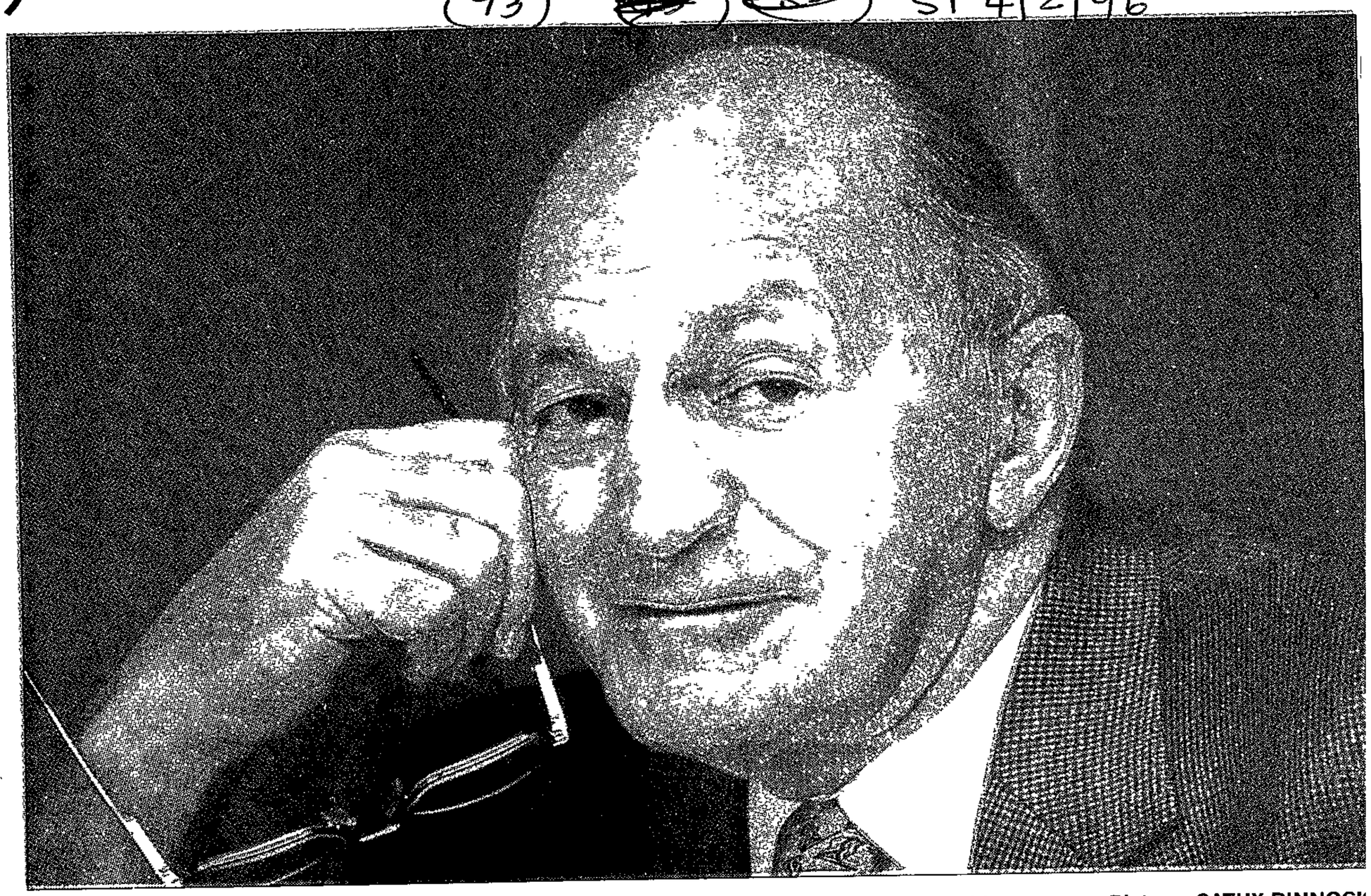
His academic path in South Africa was interrupted by his banning order, but it continued in Britain. He became the president of Oxford's Wolfson College and the head of the Royal College of Physicians — which earned him a knighthood.

Although he did not take part in émigré politics, his friendships betrayed where his sympathies lay.

And despite the interruption to his career, Sir Raymond said his best achievement was "getting banned".

● Tonight in Cape Town Sir Raymond is to present scholarships in the name of his friend, the late Oliver Tambo, whom he befriended and treated in London in the exile years.

'To tempt away doctors from a deprived situation is deeply immoral. One should not overlook the fact that these doctors are trained at public expense'



STRONG MEDICINE . . . Raymond "Bill" Hoffenberg is part of a team tackling thorny medical issues Picture: CATHY PINNOCK

More than 100 Cuban doctors head for SA

(93)

ST 9/2/96

SPECIAL CORRESPONDENT

JOHANNESBURG: Between 100 and 140 Cuban doctors will arrive in South Africa later this month in the first stage of the health department's systematic staffing of the 600 critical but unfilled posts in its rural and secondary hospitals.

Their arrival will be an immediate boost to health services in underserved areas, but many fear it will also dilute the pressure to improve pay and working conditions of existing state doctors.

All the Cuban doctors speak English, are general practitioners with at least three years practical experience, and have been subjected to rigorous clinical and oral examinations by a panel from the Interim National Medical and Dental Council — a process many regard as tougher than the multiple choice exam previously used to evaluate foreign doctors.

Speaking on her return yesterday from selecting the doctors, Health Minister Dr Nkosazana Zuma said she had followed the INMDC's requests on admission criteria to the letter. However, the delegation had been politely told of the "arrogance" implicit in asking to choose doctors so selectively. "South Africa, not Cuba, is the beggar," she said. "Cuba's commitment to South Africa motivated it to supply the doctors."

The doctors would be paid standard state salaries and were being employed on renewable, limited contracts for positions in state hospitals only, Zuma said.

Cuban doctors 'not materialistic'

(93)

Sowetan 9/2/96

By Glenn McKenzie

THE 100-odd Cuban doctors coming to South Africa soon are not materialistic "like South African doctors and will not try to strike it rich in South African cities", the Minister of Health said yesterday.

Dr Nkosazana Zuma made the remark to reporters at Johannesburg International Airport after returning from an eight-day trip to Cuba where she held discussions with health authorities.

South Africa has about 2 000 vacancies for doctors to work in rural communities. About 600 of these posts are deemed to be "critical".

Last year, the Department of Health signed a contract to hire a large number of doctors on three-year contracts. Between 100 and 140 of these doctors are expected to arrive in March. Up to 600 doctors could eventually be hired.

Zuma responded indignantly to suggestions that the Cuban imports could eventually end up in South African cities where they are not needed.

"Cuban doctors are not like South African doctors. First of all, they are not interested in making lots of money. If they were, they could go to Miami (in the United States), which is just a short distance away," said Zuma.

The Cubans' work permits will stipulate that they work in rural areas, Zuma added.

She expected some of the Cuban doctors would have difficulties adjusting to the long queues of patients in South African clinics and hospitals.

But the doctors should be "more than prepared for the task," she said.

Professor Craig Household, Director General of Health in the Free State, accompanied Zuma on the trip.

He said some of the Cuban doctors who will be selected had worked in Angola, Mozambique or Zambia. They would provide an invaluable service to South Africa.

Household added that South Africa could learn a lot from Cuba's immunisation and other disease prevention programmes.

Cuba has largely eradicated hepatitis B, meningitis and also has very few children with Aids.

Boy loses legs

(93) Sowetan 9/2/96

FACES OF DESPAIR...Mrs Lettie Molopo, of Vlaklaagte in KwaNdebele, flanked by her six-year-old child Tsepo and Piet Mbonani, a friend of Thabiso Molopo (7), an aspirant footballer whose legs were amputated following alleged "gross negligence" at Philadelphia Hospital in Dennilton.
PIC LEN KUMALO

By McKeed Kotlolo

SEVEN-YEAR-OLD Thabiso Molopo of KwaNdebele has had both legs amputated because of alleged "gross negligence" by the Zairean doctor who treated him on admission at Philadelphia Hospital in Dennilton.

Thabiso, a Grade 2 pupil at Sakhile Primary School, Vlaklaagte, was one of four children knocked down by a car while playing in a neighbour's yard on January 20.

Others who were injured were his brother, Tshepo (6), his cousin, Victor Molopo (7), and a friend, Piet Mbonani. Tshepo and Piet sustained minor injuries. Victor sustained multiple fractures and is still receiving treatment.

Sources at Philadelphia Hospital have told *Sowetan* that Thabiso's injuries were not properly cleaned on admission. The Zairean doctor, whose name is known to *Sowetan*, apparently stitched the wounds with a lot of dirt still inside.

Thabiso's mother, Mrs Lettie Molopo, told *Sowetan* yesterday: "The ward doctor told me on January 25 that both my son's legs were septic and had to be amputated to stop the sepsis from spreading to the whole body.

"He said the sepsis was caused by the dirt inside the wounds. I then requested that my son be transferred to a better hospital in Pretoria, but the doctor refused.

About four hours after I had signed the consent forms, the first leg was amputated and two days later the remaining one was also cut off below the knee," she said.

Sowetan has learnt that the ward doctor resigned on Wednesday following an argument with a colleague over the alleged improper treatment which resulted in the amputation.

Sowetan has also learnt that a day after Thabiso's admission, several concerned nurses requested that he be transferred to a better equipped hospital in Pretoria, but the request was turned down.

A hospital spokesman said yesterday they would investigate the allegations.

Although *Sowetan* had permission from Thabiso's parents, the hospital's superintendent, Dr Chris Steyn, repeatedly refused us permission to interview and photograph the boy on Sunday.

"I am refusing him permission because I don't trust *Sowetan* as well as this man (the reporter). The paper writes a lot of lies and it is always looking for mistakes. I do not even care if the parents gave you permission or not," he charged.

Before *Sowetan* could name the patient, Steyn said: "I know which patient you are looking for." The refusal has angered Mrs Molopo, who was not satisfied with the hospital's earlier explanation.

National Education, Health and Allied Workers Union (Nehawu) members accused the doctors of "gross negligence" saying they had left the boy's legs for almost five days "to rot". They demand the dismissal of the doctor involved.

Cuban doctors to arrive shortly

Star 9/2/96 (93)

By Janine Simon
Medical Correspondent

Between 100 and 140 Cuban doctors will be arriving in South Africa this month, in the first stage of the Health Department's systematic staffing of the 600 critical but unfilled posts in its rural and secondary hospitals.

Their arrival will be an immediate boost to health services in understaffed areas, but many fear it will also dilute the pressure to improve pay and working conditions of existing state doctors.

All the Cuban doctors speak English, have wide knowledge, with at least three years' practical experience, and have been subjected to rigorous clinical and oral examinations by a panel from the Interim National Medical and Dental Council – a process many regard tougher than the multiple-choice exam previously used to evaluate foreign trained doctors.

Speaking at Johannesburg International Airport yesterday, Health Minister Dr Nkosazana Zuma said she had followed the INMDC's requests on admission criteria to the letter.

However, she pointed out that the delegation had been politely told of the "arrogance" implicit in requesting to choose doctors so selectively. Zuma added that the Cubans would obviously experience a period of adjustment, but their humane approach was a major strength.

"In Cuba, doctors are selected for their ability to relate and care for people; even their school class participates in deciding who will be selected and they are not interested in private practice."

Other strengths of the Cuban health system were weaknesses in South Africa, as their doctors were unaccustomed to long queues and dealing with diseases of poverty.

"But their strength is insight into strategies to eliminate these diseases."

The doctors will be paid standard state salaries and employed on renewable limited contracts, for positions in state hospitals only, Zuma said.

Health Minister Nkosazana Zuma at a news briefing yesterday after her return from Cuba, where she finalised the recruitment of Cuban doctors. With her is public relations officer Vincent Hlongwane. Picture: LINDSAY YOUNG

Zuma finalises plans for first Cuban recruitments

(93) BD 9/2/96

Kathryn Strachan

MORE than 100 Cuban doctors will arrive in SA later this month to help make up the critical shortage of doctors, particularly in rural areas, Health Minister Nkosazana Zuma said yesterday.

Zuma was speaking on her return from Cuba, where she finalised plans for recruiting the doctors. Zuma was accompanied by representatives of the Medical and Dental Council, who selected the Cuban doctors on the basis of their qualifications, professional skills and language proficiency.

This will be the first batch of Cuban doctors recruited on an intergovernment agreement. They will have three-year contracts and will earn the same salaries as SA doctors. The doctors will need no bridging course as their training is of a high standard. Only doctors who speak English and have at least three years' experience are recruited.

At present there are about 600 vacancies in medical posts in SA which urgently need to be filled, and 1 200 posts which should be filled after about two years. Most of the posts are in the Eastern Cape and the Northern Province, and despite repeated advertising they have remained unfilled.

The delegation was impressed with the high standard of medical training and the quality of health services in Cuba. The Cuban health services offered high-quality care in both primary level and tertiary level services. With 57 000 doctors for 11 million people, Cuba has almost more doctors than it needs. SA has 20 000 doctors for 43-million people.

SA gives 'limited' registration to Cuban medics

(93) ARG 17/2/96

Own Correspondent

PRETORIA. — The Interim National Medical and Dental Council of South Africa has granted limited registration to 114 Cuban doctors.

These doctors will be employed at understaffed provincial hospitals and clinics as part of a government-to-government agreement between South Africa and Cuba.

The group includes 25 doctors with general registration, eight with their field limited to anaesthesiology, 24 to obstetrics and gynaecology, 11 to paediatrics, 24 to medicine and 22 to surgery. They will undergo a period of re-orientation.

The council's decision this week follows a report by an assessment panel appointed by the council who assessed the professional competence of Cuban doctors.

Cuban doctors in SA

CT 27/2/96 (93)

BARRY STREEK
POLITICAL WRITER

THE first 101 doctors from Cuba arrive in South Africa this morning and will be deployed in all nine provinces after a two-week orientation course.

The Ministry of Health said yesterday two each would be employed in the Western Cape and Gauteng, 17 in the Eastern Cape and 12 in KwaZulu-Natal.

A further 18 would be sent to Northern Province, 12 to Northern Cape, 12 to Mpumalanga, 14 to North-West and 12 to the Free State.

The Cuban doctors, who will be accompanied by the country's Deputy Minister of Public Health, Dr Jorge Antelo, and two Cuban professors, Dr Victor Figueroa and Dr Alejandro Garcia, will be met by the Minister of Health, Dr Nkosazana Zuma and senior officials of the Department of Health.

Dr Zuma visited Cuba late last year and this year to arrange the recruitment of Cuban doctors to fill vacant posts in underserved areas.

WEDNESDAY
FEBRUARY 28, 1996 ★

THEY'LL WORK IN RURAL AREAS

Cuban doctors land amid misgivings

(93)

CT 28/2/96

RECRUITED doctors say they are aware their presence in South Africa is causing great concern, and have appealed to be judged by their actions, writes **ANEEZ SALIE**.

TWO Cuban doctors declared on their arrival at Cape Town International Airport yesterday that the South African public would have to judge them by their actions.

The doctors — who are part of a group of 101 medical practitioners imported from Cuba to address the shortage of doctors in the rural areas — were reacting to misgivings about their recruitment.

Proficiency in English and competency are top of the list of concerns.

Dr Antonio Mesa and Dr Felix Alvarez said they did not wish to give verbal assurances alone.

"Judge us by what we do, and not by what some people say we are," said Dr Alvarez in less-than-perfect English. Dr Mesa, who is fluent in English, said the reservations people had would disappear with time, adding that they were determined to correct the imbalance in South Africa's health system.

The pair declared they were raring to go, although they had no illusions about the task that awaited them.

The bulk of the doctors have been assigned to the Northern Province, Mpumalanga, KwaZulu-Natal and the Eastern Cape while Gauteng and the Western Cape have each been allocated two doctors.

According to the Department of Health the assignments are in accordance with the differing needs of the provinces.

The department has estimated that there are 2 000 vacancies for doctors in state hospitals and clinics.

Last month a peer-review group of top South African specialists were dispatched by the Medical and Dental Council to Havana to conduct individual interviews with applicants.

The proficiency in English of 114 doctors was approved. The council also approved Cuba's standard of medical education and training.

The Cubans are on three-year contracts.

The deployment of the Western Cape pair is the prerogative of the provincial health department, which has not yet decided where to place them.

Cuban doctors vital to change, says Zuma

(93)

ARG 28/2/96

First 101 arrivals to be deployed in all provinces

JOHANNESBURG. – The Cuban doctors who arrived in South Africa are here to help transform society, Health Minister Nkosazana Zuma said.

Dr Zuma was speaking at a press briefing at Johannesburg airport to mark the arrival of 96 of the first 101 Cuban doctors yesterday.

They are the first to arrive under a three-year inter-governmental agreement and will be deployed in all nine provinces over the next two weeks.

"This is an extension of the friendship started during our struggle," Dr Zuma said. "Although we had elections [in 1994] the struggle is not over."

"We are now struggling for the transformation of society so that we can provide basic needs to our people. "Cuba is very much part of that struggle."

The Cuban deputy Health Minister, Jorge Antelo, said the inter-governmental agreement was "a mission of peace, humanity, solidarity and unity".

More than 22 000 Cuban doctors had gone to work in other countries and there were at present Cuban doctors in 35 countries, Dr Antelo said.

A permanent working relationship on a high scientific level had already been established between the two health departments, Dr Antelo said.

"The principle that unites us is providing health for the people. Whatever we can do for the health of the South African people, we are willing and ready to do."

Dr Zuma expressed confidence in the Cuban doctors' abilities. Cuba was a developing country, but it had invested in education and health, she said, adding that the World Health Organisation rated the Cuban health system as one of the best in the world.

The Cuban doctor-to-patient ratio of one for every 200 people was unparallelled, Dr Zuma said.

South Africans in the areas where the doctors were to be deployed were "very happy" because in some cases the Cubans would be the only doctors available.

South Africa had a shortage of doctors in rural areas. Doctors were being lured from the public sector by higher salaries in the private sector or to other countries.

Dr Zuma said if the Health Department did not import doctors, it would be unable to meet the health needs of the population.

"It is this government's policy that health care is a basic need ... a human right that has to be extended to all."

The Cuban doctors would fill vacant posts. Around 2 000 existed, with more to be created as health services expanded to previously neglected areas, Dr Zuma said.

Although the Cubans will perform similar duties and receive equal remuneration to that of their South African counterparts, they are willing to work in remote rural areas shunned by local doctors.

On Tuesday they will leave for their designated provinces, where they will undergo a two-week orientation course.

Eighteen of the Cuban doctors will be sent to Northern Province, 17 to the Eastern Province, 14 to North-West and 12 each to the Northern Cape, Mpumalanga, the Free State and KwaZulu-Natal.

Gauteng and Western Cape will get two doctors each – Sapa.

DOCTOR'S DELIGHT: An unidentified Cuban doctor, right, is greeted by well-wishers on arrival at Johannesburg International Airport yesterday. One hundred and one doctors arrived to work in the country to help off-set a local medical brain drain.

Cuban doctors assigned to 9 provinces (93)

Star 28/2/96

By Janine Simon
Medical Correspondent

The 96 Cuban doctors who arrived on government contract in Johannesburg yesterday are already in the provinces they will work in and will spend the first few days resting and acclimatising.

The plan is to send 18 doctors to Northern Province, 17 to Eastern Cape, 12 each to Northern Cape, Mpumalanga, Free State and KwaZulu Natal, 14 to North West and two each to Western Cape and Gauteng.

The doctors – the first batch recruited to fill 2 000 vacant posts in hospitals around the country – were given a rousing welcome by Minister of Health Dr Nkosazana Zuma, top provincial officials and singing pro-Cuban supporters at Johannesburg international airport yesterday.

Looking tired but thrilled at the reception, many said they had chosen to come to South Africa because its people needed help.

As South Africa could not pay state doctors private sector salaries, Cuban doctors would help ease the shortage, Zuma said.

The doctors, who will be settling in before bringing out their families, will undergo a two-week orientation course before being sent to their posts in rural and other areas.

ANDREAS VLACHAKIS

Glad you're here ... a Cuban doctor gets a warm welcome on his arrival at Johannesburg International Airport yesterday.

101 Cuban doctors arrive in SA

(93) Sowetan 28/2/96

By Mokgadi Pela

RELATIONS between South Africa and Cuba received a boost yesterday with the arrival of 101 doctors at the Johannesburg International Airport.

The doctors were immediately dispatched to several regional centres for their orientation. In terms of the provincial breakdown, 17 will go to the Eastern Cape, 18 to Northern Province, 14 to North West, 12 to Northern Cape, 12 to Mpumalanga, 12 to Free State, 12 to KwaZulu/Natal, two to Western Cape and two to Gauteng.

The doctors' arrival followed the recent visit to Cuba by National Health Minister Dr Nkosazana Zuma to recruit Cuban doctors to fill vacant posts in underserved areas.

She made a follow-up visit on January 28 during which an inter-governmental agreement was signed. Addressing the media, Zuma said: "The Cuban doctors have not come here to take anybody's job but to fill vacant posts in areas that have been ignored for a long time."

The Cuban deputy minister of health who accompanied the delegation, Dr Jorge Antelo, said: "Our presence in this country is to cement bonds of a committed relationship. Together we will fight

Cuban doctors land in cloud of cigar smoke

BD 28/2/96 #93

Kathryn Strachan

THE 99 Cuban doctors who arrived at Johannesburg International Airport yesterday were met with cries of "viva Che Guevara" and "forward with the Cuban doctors" from the ANC and health workers' delegation.

"We have worked in many countries but we have never had a welcome like this before," said Dr Curbelo Fernandez. The welcoming party included MECs and directors of health in the provinces which are to gain from the doctors' skills. Northern Province health director Dr Nic Crisp, disguised behind a new moustache, was mistaken for a Cuban — but he insisted his new look was not intended to reflect the Cuban ethos. Even Health Minister Nkosazana Zuma dropped her strict no-smoking code as she welcomed the doctors in a haze of Havana cigar smoke. "We are Cubans before we are doctors," explained Fernandez.

Responding to concerns about their proficiency in English, the doctors said they had been interviewed in English, and half had worked in English-speaking countries. This obviously did not refer to written English as the no-smoking signs in the terminal were ignored. They looked forward to assisting in areas where local doctors were reluctant to go. "They have no concens about the security. We have worked in wars before," said Cuban Deputy Health Minister Jorge Antelo.

The doctors, all specialists with at least seven years' experience, will go mostly to rural hospitals in under-resourced parts of Northern Province, Northern Cape, Eastern Cape, KwaZulu-Natal and Mpumalanga.

Mpumalanga health director Tiny Jordaan said language barriers would create room for social development Llocals could be taught the doctors' language if they could not speak English.

Picture: Page 3

Cubans stir foreign doctors into action

(93) Star 29/2/96

Until now, imported medics were too intimidated to voice dissatisfaction

By Janine Simon
Medical Correspondent

Many of the 2 000 foreign-trained doctors employed at rural and regional hospitals over the past five years are uneasy about the arrival of the first Cuban contingent, but are tagging on to the publicity to improve their own lot.

On the one hand, said Dr Stefan Morell, chairman of the Medical Association of South Africa's Senior Hospital Doctors' Association, they felt angry that their contribution to health services appears to have been ignored.

On the other, the arrival of the Cubans had made many South Africans question why it was necessary to import Cuban doctors.

Foreign doctors were trapped in insecure, poorly paid positions in state hospitals, and had been too intimidated to speak out about their working conditions, salaries and security, Morell said.

Many doctors were hopeful that the Public Service Commission bargaining chamber's current discussions on restructuring public sector salaries would yield significant increases. If these came through, many doctors he knew had indicated they would stay in the public sector.

The medical association had also recommended to the Interim Medical and Dental Council that regulations regarding the length of time of each limited registration be eased, and that access for doctors with limited registration be changed to full registration.

Doctors felt few passed the current exam for full registration as it was the exam written by final-year medical students and was inappropriate for experienced practitioners.

Because of this, foreign doctors were locked into state hospital practice, the only kind allowed under limited registration.

The recommendations will be considered by the council's executive committee tomorrow.

Individuals are stone-walled

By Janine Simon

While the first wave of Cuban contract doctors is feted, there is growing frustration with the moratorium on individual foreign-trained doctors registering for limited practice in South Africa.

Three cases have been reported of doctors willing to work in state hospitals but being unable to apply for registration.

This is due to a moratorium imposed last year by the Interim Medical and Dental Council, at the request of the Department of Health, on the examination for limited registration – the multiple-choice examination which foreign-trained doctors had to pass in order to work in South Africa.

The moratorium was to allow the Department of Health to plan government-to-government contracts to fill the 2 000 empty posts in rural and secondary hospitals, according to the council's assistant registrar Daan Naude.

Currently, only those doctors whose training is recognised in South Africa – that is, those who trained in the United Kingdom or Belgium – may register freely.

Health Ministry spokesman Vincent Hlongwane said individual doctors wishing to work here would have to request their governments to approach the Department of Health to set up a government-to-government contract.

A Health Department source said they were working on policy recommendations to replace the moratorium, possibly after discussions in April.

Dr Stefan Morell, chairman of the Medical Association of South Africa's Senior Hospital Doctors' Association, said contract workers had a place but the moratorium should be altered to allow those who had a job offer, spoke English, and had the necessary skills and experience, to register.

words, I want to ask you to consider the Hansard and on this basis reconsider your ruling, in particular, firstly, in respect of the point of order raised by the hon member Mr Tony Leon, and secondly, in conjunction with this, in respect of the points of order raised by the hon member Mr Frik van Heerden and the hon member Mr Piet Matthee.

I would appreciate it if you would be so kind as to give the House your ruling on that point of order tomorrow.

†The DEPUTY SPEAKER: Order! I have given my ruling on both points, but because of the whole issue of respect towards one another, decorum in this House and the necessity for us as colleagues to work together here in Parliament, I am prepared to examine the Hansard and give my ruling as soon as possible.

Hon members, I have ruled on both points that were raised. The hon member is asking whether I would be willing to look at the Hansard. I indicated that I am prepared to do so and I will, as soon as is reasonably possible, respond to his request.

Adv J H DE LANGE: Mr Speaker, I want to point out again that as far as meeting procedures are concerned, and as far as I understand rulings of this House, if we are going to go this route where members can deliberately undermine your rulings, then we will have the kind of fiasco we have had here today. I actually ask that we should not embark on this route. This is the route of anarchy; this is the route of trying to create the kind of atmosphere that has been created here today. We all know that Mr Oosthuizen responded to you in the manner he did because he is angry about your ruling. You have made your ruling and to go back on such rulings would be opening up a route which is, firstly, not in line with meeting procedure and, secondly, not where this House should be heading.

I would ask you to deliberate very carefully on these matters and how you respond to this request to review your ruling, because it could be setting a precedent which is not wanted in this Parliament.

Mr D H M GIBSON: Mr Speaker, with respect to the hon Mr De Lange, he is making a very serious allegation in suggesting that hon members are deliberately undermining the Chair, because that is what he said. [Interjections.] He is making a very serious allegation.

There are only two persons he could be referring to, and one of them is my hon leader, who in no sense was undermining the Chair. He asked in the most courteous way whether he could address you on your ruling. Mr De Lange has not been here for very long, but when he has been here a little longer . . . [Interjections] . . . he will know that quite often—this was the case in the past and probably will be in the future—hon members ask the Speaker or Deputy Speaker whether they can address them concerning a ruling. It is not undermining the Chair.

The other person to whom he could be referring is the hon Mr Oosthuizen. Mr Oosthuizen was accused of being discourteous in asking to be seen, although I think the hon the Minister has recognised that Mr Oosthuizen was not being discourteous. In the gentlest possible way, he asked you if you would be good enough to have a look at Hansard, at the rulings that were given, more particularly the second ruling on the matter raised by my hon leader. He asked you if you would reconsider that tomorrow and give your ruling then. Now, with the greatest respect to Mr De Lange, that is not undermining the Chair. [Interjections.] If the Chair had felt that it was undermining of the Chair, the Chair would have stated so. In fact, the Deputy Speaker emphasised that in view of the importance of the matter—the decorum of the House and the relationship between hon members—that he would do so, and he did it with alacrity.

Any suggestion that the Deputy Speaker's ruling has in any way been impugned, or that the Chair has been undermined, is simply rejected.

The DEPUTY SPEAKER: Order! My ruling stands. There was merely a request that I look at Hansard, which I have indicated that I am prepared to do. I have not indicated that I intend changing my ruling. All that I have undertaken to do is to look at Hansard and, as soon as is praticable, comment on points raised by Mr Oosthuizen.

Well, maybe I asked for it. Last week during Question Time, proceedings were rather quiet, and I encouraged hon members to liven up proceedings a bit. This has been a rather lively sitting.

Business interrupted in accordance with Rule 199(3) of the Standing Rules for the National Assembly.

Doctors: registration

*7. Mr M J ELLIS asked the Minister for Health:

Whether any mechanisms exist whereby doctors entering the Republic with limited registrations will be able to obtain full registrations with the attendant benefits; if not, why not; if so, what are these mechanisms?

N114E

The MINISTER FOR HEALTH: (93)

Mechanisms do exist for medical practitioners holding limited registration to obtain full registration as determined by the regulations of the Interim National Medical and Dental Council of South Africa.

The Interim National Medical and Dental Council of South Africa, however, resolved at its first meeting on 15 September 1995 that:

(i) a moratorium, with immediate effect, be placed on the registration of practitioners who held qualifications not recognised for purposes of full registration, such moratorium to remain in place until finality was reached on the proposals put forward by the Department of Health, namely that:

— the Council reviews the present process by which foreign medical graduates obtain limited registration with the Council;

— the Council as a matter of urgency investigates the standards of medical training and practice in certain countries;

(ii) the Executive Committee of the Council be authorised to deal with:

— the implications that the moratorium might have on practitioners already in the process of qualifying for full registration via limited registration;

— the exclusion from the moratorium of certain practitioners, e.g. South African citizens, practitioners who had been granted political asylum in South Africa, and practitioners who were married to South African citizens and report thereon to the Council.

Local government elections: allocation of funds

*8. Mr K M ANDREW asked the Minister for Provincial Affairs and Constitutional Development:

With reference to his reply to Question No 12 on 30 August 1995, on what basis was the decision made on the amount of funds to be allocated to each of the provinces for the running of the 1995 local government elections?

N115E

The MINISTER FOR PROVINCIAL AFFAIRS AND CONSTITUTIONAL DEVELOPMENT:

On the basis of an amount of R19 per estimated voter in rural areas and R11 per estimated voter in urban areas.

Department of Inland Revenue: officials

*9. Mr K M ANDREW asked the Minister of Finance:

Whether any officials in the Department of Inland Revenue were convicted of crimes during the latest specified period of 12 months for which information is available; if so, (a) how many, (b) what were the crimes in each case, (c) at which offices were such officials stationed and (d) what steps have been or are to be taken in respect of these officials?

N116E

The MINISTER OF FINANCE:

See schedule.

(1) Whether he will furnish any details on the latest developments in regard to broadcast time in Afrikaans in the TV programmes of the SABC; if not, why not; if so, what are the relevant details;

(2) whether his attention has been drawn to alleged dissatisfaction amongst great numbers of Afrikaans speakers about these developments; if so, what are the relevant details;

(3) whether the SABC intends revising its policy in this regard; if not, why not; if so, what are the relevant details;

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

N42E

The MINISTER FOR POSTS, TELECOMMUNICATIONS AND BROADCASTING:

The Chairperson of the SABC has informed me as follows:

(1) Afrikaans language programming is located, predominantly but not exclusively, on SABC 2 which has the largest coverage of the three SABC channels.

The Afrikaans language has 9,54% of the broadcast time across the SABC 2 schedule from 06:00-24:00.

IN prime time, 18:00-21:30, it has a 15,70% share of the broadcast schedule.

Afrikaans will also be reflected in programmes on the other two channels, but this is not included in these percentages since its use on the other channels will be largely spontaneous i.e. in live news, current affairs and magazine programming.

(2) The Minister has seen reports of alleged dissatisfaction among Afrikaans speakers about these developments, in the media. It is not possible to state any 'relevant details'.

(3) The SABC does not intend revising its current language allocation in the immediate future. It believes the adjustments which have been made to accommodate all the official languages of the country have been carried out in an equitable way. The Board of the SABC resolved that the fair and rational basis for determining an equitable allocation of broadcast time and resources was in proportion to the demographic composition of the South African population, this is reflected in the current schedules.

SAPS action against organisation

*33. Mr J A RABIE asked the Minister for Safety and Security:†

(1) Whether the Police recently took action against members of a certain organisation, whose name has been furnished to the South African Police Service for the purpose of his reply, at the Johannesburg and/or Pretoria stations; if so, (a) what were the primary causes of the action and (b) what was the (i) nature and (ii) scope of this action;

(2) whether any persons were injured or died as a result of the action taken by the Police and/or members of this organisation; if so, what are the relevant details in each case?

N45E

The MINISTER FOR SAFETY AND SECURITY:

(1) Yes.

(a) *Pretoria Station*

Members of the organisation marched to, and gathered at, the Pretoria station. The mood of the crowd was aggressive, there were no marshals to control the marchers and participants in the march started robbing hawkers at the station.

Johannesburg Station

Stones and metal objects were thrown at members of the South African Police Service from a train.

(b) (i) and (ii) *Pretoria Station*

Members of the South African Police Service attempted to protect the hawkers and to arrest suspects. Scuffles broke out and bricks and stones were thrown at members.

Johannesburg Station

A member of the South African Police Service fired three (3) rounds of rubber bullets at the train.

(2) nine persons were slightly injured and no one died.

Pretoria Station

One participant in the march and seven members of the South African Police Service were injured.

Johannesburg Station

A 13-year-old schoolgirl alleged that she was injured behind the ear.

Salaries of Cuban doctors (93)

*34. Dr W A ODENDAAL asked the Minister for Health:†

Whether the medical doctors who were recently recruited in Cuba receive the same salaries as medical doctors in the employ of the South African Government; if not, what is the position in this regard; if so, what are the relevant details? N85E

The MINISTER FOR HEALTH:

Yes. A team of South African examiners from the Interim South African Medical and Dental Council went to Cuba and selected the first group of 114 doctors. Once in South Africa the doctors will enter into a contractual agreement with the relevant Provinces. The contract with the provinces provides for:

1. Appropriate placement in a stipulated health facility.
2. A salary similar paid to South African doctors.
3. A deduction of 8% from the doctors monthly salary, this being for pension contributions, will be sent to the Government of Cuba.
4. Provision with accommodation, preferably within the facility where the doctor will be allocated.
5. A contract period of one year renewable.

The contract with the Cuban government is three years renewable.

Aircraft: checks

*35. Dr P J WELGEMOED asked the Minister of Transport:

What checks are being carried out to prevent overloading of aircraft, especially at the smaller airports?

N46E

The MINISTER OF TRANSPORT:

The loading and supervising of cargo and baggage at both large and smaller airports is fundamentally the responsibility of the pilot-in-command. Ad hoc inspections are carried out from time to time to follow up any intelligence received regarding possible contraventions. Staff shortages prevent the continuous monitoring of such operations.

However, it must be emphasised that all pilots of South African public transport and public cargo transport aircraft—and all pilots of similar foreign aircraft operating in South Africa—are fully aware of their accountability for load safety. Regulations 10.3 and 10.5 of the South African Air Navigation Regulations 1976 place upon pilots the explicit duty, before commencing flight, to satisfy themselves that "the aircraft" is satisfactorily loaded for safety in flight, and that all cargo or baggage carried in the aircraft is properly stowed and secured".

Pilots may not commence flight until the person superintending the loading of the aircraft has completed, ratified in duplicate and passed to them a standard loadsheet. They must examine this carefully, sign it and retain one copy, which must be produced on demand for inspection by an authorised person.

Cuban doctors in Mpumalanga to lighten the load

(93) Star 1/3/96

Nelspruit – The 10 Cuban doctors who arrived in Nelspruit on Tuesday evening bring to 84 the number of foreign doctors practising in Mpumalanga's public sector.

The Cubans, accompanied by MEC for Health Candith Mashego, booked into a Nelspruit hotel where they will be spending two weeks before been deployed.

During their orientation programme, the doctors will be at Rob Ferreira and Themba hospitals.

The Cuban team comprises an anaesthetist, two surgeons, two obstetricians, three family physicians and two physicians.

Mashego said only 114 doctors were at present serving 2,9 million people in Mpumalanga. "In other words we have only one doctor per 25 000 people," she said.

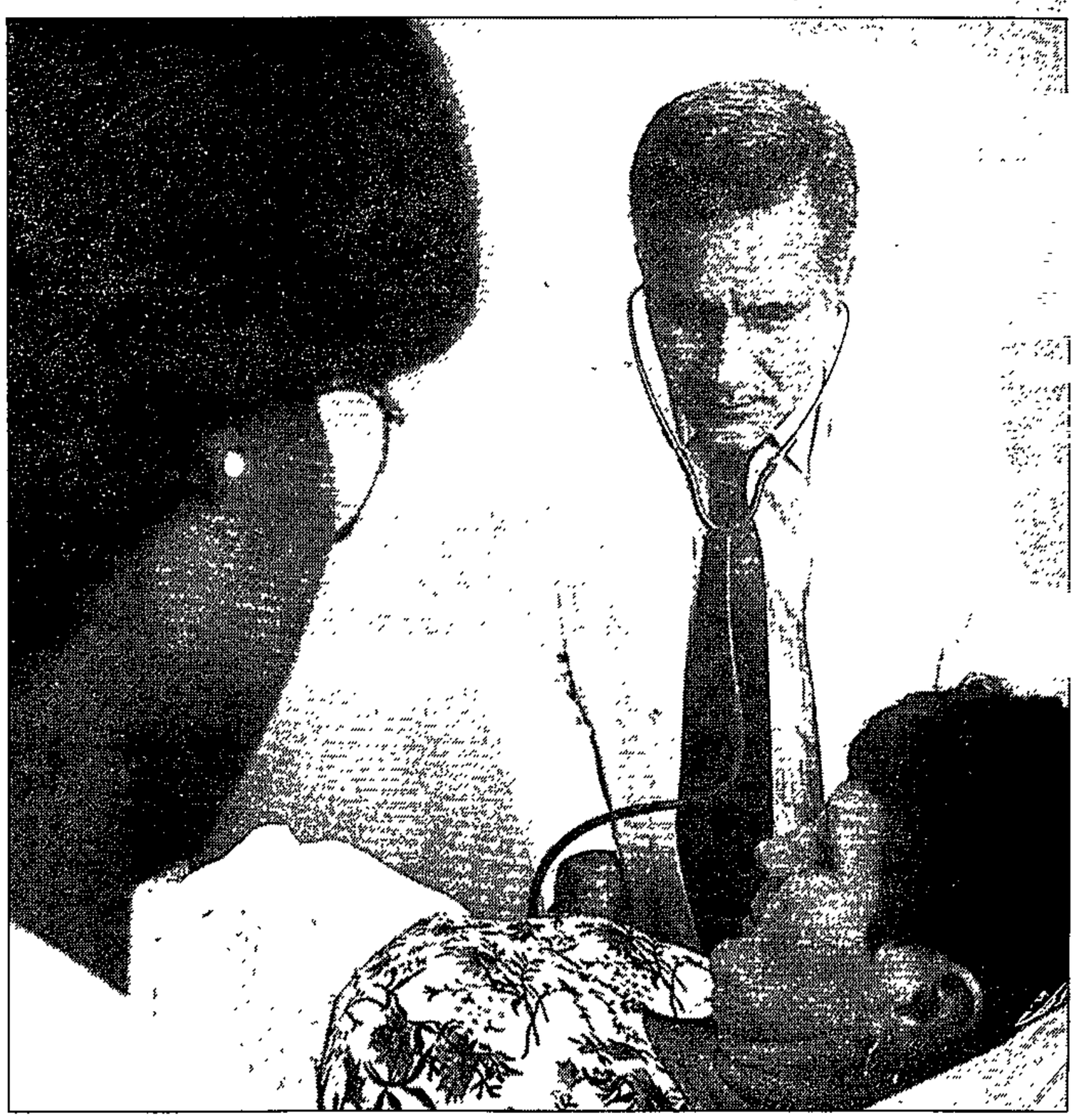
The province, she added, had 43 vacant posts, 10 of which would be filled by the Cuban doctors. – Lowveld Bureau.

A healthy start for Cubans in Klerksdorp

(93)

MtG 1-7/3/96

Justin Pearce



Cuban care: A newly arrived doctor gets down to work in Klerksdorp PHOTO: NAASHON Z'ALK

"IN Cuba only a few old people have TB," explained Dr Leandro Ruyz. "In 1959 we had a revolution — and everyone born after that was vaccinated at birth."

A day after arriving in South Africa from Cuba, Ruyz was sitting in the superintendent's office at Klerksdorp Hospital, a facebrick pile where the entrance is almost impossible to find. The hospital, built to serve whites of what was then the Western Transvaal, now stands in the middle of a province where it is not uncommon for people to travel all day to find even the most basic medical services, and where 60% of public health posts are filled by foreigners because South African doctors have left for the private sector or overseas.

Ruyz was among 14 doctors assigned to the North West who are currently undergoing a two-week briefing in Klerksdorp, before heading into the remote fragments of what used to be Bophuthatswana.

Some of them are fluent in English, some speak the language only haltingly, and South Africa's other 10 languages are incomprehensible to them. But as Ruyz's remarks about TB in Cuba indicate, the doctors who arrived this week are going to have to learn more than languages. They will also have to cross an immense cultural divide.

But many of them have worked in other developing countries, which has prepared them for the challenges they face here. Cuba, whose health care system is rated by the World Health Organisation as among the best in the world, has been exporting doctors for 30 years.

"It was a big shock," says Dr Amelia Leon of her arrival in Yemen, the first foreign country where she worked. Used to a system where children are vaccinated against every conceivable disease at birth and where doctors are on hand in every community to nip ailments in the bud, the Cubans abroad had to change their perspectives to suit their new surroundings.

"In other developing countries you see lots of things you would never see in Cuba," says Ruyz ,who spent two years in Zambia. "In Cuba the infant mortality rate is 9,4 per thousand — in some African countries it is 40 per thousand."

Cubans in Klerksdorp — it sounds like a nightmare sequence from the commie bashing photocomic, *Grensvegter*, circa 1979. But the doctors were greeted at the once racially exclusive hospital with no hostility, though much curiosity.

"They must feel as if they're in a zoo," the hospital secretary tutted sympathetically. "Whenever anyone sees them, they stare."

While some medical staff may resent the fact that the Cubans were educated for free, while South African doctors have to repay student loans from their state hospital salaries, on the whole the reception has been welcoming.

"I have been really impressed by their skill and their language capability," says superintendent Dr Louw du Toit. "And the way they have been accepted by the nursing staff is amazing."

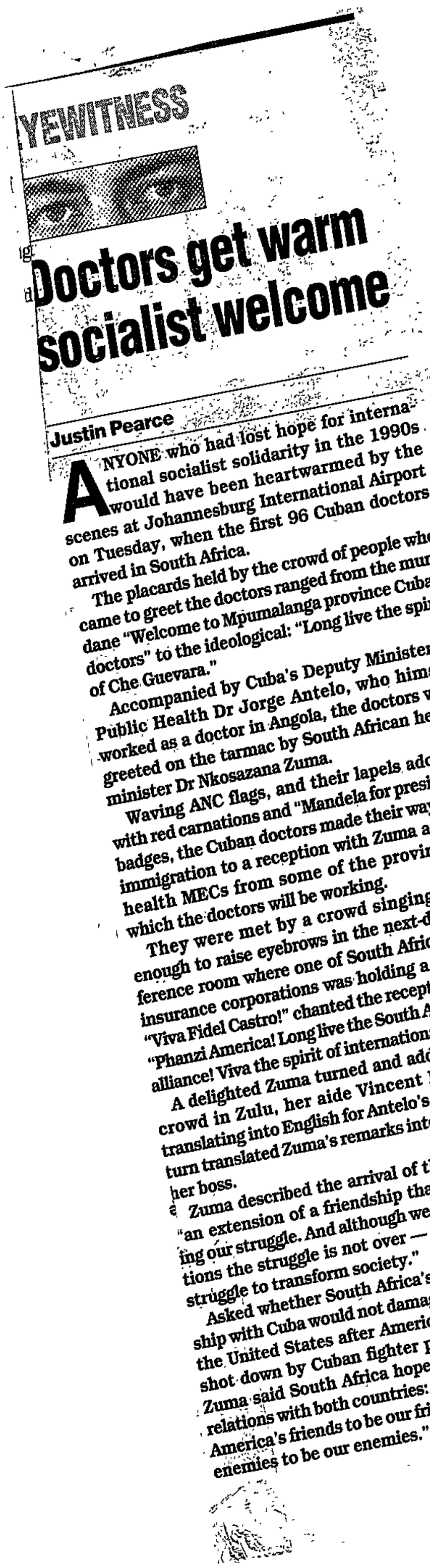
Cuban doctors were not the first foreign medics to arrive in this region. Many doctors who came independently to fill empty posts in the North West's hospitals are from Russia, Romania, Poland and other lands seen as the enemy by the white South Africa of old.

What's more, the province is as badly hit as anywhere else in South Africa by local doctors leaving the public sector. "The interns do their compulsory year, but few stay on — they go into private practice or they emigrate," laments Du Toit. "There are not enough experienced doctors, and the Cubans will fill the gap."

It is no coincidence that the Cubans have arrived at a time when health departments in South Africa are trying to transform the health system from one based on centralised specialist hospitals, to a system founded on preventative health care and clinics close to the communities they serve.

After only 24 hours in South Africa, none of the Cuban doctors is venturing to pass judgment on the country or its health system. In their intentions, however, they are single-minded.

Sure, the South African state salaries which the doctors will be earning are many times what they were paid in Cuba, and part of that money will trickle back home to help the ailing Cuban economy. But there is no hint of insincerity when Dr Garcia Sarria says: "I came here to help a population which does not have enough medical services. We are giving our services because we want to help."


EYEWITNESS

Doctors get warm socialist welcome

Justin Pearce

ANYONE who had lost hope for international socialist solidarity in the 1990s would have been heartwarmed by the scenes at Johannesburg International Airport on Tuesday, when the first 96 Cuban doctors arrived in South Africa.

The placards held by the crowd of people who came to greet the doctors ranged from the mundane "Welcome to Mpumalanga province Cuban doctors" to the ideological: "Long live the spirit of Che Guevara."

Accompanied by Cuba's Deputy Minister of Public Health Dr Jorge Antelo, who himself worked as a doctor in Angola, the doctors were greeted on the tarmac by South African health minister Dr Nkosazana Zuma.

Waving ANC flags, and their lapels adorned with red carnations and "Mandela for president" badges, the Cuban doctors made their way from immigration to a reception with Zuma and the health MECs from some of the provinces in which the doctors will be working.

They were met by a crowd singing loudly enough to raise eyebrows in the next-door conference room where one of South Africa's giant insurance corporations was holding a meeting. "Viva Fidel Castro!" chanted the reception party. "Phanzi America! Long live the South Africa-Cuba alliance! Viva the spirit of internationalism!"

A delighted Zuma turned and addressed the crowd in Zulu, her aide Vincent Hlongwane translating into English for Antelo's aide, who in turn translated Zuma's remarks into Spanish for her boss.

Zuma described the arrival of the doctors as "an extension of a friendship that started during our struggle. And although we have had elections the struggle is not over — we have a new struggle to transform society."

Asked whether South Africa's warm relationship with Cuba would not damage relations with the United States after American aircraft were shot down by Cuban fighter planes this week, Zuma said South Africa hoped to have cordial relations with both countries: "We do not expect America's friends to be our friends, or America's enemies to be our enemies."

Zuma's cigar-puffing Cuban show rolls into town

(93) ST (BT) 3/3/96

DAVID BULLARD

OUT TO LUNCH

AMID a smog of cigar smoke, the normally nicotine-averse Nkosazana Zuma, Minister of Health, welcomed the first batch of Cuban doctors to South Africa last week.

She couldn't resist having a dig at all those selfish home-grown medical students who seem reluctant to spend three years earning a pittance as forced employees of the state. Who can blame them when the state puts a price tag of R88 000 a year on a qualified medical practitioner and R182 000 on somebody with managerial ability to oversee them?

One of the problems with the arrival of the Cuban medics is not only their apparent unfamiliarity with any of our 11 official languages, but also their prospective patients' lack of fluency in Spanish. It can be only a matter of time before Minister Zuma authorises the spending of large amounts of our money on a Primary Health Care Phrase Book.

Useful phrases like "Doctor, I appear to have an assegai stuck in my back" and "Would you mind putting your cigar down before you check my prostate gland" will be translated from our many colourful local tongues into Spanish, thus enabling the doctor to diagnose the problem immediately.

Tiny Jordaan, the health director for Mpumalanga, was even more upbeat, believing that the inability of the patient to speak the same language as the doctor would "create room for social development". Locals could be taught to speak the doctor's language if they could not speak English. I don't know about you but when I am feeling ill and need to see a doctor the last thing on my mind is learning a new language before I make an appointment.

Unfortunately, Minister Zuma's role as saviour of the primary health care system was somewhat overshadowed by her less successful attempts to become a theatre impresario. Having spent some R15-million of our money on *Sarafina 2*, she looks as though she may well be nominated for this column's "Fred Astaire" award for fancy footwork.

Quite how so large an amount can be spent on street theatre is hard to imagine and the minister certainly isn't giving us any clues. That amount of money would hire Pavarotti or Domingo for about two weeks or would buy the Vienna Philharmonic for a few nights with some change left for interval drinks. It is considerably more than the cost of staging one of those Eurocentric operas at the State Theatre, but even if we leave artistic comparison aside the money could surely have been better spent buying health care for AIDS victims.

Of course one is tempted to jump to the conclusion that the taxpayer has been duped again and to assume that a large proportion of money has flowed in unusual directions. Hopefully an inquiry will provide the answers and if it is found that we have been even more conned than we think, I am sure Minister Zuma will do the honourable thing and resign.

Meanwhile, since the government is in the mood to indiscriminately hand over taxpayers' money for virtually any hare-brained scheme, I propose a little show of my own. In an attempt to persuade everybody to pay their taxes promptly I am taking a new musical on tour. I was thinking of calling it "Katz".

Proposals shock doctors

By PAT SIDLEY

PROPOSALS aimed at redressing racial imbalances in the health care sector, beefing up the government's capacity to implement its new primary health care policy and reassessing training needs are sending shock waves through medical and academic circles.

But, the proposals — contained in two discussion documents — have not yet been adopted as policy, and it is possible some will never be implemented.

Dr Olive Shisana, Director General of the Department of Health, says the discussion documents have been circulated merely to encourage debate.

Among the more controversial proposals are:

● Doctors should be required to do two years' work in different specialities in state hospitals before they can become general practitioners;

● Specialists should be required to practise for three years in state hospitals after qualifying as specialists before being allowed to work in private practice or emigrate;

● Funding of many of the academic teaching posts in hospitals should be revised drastically so that training resources can be extended to smaller and rural hospitals, with some resources being removed from the large academic health complexes;

● The "old boys club of doctors" in the Interim South African Medical and Dental Council should be broken up, although it should still deal with registration and standards. A new council should oversee the education of all health care professionals;

● A central admissions office should collate and handle medical school applications around the country. While not interfering with each university's academic autonomy — it should determine some policy guidelines to redress the racial and gender imbalances of the past;

● Nurses' training and education should be located solely in the education sector — not in the health department; and

● A policy of "regional consortia" in the training of all the health sciences should ensure that some of the resources at institutions such as the University of Cape Town be "spread" to universities with less, such as the University of the Western Cape or the University of the Transkei.

The two documents have been prepared by different sets of academics and officials from different departments and, in several areas, the groups' interests and proposals clash with one another.

The document dealing with the post-graduate training of doctors has been drawn up by a committee within the Department of Health headed by Dr Tim Wilson.

This group is discussing its document with medical schools around the country, and some of the proposals have been condemned by the deans of most medical schools.

The other document, which proposes far more extensive and far-reaching changes, has been drawn up by the health science working and reference group of the National Commission on Higher Education, chaired by David Sanders, professor of public health at the University of the Western Cape.

However, it could be some time before it is known if some, or all, of the proposals will be incorporated into the government's health policy.

ST 3/3/96

~~85~~ 93

Sexwale hits out at NP for criticising Cuban doctors

Ingrid Salgado (93) BD 4/3/96

GAUTENG premier Tokyo Sexwale on Friday chastised parties who had criticised SA's importation of Cuban doctors, saying the World Health Organisation had rated Cuba's health care among the best in the world.

In a dig at Gauteng legislature NP members, who earlier in the day had slammed the Cuban doctors' arrival in SA, Sexwale said such "ignorance" failed to recognise that 50% of medical graduates left the country every year.

"What we need (from SA doctors) is professional patriotism that will see them follow the committed route of the 50% who stay to serve the people who gave them their advanced education."

He said that the Cuban doctors had been evaluated by SA's leading medical professors before being chosen to come to SA.

Sexwale recently returned from a trip to Cuba to promote investment in the province. He said leading SA mining companies were investigating mining opportunities on the nickel- and ore-rich island, while business had identified "significant trading opportunities" with Cuba in pharmaceuticals and food products.

"Obviously the business community thinks differently to some of the parties here (in the legislature)," he said. The impression was created that certain politicians missed the Cold War and its implications for SA.

Responding to Gauteng DP leader Peter Leon's criticism that the province had made no representations to the Constitutional Assembly, Sexwale said he would not countenance Gauteng losing the powers it held under the interim constitution.

Housing and local government MEC Dan Mofokeng was investigating the devolution of powers from the provincial government to local authorities, he said. The DP earlier expressed concern that this had not taken place nearly four months after local government elections.

Sexwale disputed DP accusations that he was a "spendthrift premier". Instead of quibbling about how much overseas trips cost government, the DP should be asking how much investment these trips brought back to the province.

Freedom Front in schools row

Ingrid Salgado BD 4/3/96

A ROW broke out between the ANC and the Freedom Front in the Gauteng legislature on Friday when the right-wing party warned that Afrikaners would start a "liberation struggle" should government disregard Afrikaners' self determination in education.

Education MEC Mary Metcalfe said that the "call to arms" was misguided and erroneous. People had been misinformed that their language rights were being threatened.

Earlier, Freedom Front MP Christo Landman warned that recent events at Potgietersrus Primary School, when whites refused black children admission, could spill over into Gauteng.

"If the plea for understanding of the Afrikaner in education is not met ... the third liberation struggle of the Afrikaner will commence in the educational field," he said.

An angry Metcalfe told Landman he was speaking "very loosely about the lives of people".

Landman denied he had made a call to arms. He had simply warned the house of the consequences of government ignoring Afrikaners' rights.

Metcalfe said she was committed to defending the principle that pupils be instructed in their own languages. "If a school was 10% Afrikaans, I'd be here defending the rights of those children to speak Afrikaans."

Government had to defend the language and religious rights of all children in public schools.

Cuban doctors know 'just enough' English

(93) Sowetan 6/3/96

TWO Cuban doctors who struggled with English during a media briefing in Johannesburg yesterday said they knew enough of the language to treat their patients effectively during their three-year stay in South Africa.

Dr Nores Mayo Castro, a family physician, and surgeon Dr Osvaldo Odio Wilson will be placed in a Sebokeng hospital and clinic next week.

"I was able to heal my patients in Cuba with no problem," said Wilson. "I think I will be able to perform my job without a problem."

The first batch of 101 Cuban doctors arrived here a week ago with more than 300 expected to follow. - *Sapa.*

Help for frustrated patients

Health Reporter (93) ARG 6/3/96

AT last patients frustrated with the service they get from their doctors, have someone to complain to.

South Africa has appointed its first medical ombudsman to take up the complaints of patients who say they get a raw deal from the medical profession.

Retired doctor Olliver Ransome has been appointed to the position by the Medical Association of South Africa (Masa) in a pilot project which aims to foster good relations between patients and doctors.

Masa chairman Dr Bernard Mandell said experience had shown that problems between doctors and patients were often the result of a lack of communication and delays in dealing with complaints.

The ombudsman's mandate is to act as an advocate for patient complaints, to hear both sides of the story, evaluate the possibility of conciliation, inform people of their options and refer complex problems to other forums.

The service is free. People can phone the toll-free number ☎ 0800 119 820 during office hours, Monday to Friday.

tional mass of the stored water and to the changes in the water pressure in the rock mass. These tremors, commonly referred to as "reservoir induced seismicity", are a common phenomenon, especially at some dams with water depths of more than 100 metres and storing a large volume of water. Such tremors were observed during the filling of the Gariep Dam.

It is expected that local tremors could occur until the Katse reservoir is full and possibly for a short period after that. It is not possible accurately to predict future earthquakes and tremors, but experts have indicated that tremors measuring 4,0 and 4,5 on the Richter scale cannot be ruled out. Such tremors could cause damage to nearby structures not designed to resist such earthquakes, such as the traditional houses in the Highlands of Lesotho. The Katse Dam has been designed to withstand the effects of much larger earthquakes and would not be damaged by such tremors.

(2) Yes. Controversial statements on the Lesotho Highlands Water Project have been made in the recent past. The project is progressing well and there is no need for concern regarding seismicity. The safety of the Katse Dam and environs as a result of reservoir induced seismicity were fully investigated by a team of international technical experts before the project began, and no particular risk was identified. Following the recent seismic event, a follow-up technical investigation into the matter was undertaken by a team of highly reputable experts from overseas and the previous findings confirmed.

Villagers in the areas around the reservoir—remembering, of course, that Lesotho is an independent country—are being informed about possible future tremors and advised how to react if this should occur again.

*5. Mr M F CASSIM—Education. [Question standing over.]

SAPS brigadier appointed as executive assistant to Mfolozi area

*6. Mr A J LEON asked the Minister for Safety and Security:

(1) Whether a certain brigadier, whose name has been furnished to the South African Police Service for the purpose of his reply, was recently appointed to the position of executive assistant to the Mfolozi area in the Province of KwaZulu-Natal; if not, what is the position in this regard; if so, when;

(2) whether any investigation is currently being conducted by the Investigations Task Unit into allegations that the said brigadier was involved in hitsquad activities in KwaZulu-Natal; if not, what is the position in this regard; if so, what progress has been made in this investigation;

(3) whether these allegations were taken into consideration in the said brigadier's promotion; if not, why not; if so, what effect did such allegations have on the decision to promote him?

N185E

The MINISTER FOR SAFETY AND SECURITY:

(1) Yes. He was appointed on 16 August 1995.

(2) Yes. This matter is still under investigation.

(3) The said officer held the rank of Director. His appointment to the position of executive assistant did not involve a promotion to a different rank. At the time of his appointment as executive assistant, allegations of his involvement in hit-squad activities existed but had not been fully investigated. The allegations were taken into account, but it was considered that allegations did not constitute sufficient grounds to affect the appointment of the officer.

Mr A J LEON: Mr Speaker, arising out of the hon the Minister's reply, I would like to know whether any progress has been made in the investigation of the hit-squad activities concerning the aforesaid brigadier, whether the hon the Minister could advise the House of the name of the said person, and whether in fact the Minister is not of the view that, if the investigation has advanced since 1995 to date, there are good grounds for the suspension of this person from his current post pending the outcome or conclusion of those investigations, and if not, why not.

The MINISTER FOR SAFETY AND SECURITY: Mr Speaker, the hon member asked the question and he himself did not deem it necessary to advise the House of the name of the said brigadier. I will therefore not do so either. The investigations have not been completed . . .

The investigations have not been completed yet, but they are fairly advanced. The matter was discussed with the attorney-general in the KwaZulu-Natal province and with the head of the team investigating this case. Merely on the basis of allegations or the evidence thus far collected, the attorney-general cannot as yet decide whether or not to prosecute someone, and we cannot talk about suspensions.

Mr A J LEON: Mr Speaker, further arising out of the hon the Minister's reply, I want to know if he is prepared to give an assurance to this House that the position of executive assistant in the district concerned, a position which the brigadier currently holds, will not in any way affect or compromise the investigation into hit-squads which is being undertaken. In other words, will the continuation in office of the executive assistant not hamper the very investigation to which he is being subject?

The MINISTER: Mr Speaker, should he do anything calculated to undermine the investigation, he will face the consequences.

Mossgas

*7. Mr J A JORDAAN asked the Minister of Mineral and Energy Affairs:

(a) What is the cost involved in closing down Mossgas for a month in order to carry out its biennial service and (b) what components is this cost comprised of? N186E

The MINISTER OF MINERAL AND ENERGY AFFAIRS:

(a) and (b) The cost of the 1995 shutdown was R107 million and was made up as follows:

R10 million	—	contract labour
R5 million	—	services (e.g. high pressure water cleaning, catalyst unloading, etc)
R4 million	—	materials and spares
R13 million	—	catalyst, chemicals
±R75 million	—	lost production revenue as a result of the shutdown
±R107 million		

Hansard 6/3/96

Biennial maintenance shutdowns are obligatory for all petrochemical plants in South Africa in terms of the Minerals Act, 1991. The Act requires that all petrochemical plants be inspected during their initial 12 months of operation, and thereafter every 24 months.

Foreign doctors in SA hospitals 93

*8. Mr M J ELLIS asked the Minister for Health:

(1) Whether any complaints have been laid with her Department and/or any hospital by any persons in connection with deaths occurring as a result of alleged negligent treatment by foreign doctors working in South African hospitals; if so, what was the nature of the complaints;

(2) whether any action has been taken as a result of such complaints; if not, why not; if so, what action?

Hansard 6/3/96 N187E

The MINISTER FOR HEALTH:

(1) The Department of Health has not received any complaints in connection with deaths occurring as a result of alleged negligent treatment by foreign doctors working in South African hospitals. The Interim National Medical and Dental Council of South Africa received approximately 246 complaints during 1994 and 1995 resulting from deaths of patients treated by doctors with limited registration and holding a foreign qualification. Preliminary investigations were conducted and of the total of 246 complaints, disciplinary action will be taken in only 5 cases and one case is still under investigation for possible disciplinary action.

The nature of the complaints was alleged negligent treatment by the doctor resulting in the death of a patient.

(2) The five cases are awaiting full investigation by the Disciplinary Committee of the Interim National Medical and Dental Council of South Africa, at which time the extent of negligence will be determined and appropriate action taken.

An HON MEMBER: What about *Sarafina II*?

The MINISTER FOR HEALTH: *Sarafina II* is showing. The hon member can go and see it. [Interjections.]

Can syringes replace spirits and shrubs?

(93) Star 7/3/96

Traditional African medicine plays an important role in the lives of many millions of South Africans. But will it continue to do so now that the nation is poised for the introduction of free and more widely accessible health care of the Western variety?

By David Robbins
Health Writer

In Mali, one of Africa's poorest countries, the programmes imposed by the IMF are having an unexpected result. As budgets for social services shrink, so do fees for basic medical care at clinics and hospitals rise. This has turned increasing numbers of cash-strapped Malians back to the traditional medicine option.

A development aid worker in Mali told me recently that the current estimate was that more than 90% of Mali's population once more consult traditional healers for their basic health needs.

What are the implications for South Africa? Here, unimpeded by IMF programmes, the whole point of current policy reform is to make health care cheaper and more accessible. Hundreds of millions of rands are being spent on improving services in the remotest areas; and from April 1, primary health care (PHC) will be free to all. Does this mean that the importance of traditional medicine is set to decline?

"It's difficult to believe that it will, certainly not in the immediate future" says Dr Engela Pretorius, an expert on traditional healers, who is attached to the department of sociology at the Free State University.

A survey undertaken by the University of Pretoria in 1994 indicated that 80% of black South Africans still make regular use of traditional healers. Even nurses are not excluded: 50% of them consult sangomas (healers) or inyangas (herbalists) for personal or family health problems before turning to the Western expertise in which they are trained.

Pretorius lists several reasons to support her conviction that the influence of traditional medicine is not set to decline. "Rapid urbanisation and the attendant culture shock, as well as the socio-economic legacy of apartheid, have all combined to create great difficulties for individuals. Under such conditions, traditional healers have an important role to play.

"They definitely provide a soothing influence on people living in unstable situations. In addition, the dual utilisation pattern, where people use traditional and Western medicine, is well established and unlikely to be disrupted by introduction of free PHC."

Of course, the debate concerning the comparative efficacies of traditional and Western medicine continues.

It's not simply a contest between bark and monkey paws on the one hand, and hygiene and hypodermics on the other. Each system has it strengths: Western medicine has hi-tech equipment and wonder drugs; its traditional counterpart provides a much more holistic approach to ill-health which embraces the socio-cultural and religious dimensions of the patient's condition.

But should the two systems be regarded as complementary?

Many people do regard them thus. Provincial health authorities are providing special PHC training for traditional healers, while the Medical Association of South Africa has formulated guidelines for co-operation (especially in the field of mutual referrals) between doctors and their traditional counterparts.

Even national health policy makes vague noises about the need to investigate the incorporation of traditional medicine into the national health system. But there's no final word yet about how the tens of thousands of traditional healers should be controlled (as Western-trained practitioners are by the SA Medical and Dental Council), nor about the financial implications of incorporating them into the overall health-care system.

Perhaps they never will be formally incorporated, but this does not mean they won't be widely used by millions of ordinary South Africans. But should ordinary South Africans be offered some form of assistance in paying for such services?

"Yes," is the emphatic reply from Ian McLaren, marketing executive of Traditional Healers Worker Benefit Scheme. "This scheme (THWBS) has been devised to address the needs of formally employed black workers who use traditional healers."

The monthly contribution is between R128 and R348. Half of this could be paid by employers, as they do for medical aid contributions. For the full amount the member gets the following:

- Two membership cards, one for himself, the other for family members if they live away from the member, for example in outlying rural areas.
- A monthly credit of between R100 and R300 with which to pay for the services of traditional healers. This comes in the form of vouchers which only registered traditional healers can redeem from THWBS.

These monthly credits can be accumulated and used at any time, even after the member has left his employment or has terminated his membership of the scheme.

- The member and his dependants receive immediate funeral cover, and on his death his beneficiaries are entitled to a further 10 years of monthly credits to use on the services of traditional healers.

With regard to the registration of the healers, McLaren explains that the Traditional Healers' Organisation of South Africa (Thosa), and smaller local associations, have elaborate methods by which individual healers are accepted into the fraternity.

"We generally go along with their recommendations. We established a committee comprising members of some of the associations to advise on registrations."

McLaren said THWBS had already registered "tens of thousands" of the estimated 100 000 healers in the country. "One of the problems is that there are probably an equal number of charlatans. Adequate registration criteria are clearly vital to protect our members from these people, and to ensure that only reputable healers get paid."

THWBS has already approached more than 80 commercial companies with a view to interesting them in offering the benefits of the scheme to their employees.

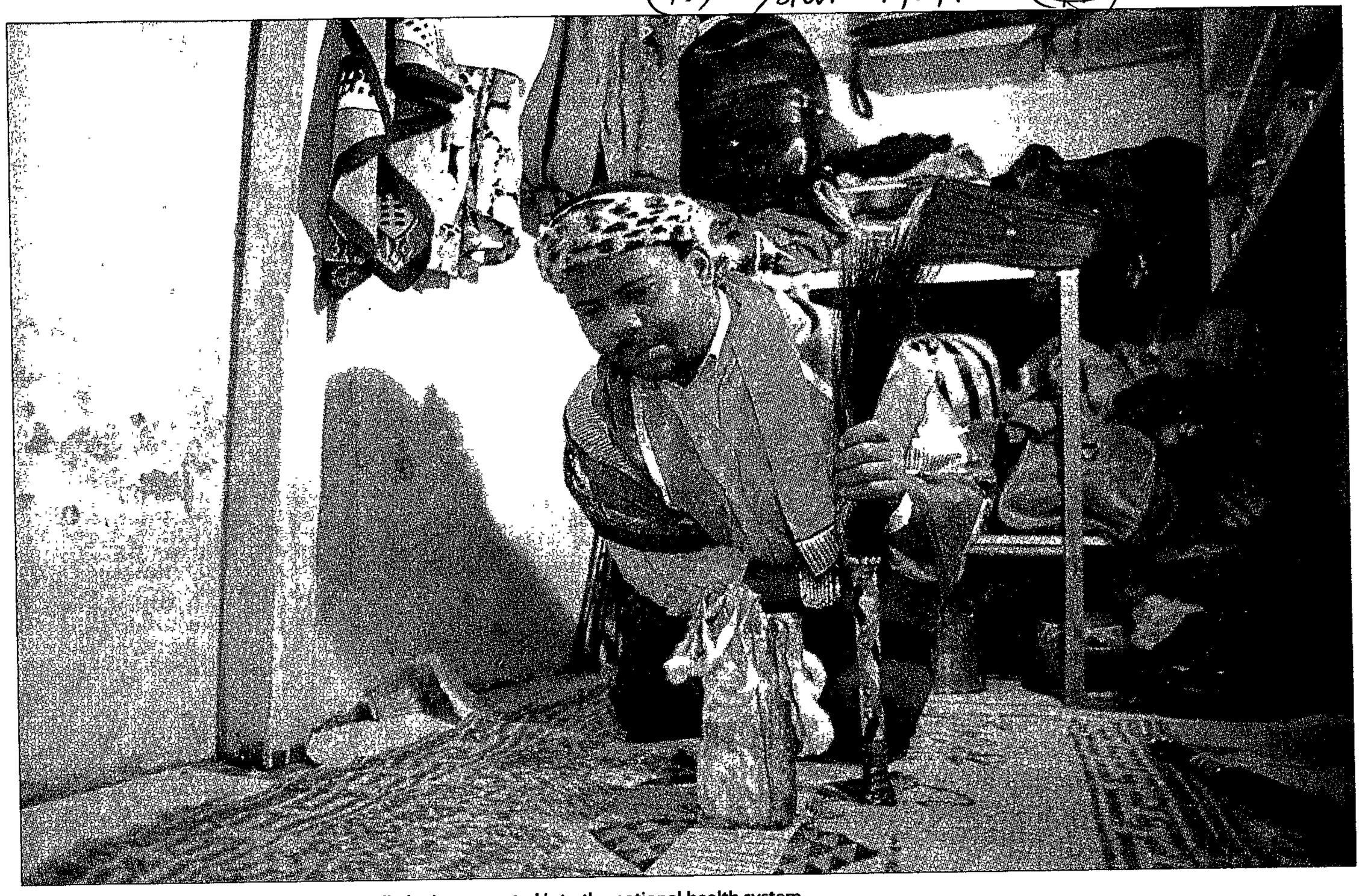
Time will tell whether they take the opportunity.

Pretorius comments: "I think that the THWBS plan is quite feasible. It's one of several schemes attempting to finance the use of traditional healers, and it may well serve as a pilot for the shape of things to come."

One hindrance to a widespread acceptance of THWBS and similar schemes, however, must be the pending proposals for the introduction of a mandatory hospital benefits package for which employers and employees will be jointly expected to pay.

Will they also then be able to afford the services of traditional healers?

DEBBIE YAZBEK



Holistic approach ... sangomas may eventually be incorporated into the national health system.

'Flying doctors' in trial to assess medical air service

BD 14/3/96 (93)

Kathryn Strachan

THE "flying doctors" began their service in the Northern Cape last week, finally reaching remote parts of the Kalahari and Karoo which have rarely seen a doctor.

To reach the vast province's outlying areas, the health administration has loaned a plane from Pilatus and, in a joint project with the Red Cross, will conduct a six-month study to assess the feasibility of a medical air service.

Each day the plane will leave Kimberley for a different district, taking doctors and specialists to outlying clinics and bringing back patients that need to be referred to Kimberley Hospital. Supplies will also be airlifted, ensuring medicines such as vaccines are kept cold. At present medicine often goes unrefrigerated when being delivered to outlying clinics.

Northern Cape deputy health director-general Barry Kristnasamy believes the flying service is the answer to the province's main obstacle — the immense distances and small communities.

Another boost for outlying clinics in the province is the arrival of 11 Cuban doctors. At present there are no full-time state doctors serving in these areas.

The provincial administration has other ambitious plans to boost its health services. The most important is upgrading the Kimberley Hospital and linking it to the Free State University by June.

The Kimberley Hospital will have an overhaul of R4,5m to upgrade it to offer nine specialities and, by linking it up with the medical school, it will become a satellite secondary hospital where specialists from the Free State will make regular visits. The Free State specialists will also make use of the plane service to visit outlying Northern Cape facilities.

Last week the Medical Research Council signed an agreement to set up its fourth research base in the country in Kimberley — a development which will further strengthen academic links and provide support to Northern Cape health services.

The province needs all the help it can get in extending its health services. It faces the second-highest TB rate in the country, and the highest smoking rate.

With nuclear waste sites in the Kalahari, asbestos mines, agricultural pesticides and the Vaal River bringing mining metals from Gauteng, the province faces many environmental hazards.

It is investigating the exact health effects of these hazards and drawing up interventions — particularly in light of people wanting to reclaim land which could have been used for nuclear testing.

The boundary dividing the Northern Cape and the Northwest is also posing a problem for health authorities as it cuts across natural health districts. The town of Kuruman, for example, falls in the Northern Cape while its satellite townships fall in the Northwest. Health authorities from both provinces are devising a rational referral system where people will go to the clinic nearest to them, even if it does lie across the provincial border.

The final task facing the province is stamping out the racial separation which still exists in some of its hospitals. Kakamas Hospital — with its two casualty departments, two outpatients sections, two labour wards and two entrances all within a 30-bed hospital — is but one of the examples of these relics from the past.

Gauteng to add fluoride to its water

BD 14/3/96

Kathryn Strachan

GAUTENG is set to save R7,9m in dental health costs when fluoride is added to its water supplies in the near future.

As correct fluoride levels in the water reduce tooth decay by up to 50%, the health department is in the process of issuing regulations to have it added at water purification systems across the country.

Once the water and environmental affairs ministries have passed the regulations, they will be circulated for public comment.

Wits department of community dentistry specialist Usuf Chikte said yesterday water fluoridation had proved to be the most cost-effective prevention strategy for tooth decay.

The cost of adding fluoride to water supplies costs less than R1 per person a year.

This makes it at least 18 times more cost-effective than fluoridated toothpaste (and for many poor people, toothpaste is a luxury), and 61 times more cost-effective than visiting a dentist to have a tooth filled.

The initial outlay for the Rand Water Board will cost about R50m, and will benefit 9-million people in six provinces.

For every R1 invested in water fluoridation, government will save between R16 to R55 which would otherwise have been spent on providing curative dental care.

It is also estimated that in Gauteng almost 1 028 job year equivalents are lost to the labour market every year because of the time lost in visiting dental clinics.

All natural sources of water contain the mineral fluoride — which reaches the rivers through rocks and soil — and when a balance is struck between the level of fluoride and the level of water it protects teeth against decay.

In parts of the country where the natural fluoride levels are high enough, fluoride will not have to be added.

As increasing urbanisation and sugar consumption has led to a dramatic rise in tooth decay over the past two decades in SA , it has become vital for the health authorities to take steps to prevent tooth decay — which affects mostly children, women, the elderly and the poor.

GARY BERNARD

Pleased to meet you ... Cuban doctors Osvaldo Wilson (left) and Noris Castro (centre) meet Nursing Services Manager Beauty Sifumba and colleague Dr Tsepo Mphakatsi at Sebokeng Hospital yesterday.

Star 19/3/96 (93)

Gauteng's only two Cuban doctors arrive to warm welcome

By Janine Simon
Medical Correspondent

Gauteng's only two Cuban doctors arrived for their first day at Sebokeng Hospital yesterday to be faced with yet another round of welcoming songs, tea, paperwork – and underlying tensions.

The doctors, family physician Noris Castro and surgeon Osvaldo Wilson, have still to settle into the doctors' quarters.

Dr Castro will work in the medical wards in the mornings, and polyclinic in the afternoons. Dr Wilson will join the surgical team.

The Cubans were part of the first wave of 96 doctors imported on government-to-government contracts in a bid by the health department to staff underserved hospitals in all nine provinces. Most were deployed in more deprived areas such as the Northern

> **"The way this has been handled is objectionable"**

Province, Eastern Cape, Mpumalanga and KwaZulu Natal.

The Gauteng doctors, who were appointed to the rank and salary of a medical officer, will push the complement of doctors in the critically understaffed 900-bed Vaal Triangle hospital to 29.

The doctors were warmly welcomed by the Vaal Metropolitan Council Mayor Yunus Chamda, the ANC Women's League, hospital staff and a local school choir.

Nurses were enthusiastic about the first wave of doctors imported by the new health department, saying extra hands meant a great deal to patients who had to queue all day for attention.

"Their English is not a problem. We've been translating for the Poles and Yugoslavs for years," said one senior nurse

But foreign-trained doctors, the bulk of medical staff, were more critical.

"The way in which this has been handled is objectionable," says Pakistan-trained Dr Safdar Malick. "All of us who came have degrees and were assessed in exams. We don't think the assessment of these doctors has been valid."

Van der Spuy said there were many applications for the vacant posts in her hospital from foreign-trained doctors who had passed the exams previously set by the SA Medical and Dental Council, but she could not appoint them now.

"Doctors from Zaire, Pakistan and Poland have kept services going here without any of the fuss accorded the Cubans, and I would like to thank them for that," she said.

Doctors 'inaccessible for blacks and coloureds'

ET 21/3/96 (93)

LISA TEMPLETON

BLACK and coloured people are significantly under-represented by family doctor services in the Western Cape, according to a survey by the South African Practitioner Research Network.

The survey — conducted among 2 473 patients and 29 general practitioners in the Cape Peninsula and Stellenbosch in 1991 — found that white and Indian people were over-represented relative to their distribution in the population.

Researchers also found that 69,2% of white patients and 56,64% of coloured patients paid through medical aid while 71,9% of blacks and 63,8% of Indians paid out of their pockets.

These statistics — published in a recent issue of the South African Medical Journal — emerge at a time when the Department of Health has set up a commission of inquiry into access to medical facilities throughout the country.

"There is overwhelming evidence that black and coloured people are under-represented nationwide," said deputy director-general of health Dr Ayanda Ntsaluba this week.

"The price barrier is the main obstacle to coloured and black patients in urban areas."

Ntsaluba said the commission of inquiry was looking into national health insurance to improve accessibility.

He said the government needed to establish contracts with doctors in areas where there were no public facilities.

In rural areas inaccessibility was worsened by transport costs and time needed to travel to medical facilities.

The survey also concluded that, except for blacks, female patients outnumbered males in all race groups.

Most patients were under the age of 14 or between 25 and 44.

THE CAPE

Head of surgery 'not qualified'

(93) ARG 29/3/96

Fatal procedure an 'unmitigated disaster'

PORT ELIZABETH – A foreign doctor who was appointed head of surgery at a provincial hospital, admitted in the Port Elizabeth Magistrate's Court that he was not qualified for the job.

Dr Dimitris Mihailescu, under cross-examination by Ms Linda Rheeder, for the State, admitted he was not qualified to be head of surgery at the Port Elizabeth Provincial Hospital and said his appointment came as a surprise to him.

The Rumanian doctor defended his decision of choice of surgery to remove a tumour from Helen van Vuuren in 1994 which resulted in her death.

Mrs Van Vuuren, 51, of Kensington, Port Elizabeth, had a heart attack after severe bleeding.

Dr Mihailescu said it was not unusual to encounter severe bleeding during an operation.

He was "satisfied" he had done everything within his ability during the operation and did not believe there was anything more he could have done to save her life.

"In spite of my efforts this patient died," said Dr Mihailescu.

He has also accepted responsibility for the deaths of Mrs Vuyokazi Dube and Mr Arthur Rhodes, who died soon after his appointment as head of surgery at the hospital.

Dr Mihailescu admitted he had not done a three-part course required as a qualification to be recognised as a specialist surgeon in South Africa.

He had, however, passed a special entry test set down by the South African Medical and Dental Association, which allowed him limited registration.

During evidence it was also claimed that a healthy kidney was removed from Mrs Van Vuuren.

Professor Brian Warren of the University of Stellenbosch has strongly criticised the Eastern Cape provincial health authorities for appointing Dr Mihailescu as head of surgery, "knowing full-well that he was not a qualified surgeon".

Professor Warren said the procedure carried out on Mrs Van Vuuren could only be described as an "unmitigated disaster".

Referring to organs damaged in the process of attempting to remove a tumour, Professor Warren said: "There is no alternative but to conclude that the procedure was performed either in a grossly negligent manner or that the operating surgeon had no concept of the relevant surgical anatomy and pathology."

Professor Warren said the extent of the damage caused was such that, even with the assistance of experienced surgeons, blood loss could not be halted.

The case continues.

Postpone local election if violence continues — Zuma

BD 2/4/96 (264)

Farouk Chothia

ULUNDI — ANC national chairman Jacob Zuma warned yesterday that local government elections in parts of KwaZulu-Natal might have to be postponed if the level of violence failed to drop.

Zuma said measures announced by SAPS national commissioner George Fivaz on Sunday, including the formation of more special investigation units to investigate all political incidents claiming more then three lives, were inadequate.

More soldiers should be deployed to KwaZulu-Natal with orders to seize all weapons. House-to-house searches should be conducted if necessary, he said.

In another incident of violence, IFP defence spokesman Philip Powell said IFP Impendle candidate Damasius Khumalo had been abducted and shot dead in the Midlands on Friday.

He said a campaign to assassinate the region's IFP candidates appeared to be underway. This follows the fatal shooting of ANC Umlazi candidate Dan Danisa last week shortly after meeting with IFP leaders in Umlazi.

Zuma said the ANC had information that assassination attempts would be made on its leaders at Easter. "We should not bluff ourselves and say this election will be free and fair," Zuma said.

ANC leaders in Donnybrook, site of the Human Rights Day massacre of 11 people, said they doubted elections could be held as residents were afraid to vote.

Zuma said the ANC was committed to the March 29 election date, but it might be necessary to postpone the poll in fiercely-contested areas affected by an upsurge in violence.

KwaZulu-Natal local government ministry spokesman Warwick Dorning said the ministry had published a legally-binding code of conduct on all parties and candidates, barring them from carrying arms or weapons "of any kind" at all political rallies, marches and demonstrations relating to the elections.

It was a question of legal interpretation whether the ban extended to cultural weapons, he said.

Local government election task group co-chairman Frederick van Zyl Slabbert said the security forces had identified 52 flash-points in the province.

The SAPS, SANDF and intelligence services were working to put security measures in place.

A senior provincial police source said three to six policemen would be needed to secure each of the about 3 000 polling stations. If three were deployed at each station, half of KwaZulu-Natal's police force would be used, while if six were deployed, the entire force of 18 000 would be needed.

Police would guard polling stations for 12 hours before and after voting, and then transport ballot boxes to counting stations.

The source said police area commissioners had to report by Thursday to the provincial security committee on how many policemen each region could sacrifice for the election. A request would then be made to Fivaz to allocate additional policemen.

Legally the SANDF could not guard polling stations, but could protect people going to vote.

Sources said that information available showed a small group of leaders were suspected of orchestrating violence. Premier and safety and security MEC Frank Mdlalose declined to comment.

Foreign doctor not to blame for three deaths

(93)

Own Correspondent

BD 2/4/96

NOBODY was to blame for the deaths of three patients treated by Romanian immigrant doctor Dimitris Mihailescu at Port Elizabeth's provincial hospital, an inquest magistrate found yesterday.

Magistrate Thomas Bekker found the doctor was not negligent and not to blame for the deaths of Helen van Vuuren, Vuyokazi Dube and Arthur Rhodes, and acted reasonably under the circumstances.

The doctor told the court he did not apply for the head of surgery post and was surprised by his appointment.

Senior medical superintendent at the hospital Dr Charles Waldevanck told the court that had it not been for Mihailescu, the most important department at the hospital would have been closed.

The Eastern Cape health and welfare department apologised yesterday to the province's foreign doctors for the "generalised" impression of incompetence that had been created.

Port Elizabeth regional medical superintendent Dr Freddy Rank said Waldevanck's criticism of foreign doctors "is not the view of the administration".

Rank's comments followed the angry reaction on Sunday by the newly formed foreign doctors' association that they were ready to quit.

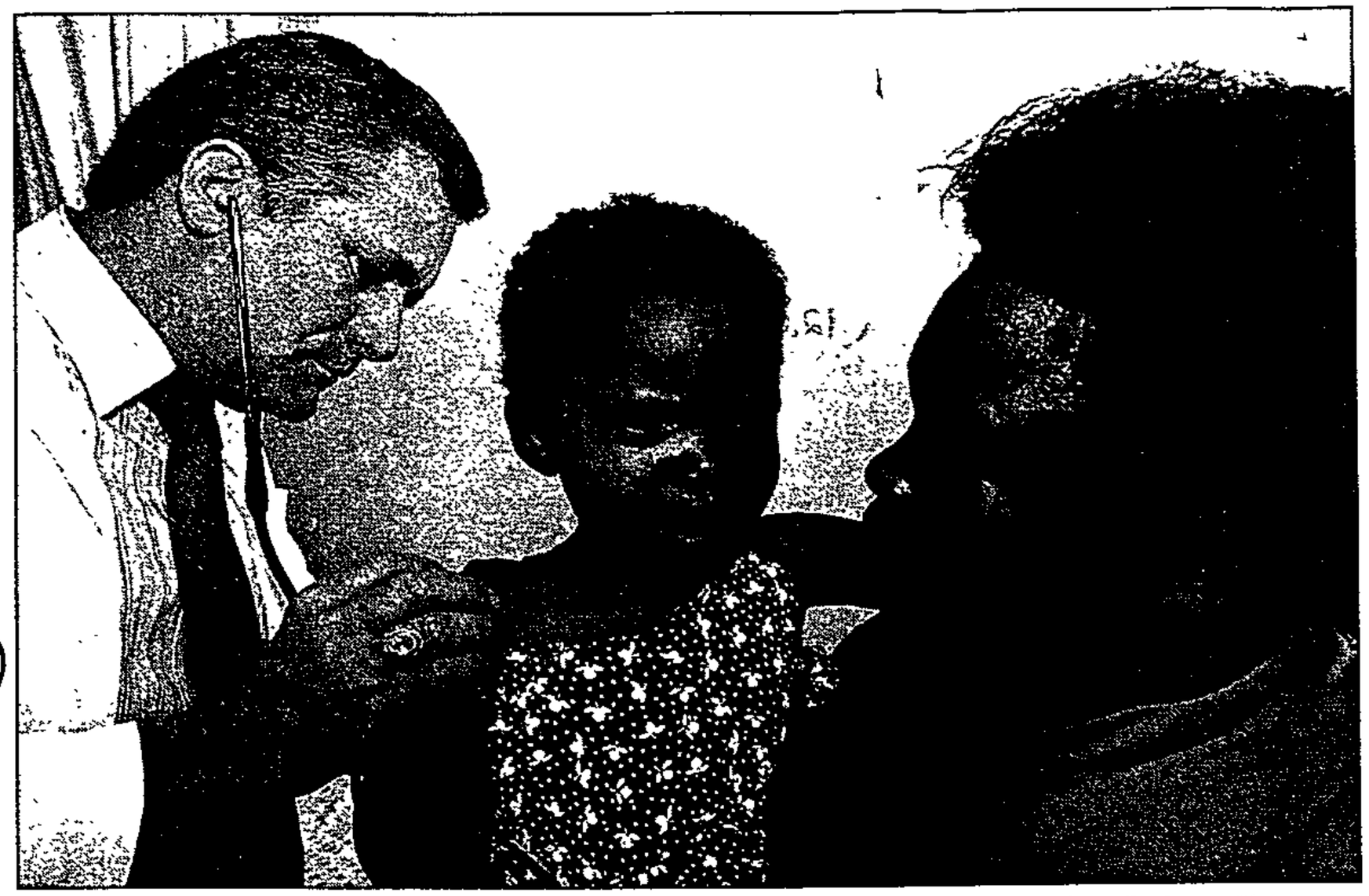
Eastern Cape western region health and welfare director Dr Thabo Sibeko said he would be approaching foreign doctor representatives soon to discuss their grievences.

Sibeko said yesterday that while local doctors were moving into private practice or emigrating, foreign doctors were running SA hospitals. "Services could collapse if they quit," he said.

Skilled immigrants rejected by Home Affairs

M+G 12-18/4/96 (93)

The social costs involved in losing skilled immigrants has led to complaints about the ineptitude of Home Affairs officials, reports **Marion Edmunds**



Imported skills: Cuban doctors are filling positions in South Africa following an exodus of medical practitioners
PHOTOGRAPH: NAASHON ZALK

DEPARTMENT of Trade and Industry officials revealed this week they had to intervene to ensure skilled foreigners are not prevented access to the South African job market by inept members of the Department of Home Affairs.

Trade and Industry representative Ismael Lagardien said his department had been concerned Home Affairs officials were not sophisticated enough to evaluate the CVs of skilled foreigners, and that valuable applications for work permits were being turned down, to South Africa's detriment.

"When we met business delegations, especially from Germany, who were prepared to invest here with highly developed technology, it was a consistent complaint that Home Affairs was preventing specialists — who knew the technology and the machines — from working in the country and from training South Africans," he said.

This has been backed up by the chief executive officer of the German Chamber of Commerce in Johannesburg, Klaus Schuurman, who said that his organisation had received a number of complaints last year about Home Affairs.

"We had a case where a German company wanted to bring in a specialist to make diamond-tipped tools. Home Affairs refused permission for his work visa on the grounds that there were enough diamond specialists in South Africa. Once the application was turned down, we had to reapply and only after explaining that the applicant was a specialist toolmaker and not a diamond specialist, did he get the work permit," he said.

This system of application could be expensive in future, given that the government wishes to introduce tariffs for work permit applications — R350 a time.

'South Africa is suffering from a brain drain and we cannot afford to be too selective in our immigration policy'

Schuurman is one of many in the business community who has to cope with the inefficiencies of Home Affairs officials.

chief executive of the Johannesburg Chamber of Commerce Marius de Jager said the problem was being discussed within his community, and he believed there was a great deal of sensitivity in government about who should be allowed in and who should be kept out.

"I am not sure whether our new government has clear cut policies on this, but there is a sense that we should be training our own people rather than bringing in people from outside. I have sympathy with that view to a degree, but South Africa is suffering from a brain drain and we cannot afford to be too selective in our immigration policy."

De Jager said South Africa had lost a valuable opportunity to pick up skilled workers from Hong Kong and Eastern Europe, and South Africa even needed artisans from abroad such as electricians who were essential for the Reconstruction and Development Programme.

Tim Sargeant, a manager of CPL, a specialist computer firm recruitment and contract company, has also been tearing out his hair at the short-sighted approach of the Home Affairs officials.

"We do not believe that they understand the subtleties of the computer industry. Work permits are still being refused on the grounds that there are unemployed computer people in South Africa, and certainly there is no need to import people with six months experience. But somebody who has a university degree and three or four years experience can get a job here tomorrow — I know of a thousand computer jobs I could fill today."

Sargeant said the lack of skilled people in the computer industry was starting to impact on training programmes, as there were not enough people around to train-up South Africans to do the jobs.

Sargeant said that in the 80s a work permit could be issued in a matter of days, but now the process of application could take months.

Lagardien said that South Africa needed more engineers and technicians and manufacturers.

"The people taking jobs away from South African masses are the illegal immigrants from Africa who are pouring over the border and who can only do menial tasks and hard labour. We need people who can build our manufacturing industry and who are specialists in technology. We have too many theology and sociology graduates."

Lagardien and others from the Department of Trade and Industry indicated that government was working on ways of introducing a larger technical component into the education system, in order to produce South African graduates with the right skills to grow the economy. In the meantime, those skills would have to be imported.

A Trade and Industry representative said the department would only intervene in the case of companies, and would not support a work permit application by an individual.

By the time of going to press, the Department of Home Affairs had not responded to questions put to it by the *Mail & Guardian*.

Zuma tours Germany

Kathryn Strachan (93)

Health Minister Nkosazana Zuma left yesterday for Germany where she will discuss recruiting German doctors to serve in SA's neglected areas. BD 15/4/96

The discussions with the German health department are part of the wider recruitment drive to get foreign doctors to work in remote areas in SA in terms of intergovernmental agreements. The recruitment drive of foreign doctors began with the import of 100 Cuban doctors who arrived in SA last month.

However, there are still nearly 2 000 posts which need to be filled over the next two years in rural parts of the country.

Department sources said it was also looking into recruiting doctors from Egypt.

During the week-long visit Zuma and her delegation will also investigate how Germany has approached health issues such as its health insurance system and also how the private and public health sectors interact.

Truth commission hearings begin today

BD 15/4/96

Wyndham Hartley

CAPE TOWN — The first formal hearings of the truth commission get under way today in spite of a Constitutional Court challenge which could end its existence and appeals from families of slain activists to halt its proceedings until the matter has been decided.

While the Constitutional Court decided on Friday that it could not accede to an application from the Biko, Mxenge and Ribeiro families to put the hearings on hold, the challenge to the constitutionality of the commission will be decided in a few weeks.

The truth commission itself has also turned down a request from the families to delay hearings until the application has been decided and this has again raised the possibility of an urgent interdict application being lodged in the Grahamstown Supreme Court to try and halt today's hearings in East London.

The respondents in the challenge to the commission's constitutionality, President Nelson Mandela, Justice Minister Dullah Omar and the commission itself, now have time to formally announce their intention to defend the action and to supply heads of argument against the contention that the commission robs the victims of their constitutional right to legal redress.

Of the more than 200 cases before the commission's Eastern Cape office, 25 to 30 will testify during the next four days on human rights abuses that include deaths in detention, disappearances, abductions and violence resulting from party political rivalry.

Names of alleged perpetrators of these abuses and crimes are likely to be mentioned over the four days and some "well-known" people are expected to be named.

According to the commission they have been informed of the possibility and given an opportunity to respond.

After the Eastern Cape hearings the truth commission will hold hearings in Gauteng, Western Cape and KwaZulu-Natal but the target dates for these hearings could be influenced by the lessons which will undoubtedly be learnt over the next four days. For example, no one knows how long individuals will require and, if perpetrators are named, how long it will take for them to be allowed a chance to put their side of the story.

The Constitutional Court challenge is the climax of weeks of controversy which includes the commission's first incident of a dishonest witness claiming to have knowledge of human rights abuses, a brush with the justice department over the speed with which a witness protection plan was being implemented and the choice of its staff being slammed as overtly political.

Chemical workers to stage stayaway

BD 15/4/96

Renee Grawitzky

THE chemical industry faces a national stayaway tomorrow when 40 000 Chemical Workers' Industrial Union members march in an attempt to break the deadlock with employers over the powers of the chemical bargaining council.

Six unions party to discussions on the establishment of a bargaining council are demanding overriding powers for the central structure while chemical employers supported the view that the separate subchambers should have overriding powers. Differences also existed over the number of sectoral subchambers.

Marches will take place in Pretoria, Johannesburg, Port Elizabeth, East London, King Williams Town, Cape Town and Durban as part of the union's programme of action adopted at its national bargaining conference in March.

Chemical employer co-ordinator Fanie Ernest said that overtime bans had begun in some companies while a large number of employers had held discussions with union representatives at plant level to implement plans to lessen the impact of tomorrow's planned action on production.

The parties have agreed to meet later this week to discuss interim arrangements for wage negotiations this year.

'More sueing doctors'

(93) ARL 15/4/96

Health Reporter

MEDICAL malpractice litigation in South Africa is on the increase and hospitals should maintain staff competence levels and keep equipment in good repair.

This is the view of Neil van Dokkum, a lecturer at the University of Natal, writing in the latest edition of the law society journal De Rebus.

He said South African law had assumed an almost protective attitude to the medical profession and medical malpractice litigation would not reach the pandemic proportions it had in the United States.

But, he warned, mistakes were more likely to be made as free medical care put public hospitals under additional pressure.

Hospitals having become depersonalised had also changed previously intimate doctor/patient relationships and patients no longer faced moral difficulty when considering whether to sue doctors.

"Agrieved patients are now more inclined – if not actively enouraged – to seek financial redress, especially since state hospitals are perceived to have unlimited funds", he said.

Fears of increase in malpractice suits

Deborah Fine (48)(93) SD 18/4/96

COULD the recent announcement by President Nelson Mandela that pregnant mothers and children under the age of 18 are entitled to free medical care stimulate the increasing occurrence of malpractice claims against local doctors?

In an article in the April edition of the SA attorneys' journal, De Rebus, University of Natal lecturer Neil van Dokkum said SA public hospitals would soon be subjected to an increased number of patients.

"Where there is pressure, mistakes are made," he said.

He said the concept of medical malpractice liability was not confined to the award of damages flowing from professional negligence. It incorporated a range of other causes such as the invasion of privacy by unwarranted disclosure of medical details or the failure to perform an operation, thereby causing financial loss to a patient.

As hospitals grew in size, so they became depersonalised, as opposed to the previously intimate doctor/patient relationship.

This generated a changing public attitude towards seeking redress for maltreatment, whether real or perceived. The patient no longer had the moral difficulty of suing a close acquaintance.

Consequently, and coupled with the fact that most hospitals were state-supported and backed by what was perceived to be apparently unlimited funds, the aggrieved patient was more inclined — if not encouraged — to seek financial redress.

Van Dokkum did not believe that SA medical malpractice litigation would reach the pandemic proportions seen in the US.

This was because SA law had assumed an "almost protective" attitude to the medical profession in general, and a plaintiff still ran the risk of an order of costs made against him if his case failed, assuming he had the funds to lodge the case in the first place, he said.

However, any increase in malpractice litigation in SA should have the effect of encouraging hospitals to play an active role in maintaining levels of competence among staff and the good repair of equipment.

SA seeks German doctors

(93)

ARG 20/4/96

SOUTH Africa was negotiating with the German government for between 20 and 50 doctors, said Health Minister Nkosazana Zuma.

Addressing a media briefing at Johannesburg airport on her return from Germany yesterday, Dr Zuma said that if all went well, the doctors would arrive this year.

"We're setting up the same type of agreement as with the Cuban doctors," she said.

About 100 Cuban doctors recently began contracts in South Africa.

Dr Zuma, who spent four days in Germany, was invited by her German counterpart, Horst Seehofer.

They discussed the recruitment of German doctors, the effectiveness of the German national health system, the development of the German pharmaceutical industry and public and private-sector interaction in Germany.

Asked about the German doctors' qualifications, Dr Zuma said they would not be juniors.

"We cannot afford to get doctors straight from college.

"These are not teaching posts," she said.

Dr Zuma said before the doctors left Germany they would undergo an extensive short course to equip them to deal with problems they "would not necessarily see in Germany".

In a memorandum of understanding between the SA Health Ministry and the Centrum fur International Migration und Entwicklung, the CIM conditionally agreed to place 20 doctors in South Africa for up to five years.

Conditions discussed included that South Africa ensured the doctors selected obtained all permits necessary for working in the country; that they were registered medical practitioners; and that they received a letter of appointment and a standard employment contract.

Asked if it would not be easier to lift a moratorium on foreign doctors already in South Africa from retaking registration tests they had failed, instead of recruiting doctors from other countries, Dr Zuma said the moratorium had been imposed only about a year ago.

"There are rules in any country.

"If foreign doctors cannot pass the rules, they cannot be allowed to practise," she said.

The National Progressive Primary Health Care Network welcomed the recruitment of German doctors, saying it was an "excellent stop-gap measure" for the country's public health-care system.

However, it viewed the recruitment as a short-term solution.

The long-term goal of the Health Department should be for local doctors to serve society, it said.

"This measure should not shift the department's commitment to introducing community service for South African doctors and reforming curricula," it said.

The network said it was concerned that the German doctors had training very different to the training of South African doctors. – Sapa.

MONDAY
APRIL 22, 1996 ★

20 German doctors set for SA stint

(93) CT 22/4/96

HEALTH WRITER

AT LEAST 20 German doctors are to join about 100 Cuban doctors in South Africa to help alleviate a crippling doctor shortage in rural state clinics and hospitals.

Up to 50 Germans may eventually come and other Europeans could join them in terms of a memorandum of understanding between the SA Ministry of Health and Germany's State Centre for International Migration and Development (CIM).

The agreement was signed on April 17 in Frankfurt by Health Minister Dr Nkosazana Zuma, who returned to South Africa on Friday after a five-day trip.

She has spearheaded a government drive to recruit groups of foreign doctors through government-to-government agreements to help fill about 2 000 vacancies in provincial and district hospitals in rural areas.

The first such agreement was with Cuba, and in terms of the German memorandum of understanding, the CIM has requested the European Union to arrange for further placements within the framework of the union's European Citizens' Service Programme.

India has also been approached, but African countries have not because this would have a detrimental effect on countries such as Zimbabwe, which already face doctor shortages.

Zuma visited Germany at the invitation of her German counterpart, Minister Horst Seehofer.

Zuma also studied Germany's national health system and pharmaceutical industry.

Grassroots offer by doctors

(93) ST (M) 28/4/96

By YVETTE VAN BREDA

SENIOR health department officials will meet a group of private doctors this coming week in a bid to involve them in primary health care at grassroots level.

Plans call for the doctors to provide a comprehensive service, including immunisation, family planning, child health and antenatal care.

Two Khayelitsha doctors, Dr Loyiso Mpuntsha and Dr Percy Mahlati, who have worked in impoverished areas for five years, have proposed to the Western Cape health ministry that they could use their facilities and services and the state could pay them and provide medicines.

Dr Fareed Abdullah, chief director of health care, confirmed the provincial health department was assessing the proposals and said they were pleased the private sector was eager to help.

He said accreditation criteria for purchasing health services were being worked out. Once a system was in place, doctors would apply for accreditation. Dr Abdullah said He foresaw "some kind of legislation" from central government to regulate the procedure and cost.

Dr Mpuntsha and Dr Mahlati told the Sunday Times this week there were no more than 10 doctors practising in Khayelitsha, which was home to about 300 000 people.

pump contaminated

Drug firms cut bonuses to doctors

(T&B) (90) (93)

OWN CORRESPONDENT

CT 2/5/96

JOHANNESBURG: Pharmaceutical manufacturers have fallen in line with the Health Ministry's moves to curb drug prices and have finally stopped one of the industry's most inflationary practices: Giving dispensing doctors "bonuses" in the form of free prescription medicines.

The Pharmaceutical Manufacturers Association of South Africa (PMA) said its members had agreed to stop "off-invoice bonusing" from the end of last month.

The move was approved by the Competition Board and would help contain health care costs, and end a number of potentially unethical practices, it said.

The PMA, which represents South Africa's multinational, research-based pharmaceutical companies, said off-invoice bonusing had "contributed significantly" to a steep rise in the use of prescription medicine and health care inflation in recent years.

"For consumers, any practice that encourages unnecessary prescribing is potentially harmful, since patients seldom question the decisions and prescribing habits of their practitioners," it said.

The move was also expected to ensure price transparency throughout the distribution chain, so that discounts given by manufacturers reached the consumer.

Leon slates ANC, labour

Bonile Ngqiyaza

BD 3/5/96

DP LEADER Tony Leon has indicated he will not be filing charges against a Cosatu marshal photographed assaulting him in Cape Town during the strike earlier this week because his parliamentary duties would suffer from his absence.

At a meeting in Durbanville yesterday Leon said democracy could not be advanced if Cosatu and the ANC would not discipline their members.

Leon said labour and the ANC threatened democracy by holding government hostage to a civil organ. "As long as breaking the law receives no reprimand from the state, there can be no true democracy in this country." Leon criticised the ANC for its constant use of the race card to "trump up debate every time there is mention of government corruption". The DP was looking at corruption and not at the colour of the corrupt.

He dismissed Water Affairs and Forestry Minister Kader Asmal's assertion that the ANC was the "first and only party" in SA to deal with corruption as "amnesiac delusion", saying he had pages of newspaper reports on corruption since the government took office in April 1994.

Comment: Page 18

Northwest denies Cuban doctors work long hours

(93) BD 3/5/96

Kathryn Strachan

NORTHWEST's health department yesterday denied claims by Cuban doctors stationed at a hospital in the province that they were on night call 27 nights of the month, and that they had not had a single day off since they arrived at the hospital a month earlier.

The Cuban doctors told Business Day that while they had to work these exceptionally long hours, the other doctors who were already at the hospital were on duty for only four nights of the month.

Northwest deputy director-general of health Prof Caroline Ntoane said these claims had been checked with the superintendent of the hospital, and he said they were not true.

The doctors were entitled to and did get days off.

It was for this reason that the province stated the media should not speak to individual doctors but should rather go through official channels in order to get the true picture, she said.

Ntoane said it was "impossible" for someone to work the hours that the doctors claimed.

The doctors, who also said they had not been paid after six weeks in the country, had now been paid. She said the one doctor who was originally from the Northern Cape had been paid on time, while the other doctors' salaries were slightly delayed for about a week for "technical reasons".

□ Due to an editing error, Business Day incorrectly reported that none of the four doctors stationed at the hospital had electricity in their residences on the premises. In fact only one doctor reported problems in getting the electricity connected. Business Day regrets the error.

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QUESTIONS

†Indicates translated version.

For written reply:

Medical students: statistics

80. Sen W F MNISI asked the Minister of Education:

How many (a) Black and (b) White students were studying in each medical discipline at each medical school in South Africa as at the latest specified date for which information is available? S134E

The MINISTER OF EDUCATION:

According to the 1993 statistics: (1994 statistics not available for all institutions)

University	*Whites*			*Blacks*		
			Total			*Total*
Cape Town	236	602	839	14	95	109
Durban Westville	43	17	60	24	23	47
Fort Hare	—	—	—	12	84	96
Medunsa	6	98	104	242	979	1 222
Natal	47	91	138	71	229	300
The North	—	4	4	13	254	267
Orange Free State	352	794	1 147	8	9	17
Port Elizabeth	62	84	145	21	3	24
Potchefstroom	42	280	322	2	1	3
Pretoria	445	1 937	2 393	22	10	32
Rand Afrikaans	139	235	374	14	1	15
Rhodes	—	65	65	—	31	31
South Africa	206	—	206	1 242	—	1 242
Stellenbosch	220	1 036	1 256	1	3	4
Western Cape	10	4	14	62	46	107
Witwatersrand	293	1 086	1 379	83	177	260
Zululand	—	—	—	197	—	197
Vista	—	—	—	—	—	—
Total	2 112	6 334	8 447	2 029	1 948	3 977

Nursing rehabilitation and therapy, emergency services, hospital and health care administration, public health

All other health care and health sciences

Health care and health sciences

University of Vista: State subsidy

81. Sen A J WILLIAMS asked the Minister of Education:†

(1) (a) What is the amount of the State subsidy to the University of Vista at present, (b) what percentage of the total income of the university does this amount constitute, (c) what percentage of the university's total budgeted income is derived from student fees and (d) what do student fees in arrears at the university amount to;

(2) whether the State will assist the university by means of additional funding; if not, why not; if so, by what amount;

(3) whether he will make a statement on the matter? S135E

The MINISTER OF EDUCATION:

According to the 1994 statistics.

(1) (a) R96 279 000

(b) 61,9%

(c) 27,4%

(d) 1993—R1 567 007
1994—R2 325 996
1995—R7 431 164

(2) No—no funds are available.

(3) No.

New doctors' internship system developed

93

Business Day Reporter

BD 13/5/96

THE process for appointing doctors to internships for this year had been "extremely unsatisfactory", resulting in the health department developing a new procedure, a department spokesman said yesterday.

Many students accepted posts at hospitals last year and then informed the hospitals "at the very last minute" that they would not be available, the spokesman said.

"Because of this, some students found it extremely difficult to get an intern post and by December 1995 still did not know where they would be working in January," he said.

A "significant" number of newly qualified doctors had left the country without doing their internships.

The new procedure would result in students and hospitals knowing by July 31 where every intern would be working. In July each student would be offered a post, mostly their first, second or third choice, and would be asked to formally accept within two weeks.

German doctors will work in rural areas

(93) BD 16/5/96

Kathryn Strachan

ABOUT 40 German doctors will be coming to SA in the next three months to serve in neglected rural areas — and the recruitment drive is now to be extended to the rest of Europe, after talks between the SA health ministry and the European Commission earlier this week.

It was agreed at the meeting to bring young European doctors to work in SA under the framework of the commission's newly launched European Voluntary Service Programme.

The project will be implemented with the German agencies for technical and development co-operation and it will see young doctors from all the EU member states assigned to vacant posts in SA for periods of two years.

The SA government (as employer) and the commission will contribute to the financing of the project.

The use of young doctors is part of a pilot scheme for the commission. The experience gained from it will give the commission valuable insights and serve as a basis for extending the "young doctors project" to other countries and other types of voluntary service in the social and health fields.

"By offering young Europeans a chance to engage in activities in another country, the European voluntary service scheme will create a feeling of solidarity between young people from all over the world, and also strengthens their sense of responsibility and concern for global problems," the commission said.

Health Minister Dr Nkosazana Zuma said this was a short-term measure to alleviate the critical shortages of staff in rural areas while her department was addressing a range of measures to encourage its own doctors to work in these neglected areas.

Speaking before the European Commission plan was arranged, health director-general Dr Olive Shisana said that the conditions for the German doctors would be exactly the same as for the Cuban doctors who arrived earlier this year.

Zuma will be leaving for Geneva and Germany tomorrow, where she will finalise arrangements for the scheme. Members of the interim SA Medical and Dental Council will also be going to Germany to interview selected doctors.

Zuma visited Germany last month to discuss the recruitment, as well as to look at other health issues such as the effectiveness of the national health system in Germany, the pharmaceutical industry and interaction between the public and private health sectors.

The German recruits would have to fulfil the same requirements as the Cuban doctors, such as proving their proficiency in English and their skill and experience.

Earlier this week MECs for health from across the country told a news briefing in Johannesburg of the valuable contribution the Cuban doctors had made to health services in neglected areas.

Doctors in private practice form Managed Care Coalition

Star 17/5/96 (93)

Doctors in private practice have formed a new lobby group, the Managed Care Coalition (MCC), to stake their claim in the growing trend towards managed health care.

The MCC is a self-funded non-profit organisation representing 6 000 doctors countrywide.

Its aim, says vice-president Dr Morgan Chetty, is to help doctors practice ethical, cost effective health care. To do this, the MCC will establish national standards, protocols and guidelines on, for example, prescription medicines and required tests for doctors.

This will ensure the best outcome for the patient and allow doctors to monitor their practice of medicine, said Dr Chetty.

The MCC will also educate doctors about practice management and advise doctors in becoming legal entities so that they can contract their services as a business unit to health care organisations or the government.

The MCC will also set up a national networking system to help doctors audit their own practices according to defined parameters, and allow the MCC to create a private sector database to show where the strengths and weaknesses of private sector lay, Chetty said.

"This will complement public sector data to give a more complete picture of health profiles and practices," he said. – Medical Correspondent.

SA doctors who left on one-way tickets

CT 21/5/96 (93) (2836)

EXODUS?: This is the 1987 graduating class of doctors from UCT medical school. Only 35 of the group are known to have emigrated (some doctors are absent). Government estimates put the emigration figure at 50%. In this class only 20% of the doctors have left the country. Their faces are circled.

"ALTHOUGH the "brain drain" of doctors from South Africa to greener pastures continues, some who have left the country are returning. Staff Writer CAROL CAMPBELL reports.

THE "brain drain" of doctors from South Africa to better-paid jobs abroad continued during January when another 15 left the country — further depleting the country's dwindling supply of health professionals.

To assess the severity of the impact of this mass emigration, a random year (1987) was chosen and as many doctors as possible were traced from the group who graduated from the University of Cape Town's medical school that year.

Of the 172 doctors who graduated that year, 35 had emigrated, one had died and 12 could not be found.

The rest were in private practice or working in state hospitals nationwide.

The national Department of Health has estimated it costs the taxpayer R750 000 to train a doctor — over and above the money the individual pays for his or her training.

Yet while doctors continue to flood out of South Africa, many are also coming "home" once they have travelled the world and earned enough overseas to repay crippling student loans.

A doctor who was in the class of '87 went through the graduation photograph taken by the university and identified at least 10 of his friends who had left the country and subsequently returned.

He said these doctors were returning to SA with top-notch experience gained at some of the world's best hospitals and could only be regarded as "major" assets to the country.

Three doctors who have just returned from Canada and England and taken jobs at Groote Schuur and Somerset hospitals were asked why they returned. They cannot be named for professional reasons.

One said: "After six years of heavy studying, I just wanted to escape and travel. The fact that I was a doctor made it easy to get work. Now, after two years, I am back to settle down."

He said if doctors were forced to work in rural areas, the emigration rate could increase. This was supported by the Medical Association of South Africa in a statement earlier this year.

Patients in First World countries were also less sick or less traumatised. Doctors seldom dealt with the mass of shootings and stabbings that confronted doctors hourly in South African hospitals.

"When I worked in trauma at an English hospital, we treated dozens of sprained ankles. I think it was all the cobbled streets that had people tripping and falling," he said.

The doctor added that he would sit the required British medical exams "just in case" he needed to emigrate.

Another doctor said: "The temptation to stay is great. The facilities are almost always excellent. As a doctor you are treated like gold and there are enough nurses to give your patients good back-up care."

The hours were better and most hospitals expected doctors to work only 20 or 80 hours a week. "Of course, they love South Africans because we regard a 110-hour week as normal," he said, adding that he would certainly consider emigrating permanently.

"Here the nurses are run off their feet and at Groote Schuur some beds in the Intensive Care Unit have never been opened," said the third doctor.

She added she would be prepared to stay in South Africa and work in rural areas provided the government offered her an incentive.

The chairman of the Federal Council of the Medical Association of South Africa, Dr Bernard Mandell, said it was a "sad reflection" on South Africa that doctors with foreign degrees were being imported to meet the countries medical needs while local doctors were emigrating.

"It is vital that national health policies provide incentives which strengthen the public sector and ensure the continued existence of the private sector."

He said he hoped the July 1 salary increases for doctors and negotiations to improve their working conditions would encourage local doctors to stay.

The national Department of Health estimated that South Africa immediately needed at least 2 000 doctors — mostly in rural areas if it is to provide basic medical care for all.

In a controversial move, Health Minister Dr Nkosazana Zuma recently employed 101 Cuban doctors on three-year contracts to work in South Africa's rural districts.

The department's director-general for policy and planning, Dr Ayanda Ntsaluba, said in an interview earlier this year South Africa would also be looking to Germany and Sweden, as well as countries in Eastern Europe, to recruit doctors.

The profession at a glance

- 2 000 doctors are needed immediately.
- The government estimates it costs R750 000 to train a doctor.
- A major pay increase in July may stem the flow of doctors out of the country.
- Of the 172 doctors who graduated at UCT in 1987, 35 have emigrated.
- Many doctors who do leave, return.
- Doctors working abroad experience less stress.
- They are seldom faced with the violence many SA doctors deal with hourly.
- Young doctors go overseas to earn foreign currency to pay back crippling student loans.
- In January this year 15 emigrated.
- If forced to work in rural areas, more doctors may leave the country.

Turf war over doctors' schooling

(93) M+G 24-30/5/96

Marion Edmunds

A THREE-WAY turf war is brewing between the South African Medical and Dental Council (SAMDC), universities and the government over who should set the standards for the schooling of doctors, and who should design the curricula and admission policy for medical schools.

While the pitched battle has not yet started, tension is mounting over proposals, drafted by a working group of the National Commission of Higher Education, which would give the government a greater say in medical education than ever before.

SAMDC president Professor Soromini Kallichurum complained to MPs this week that the commission was trying to wrest from the SAMDC its responsibility for setting standards for the education of medical students and health workers.

Kallichurum said during a hearing of the National Assembly's Health Portfolio Committee that the SAMDC had not been properly consulted by the commission's working group when it drew up a draft document on medical education earlier this year. She said the working group did not even understand the function of the SAMDC, which was entirely funded by its members and received no state subsidy.

"A great deal of the SAMDC's time is spent on disciplinary inquiries. You can't run a disciplinary programme without being involved in the education of the profession because the two are closely linked," she explained.

Kallichurum said the SAMDC was not prescriptive, but set broad principles to allow for diversity at the various medical schools around the country.

The head of the working group which drew up the controversial proposals, Professor David Sanders of the University of the Western Cape, countered that Kallichurum had been consulted.

The working group is proposing that government set up a body, called the Health Personnel Education, Research and Service Council, on which all stakeholders would be represented: councils, universities, hospitals, clinics and medical centres. This would act as a national standards-setting body. It would discuss policy and have subcommittees dealing with the review of aspects of medical education including curricula, funding and admissions.

The report drawn up by the working group says the proposals "may have implications for the educational role of the statutory councils of the health professions". It urges that the new service council be brought to life through legislation as quickly as possible to facilitate the transformation process.

The motivation behind the restructuring is "to place more emphasis on the needs of the community in giving effect to the primary health care approach in the national health system".

The head of the working group is defending the report. Sanders said this week: "I think the people protest too much. Because they don't like what we say, they say they were not consulted ... I think they are threatened by change."

Sanders was also referring to remarks made by the dean of the University of Cape Town's Medical School, Professor JP van Niekerk. He has also complained that the working group did not consult widely enough.

"We feel the proposals were extremely centrist and controlling, rather than facilitating, and that the new body would have the potential to encroach on the SAMDC and also on the university's independence. The role of the SAMDC and the universities in setting education standards and curricula was practically ignored in the document," Van Niekerk said this week.

He added there was a perpetual tension between professional councils and educational institutions about professional medical standards. However, he said the SAMDC had moved away from a prescriptive approach, and had been setting down broad principles, rather than stipulating detail.

Interested parties have until the end of next month to comment on the document, although an extension may be granted. Only two comments have been received to date, and the working group is hoping that the bulk will come in next week. The final report will be absorbed into the White Paper on tertiary education, which is expected to be finalised by July.

BUSINESS REPORT

INDICATORS

Gold (Ldn)	(close)	$391,25
	(pm fix)	$391,40
Gold (NY)	(spot)	$391,40
Dollar		R4,3675
Sterling		R6,6054
Deutschmark		R2,8341
Yen		R0,0409
JSE Overall Index		6 671,00
FT 100		3 747,00
Nikkei		21 724,08
Dow Jones		5 763,23

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Medical tribunal bars media, public

CT 24/5/96 (93)

ANEEZ SALIE
HEALTH WRITER

IN A landmark ruling yesterday, a Medical Council disciplinary tribunal barred the media and the public from hearing all evidence of a charge of sexual misconduct against a local doctor.

It was considered that the media would sensationalise the matter to the permanent detriment of the doctor, irrespective of his guilt or innocence.

However, the findings of the hearing would be made public.

At issue is a dispute over the public's right to know, the medical profession's right to safeguard its interests, and the media's role in the matter.

It last came to a head two years ago when a city gynaecologist, Dr Harold Mukheiber, faced charges of fondling a patient. The case received widespread media coverage.

Dr Mukheiber was found guilty by a similar disciplinary tribunal of the South African Medical and Dental Council (SAMDC), although its ruling was subsequently overturned by the council.

The legal representative for the doctor in yesterday's case argued that permanent damage had been done in that — and other — cases, because of the media's sensational handling of the matter.

"The matter will receive enormous publicity. It will be on the front page because it deals with sexual misconduct — the sort of thing the public loves reading in all its sensational back-page detail."

He also argued that it would be his duty to probe deeply into the sexual history of the complainant, who he doubted would want to be put through that in public.

A lawyer for the SAMDC opposed the in-camera application, saying the public had an inherent right to know.

He said the complainant in the case had no objection to giving evidence and to being cross-examined in an open hearing covered by the media.

City media lawyer Mr Jacques Louw said last night that a possible way around the issue could have been for the tribunal to rule that the proceedings be open to the public and that the media be free to report on it, but that the name of the doctor be witheld until a finding had been made.

Foreign-trained doctors shunned

(93) Sowetan 31/5/96

By Russel Molefe

Doctors claim health authorities are frustrating their bid to get jobs

SOUTH-AFRICANS trained as medical doctors in socialist countries are being denied jobs because of the moratorium imposed by the Department of Health, it has been claimed.

Several doctors who spoke to *Sowetan* on condition of anonymity for fear of victimisation, claimed only doctors trained in Western countries, especially Britain, Belgium and Ireland, were considered for registration with the South African Medical and Dental Council.

They also accused the department of "still clinging to the old norm of the apartheid regime which overlooked professionals from communist countries because of the so-called communist threat facing SA then".

"The arrangement was that a doctor with foreign qualifications was required to sit for admission exams. I am sure no one can complain about that, but this has been done away with and the ruling is simply no registration of foreign-trained doctors until further notice.

"This is causing untold frustration for South African doctors who cannot work in their country of birth."

They lamented the recruitment of Cuban doctors who have since been deployed in rural hospitals.

"If the situation does not change, we will have no option but to go and look for jobs in other countries. This will be bad because there is a grave shortage of doctors in South Africa."

Cuban doctors: Was it the correct move?

ARG 1/6/96 (93)

ADELE BALETA
Staff Reporter

■ The placing of Cuban doctors in rural hospitals may be setting a precedent for a health model which is not suited to the South African health needs.

RECRUITING of Cuban doctors to fill posts in rural areas has not met expectations and there are growing fears that Cuban doctors - although competent - are not appropriate for South Africa's primary healthcare needs.

Concerned South African doctors believe the recruitment of Cubans has resulted in poor use of financial resources. They say the Cuban deployment potentially puts at risk the envisaged role of the district health system.

A SATURDAY Argus survey of the deployment of the first batch of 96 Cuban doctors who arrived at the end of February found that contrary to Health Minister Nkosazana Zuma's assurance that they were to be posted to rural areas, many of them have been posted to secondary level (regional) hospitals.

An example of these is in KwazuluNatal at Grey's Hospital, which has three Cubans (working in anaesthetics, surgery and as a family physician); two doctors at Edendale hospital (in surgery and obstetrics and gynaecology) and one at Northdale (obstetrics and gynaecology).

According to a well-informed source Minister Zuma became aware of the gross shortage of doctors at regional level only when she was interviewing doctors in Cuba.

The majority of Cuban doctors are specialists but the need in South Africa's rural hospitals is for general practitioners.

The South African Medical and Dental Council spokesman, Daan Naude, confirmed that the Cubans were not registered as specialists but were indeed confined to working within their speciality such as paediatrics.

The source said Minister Zuma had hoped the Cuban family physicians who worked in Cuban clinics and who had two to three years post internship training would fill the role of general practitioner or primary healthcare doctor, but it turned out they did not have the broad skills required in rural setting.

They were, for example, unable to administer an anaesthetic or perform a caesarean section and, in the event of a stab wound, they would not be able to perform chest drains or abdominal surgery. In Cuba the family physician referred these cases to the specialists.

South African doctors working in the rural hospitals can perform these procedures, learnt during post internship training.

Farred Abdullah, chief director of healthcare in the Western Cape, said two Cuban doctors were at the Khayelitsha Day Hospital.

"Some Cubans have stated that they cannot put in chest drains, which South Africans are able to do." There was a plan to move these doctors to rural hospitals in Worcester or Oudtshoorn.

Dr Abdullah said although there was a government agreement on providing Cuban doctors with transport and accommodation there were no financial arrangements to this effect at provincial level.

"This has caused problems. We are having to transport the doctors from Groote Schuur Hospital, where they are living, to the day hospital every day. Other foreign doctors working at the hospital want the same," he said.

Sources in the medical sector said that when Minister Zuma announced the successful recruitment of over 100 doctors to help in rural hospitals it was expected that they would be general practitioners suited for conventional South African rural hospitals.

A local doctorwho is a specialist in the public health sector explained that South African rural hospitals (district/community) had been traditionally the working territory of the general practitioner, a doctor able to perform a wide range of clinical tasks including administering an anaesthetic, caesarean sections, a variety of surgical procedures, caring for adult and paediatric inpatient and outpatients and performing health service management tasks.

"Teams of these doctors can provide on-site services to the district clinics in a rotation because they have a wide spectrum of common skills. When one or two are away, the service is sustained. Each doctor can provide any patient with a comprehensive service. A patient with both a surgical and medical problem can often be treated by a single doctor."

The majority of Cuban doctors were recognised as specialists who worked in teams providing inpatient care, while family physicians provided ambulatory outpatient services. In a rural South African setting, using Cuban-trained doctors meant that a comprehensive inpatient service could be provided only by a team of specialists while only a family physician could provide a comprehensive outpatient service on his own.

"In this (Cuban) model the absence of a single member could disrupt the service and a single patient might have to consult separate doctors for each of two problems.

"Additionally, the patient load at a rural hospital may not merit a full-time anaesthetist or other specialist. In these situations a generalist would continue to be productive, where a specialist could not - a potentially costly state of affairs"

The Cuban doctors, confined to work in their speciality, have nevertheless still been publicly earmarked for posting to the rural hospitals.

Commenting on the deployment of doctors to regional hospitals, the public health specialist said:"While this undoubtedly fills an important gap, it does not represent deployment to rural hospitals. The Northdale, Edendale and Grey hospitals are in Maritzburg and are referral hospitals.

"This may be an effective way of using these doctors, but the public should be told they are being used at regional hospitals".

According to the information supplied to SATURDAY Argus, Cuban doctors are faring competently and are committed to their work.

At certain hospitals in the Northern Province it was a known fact that referrals from rural hospitals had decreased as a result of the Cuban input. Reports from the Free State are that Cuban doctors are providing a good service.

The doctor said that the fact that Cubans were able to work with fragmented teams of their own specialists in a foreign health system was a tribute to their determination. And the fact that they were able to work with rural hospital general practitioners was a tribute to the latter's flexibility.

But the question remained: How will placing specialists in a rural setting affect the way services are structured and delivered.

"It may be a brilliant piece of improvisation in the absence of alternatives, but one must question whether it will form a useful stepping-stone for new generations of doctors emerging from our medical schools."

Department of Health comment was unavailable at the time of going to press.

(2) It is hoped that regulations in this regard will be published before the end of June.

(3) Falls away.

***Sarafina II:* negotiations**

*24. Dr W A ODENDAAL asked the Minister of Health:†

(1) Whether negotiations in respect of *Sarafina II* on money donated are being conducted between her Department and the European Union; if so, when will these negotiations be completed;

(2) whether she will make a statement on the matter?

N641E

The MINISTER OF HEALTH: Madam Speaker, I would humbly request that this question stand over for a few minutes until the debate on *Sarafina II*.

The SPEAKER: Order! In order not to anticipate the debate, that is acceptable.

Cuban doctors: salaries

*27. Mr M J ELLIS asked the Minister of Health:

(1) What salaries are being paid to the Cuban doctors her Department brought into the country in March 1996;

(2) whether these salaries are being paid regularly; if not, why not; if so, what are the relevant details;

(3) whether these doctors have been given schedules with a workload equivalent to that of South African doctors; if not, what is the position in this regard; if so, what are the relevant details?

N668E

The MINISTER OF HEALTH:

(1) A Cuban doctor is paid the same salary and overtime payment as any South African doctor of the same rank in the same hospital.

(2) All salaries are paid regularly, except in the first month, when the doctors were given an advance to buy necessities, and they were not yet on the computerised persal system. Certain provinces have experienced minor technical problems in paying salaries at the end of the first month, such as not having check forms, computers not working or documents being submitted late. These problems have been corrected and the provinces have all paid the salaries on time since the end of April 1996.

(3) The Cuban doctors work the same schedules as South African doctors in the same areas of expertise. The Cuban doctors were granted limited registration by the Interim National Medical and Dental Council of South Africa (NMDCSA) to practise in their field of specialisation. Cuban doctors have therefore been allocated work in their special fields. This also applies to after-hours and emergency work.

Mr A FOURIE: Madam Speaker, arising out of the hon the Minister's reply, may I ask her whether she is aware of the fact that Cuban doctors working in the Northern Province have been invited to participate in the SA Communist Party's congress and, if so, whether she thinks . . . [Interjections.]

The SPEAKER: Order! Please proceed with your question.

Mr A FOURIE: Madam Speaker, if so, I would like to know whether she believes it is correct for guest workers in South Africa to participate in politics? [Interjections.]

The MINISTER OF HEALTH: Madam Speaker, firstly, this is a new question. Having said that, I was not aware of the fact.

Mr A FOURIE: Madam Speaker, further arising out of the hon the Minister's reply, if she accepts my word that they have been invited, does she think that it is correct? [Interjections.]

The MINISTER: Madam Speaker, if I accept the hon member's word, I must say that I think my jurisdiction or my department's jurisdiction regarding the Cuban doctors only applies to when they are on duty. When they are off duty, I think they are free to visit any South African, or do whatever they like, as long as it is not a crime. [Applause.] As far as I know, it is not a crime to attend a SA Communist Party meeting in this country. [Applause.] [Interjections.]

The SPEAKER: Order! Hon members, may I appeal to you. This is supposed to be a debate, not a shouting match.

New questions:

SAPS: strategy iro violence and crime

*1. Mr R H GROENEWALD asked the Minister for Safety and Security:†

(1) Whether the South African Police Service is drafting a strategy in respect of violence and crime in the country; if not, why not; if so, (a) who are involved in drafting this strategy and (b) when is this strategy to be implemented;

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

N630E

The MINISTER FOR SAFETY AND SECURITY:

(1) Yes.

In accordance with the South African Police Service Act of 1995 the National Commissioner is required to develop an Annual Plan outlining the priorities and objectives of policing for each financial year. The Annual Police Plan is part of a broader government initiative aimed at reducing crime and violence in South Africa.

(a) The Annual Plan is the outcome of an intensive consultation process between the Police, communities and the elected representatives of the community. During consultations a bottom-up approach was pursued and inputs were obtained from *inter alia* local community policy forums, area and provincial boards, the Minister and Members of Executive Councils responsible for safety and security in the provinces and various portfolio committees. These inputs were taken into account by a team appointed by the National Commissioner to draft the plan.

(b) The Community Safety Plan was implemented in March 1995 to address crime and violence in our country. This plan will be incorporated in the Annual Plan to ensure an integrated operational approach to crime.

The Annual Plan should therefore not only be seen as the enhancement of these endeavours already implemented, but will progressively also address additional priorities in terms of the needs of the community relating to safety and security.

(2) No.

Shell House: investigation

*2. Mr H A SMIT asked the Minister for Safety and Security:†

(1) Whether the investigation into the Shell House massacre has been extended to other areas; if so, to what areas;

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

N640E

The MINISTER FOR SAFETY AND SECURITY:

(1) The investigation into the events of the 28 March 1994 are focused on violent incidents that occurred in the vicinity of Shell House, Selby Hostel, Park Station and Library Gardens.

(2) Yes.

It was not a matter of choosing whether to extend the investigation into what is glibly referred to as "other areas". The lives that were lost on the day (even if they may be of no propaganda value to some people), are equally deserving of attention.

Mr J W MAREE: Madam Speaker, arising out of the hon the Minister's reply, the Shell House saga is of national interest, but it has now taken longer then two years to complete, so could he tell us how many policemen have been employed in his department to investigate this matter? [Interjections.]

The MINISTER FOR SAFETY AND SECURITY: Madam Speaker, I still do not know what the hon member is talking about, because, to me, this reference to Shell House is a misnomer, particularly given the fact that he wants to know whether all the incidents of that day are being investigated.

I will assume, for the moment, that he is referring to all the incidents of that day, and my answer is that I cannot say offhand how many policemen and policewomen have been deployed to investigate this particular incident. He is free to put a

It is incorrect that members of Parliament should be regarded as irresponsible when it comes to paying rent. I have personally written to the department and indicated to them that I will not make these payments personally. I have not been responsible for this since I became a member of Parliament. It is negligence on the part of whoever is supposed to ensure that such debits are made against member's salaries. [Applause.]

The MINISTER: Mr Chairperson, I do not think that we force members to sign debit orders for rent. If a member does not see it as his responsibility to sign those stop orders, then there is nothing we can do except to take legal action, as we are going to do in the case of those who owe this rent to the State.

Mr J H VAN DER MERWE: Mr Chairperson, further arising out of the hon the Minister's reply, now that various hon members have asked him what he is aware of, I would like to know whether he is aware of the happy fact that not a single IFP member's name appears on that blacklist? [Laughter.]

Business suspended at 16:18 and resumed at 16:27.

Employment of doctors from Germany

*36. Dr W A ODENDAAL asked the Minister of Health:†

Whether any doctors came from Germany to South Africa to work in this country recently; if so, (a) how many and (b) what will it cost the taxpayer? N575E

The MINISTER OF HEALTH:

No doctors have come from Germany to South Africa to work in this country recently.

Dr W A ODENDAAL: Madam Speaker, arising out of the hon the Minister's reply, how is it possible that hundreds of Cuban doctors are prepared to come to South Africa and not a single German doctor?

The SPEAKER: Order! That is not a supplementary question. I think the hon member may table that as a question. [Interjections.] Order! The question that is on the Question Paper is whether any doctors from Germany came to South Africa and what this would cost the taxpayer. If they have not come, that is the end of that question. [Interjections.] Whether Cuban doctors are coming and when they will do so is not a supplementary question. [Interjections.] The hon member is most welcome to table it as a separate question.

Dr W A ODENDAAL: With respect, Madam Speaker, I asked whether any German doctors came, because there was also recruitment programmes in Germany, Ireland and so forth. [Interjections.]

The SPEAKER: Order! Would hon members please allow me at least to hear the questions. Thank you.

Dr W A ODENDAAL: Madam Speaker, if I could just explain a little more . . .

The SPEAKER: Order! No, just repeat the question.

Dr W A ODENDAAL: I will, Madam Speaker. If no German doctors came to South Africa as a result of the recruitment programme, why is it that we did not succeed in Germany, whereas hundreds of Cuban doctors were prepared to come? [Interjections.]

The SPEAKER: Order! Does the hon the Minister wish to respond to the question? [Interjections.] Order!

The MINISTER OF HEALTH: No, Madam Speaker, I do not wish to respond, thank you. [Interjections.]

Questions standing over from Wednesday, 22 May 1996:

The MINISTER OF HOUSING: Madam Speaker, I ask that Question 3 stand over until the Minister of Transport comes back, because he is out of the country.

*3. Mr M F CASSIM—Transport. [Question standing over.]

The MINISTER OF PUBLIC WORKS: Madam Speaker, I have arranged with Mr Leon, who asked Question 8, for the question to stand over until next week.

*8. Mr A J LEON—Public Works. [Question standing over.]

Medical students: repayment of education costs

*11. Mr M J ELLIS asked the Minister of Health:

Whether any progress has been made in the development of a system whereby medical students repay some of the costs of their education by working for the State; if not, why not; if so, (a) what progress and (b) when is it anticipated that this system will be implemented? N625E

The MINISTER OF HEALTH:

No. The matter is still under discussion by the different stakeholders. No programme of implementation strategy has been developed as yet.

Mr M J ELLIS: Madam Speaker, arising out of the hon the Minister's reply, could she tell us who these stakeholders are with whom she is meeting in this case, or who are meeting on this matter?

The MINISTER OF HEALTH: Madam Speaker, we have discussed this matter with the Junior Doctors Association of SA. We also raised it in the meeting we had with the Deputy President, because as hon members can understand, the money they owe they do not owe to the State. They owe the money to other people. So I, as Minister of Health, cannot go and negotiate directly with the people they owe money to. So we have to find other people who can do that. They owe money to banks, and I am not really in charge of banks yet. [Laughter.]

Future of Fernwood

*20. Mr A G MOHAMED asked the Minister of Public Works:

(1) Whether his Department is currently investigating the future of Fernwood; if not, what is the position in this regard; if so, when will the investigation be completed;

(2) whether his Department will consult any bodies in the private sector in this regard; if not, why not; if so, what bodies;

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

N635E

The MINISTER OF PUBLIC WORKS:

(1), (2) and (3)

Fernwood is at present functioning as a sports complex exclusively for parliamentarians. The facility is underutilised and has become a liability for the State because of the high cost of its upkeep and administration. The Department of Public Works has therefore decided to call for development proposals for the property. A briefing of all prospective tenderers took place on 1 June 1996 and development proposals must reach the Department by 2 August 1996.

The Portfolio and Select Committees on Public Works in the National Assembly and the Senate, as well as the Fernwood Parliamentary Club, have been involved in the department's decision. The portfolio committee has invited all persons, organisations and institutions who wish to make specific representations on the development of Fernwood to do so in writing by not later than 2 August 1996.

Prospective tenderers are required to consult with all relevant stakeholders, especially the local and provincial authorities. A team of experts will be appointed to act as final adjudicating body to advise the Department and the Minister of Public Works on the acceptability of the proposals. In evaluating the development proposals, the department will consult on a wide front with all stakeholders, including the aforementioned committees of Parliament.

Mr W A HOFMEYR: Madam Speaker, arising out of the Minister's reply, I would like him to clarify the following issue. A lot of concern has been expressed by the local residents in the area about whether they will be consulted about any proposed developments. I wonder if the Minister could give an indication of whether the residents will be consulted.

The MINISTER OF PUBLIC WORKS: Madam Speaker, it is part of the process that people in the area around the Fernwood Estate will definitely be consulted.

Education: voluntary retirement packages

*23. Mrs T J MALAN asked the Minister of Education:†

(1) Whether he or his Department has taken any final decisions in regard to voluntary retirement packages in education; if so, when will such decisions be implemented; if not,

(2) whether it is envisaged that such decisions will be taken; if not, why not; if so, when;

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

N639E

The MINISTER OF EDUCATION:

(1) An agreement has been reached in the Education Labour Relations Council on voluntary retirement packages in education.

leges that they had in the past. Indeed, I want to reiterate that it is shameful of this House to spend so much time arguing about the privileged. We are committed to providing quality education for all the children of this country. [Time expired.]

Debate concluded.

QUESTIONS

†Indicates translated version.

For oral reply:

Questions standing over from Wednesday, 15 May 1996:

Ministerial houses in District Six: sale/rental

*7. Mr M F CASSIM asked the Minister of Public Works:

(1) Whether any houses built for Ministerial use in the District Six area have been (a) sold or (b) let at market-related rentals; if not, why not; if so, what are the relevant details;

(2) whether any of these houses have been reserved for use by VIP guests of the State; if not, what is the position in this regard; if so, what are the relevant details;

(3) whether he will make a statement on the need for State houses for use by VIP guests?

N504E

The MINISTER OF PUBLIC WORKS:

(1) (a) and (b)

The seven ministerial houses in Walmer Estate (part of the area known as District Six) were built in 1989 for members of the now defunct Ministers' Council of the House of Representatives. The houses were never occupied by those Ministers and in 1993 the Department of Public Works invited tenders for the disposal of the property. The tenders were allowed to lapse as the offers were lower than the estimated market value. With the advent of the Government of National Unity in 1994 the houses were allocated to Ministers and Deputy Ministers and are fully occupied.

(2) Falls away.

(3) The Department of Foreign Affairs, in conjunction with the Department of Public Works, has considered the need for suitable accommodation in Cape Town for VIP guests, similar to the Diplomatic Guesthouse in Pretoria. This matter was left in abeyance pending a decision on the seat of Parliament and will now be revisited.

Mr H M NEERAHOO: Mr Chairperson, arising out of the reply by the hon the Minister, could we get notification of which Ministers and Deputy Ministers occupy those houses?

The MINISTER OF PUBLIC WORKS: Mr Chairperson, if the hon member requires such information, I can give him a list of all the Ministers and Deputy Ministers occupying those houses after this meeting of the house.

Registration of foreign doctors

*11, Dr E E JASSAT asked the Minister of Health:

(1) Whether a moratorium has been placed on the registration of individual foreign doctors wishing to work in the public service; if not, what is the position in this regard; if so, why;

(2) whether this moratorium is intended as a permanent measure; if not, when is it the intention to review it?

N509E

The MINISTER OF HEALTH:

(1) A moratorium was placed on the registration of practitioners (medical and dental) who hold qualifications not recognised for full registration, on 15 September 1995. The doctors being registered at the moment have come in terms of government-to-government agreements.

(2) The National Medical and Dental Council of South Africa has established a working group to address the question of registration of medical doctors who qualified at nonrecognised univeristies.

Dr E E JASSAT: Mr Chairperson, arising out of the hon the Minister's reply, at the moment there are 40 Nigerian doctors in this country who are without employment. They are prepared to work in rural areas on a temporary-registration basis. They also promise not to go into private practice.

We were wondering whether the Minister would consider their applications to be registered temporarily so that they can be of service where we need them most.

The MINISTER OF HEALTH: Mr Chairman, first of all, the reason we had this moratorium was that there was a big outcry from countries in Africa that South Africa was causing a brain drain, and they requested us not to employ doctors from other countries. Therefore we decided specifically not to employ doctors from simply any country, particularly those countries that need their doctors. Therefore, if there are 40 Nigerian doctors here, they will have to wait for the SA Medical and Dental Council to formulate a policy for the registering of doctors who come to South Africa without a government-to-government agreement. We do not want to be accused, by our neighbours and other developing countries, of acting as a brain drain.

Ministers/MPs: money owed for rent

*17. Ms M SMUTS asked the Minister of Public Works:

Whether any Ministers and/or Members of Parliament currently owe money to his Department for the payment of rent; if so, (a) what is the name of the Minister or Member of Parliament in each case, (b) what amount is owed by him or her, (c) for how many months has such rental been owed in each case and (d) what steps are being taken to recover the amounts concerned?

N517E

The MINISTER OF PUBLIC WORKS:

No Minister owes money to my department, but members of Parliament do.

(a) Dr B G Ranchod
Mr P Madikizela

(b) R42 290,33
R3 104,32

(c) 8 months
6 months

(d) Monthly statements reflecting the outstanding balance are sent to all members of Parliament via their Chief Whips.

A statement accompanied by a letter of demand dated 10 May 1996 was delivered by hand to the offices of the relevant members. In the letter the members were warned that unless the full amount owing was received within 60 days, legal action would be taken without notice to collect the full amount due. AS from 10 June 1996 all arrears will be handed over to the attorney-general.

On 24 May 1996 a statement accompanied by a letter of demand was again delivered by hand to the offices of the relevant members.

Mr S M MALEBO: Mr Chairman, arising out of the hon the Minister's reply, I wish to ask him if the administration of the rentals paid by members is satisfactory? For instance, one hardly ever sees, on the salary advice of members, anything to indicate whether their payments are up to date, or how much has been deducted from their salary for rental purposes.

The MINISTER OF PUBLIC WORKS: Mr Chairperson, the members who have queries can come to us. However, every month we send them statements indicating what is owed by them.

Mr S M MALEBO: Mr Chairperson, further arising out of the hon the Minister's reply, is he aware that contrary to the belief held in this Chamber, members of the ANC are up to date, except the few that the Minister has mentioned? There are those who have actually been to the Minister's department, but have not been properly assisted. In addition, can the Minister assure us that problem of rentals will be addressed properly, so that, rather than having the department rushing to the courts, members will be informed whether they are in arrears or not?

The MINISTER: Mr Chairperson, I really do not understand the question. However, if the question is whether there are some members who owe money, I can assure the hon member that almost all members have paid, except the few that I have mentioned. So if there are any specific queries, they can come to the department or to the Office of the Speaker, which is responsible for the deductions of these rentals. The responsibility lies with the members to ensure that they pay at the end of every month.

Mr J N MASHIMBYE: Mr Chairperson, further arising out of the hon the Minister's reply, is he aware that since they were sworn in, members have never had an obligation to physically ensure that payment, and that the payment has to be ensured by the finance department, in co-operation with the Department of Public Works?

ARG 6/6/96

S A cancer figures among world's worst (93)

The Argus Correspondent

JOHANNESBURG. – South Africans living it up on tobacco, alcohol, sun tanning and, for women, early and varied sexual activity, have pushed local figures for lifestyle-linked cancer to among the highest in the world.

Figures for 1990 and 1991, in the latest report of The South African National Cancer Registry, show that one in four South Africans will develop a cancer, mostly due to environmental, lifestyle or occupational factors.

And, far from being a rare disease affecting old people only, cancer is the third most common killer of black adults, and the second of whites, coloureds and Asians.

There were 111 207 new cancer cases in 1990-1991, or 152 new cancer cases a day, the report said.

Cancer of the cervix, caused mainly by early age of first intercourse and number of sexual partners, was the commonest cause of cancer among women.

The toxic combination of tobacco and alcohol, especially home brews, pushed cancer of the oesophagus to the commonest cancer among black men, and the second most common cancer among all South African men.

Skin cancer, caused by exposure to the sun, was the commonest cancer among whites.

The report was published by the South African Institute for Medical Research, in conjunction with the Department of Health, and the Cancer Association of South Africa.

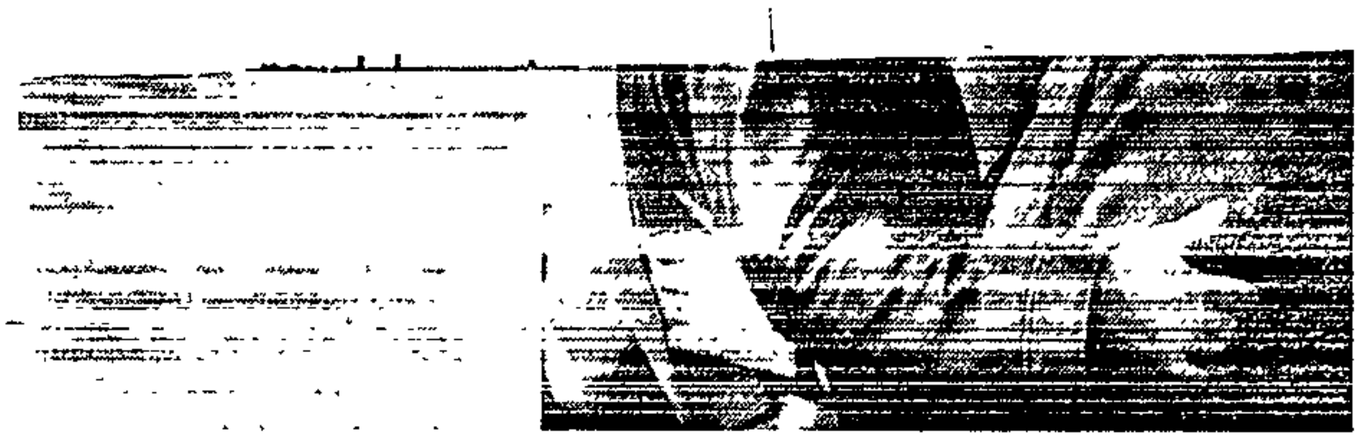
According to the report the delay in processing the figures was comparable to other registries worldwide, and due to the fact that the registry dealt with 70 000 cases, one of the largest volumes of cancer data worldwide, on a budget of R330 000 per annum, and a full-time staff equivalent of just 5.5 people.

The report pointed out that it was now accepted 80% to 90% of cancers were caused by external rather than inherited factors.

Cervical, oesophageal and skin cancer were important public health problems, but could be prevented, said Registry head Dr Freddy Sitas.

Reducing smoking would cut the incidence of oesophageal cancer as well as other smoking related cancers of the lung, stomach, kidney and bladder. A national screening programme could reduce the incidence of cervical cancer for a modest cost.

Cancer patterns in South Africa had changed along with increasing urbanisation and dietary and lifestyle changes, he added.



Vital disease control projects could close

(93) (95)
20/12/6/96

Louise Cook

A R20m budget cut for animal health in the Eastern Cape was expected to result in a shutdown of vital disease control programmes next month.

This could leave the province exposed to killer diseases including rabies, anthrax, tuberculosis and brucellosis which are transmitted by infected animals, the agriculture department said yesterday.

Agriculture department animal health director Griffith Bawati said a major outbreak of any one of the diseases could spread to other provinces.

The 25% cut to the budget had left only R60m for animal health in the coming year.

"A rabies crisis is looming in the rural areas of the former Ciskei and Transkei unless central government steps in urgently with bridging finance," he said.

"The annual anti-rabies campaign will not get off the ground next month — at least 400 000 animals in rural areas are vaccinated against rabies at state expense every July," Bawati said.

However, Eastern Cape Agricultural Union president Pieter Erasmus said more money would trigger higher taxes. "Drastic rationalisation" in the province's agriculture department was needed, Erasmus said.

Bawati said he planned a 35% reduction in administrative costs within a year.

"We need the staff. Without manpower we cannot reach out to the people and provide a service," he said.

The R373m Eastern Cape agriculture budget, tabled last week, provided R240m for personnel and administration, 94% of the total budget.

Eastern Cape agricultural MEC Natemba Sigwela told the legislature the 6% left for running costs meant there would be no money for sheep scab control or other animal dipping or vaccination programmes.

"The control of detrimental diseases that effect human health such as tuberculosis, brucellosis, anthrax and rabies will not be addressed at all."

He said there was no money to run vehicles or buy medicines and laboratory accessories.

Training and farmer-support would come to a "temporary" halt — support services for communal farmers would stop in most areas, he said.

District surgeons seek R4,5m in back pay

(93)

ANEEZ SALIE
HEALTH WRITER

CT 13/6/96

PART-TIME district surgeons in the Western Cape are trying to recover R4,5 million in back pay they claim has been owed to them by the provincial health authorities since July 1994.

But provincial health care chief director Dr Fareed Abdullah said yesterday the doctors had agreed to accept 87% of outstanding payments, and he could not comprehend why they were now demanding the entire sum.

In one town, Swellendam, Dr Nevin Kilpatrick and partners are claiming R200 000.

Kilpatrick said that besides the monetary claim, they were upset because repeated attempts to resolve the matter amicably had failed.

It prompted them to appoint attorneys who eventually sought a meeting with Premier Hernus Kriel. He referred the matter back to the health department.

"We do not know what to do next," he said.

Dr Ben Smith, of Piketberg, chairman of the Western Cape Committee of District Surgeons, said most of his colleagues were as frustrated as Kilpatrick, although they had not yet appointed lawyers.

"We must stress that we are not seeking confrontation, and wish to resolve matters amicably, but if we are forced to we will have to hand it over to our lawyers," he said.

The 43 registered district surgeons work with partners, which pushes up their number to about 220.

They were the subject of a six-month investigation by the De Villiers Commission of Inquiry, appointed by the Health Department last year, and which recommended a number of changes in their functions and renumeration.

These focused on their duties. They would no longer be required to do post-mortems, and would see only those patients referred by primary health care nursing sisters, under the government's new health plan.

The new deal is to be phased in throughout the country, and is already in operation in Robertson, Riversdale and Barrydale in the Western Cape.

The district surgeons' consultation and dispensing payments increased to about R20 a patient, and for the first time they could claim for minor clinical procedures at official medical aid rates.

The doctors complain they have not received all the increases or the new payments.

Abdullah said district surgeons' claims had shot up so much that they far exceeded the budget. Negotiations ended in the agreement to pay 87%.

In the 1994-1995 financial year the 43 contracted part-time district surgeons in the province received R9m for their services, which jumped to R20m the following year.

Cubans prove that they are not Third-World quacks

By MICHAEL SCHMIDT

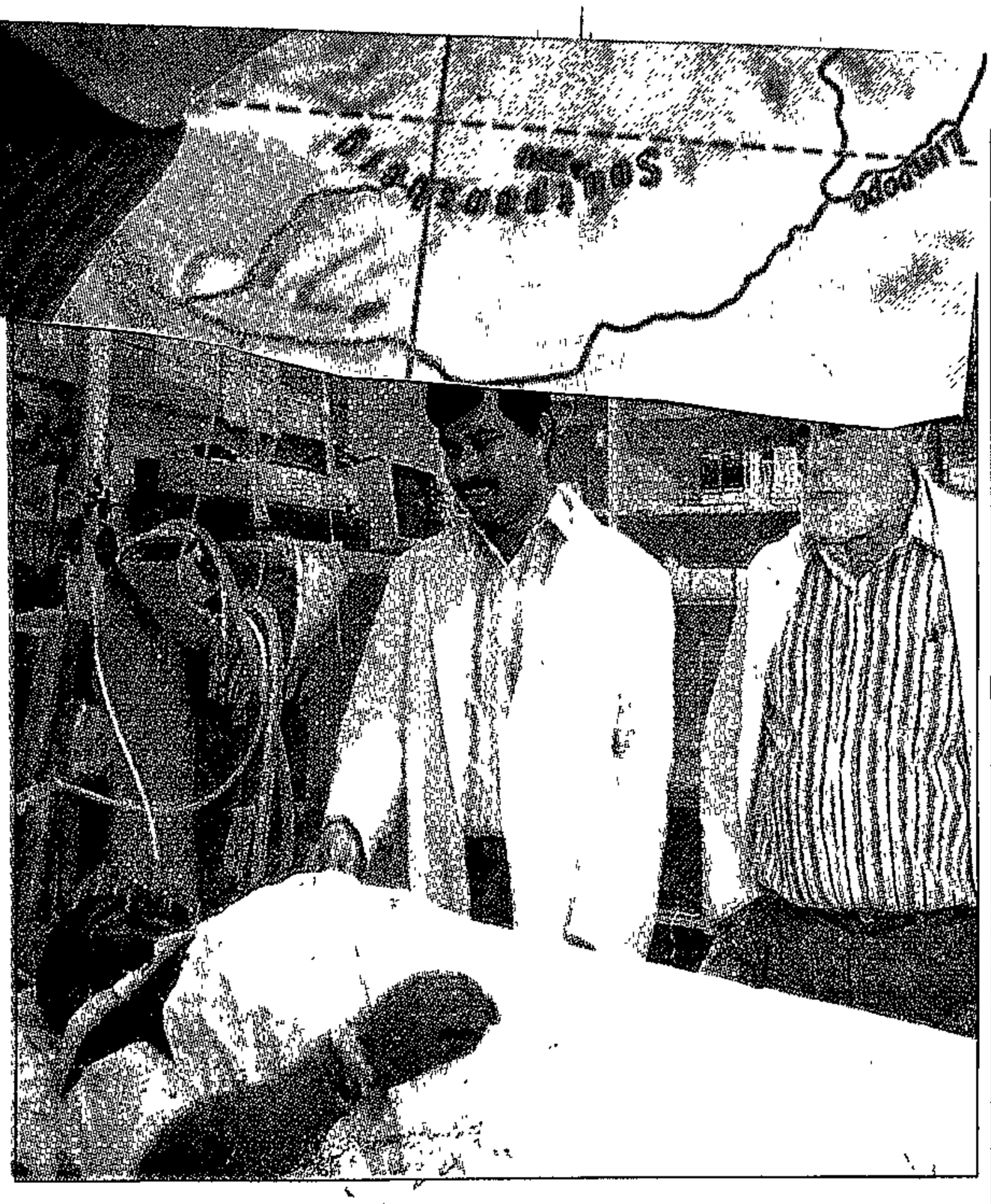
WITH his snowy beard, 61-year-old Professor Luis Peraza bears a striking resemblance to the communist Cuban leader, Fidel Castro.

In his youth Professor Peraza fought for General Castro's revolution, was jailed for sabotage and escaped into exile.

Now, he has a different battle on his hands: attending to the victims of violence in Kwazulu Natal.

When Professor Peraza and 98 other Cuban doctors flew into South Africa at the end of February, they ran into a storm of ridicule about their perceived inadequacies.

But three-and-a-half months of hard work later — and despite the refusal of the SA Medical and Dental Council to credit foreign specialists — Professor Peraza and his colleagues are dispelling the rumours that they are "Third World quacks".



SAVING SOUTH AFRICAN SKINS . . . Prasant Ranjan of India and Luis Peraza of Cuba with a patient, Jabu Ngcobo **Picture: MICHAEL WALKER**

They have so impressed local authorities that Kwazulu Natal's MEC for health, Dr Zweli Mkhize, enthusiastically credited Professor Peraza with single-handedly performing 80 operations in one weekend last month at Maritzburg's 500-bed Grey's Hospital.

However, Professor Peraza hastened to point out that he was not alone and not all the cases were full-blown operations. He said he, fellow surgeon Dr Prasant Ranjan of India, and a team of medical officers, nurses and orderlies had dealt with 80 trauma cases over that weekend.

It was, Professor Peraza said, a "particularly bloody weekend, with 35 patients more than the average load for a weekend".

Twelve patients had required major surgery and two operating theatres had to be kept open.

One man who is not disputing the Cubans' credentials is Mr H Lotter, 45, of Cape Town, who was admitted with stab wounds to his heart.

"Patients with such serious wounds usually die very quickly," Professor Peraza said. "But fortunately Dr Ranjan and I were right there when Mr Lotter arrived.

"Within five minutes, we had him in surgery with his chest cavity open. There were two wounds in the right ventricle, which was lucky because he would have lost more blood had it been the aorta.

"We stitched him up and he recovered. He visited us with his family a few weeks later to thank us."

Born into a professional Havana family with a lawyer for a father and a mother who was a physics professor, Luis Peraza went to the US at the age of 17 to study medicine at the University of Alabama.

On his return in 1955, he became involved in the popular uprising against Cuban dictator Fulgencio Batista, which was directed by the 26th of July movement led by a former law student, Fidel Castro.

"We had to sabotage railway lines and power stations. I was caught and imprisoned, but then set free pending my trial," Professor Peraza said.

"I fled to Mexico City where I worked with other members of the movement. When the revolution came on January 1 1959, Castro sent a plane for us and flew us home."

Professor Peraza joined the military and graduated as a surgeon in 1964. He worked at the main military hospital for the next 20 years, before joining the Calixto Garcia state hospital, where he became an auxiliary professor of surgery, specialising in thoracic surgery.

"When I heard South Africa needed doctors, I put my name forward. I was afraid I would not be accepted because I was so old, but I passed the exams, and here I am."

He said communication was not a big problem, although it had been 40 years since he last spoke English. "Surgery is the same, the instruments are the same and the technical terms are the same.

"The big difference is in the style of management. In Cuba there are usually about six or seven surgeons to a team. Here there are one or two."

As recently as October, Maritzburg's three provincial hospitals, Grey's, Edendale and Northdale, teetered on the brink of collapse with only one full-time surgeon between them. But the arrival of two Cuban surgeons, an anaesthetist, a gynaecologist and a general practitioner eased the problem.

Grey's also has medical staff from India, Pakistan, Bangladesh, Nigeria, Burma and Romania. At least 20 percent of the doctors at state hospitals in Kwazulu Natal are foreign, according to a provincial health spokesman, Dave McGlew.

"We foreigners are holding the fort," said Dr Ranjan, 38, who specialised in general surgery at the Patna Medical College near Calcutta. He spent two years consulting in India, then five years at the University of Zambia Hospital in Lusaka before coming to South Africa last year.

A spokesman for the national health ministry, Vincent Hlongwane, said about 200 additional Cuban doctors would arrive next month to alleviate the "critical" shortage of doctors, particularly in rural areas. Discussions were also under way to bring in German and European Union medical staff, he said.

(2) whether he or his Department has taken or intends taking any steps in this regard; if not, why not; if so, what steps?

N990E

The MINISTER OF AGRICULTURE:

This question lies within the line function of the particular Provincial Department of Agriculture and the hon member is advised to direct his question to the Provincial Legislature.

The following information, was however obtained:

(1) Yes, there is a general shortage of tractors in the developing areas of South Africa.

(a) About 95% of rural emerging farmers do not own tractors.

(b) Apparent implications of shortages are:

- Insufficient utilisation of our already scarce resources.

(2) Yes, the following steps have already been taken:

- Through Agricultural Credit Board loans, over 100 new tractors and 30 used tractors have been accessed by emerging African farmers across the country.
- Policies have been changed to allow farmers to access tractors on the ability to repay.
- Lastly, the Department is currently reviewing the government machinery policy tractor scheme.

Eastern Cape: shortage of dipping tanks

*24. Mr Z I NCINANE asked the Minister of Agriculture:

(1) Whether a shortage of dipping tanks is being experienced in the Eastern Cape; if not, what is the position in this regard; if so, what are the relevant details;

(2) whether his attention has been drawn to concerns that an insufficient number of farmers in the Eastern Cape are dipping their cattle; if so, what are the implications thereof?

(3) whether he or his Department has taken or intends taking any steps in this regard; if not, why not; if so, what steps? N991E

The MINISTER OF AGRICULTURE:

This question lies within the line function of the Eastern Cape Provincial Department of Agriculture and Land Affairs and the hon member is advised to direct his question to the Provincial Legislature.

The following information, was however obtained from that Department.

(1) Yes, a shortage of dipping tanks still exist in the Eastern Cape and the Department has received numerous applications for the construction of new dipping tanks.

(2) Yes, serious disease outbreaks might occur.

(3) Communities will be educated on proper dipping procedure and dip tank management.

Certain judge: official appointments held

*25. Mr D H M GIBSON asked the Minister of Justice:

(a) What official appointments are held in South Africa by a certain judge, whose name has been furnished to his Department for the purpose of his reply, (b) which of these appointments are remunerable by (i) the South African Government and (ii) governments of foreign countries and (c) what is the total monthly remuneration received by the said judge in respect of these appointments?

N993E

The MINISTER OF JUSTICE:

(a) Chief Justice of Namibia (temporary appointment)

Deputy President of the Constitutional Court

Chairperson of South African Law Commission

(b) (i) Deputy President of the Constitutional Court

(ii) Service as Chief Justice of Namibia is effectively voluntary. He has refused the statutory monthly salary but honorariums and allowances are received from time to time.

(c) R26 037,49 per month as Deputy President of the Constitutional Court.

The total of the honorariums and allowances referred to in (b)(ii) made to him from 1 January 1996 to 30 June 1996 will be R3 321,92. This amount is also the total which will be accepted by him from this source for the whole of 1996.

No remuneration as chairperson of the South African Law Commission is received.

Doctors from European countries

*26. Mr M J ELLIS asked the Minister of Health:

Whether any doctors from European countries are to be recruited for two-year work contracts at provincial hospitals in South Africa; if not, what is the position in this regard; if so, (a) how many, (b) from which countries does the Department intend recruiting such doctors and (c) when is it intended that the contracts will commence?

N994E

The MINISTER OF HEALTH:

Yes, a memorandum of understanding was signed with the Centrum für internationale Migration und Entwickelung (CIM) for the provision of medical practitioners to South Africa on 17 April 1996.

(a) After the process of evaluation at the end of June 1996 as a pilot scheme about 20 doctors;

(b) initially from Germany with an option to include other countries of the European Union;

(c) the first doctors are expected to arrive before the end of the year.

SABC television service to schools

*27. Mr T D LEE asked the Minister of Education:†

Whether his Department has done any costing in respect of the cost of a full-time SABC television service to schools with secondary classes; if not, why not; if so, what will be the estimated cost of such service?

N995E

The MINISTER OF EDUCATION:

No. The Department of Education has entered into a partnership agreement with the SABC to broadcast education programmes for all learners. A full-time television service for secondary schools only has not been considered. Although no costing of such a service has been done, there is no doubt, based on both local cost factors and international experience, that the cost of a full-time TV channel for secondary schools only would be completely prohibitive.

*28. Mr L D CHUENYANE—Transport. [Question standing over.]

*29. Mr Z D MNGUNI—Transport.† [Question standing over.]

Public Works: White Paper

*30. Mr A G MOHAMED asked the Minister of Public Works:†

Whether his Department is drafting a White Paper at present; if not, why not; if so, when will it be published?

N998E

The MINISTER OF PUBLIC WORKS:

(a) The Department is in the process of compiling a Green Paper on "Public Works towards the 21st Century";

(b) the launch of the Green Paper will take place on 22 August 1996.

Arts, Culture, Science and Technology: White Paper

*31. Mrs D GOVENDER asked the Minister of Arts, Culture, Science and Technology:†

Whether his Department is drafting a White Paper at present; if not, why not; if so, when will it be published?

N999E

The MINISTER OF ARTS, CULTURE, SCIENCE AND TECHNOLOGY:

(1) Yes.

(2) The Department has three White Papers currently at draft stages: The Draft White Paper on Arts, Culture and Heritage, the closing date for commencement is on 5 July 1996; the Draft White Paper on Science and Technology, closing date for comment is on 15 June 1996 and the Draft White Paper on the Film Industry has been circulated to the provincial MEC for comments.

dor I-Chang Loh of the Department of China, took place on Wednesday, 5 June 1996. A meeting has been scheduled by Mr I-Chang Loh with all the Chiefs of Diplomatic missions to take place on 19 June 1996 at the Union Buildings in Pretoria.

This meeting will be facilitated by the Department of Foreign Affairs and will be attended by the Provincial Commissioner of Gauteng and Commissioner Vanqa. A draft policy document will then be finalised and forwarded to the National Commissioner for his approval.

Dr B L GELDENHUYS: Mr Chairperson, arising out of the hon the Minister's reply, may I ask him to convey to his colleague—I heard what he said—that there is an international convention actually demanding special measures with a view to protecting consular premises. I am referring to the Vienna Convention on Consular Relations of 1963, with special reference to article 31.

Business interrupted in accordance with Rule 199(3) of the Standing Rules for the National Assembly.

Government spending: watchdog unit

*8. Mr Z D MNGUNI asked the Minister of Finance:†

(1) Whether his Department is currently establishing a watchdog unit to monitor Government spending; if so, (a) how many persons are or will be employed by the unit and (b) what will be the annual cost to the taxpayer;

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

N970E

The MINISTER OF FINANCE:

(1) No, but an Expenditure Evaluation Unit will be established during 1996 to advise departments and the Treasury Committee on strategic planning, budgeting, financial and management systems, belt tightening measures, Information Technology, reprioritisation of expenditure and performance measurement. An amount of R10 million for personnel and operating expenditure for this Unit has been announced in the Budget Speech on 13 March 1996 as a supplementary proposal.

(a) and (b) Fall away.

(2) No.

State prosecutors: posts

*9. Mr R H GROENEWALD asked the Minister of Justice:†

Whether any posts of senior state prosecutor in the Republic are currently frozen; if so, (a) how many, (b) why and (c) in respect of what date is this information furnished?

N971E

The MINISTER OF JUSTICE:

(a) Yes, 46 posts are currently frozen.

(b) In terms of a Cabinet decision of 2, 3 and 4 December 1991, a management plan had to be submitted to the Department of State Expenditure, indicating which steps were to be taken by the Department not to exceed the budget allocated for 1992/93. R46 664 000 less than requested in the draft budget was allocated to the Department. In the plan it had to be indicated which functions were to be decreased or suspended. In order to comply with this, 51 posts of Senior State Prosecutor created in 1991 and for which funds for the filling thereof were initially made available, were frozen and were filled out of adjustment with State Prosecutors (1st-3rd leg) in order to effect the required savings. In the meantime five of these posts were suitably filled and funded from savings. A further three posts of Senior State Prosecutor have recently been advertised in the media and will be filled in due course.

The suitable filling of the remainder of the posts is at present receiving attention but is still subject to the availability of funds (attempts are being made to obtain funds) and the vacating of the posts.

(c) 1 June 1996.

State prosecutors: overtime

*10. Dr F J VAN HEERDEN asked the Minister of Justice:†

(1) Whether any state prosecutors worked overtime in the past financial year; if so, (a) how many hours and (b) what were the reasons for the overtime;

(2) whether they have received any compensation for such overtime; if not, why not; if so, what are the relevant details;

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

N972E

The MINISTER OF JUSTICE:

(1) Yes.

(a) and (b) The required information is unfortunately not readily available. Information in respect of each prosecutor is kept at his/her sub-office. In order to obtain the necessary information all the offices in the Republic will have to be contacted and it will take the personnel weeks to gather the information. Such an exercise will therefore not only be time-consuming but will also not be economically feasible.

I may however inform the hon member that all professional personnel of the Department (excluding those in the former independent and self-governing states for which dependable information is not available) worked 267 447 hours overtime during the last year for which statistics are available.

(2) Yes, some prosecutors have received compensation for working overtime. For the same reasons as stated in (1) the required information is unfortunately not available.

(3) I do not believe that our prosecutors are adequately compensated for the services rendered by them. Every attempt is being made to remedy this unfortunate situation.

Prisoners on death-row

*11. Mr J W MAREE asked the Minister of Correctional Services:

Whether any prisoners were still on death-row as at 30 April 1996; if so, (a) how many and (b) what are his Department's plans in regard to these prisoners?

N973E

The MINISTER OF CORRECTIONAL SERVICES:

No.

(a) Falls away.

(b) The cases of the prisoners in question have been referred to the Department of Justice for reconsideration and the imposition of an appropriate sentence.

*12. Mr G M E CARELSE—Transport. [Question standing over.]

Illegal casinos

*13. Mr P I BIKITSHA asked the Minister for Provincial Affairs and Constitutional Development:†

(a) How many illegal casinos are currently in operation in South Africa, (b) what is the turnover of such illegal casinos and (c) in respect of what date is this information furnished?

N975E

The MINISTER FOR PROVINCIAL AFFAIRS AND CONSTITUTIONAL DEVELOPMENT:

(a) No accurate numbers are available. For example, numbers decrease in a specific area if an illegal casino is successfully prosecuted in that area. According to some sources, between 2 500 and 3 000 illegal casinos are currently in operation in South Africa.

(b) In the light of (a) above, accurate figures are also not available. According to some sources the estimated turnover of these illegal casinos totals between R1,6 and R2 billion per annum.

(c) 18 June 1996.

Doctors: training

*14. Mr C M GEORGE asked the Minister for Health:†

(1) (a) How many doctors are currently being trained in the country and (b) what is the cost per doctor for the training period;

(2) whether she will make a statement on the matter?

N976E

The MINISTER FOR HEALTH:

(1) (a)

Undergraduate	10 324
Postgraduate	2 625
Total	12 949

(b) There is no accurate figure at present, the estimates calculated are

R900 000-R950 000. Research is ongoing to determine more accurate figures.

(2) No.

Sources:

(i) Medical Schools/Faculties.

(ii) Interim National Medical and Dental Council of South Africa.

Public servants: retirement packages

*15. Rev M M PHENETHI asked the Minister for the Public Service and Administration:†

(1) Whether his Department is offering retirement packages to public servants at present; if so, (a) how many and (b) what will the cost be to taxpayers;

(2) whether he will make a statement on the matter? N977E

The MINISTER FOR THE PUBLIC SERVICE AND ADMINISTRATION:

(1) Yes,

(a) it is not at this stage known how many applications for voluntary severance packages will be approved,

(b) in view of the aforementioned reply, the total expenditure relating to the severance packages is presently still unknown. The expenditure must, however, be defrayed from funds already allocated, and

(2) No.

New industrial strategy

*16. Mr J W LE ROUX asked the Minister of Trade and Industry:†

Whether his Department is currently in the process of establishing a new industrial strategy for South Africa; if so, (a) which roleplayers are involved and (b) when will the report on this matter be completed?

N978E

The MINISTER OF TRADE AND INDUSTRY:

The Department is constantly developing industrial and investment policy for South Africa. The first step in the process of developing industrial policy was the publication of the report "Support Measures for the Enhancement of the Industrial Competitiveness of South Africa's Industrial Sector" which was published in November 1995 by the Department together with Nedlac.

This was followed by the draft report "An Account of National Support Measures for Manufacturing" which was published in February 1996 by the Department and the IDC. This report was a re-evaluation input into the Regional Industrial Development Programme (RIDP). The RIDP re-evaluation is almost complete and the report that is in preparation will be discussed in Nedlac during July, as well as in a Minmec meeting that will be held between the Minister and the Provincial MECs.

Cluster studies are addressed in the draft report "Industrial Cluster Initiative" published in March 1996 by the Department and the CSIR. Various cluster studies will be published during the course of 1996.

A Regional Industrial Location Strategy (Rils) investigation was undertaken by the Department with the Provincial Governments. A report document on the Rils is at present being finalised.

Studies with regard to the development of the Maputo corridor were completed in early May 1996.

*17. Mr C A WYNGAARD—Public Works.† [Question standing over.]

Infectious diseases: deaths

*18. Pastor Z K MANGALISO asked the Minister of Health:†

(1) How many persons died of infectious diseases in the Republic during the past financial year;

(2) whether her Department is planning a strategy to reduce such deaths; if not, why not; if so, what are the relevant details;

(3) whether she will make a statement on the matter?

N980E

The MINISTER OF HEALTH:

(1) The Department does not have the necessary statistics available per financial year, however statistics are available per calendar year. The Department currently only keep records of the deaths resulting from notifiable diseases. The recording of statistics of deaths occurring from all infectious diseases is the responsibility of the Central Statistical Service. According to the latest available figures (1993) of the Central Statistical Service, 16 802 deaths have resulted from infectious and parasitic diseases.

(2) The most effective way in which to reduce death and disability due to communicable diseases, is by prevention. Strategies to reduce deaths from infectious disease include the following:

Tuberculosis (TB)

A strategy for TB control was developed through consultation with national and international experts with participation of all provinces and endorsement by the World Health Organisation. The TB Control Programme (TBCP) which is being implemented focuses on providing quality diagnosis, standardised treatment and measuring outcomes clearly. A review of the TBCP is taking place from 11-26 June 1996.

The National TB Control Programme is a founding member of the Southern African TB Control Initiative (SATCI), which is attempting to standardise TB control throughout the Southern African region.

The aim of the programme is to improve the cure rate for smear positive TB cases from about 70% to 85%.

The expanded programme on immunisation

Efficient and nationwide control of vaccine preventable diseases such as polio, measles, hepatitis B, whooping cough, diphtheria and tetanus is ensured through the provision of immunisation services and programme management at all levels of health care.

The last case of polio in South Africa occurred in 1989 and in order to eradicate not only the disease but also the polio virus and for the country to be certified polio-free by the World Health Organisation, mass polio immunisation campaign was conducted last year and another will be conducted in August and September this year.

Other communicable diseases

A response mechanism for the identification and control of epidemics, e.g. typhoid and cholera, on national, provincial and district level is being formalised.

Vector-borne diseases

Malaria control is receiving priority attention in the affected areas of the country. Intensive vector control, active case detection and effective treatment measures have been instituted. Although plague occurs in the local rodent population, transmission to human beings is prevented by the necessary control measures.

(3) The whole issue regarding the control of infectious diseases is set out in the draft document: *Towards a National Health System*, that is currently being finalised.

The control of infectious disease has to go hand in hand with improving the lives of our people. Clean water and sanitation, adequate housing, proper nutrition and prevention strategies will lower the infectious diseases. Without the above the problem will persist.

Parliamentary complex: recarpeting

*19. Mr A J LEON asked the Minister of Public Works:

(a) What is the estimated total cost, including labour and materials, of recarpeting the Parliamentary complex, (b) what areas have been or are to be recarpeted, (c) who is doing the recarpeting and (d) on what grounds was the decision taken to recarpet the Parliamentary complex?

N981E

The MINISTER OF PUBLIC WORKS:

(a) R396 383,

(b) The corridors leading from the Poorthuis to the new wing—inclusive of the Marble Foyer,

The U-shaped corridor around the Hall of Assembly,

The three staircases of the Senate Wing and the complete upstairs corridor.

Health workers rush for packages

(93)(98) ARG 22/6/96

ADELE BALETA
Staff Reporter

■ Alarm bells are ringing in the public health sector as experienced clinical staff "stampede" to apply for severance packages. The health department has warned that not all who apply will receive the package.

SENIOR Western Cape health workers have been warned that receiving a severance package is a "privilege" and not a "right", and that packages will not necessarily be given to all applicants.

Provincial Health department head Tom Sutcliffe sounded the alarm amid fears of a collapse of the health system as senior staff including specialists, nurses, and clinical technologist stampeded to apply for the voluntary severance packages.

The timing of the arrival of the offer of voluntary severance packages at Western Cape health outlets this week has placed doctors – specialists, junior and senior registrars and medical officers – in a dilemma.

Dr Sutcliffe said doctors could not be expected to make informed decisions when they had not yet received official notification of salary increases.

The overtime allowance, which was expected to push salaries up 65 percent in some cases, is a crucial issue and could tip the balance. The salary hikes are effective from July 1.

He said there was a paradox in that doctors were being wooed to the service by offers of higher salaries and now they were being offered severance packages.

Dr Sutcliffe, who will make the final decision about severance packages for the provincial health department, said everyone had the right to apply and these applications would be assessed by the department.

The granting of severance packages would have to be at the discretion of management.

"If not, it would be suicide for health delivery in the province".

His department would assess the impact of the severance package on the different components of the service by the end of July when final decisions would be made.

Most applications were expected to be received before then.

He told SATURDAY Argus the voluntary severance package had been "designed as a conduit of right-sizing in the public service. The purpose is to freeze posts.

"If intensive care unit nursing sisters who manage ventilators or machines that assist breathing at Red Cross Children's Hospital get the package, for example, their posts will be frozen. The machines stop and the children die. How am I to explain that? We cannot allow that to happen.

"There needs to be discretion and flexibility to turn insanity into sanity and to provide for those who are the most eligible for package."

Dr Sutcliffe said that banning employees from ever returning to the civil service if they take the package was "constitutionally unsound and would probably be tested in court".

If an individual was unhappy with Dr Sutcliffe's decision on their application for the package, they could appeal to the cabinet.

They would then either be given the package, or turned down, or they could be asked to stay in service for a further 18 months.

He said there was a moratorium on filling posts and in any given month only 62,5 percent of posts could be filled. The remainder would become available the following month.

"If you add posts left vacant through severance packages then it becomes a management nightmare".

But he believed that health services were inflexible to being tampered with to that extent. "A surgeon cannot operate on two people at once," he said.

The department's chief director of administrative services, Jocelyn Kane-Berman, could not say how many applications and from what categories of staff had been received so far.

However, she said she was concerned about losing highly qualified staff, including doctors, nurses, paramedics and clinical technologists.

"The department has to manage the balance between its major priorities — which is the effect the trimming of the public service will have on our ability to deliver health care and the needs of our employees."

Dr Kane-Berman, who is also the president of the Medical Association of South Africa, said the timing of the severance package was unfortunate.

"We are trying to persuade doctors that the salary packages would be of significant benefit to them although we have not (yet) received official confirmation.

"There was no deadline date for the voluntary severance package and this had created anxieties. There is only a number limit and this has made the process indefinite and caused delays for some. They are now going to have to wait and see."

She said the particular circumstance of those who had made alternative arrangements either in the private sector or overseas would be considered.

Dr Kane-Berman confirmed that it was illegal for staff who had been granted a severance package to continue to work in the public service.

Severances: 'Approvals not likely'

(93) (95)

■ From page 1

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"blunt instruments" like moratoria or blanket severance packages. The hospital concurred fully, however, with the provincial and national health plans, although it might disagree with the speed at which it is to be implemented in budgetary terms.

"There is a steady stream of applications for the package. If all take the package, services will be adversely affected," said Dr Hassim.

Some senior staff at the hospital had applied, but it was too early to evaluate the effect on the hospital,he said.

Edward Lotz, superintendent at Somerset Hospital, said there was an shortage of nurses and doctors.

"We do not think Dr Sutcliffe will approve any doctors' or nurses' applications," he said.

DOCTORS, NURSES SEVERANCES: 'NOT LIKELY'

■ The provincial health department is trying to allay growing fears as staff at Western Cape provincial hospitals line up to accept voluntary severance packages.

GLYNNIS UNDERHILL
Staff Reporter

DOCTORS, nurses and general hospital staff are rushing to apply for voluntary severance packages which have been offered at Western Cape provincial hospitals, giving rise to fears of a potential collapse of the local provincial health service.

More than 50 percent of the top nursing staff at the understaffed Tygerberg Hospital have volunteered for the severance packages. Other specialised medical staff with about 30 years' service at provincial hospitals stand to take home more than R1 million if their applications for the severance packages are accepted.

Tom Sutcliffe, head of the health department at the Provincial Administration for the Western Cape, believes the growing fears of hospital superintendents, heads of departments and other hospital staff are unfounded.

■ Health workers rush for packages – page 20

"This is a blunt instrument aimed at reducing an inflated bureaucracy. It is not aimed at amputating a health service which has already been cut to the bone," he said.

Dr Sutcliffe said he was concerned that there appeared to be grave doubts among hospital superintendents about the voluntary severance packages, as they had been informed of the conditions surrounding the applications.

"It is the right of any public servant to apply for a severance package . Management still retains the right to make a recommendation to approve or not to approve," said Dr Sutcliffe.

The offer of the voluntary severance packages was introduced last week, in line with the move to down-size the civil service, but it has come on the back of the moratorium on the filling of hundreds of essential hospital posts.

While the proposed salary hikes for staff at provincial hospitals from July 1 did not appear to have stemmed the tide of applicants, Dr Sutcliffe said he would never allow the health services to collapse.

It was an "extreme view" to believe that some hospital departments could not afford to be scaled down, said Dr Sutcliffe. If he decided not to approve an application, it would then go to the cabinet to be reconsidered and it was unlikely that the cabinet would not uphold the opinion of a head of department, he said.

But an angry John Terblanche, head of surgery at the University of Cape Town Medical School and Groote Schuur Hospital, said introducing a voluntary severance scheme for the health service was "very silly". Trying to downsize the health department with the rest of the civil service had the potential for chaos, he said.

"People will take the packages and have to be replaced. Essentially, it will not be cost-effective."

Information supplied by the Provincial Administration for the Western Cape indicated that hospital heads of departments would be in no position to refuse to sign severance package application forms – or refuse to send them on, said Professor Terblanche.

Abdul Kalam M M Rahman, newly appointed chief superintendent of Tygerberg Hospital, said it would be very difficult to find experienced and talented staff, including anaesthetists, doctors and surgeons, intensive care nurses, if they left the hospital.

"This is a blanket way of giving anyone who wants it the opportunity to take it, which is a dangerous thing for a health institution," he said. While it took years to obtain staff, many would now opt for the severance package and go into private practice, said Dr Rahman.

"This severance package will drain out a lot of good people, which you cannot supplement overnight and you will not get. It takes 15 years to make a good neurosurgeon," he said.

Tygerberg Hospital was not an ordinary hospital, but an academic hospital which trained these experts. If 60 percent of the experts left, the whole service would collapse, he said.

Dr Rahman said regulations would allow him to stop the brain-drain for only a limited period of up to 18 months.

Two heads of departments had applied for the severance package while more than 50 percent of the top nursing staff had indicated they wanted to take the packages.

"This would give us extreme hardships and constraints to maintain our presents standards," said Dr Rahman. Beds would have to be shut down as staff left Tygerberg Hospital, he said, adding that he was hoping medical staff might change their minds when new salary scales were introduced from July 1.

A provincial hospital head of department, who has applied for the severance package but asked not to be named, said people were applying because they were unsure of the future at the hospitals as a result of the reduced staff levels and low salaries.

"There is confusion as there is too much work and the posts are not being filled," he said.

Peter Mitchell, Groote Schuur Hospital chief medical superintendent, said there were 1 468 frozen posts at Groote Schuur Hospital and in certain departments the hospital was functioning with minimum staff.

While the number of applications for the voluntary severance packages so far amounted to 1,4 percent of the total staff complement, it was too early to assess to what extent services would be disrupted, he said.

"Implications for our own hospital is that posts which became vacant as a result of the severance packages are caught up in the current moratorium on the filling of posts. It will therefore be difficult to timeously put in place critical staff where there is a need. The non-filling of posts will also create further strain on an already stressed core of remaining personnel," said Dr Mitchell.

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P.T.O.

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(93) (Sat) 22/6/96 ARG

Health chief quells fears over severance packages

ARG 29/6/96

■ Only 250 applications for voluntary severance packages from a possible 37 000 health staff members have been received by the Western Cape Health Department.

ADELE BALETA
Staff Reporter

THE head of the Western Cape Health Department, Tom Sutcliffe, has moved to allay fears of a collapse in health delivery following the offer of voluntary severance packages to health staff.

There were fears that medical superintendents, specialists, doctors and nurses would be granted voluntary severance packages leaving few experienced and highly trained staff to run the service.

To date only 250 applications for the severance package have been received out of a possible 37 000.

Dr Sutcliffe, who will make the final decision on the issuing of severance packages, sent circulars to the chief directors, directors and chief medical superintendents informing them that the department was determined to manage the process effectively.

It would not permit the implementation of the packages to disrupt the delivery of health care in the Western Cape. "The cardinal objective is to maintain the service."

In the circular he said: "While it was not possible to impose an absolute ban on severance packages for any category of personnel, no approval will be given unless the head of the component certifies that the integrity of the service is not threatened."

The 250 applications had been sent back to heads of institutions to enable them to review them along with any others received before July 25, the cut-off date for applications to be sent to Dr Sutcliffe.

Dr Sutcliffe said anyone had the right to apply, but those who did would not necessarily receive the package.

The heads of institutions are required to review all applications with the relevant supervisors to determine whether each individual applicant complies with the criteria for key personnel.

The circular notes that in many instances this could only be determined once all applications had been received, as "the departure of one senior professional nurse from an intensive care unit would not have "serious humanitarian implications", whereas the departure of five such nurses could be catastrophic.

Institution heads are asked to bear in mind that the posts of those who take the severance package will be abolished.

Dr Sutcliffe said if an individual was unhappy with the final decision on her application, she could appeal to cabinet.

Dr Sutcliffe confirmed yesterday that salary increases for doctors would be in pay packets on July 15.

Although doctors would be getting time and third for 16 hours overtime up to 56 hours, negotiations on remuneration for overtime beyond 56 hours had not yet been finalised.

The Medical Association of SA's chairman of Fulltime Practice Dave Morrell said the association was "90 percent certain" that doctors would get 16 hours commuted service at the basic rate (time and a third), which would translate into as much as 50 to 65 percent for some doctors. He confirmed that overtime after 56 hours had not been negotiated.

Another 240 Cuban doctors due in SA

(93) BD 3/7/96

Kathryn Strachan

ANOTHER 240 Cuban doctors are expected in SA in August, following a visit to Cuba this week by an SA health delegation.

The delegation, led by health deputy director-general Dr Ayanda Ntsaluba arrived in Cuba yesterday for the second wave of the recruitment drive.

The delegation, consisting of senior health department officials and representatives of the National Medical and Dental Council of SA, would screen and select 240 Cuban doctors to be deployed in the rural areas of SA.

Those selected would include surgeons, obstetricians/gynaecologists, orthopaedic surgeons, anaesthetists, physicians, paediatricians and general practitioners.

The first group of 96 Cuban doctors arrived in SA in February.

"They were successfully deployed to all nine provinces and are well accepted by the communities and colleagues. These professionals contribute significantly to relieving the extreme shortage of skilled medical doctors in many parts of SA," the department said.

FRIDAY
JULY 5, 1996 ★

NO OVERTIME PAY FOR JULY

Bureaucratic bungle slashes doctors' salaries

CT 5/7/96 (93)

MANY doctors employed by the provincial government will get smaller pay packets this month — because there has been no agreement among provinces on payment for overtime work. **ANEEZ SALIE** reports.

HUNDREDS of Western Cape doctors are up in arms over a new salary deal which, far from being the bonanza they were promised, amounts to a drop in take-home pay this month — because of a bureaucratic bungle.

The majority of doctors in the public service are involved, but about 600 specialists at local teaching health centres are most seriously affected. They will receive increased salaries on payday, July 15, but say they will not get their overtime payments, despite undertakings from the health authorities.

A new overtime system has been agreed to, but the system of payment is apparently still in dispute among provinces. Overtime pay will therefore not be included in July pay-packets.

For doctors who received huge salary increases the crunch is not so severe, but at the level of senior specialist the take-home pay is down.

Their previous annual remuneration package was R146 000 (of which the salary was R126 000 and overtime R20 000).

The new, pensionable scale is R139 000. Whereas overtime was previously set at a fixed rate for the set extra hours, under the new deal it is calculated per hour on the new rates of pay.

The same doctors would thus make an extra R40 000 in overtime (for 15 hours of overtime a week), as opposed to the fixed R20 000 paid previously.

But this month they will receive only their basic pay (calculated on R139 000), and thus an effective cut in income (from R146 000).

Yesterday afternoon a crisis meeting was held at Groote Schuur Hospital, and this morning another is due at Tygerberg.

Dr Denise White, the chairperson of the UCT Fulltime Medical Staff Association, whose members work at the teaching hospitals of Groote Schuur, Red Cross, Somerset and Valkenberg, slammed the debacle as gross inefficiency by government.

She said yesterday's meeting voiced anger and strong disapproval of the uncaring way the matter had been handled by the government.

It called for the agreed salary package to be implemented forthwith.

It was the first time they had complained publicly, despite a host of serious problems over many months about many aspects of their work and the way they were treated by the provincial health authorities.

White denounced the non-payment of overtime as deplorable, saying many young doctors had their backs to the wall financially. "Theirs is a terrible plight," she said.

Dr Ben van Heerden, secretary of the Specialist Association of the Tygerberg Academic Complex, said they were deeply disturbed by the non-payment of overtime.

It would lead to a loss of income of up to R1 000 a month for certain doctors, he said.

The UCT Fulltime Medical Staff Association demanded that negotiations on the overtime package be finalised within a month. Failure to do so would lead to greater uncertainty and a further loss of highly skilled specialists from the public sector.

"Prompt implementation of the new remuneration package, including overtime, will help reduce the current climate of uncertainty among doctors, and will lead to greater stability within the health sector," Van Heerden said.

The Western Cape MEC for health and welfare Mr Ebrahim Rasool is on leave, and his entire staff of directors was yesterday either in meetings, on training courses or out of town and could not be reached for comment.

W Cape vows doctors will not lose out on pay

Health Reporter ARG 5/7/96 (93)

DOCTORS in Western Cape provincial hospitals will be paid their full salaries this month including increases as well as allowances and overtime.

This assurance, from Western Cape provincial health chief Tom Sutcliffe, comes after reports that doctors would take home smaller pay packets in July, in spite of salary increases, because of a dispute over overtime pay.

Dr Sutcliffe said his department guaranteed every provincial doctor his or her full previous salary with the upward adjustment as well as the non-pensionable allowance and overtime pay.

He said his department was working around the clock to ensure that all doctors would be paid in time and foresaw no problems.

Lack of agreement on overtime pay dismays doctors

ARG 6/7/96 (93)

JENNY VIALL
Health Reporter

ANGRY and disillusioned doctors in the Western Cape have called for an end to uncertainty on overtime pay, which they say creates the perception that the Department of Health has hidden agendas.

At issue is lack of agreement on overtime pay with just over a week to go before doctors are due to be paid their new salary packages.

Ben van Heerden, secretary of the Specialist Association of the Tygerberg Academic Complex which held an urgent meeting yesterday, said the fact that no decision has been reached on the issue after many months of negotiation was a clear sign of disregard for the "severe plight" of doctors employed by the state.

"We demand that finality be reached on this matter with great urgency and that the new system of overtime remuneration be implemented within the next month," he said.

Meanwhile MEC of health in the Western Cape Ebrahim Rasool has reassured doctors that they will not be financially disadvantaged and said his department guaranteed payment of overtime at the old rates until agreement could be reached.

Backpay would also be paid. Doctors were told earlier this week that they would not be paid for overtime with their salary increases on July 15.

For many this would have meant taking home less pay rather than more because under the old system doctors were paid for a 56-hour week, made up of a 40 hour-week rate and a 16-hours overtime non-pensionable allowance.

Under the new system doctors will be paid for overtime, at

Ebrahim Rasool

their salary plus a third , after working a 40-hour week.

It is this overtime rate that has not been agreed on in negotiations between the Public Service Commission, the national Department of Health and the Medical Association of South Africa.

Denise White, chairwoman of the UCT Fulltime Medical Staff Association, said doctors were concerned that agreement had not been reached at this late stage, and feared that overtime rates would be a divisive issue if different doctors were paid for different hours worked.

"We want all doctors, who were employed to work 56 hours a week, to be paid for the extra 16 hours at time and a third rates."

Minister Rasool said he regretted the anxiety created for doctors and had great sympathy for doctors' claims for overtime.

The Western Cape has proposed that overtime be paid at a rate of 1,3 times their salary for 16 hours overtime and those putting in more than 16 hours being rewarded accordingly. Doctors on standby would be paid an allowance of 0,3 times their salary.

Doctors get overtime after all

CT 9/7/96 (93)

ANEEZ SALIE
HEALTH WRITER

HUNDREDS of state doctors are to receive overtime payments after all, instead of ending up with less money this month, despite the start of a new salary deal.

On Thursday and Friday they held angry protest meetings at Groote Schuur and Tygerberg hospitals. All teaching health facilities of the universities of Cape Town and Stellenbosch were represented.

On Friday morning the Cape Times exposed their situation, and later that day Western Cape Health and Social Services MEC Mr Ebrahim Rasool issued a statement promising the overtime pay.

Although all doctors countrywide were affected, the more severe cases involved senior specialists, of whom there are about 600 in the province.

In the vastly improved remuneration package doctors were to be paid overtime separately, and per hour (instead of a lump sum for a set 16 hours overtime a week, as previously).

But the health authorities have failed to formulate a system of overtime payment in time for the new salary payments on July 15, despite having stopped the old one.

Some doctors would have ended the month with R1 000 less as a result of what they referred to as a bureaucratic bungle. They also accused the health authorities of being insensitive to their situation.

Rasool denied any bureaucratic bungling. He said such reports were bound to create undue anxiety among doctors.

"It is particularly unfortunate because July ought to be the month in which doctors, among others, should be expecting greater recognition and reward for their valuable service to the people of this country (through salary increases)," he stated in a press release.

In response to the Cape Times report on Friday, Rasool said he held discussions that morning with Dr Tom Sutcliffe, the head of the provincial health department, "in spite of my being on leave (because) we deem a resolution to this problem as crucial".

Rasool said: "The misunderstanding does not arise from any 'bureaucratic' problems, but rather because of a lack of agreement at a national level between the Public Service Commission, the Department of Health nationally, Provincial Health Department and Masa (Medical Association of SA) about the rate at which doctors will be remunerated for overtime.

"We are all awaiting final policy on this matter."

BD 16/7/96

Pay shock for state doctors

AN ADMINISTRATIVE blunder by the public service and administration department would result in many state doctors taking home less money this month than ever before, the Medical Association of SA (Masa) announced yesterday.

Doctors' overtime allowances had been cancelled prior to the implementation of a new overtime structure announced by the health department last week, Masa said. (93)

Government's failure to deliver timeously on promises to improve doctors' lot had negatively affected their morale, Masa spokesman Prof David Morrel said.

"In the belief that they will at long last be rewarded for their effort, many doctors have been hanging in there, working far more than 12 hours a day to provide medical care to patients dependent on public health services."

The problem with the pay cheques came as the last straw for many doctors, Morrel said.

They had been promised back pay, but there was no guarantee when the money would be forthcoming. — Sapa.

Omar to meet prosecutors today

BD 16/7/96 (252)

Deborah Fine

THE Society of State Advocates and the Prosecutors' Association of SA are to meet Justice Minister Dullah Omar today to discuss their salary demands.

The meeting follows Omar's offering to disgruntled prosecutors of short- and long-term solutions to their grievances, and an announcement by the State Advocates' Society at the weekend that they would join prosecutors in their work-to-rule protest.

Magistrates' courts countrywide have been disrupted by protests in which more than 80% of state prosecutors have refused to work overtime until their salary demands have been met. Similar action by State advocates could disrupt the Supreme Courts.

Omar said yesterday that the justice department supported the delinking of prosecuting authorities from the civil service and would attempt to have the necessary legislation approved by Parliament before the end of the year.

He said, however, that it was an illusion to believe his department could solve overnight problems which had developed more than a decade ago.

Salary increases would be difficult to meet as the prosecutors' association had accepted a salary agreement in the central bargaining chamber. Advocates and prosecutors could, however, be placed on higher salary notches which would improve their positions.

Further short-term relief included unfreezing 46 senior prosecutor posts, improving overtime rates and scrapping the maximum salary notch for overtime which meant advocates and prosecutors could claim overtime.

The NP, meanwhile, has slammed Omar's claim that his department could not correct the problems immediately. "Mr Omar should realise the ANC has actually been in government for two years and they are supposed to have the ability to improve the lot of civil servants. Mr Omar has been in a position to look after the interests of his officials for more than two years," a statement said.

Rescued professor rests after icy interlude

UNIVERSITY of the Witwatersrand professor Tony Trail was resting yesterday after being snowbound for eight days in Lesotho's Maluti Mountains.

Trail, his wife Jill, fellow Wits professor Tim Couzens and Canadian backpacker Lisa Vincent were driving through Sani Pass on the Lesotho border when their four-wheel drive vehicle skidded off the road and stopped dangerously close to the cliff's edge.

They "remained in that precarious position for eight days", hoping the vehicle would not topple.

Vincent and the Trails were resting in a family home at Underberg in KwaZulu-Natal after the four were rescued by a SAAF helicopter just before 9am yesterday. Couzens was in a stable condition in hospital.

Meanwhile, the Lesotho Defence Force fears more people who had not been reported missing might be trapped in the mountains. — Sapa.

State doctors quit for private sector, abroad

Star 17/7/96 (93) (R2b)

New, substantially higher pay scales may reduce the exodus,

but violent crime is still putting others to flight

By Melanie-Ann Feris

State hospitals in Johannesburg are seriously understaffed because of an exodus to the private sector and abroad. However, with the pay increases which came into effect on July 1, it is hoped that doctors and skilled nurses will at least think twice before moving.

Professor David Morrell of the Medical Association of South Africa (Masa) said salaries had been increased according to rank and seniority, and most doctors had received increases of between 50% and 80%, which included payment for the average of 16 hours a week of overtime they had to work.

"No doctor will receive an increase less than 30%," said Morrell, adding the new scales were particularly welcome as doctors' salaries had been "stuck" for the past 10 years.

Asked about the loss of doctors at state hospitals, Morrell said that up until a year ago doctors were switching to the private sector which offered higher pay.

"But of late, a lot are emigrating for reasons other than salaries. They are not willing to put up with the violence in the country (several doctors have been killed and others injured both on hospital premises and in general crime incidents like hijacking and robberies) and the lack of confidence in the future of medicine here."

It was too early to say how the salary increases would influence doctors in state hospitals to stay, but several had indicated through "word of mouth" they would no longer be leaving.

Meanwhile, hospitals such as Baragwanath and Hillbrow are in

Hospitals face a staff crisis

a staffing crisis.

Hillbrow's superintendent Emma Bonderonko said of 18 posts for physiotherapists, nine were vacant. "We are losing them to the private sector who pay them that much more."

Baragwanath hospital spokeswoman Hester Vorster said that the hospital was facing a shortage of radiologists as well as a serious shortage in junior level doctors in all departments.

The hospital was plagued by the "sporadic" loss of doctors to either the private sector or to other countries, she added.

"Junior doctors from other countries cannot be appointed because the Department of Home Affairs appears not to be granting them work permits.

"We are also having a problem with the registration of these doctors by the South African Medical and Dental Council.

"In the past we never had to struggle to get these people on to our staff, now suddenly there is a delay," she said.

But the Department of Home Affairs in Pretoria has indicated that, under normal circumstances, doctors' applications receive preferential treatment and delays of longer than four weeks should not occur.

Provided that the usual conditions set by the Department of Health are met, permits are issued as a matter of course.

However, there is currently a moratorium on the registration of foreign qualified doctors who do not form part of a government-to-government arrangement to work in South Africa.

South African Medical and Dental Council assistant registrar Dan Naudé said the council would consider the moratorium question and the registration of foreign-qualified doctors at their meeting later this month.

Helping hands ... Cuban doctors George Curbello and Maria Cordies work in Northern Province.
PIC: KHATHU MAMAILA

Cuban doctors long for their families

(93) Sowetan 18/7/96

The critical shortage of doctors 'cannot be over-emphasised'

By Khathu Mamaila

DR GEORGE CURBELLO is not bothered by the fact that he lives in a one-roomed house with no television in a remote village at Nzhelele in Northern Province

However, Curbello (37) has one major problem – he misses his wife Adelaide and two children, aged five and three years, whom he left in Havana, Cuba

Although Adelaide is also a medical doctor, she was not part of a group who were awarded contracts to work in South Africa

In an interview with *Sowetan* at Siloam Hospital, Curbello declares: "My dream is to have my family joining me here I miss them very much and I would even consider renewing my contract if my family could join me."

Curbello is one of the Cuban doctors dispatched to various hospitals in the rural areas of South Africa in an attempt to alleviate the plight of overworked doctors in public hospitals.

Part of struggle

He is a paediatrician (a doctor who specialises in children's diseases) and has a special soft spot for toddlers.

Why did Curbello leave his family to venture into the unknown, thousands of kilometres away from his communist island home?

"I worked in Zambia for two years from 1988 and during that time I learnt about South Africa and its people's struggle against apartheid. I wished to be part of that struggle," he says.

"Even after I went back home, I never forgot about South Africa I followed South African news closely. I was very excited about the peaceful transition to democracy in April 1994

"So when South Africa and Cuba reached an agreement which enabled Cuban doctors to work in South Africa for three years, I was willing to be part of the reconstruction of the new South Africa."

Asked whether he was a loyal communist, Curbello replies: "I was born and bred in Cuba under communism. I guess everybody in Cuba is a communist. But I am not a member of the Communist Party."

Dr L Spivack ... the shortage of doctors can't be overemphasised.

He says he enjoys his new job even though he examines many patients a day. The hospital he works at is fully equipped with medicine and equipment but lacks doctors.

Like Curbello, Dr Maria Theresa Cordies misses her family. Cordies has been a doctor for 25 years and is married to Dr Deptie Hamilton Smith, also a medical practitioner. Her two daughters and her father are also doctors.

"My main problem is living without my family. I wish they could join me here," says Cordies.

When she heard of the agreement between her country and South Africa, Cordies left her job at a medical school in Santiago de Cuba, where she was a professor, and decided to come to South Africa.

Asked whether she is coping with her new work, she says: "The work is too much but I like it."

The local people are warm and she enjoys working at the hospital.

"For me the medical profession is a calling. I can serve in any country where my services are needed. I am getting used to the place and beginning to learn the local language."

Has the provision of health care improved at Siloam Hospital since the arrival of the Cuban doctors?

Siloam Hospital superintendent Dr LD Spivack responds, "Of course, there is a great improvement because we have two more doctors but this is definitely not enough"

There are still 10 vacant posts for doctors at Siloam, which serves more than 200 000 people

At present there are only 10 doctors, including the two Cubans All the doctors at the hospital are foreign

"There are 13 clinics, one health centre and one maternity centre," says Spivack. "Six more clinics are in the pipeline. All are served by Siloam Hospital. The critical shortage of doctors cannot be over-emphasised."

He says he is unable to send doctors to the clinics because there is too much to do at the hospital

Lack of vehicles

The other problem is the lack of vehicles and the bad roads in the villages, some of which are in the mountains.

"We really need a surgeon and an obstetrician," says Spivack. "Let's face it, we are a baby factory. We deliver 4 000 babies a year. If we could make suggestions regarding the allocation of the doctors to hospitals, we would request at least a surgeon and an obstetrician.

"It is not that we do not need the two Cuban doctors – it is just that we need those special services more. As things stand, we are grateful for having been given the two Cuban doctors."

Another problem, says Spivack, is that although Cordies and Curbello are specialists, says Spivack, they cannot work as specialists here The South African Medical and Dental Council has registered them only as medical officers.

"If we had local doctors working at the hospital, the situation would be much better because all these restrictions would not have been imposed on them," says Spivack.

Revolutionary praises local health system

(93) MHG 19-25/7/96

Ann Eveleth

DR LUIS PERAZA has seen enough examples of post-revolutionary health care in his 61 years to convince him that South Africa's current staffing crisis is little more than a "growing pain".

One of 99 Cuban doctors deployed in February to bolster South Africa's overstretched medical system, the snowy-bearded doctor-revolutionary has worked in Angola, Guinea-Bissau and Ethiopia.

After five months of often gruelling surgery marathons at Pietermaritzburg's Grey's Hospital, Peraza says "South Africa has a very good health system. The problem — the shortage of medical officers — I think that will settle and in time you won't need foreign doctors.

"We had the same problem in Cuba in 1959," he says. "When the revolution came we had 6 000 doctors and half of them left because they were afraid for their positions. In 20 years we were able to change everything and today we have 52 000 doctors."

Peraza admits Cuba's health system travelled a long road to get where it is today: "The government invested a huge sum in health care and first tried to cover the rural areas. We introduced a programme of social rural medicine where medical students would spend three years working in a rural area," he says.

South African doctors have balked at similar proposals, but Peraza claims that in Cuba most doctors volunteer for rural service, which is considered "a great honour".

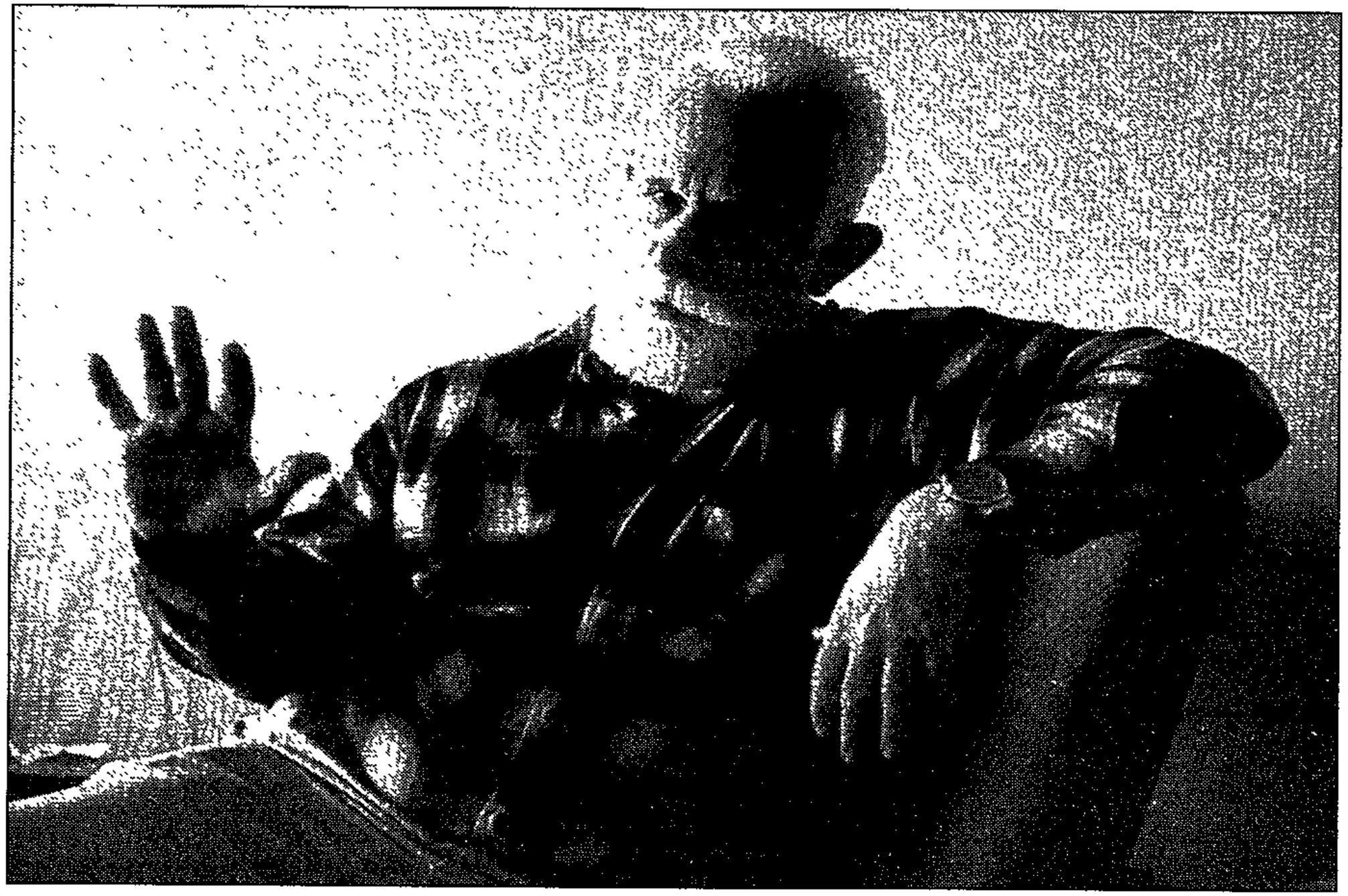
A self-confessed *idealista*, the Cuban Communist Party central committee member says he is optimistic about the prospects for South Africa's "social revolution": "I was surprised to find that racial integration has come so quickly," he says, pointing to the number of black patients at the formerly white hospital.

After years of contact with Southern Africa's liberation struggle, delivering medical services to victims of the war in Angola and training African National Congress doctors in Havana — including one who later cared for the late Oliver Tambo in exile — Peraza was eager to join the Cuban medical detachment to South Africa: "I wanted to see [the new South Africa] for myself," he says.

Born into a revolutionary family, Peraza was a member of Cuban President Fidel Castro's 26 July Movement, which ousted US-backed dictator General Fulgencio Batista in 1959. Despite his family's apparent anti-US sentiment, Peraza's father sent him to study there. Returning to Cuba three years later, Peraza joined a student cell of the 26 July Movement. "We blew up 20 or 30 post offices," he says.

Peraza, his mother, father and one brother were imprisoned and tortured, while a second brother fled to Mexico and joined Castro and Argentinian revolutionary Ernesto "Che" Guevara's guerrilla army. Upon his release, Peraza joined his brother in Mexico. He later received military training himself from Guevara.

"I only did what everybody my age did in Cuba," he says. "We were involved in the struggle against colonialism and it is an honour for us to serve in that struggle. Many Cubans died in Angola and in Ethiopia but some people were crying because they couldn't go. When the CIA killed two Cuban teachers in Nicaragua, the next day 20 000 teachers wanted to take their place."



Cuban doctor Luis Peraza: 'It is an honour for us to serve'

PHOTOGRAPH: DAVE BUZZARD

Govt doctors get pay-levelling pact

PRETORIA — An agreement had been reached on uniform pay for doctors and dentists in the public sector, the health department said at the weekend.

Doctors would also be paid a commuted rate of overtime based on average estimates of overtime worked by each category, and on-call overtime pay, the department said after a meeting between the director-general of health and provincial heads of the department this week.

"The aim of the meeting was to conclude an agreement on a uniform nationwide mechanism for remuneration of all categories of medical doctors and dentists working in the public sector. The department believes that the new total package for doctors in the public sector is very competitive and will attract many doctors, especially South Africans, to serve in the public health sector," the department said.

It was reviewing hospitals which qualified for the recruitment allowance to recruit doctors into rural and underserved areas. Hospitals in the former TBVC states were excluded from this allowance. — Sapa.

BD 22/7/96

Dispensing doctors oppose regulation

By Janine Simon
Medical Correspondent

Doctors have lashed out at the Department of Health's recently gazetted plans to regulate dispensing doctors, saying the minister is exercising authoritarian control over the profession.

The proposed regulations stipulate that doctors and dentists may only dispense medicines after being authorised by the director general for health, and passing a course in dispensing prescribed by the South African Medical and Dental Council in consultation with the SA Pharmacy Council.

The proposed regulations were published for comment in the Government Gazette of July 12.

The notice states that the minister intends to make the changes to the Medicines Control Act in three months' time – on October 12 – and invites interested parties to submit comment by August 20.

"This challenges my professional right to do something I'm already trained to do," said Dr Dennis Dyer, chairman of the South African Managed Care Coalition. "The minister is able to change the act without putting it before Parliament."

Dr Morgan Chetty, chairman of the Medical Association of South Africa's standing committee on general practice, said the proposed legislation would destroy an infrastructure serving 3 million people.

Declan Brennan, executive director of the Representative Association of Medical Aids, said more warning had been expected from the minister. They were concerned about the impact on dispensing doctors and their patients, and the practicalities of implementing the examination system.

Bada Pharasi, Chief Director of Registration, Regulation and Procurement said yesterday the location and condition of applicants' premises would be taken into consideration.

"Authorisation depends on people having taken the exam and their facilities passing the inspection," he said.

(93)(8) Star 24/7/96

Doctors fume over 'training' proposals

Star 25/7/96 (p.93)

Young graduates resisting any two-ye[illegible] programme before being able to practise

By Janine Simon
Bobby Brown

Young doctors have accused the Government of trying to press-gang them into community service for two years with proposals that they spend that amount of time in "vocational training" before being allowed to practise medicine.

The plan was announced by the SA Interim Medical and Dental Council (SAIMDC) which said the additional postgraduate training should start in January 1998.

The council said the course was aimed at equipping doctors with practical skills and would be recognised for later specialist or family practitioner training.

Stunned, angry final-year medical students, the first to be affected, last night slammed the shock announcement as a 180-degree shift from the recommendations on vocational training made to the council by a specially constituted technical committee.

Dr Kerrin Begg, chairman of the Junior Doctors' Association (Judasa), said the plan looked like a cover up for earlier proposals that doctors do compulsory community service.

"While we agree with the principle of vocational training we believe a voluntary, incentive driven system would have been more acceptable," she said.

Senior students, who are just 14 weeks away from graduation, had believed the vocational training would take a mild[illegible] be introduced at a later stage, added Judasa executive member Jonathan Karpelowzky.

"We'll be taking it up with the

▶ ... To Page 2

Doctors fume over 'training' proposals

(93)

▶ From Page 1

Star 25/7/96

health department on Friday, but we'll have to wait and see.

"Community service and vocational training are actually two separate issues," he said.

Students are angry, too, at the timing. Most have already received letters of appointment to intern posts and must give final replies within five days.

"It's been timed to prevent us making other arrangements, such as doing our internship in England," said one resentful student on duty at Baragwanath Hospital.

"It's the culmination of the policies of an extremely exploitative government."

Graduates would be forced to work for salary packages unlikely to exceed R80 000 a year, he said, adding that most students had bank loans to pay back.

Head of the University of the Witwatersrand Health Sciences, Professor Max Price, was cautious, saying he had not seen the recommendations and the reasons behind them.

"I've always supported compulsory community service. I think it a fair repayment of society's investment in the training of doctors," he said. But he felt the vocational training should be phased in, so that it did not affect students in the final year or two of their studies, who would feel demoralised if the "goalposts have been moved".

Begg said the plan could encourage doctors to leave the country before completing their internships.

But Price said he did not believe the additional training would necessarily precipitate emigration, depending on how the system was implemented.

The SAIMDC decided on the plan at a meeting in Pretoria this week. Provisions for its introduction will be included in the council's recommended amendments to the Medical Dental and Supplementary Health Services Act.

A special task group has been appointed to examine details of the proposed training.

MEDICAL STUDENTS ANGERED

Doctors may have to train for nine years

(93) CT 25/7/96

MEDICAL STUDENTS are outraged at proposed changes to the Medical Act that would force them to do an additional two years of internship, essentially national service, after graduating. Health Writer **ANEEZ SALIE** reports.

WOULD-BE doctors may soon be required to train for nine instead of seven years in a move which has caused an uproar among students and which could fuel the brain drain.

The additional two years would have to be spent at state hospitals, a decision they were not consulted about, the students claim.

It was a disguised form of conscription which would boomerang by forcing more doctors to abandon the country for greener pastures abroad, where they were in great demand, they said.

There are 2 000 vacant doctor posts at state health facilities, particularly in rural areas.

The new move would affect 1 000 students.

TOO LONG: Medical student Mr Fikile Sithole is against the planned changes. *PICTURE: ALAN TAYLOR*

Yesterday the president of the Interim National Medical and Dental Council of South Africa, Professor S Kallicharan, announced they had proposed a system of post-graduate vocational training for medical practitioners from January 1, 1998. This would apply to practitioners doing their internship in 1997.

One of the primary objectives of the council, he said, was to ensure that adequate standards of education and training of health-care professionals were in place. Appropriate vocational training was one of the cornerstones of training in medicine.

The period of vocational training now referred to as the "medical internship" (undergone after graduation) was introduced by the council in 1950. An undergraduate extension of this concept was introduced later in the form of the student internship.

The council now proposes a further training period of two years after graduation as a prerequisite for medical practitioners to enter into independent practice.

Kallicharan said this period of vocational training would be structured according to educational principles, would be undergone at hospitals approved by the council, and would take place under proper and adequate supervision.

The proposal would be included as part of the council's recommendations on the Medical Act, which is under review.

The council expected the amended legislation to go before Parliament during the first half of 1997,said Kallicharan.

A special task group appointed by the council to look at the structuring and details of the proposed system of vocational training will report back in October.

Kallicharan said the Department of Health and the provincial health authorities would ensure that the necessary infrastructure, such as posts and supervision would be in place when the proposed system was launched.

Students, however, were alarmed that it would now take nine years to become a doctor.

Mr Boshi Mohlala, national president of the S A Medical Students' Association, said it would also perpetuate the injustices of apartheid by further concentrating resources in urban areas, where the necessary, supervised vocational training was centred.

He said the move came as a shock because the students themselves had not been consulted.

Mr Nico Prinsloo, council registrar, said they had consulted widely, but he could not say which specific groups had been involved.

Mohlala said the association would have proposed that the additional training be incorporated into the already long, seven years of study and training.

"We are committed to producing doctors for the people and not for profit," he said. "We stand for a fundamental transformation of the health system, including the training of doctors, which should start with recruitment, right through to deployment.

"We feel the greatest need is in the rural, peripheral areas, which we are determined to assist. But this scheme would make it difficult, if not impossible."

He demanded that the students' association be consulted by the Medical Council's task group.

A fifth-year medical student at the University of Cape Town, Mr Fikile Sithole, who would have been free to practise on his own in 1999, and who now has to wait until 2001, also said nine years was far too long.

Most of his fellow-students were committed to providing decent health care to neglected communities, but felt the state should encourage them instead of wielding the big stick.

"It looks like a disguised form of conscription, which has not worked anywhere in the world," he said.

The dean of the UCT medical school, Professor J P van Niekerk, said the principle of mandatory vocational training had been under discussion for some time, and had its roots in the resistance to enforced military conscription for white males under the previous government.

"No doubt it will cause considerable and emotional debate because it is a very difficult question to address. In my own opinion, education is a life-long matter. A lot of graduates do it anyway.

"The problem arises when it is mandatory."

The chairperson of the Junior Doctors Association of SA, Dr Kerrin Begg, said the extra two years would create feelings of resentment and would demoralise young doctors.

"It may also encourage them to leave the country before completing their internship, and they will probably be lost to South Africa."

Should doctors heal themselves?

(93) (~~92~~) ARG 25/7/96

Doctors and other health professionals are duty-bound to put the interests of their patients first, taking an oath to this effect at the completion of their training. But what happens when they succumb to outside pressure and – either by omission or commission – collaborate with perpetrators of gross human rights abuses of severe physical and mental torture, in a system like the former apartheid regime? The South African medical profession is grappling with this issue as the hearings of the Truth and Reconciliation Commission shed increasing light on the often problematic relationship between district surgeons, security police and political detainees. In some quarters, there is strong support for a "Doctors' Truth Commission".
Argus Reporter JOHN YELD investigates the suggestion.

COLLABORATION between doctors and the perpetrators of gross human rights violations during the apartheid era is coming under increasingly close scrutiny – and there is support for a special "Truth Commission" focusing exclusively on the medical profession.

During public hearings of the Truth and Reconciliation Commission's human rights violations committee, several victims have been critical of district surgeons and private doctors.

Some of these victims alleged that they were denied proper medical care during periods of detention and torture, while others accused the doctors of subordinating their (the prisoners') interests to those of the security police and other security forces. This included treating them in the presence of their captors, in contravention of ethical medical practice.

In the most extreme case, one torture victim said he had heard a doctor telling security police that his seemingly imminent death could be disguised by stuffing porridge in his nose and throat, making it appear as though he had choked or suffocated. This was subsequently strongly denied by the doctor concerned.

The issue of collaboration between the medical profes- [illegible]

about issues such as amnesty for doctors involved in human rights abuses as countries emerged from repressive eras.

"As part of that conference, doctors called quite explicitly for some process like the Truth and Reconciliation Commission to enable the profession to come to terms with its past," he said.

A letter to that effect was sent to the South African Medical Journal for possible publication.

It has not appeared yet, but in the June issue of the journal there is a substantial article by one of Dr London's UCT colleagues, Judith van Heerden of the Department of Primary Health Care, in which she questions the "collective apology" offered last year by South Africa's medical profession for its role in supporting apartheid "by omission or commission".

The apology, offered by the Medical Association of South Africa (Masa, a voluntary professional association) was greeted with "joy and relief" by some members, Dr Van Heerden noted.

But, she continued, other Masa members did not share these feelings and there were doubts about the true value of the association's announcement.

"In a single sentence, Masa exonerates itself from the untold harm of the apartheid Unity promoted," Dr Van Heerden said.

The most damaging aspect of the apology, Dr Van Heerden added, was that it denied Masa members the opportunity to reflect on and question the real meaning of human rights and medical ethics.

The "vagueness" of the Masa apology had prompted commentators in the South African Medical Journal to associate it mainly with the death of Steve Biko in detention in 1977 and the role of the two district surgeons who attended him.

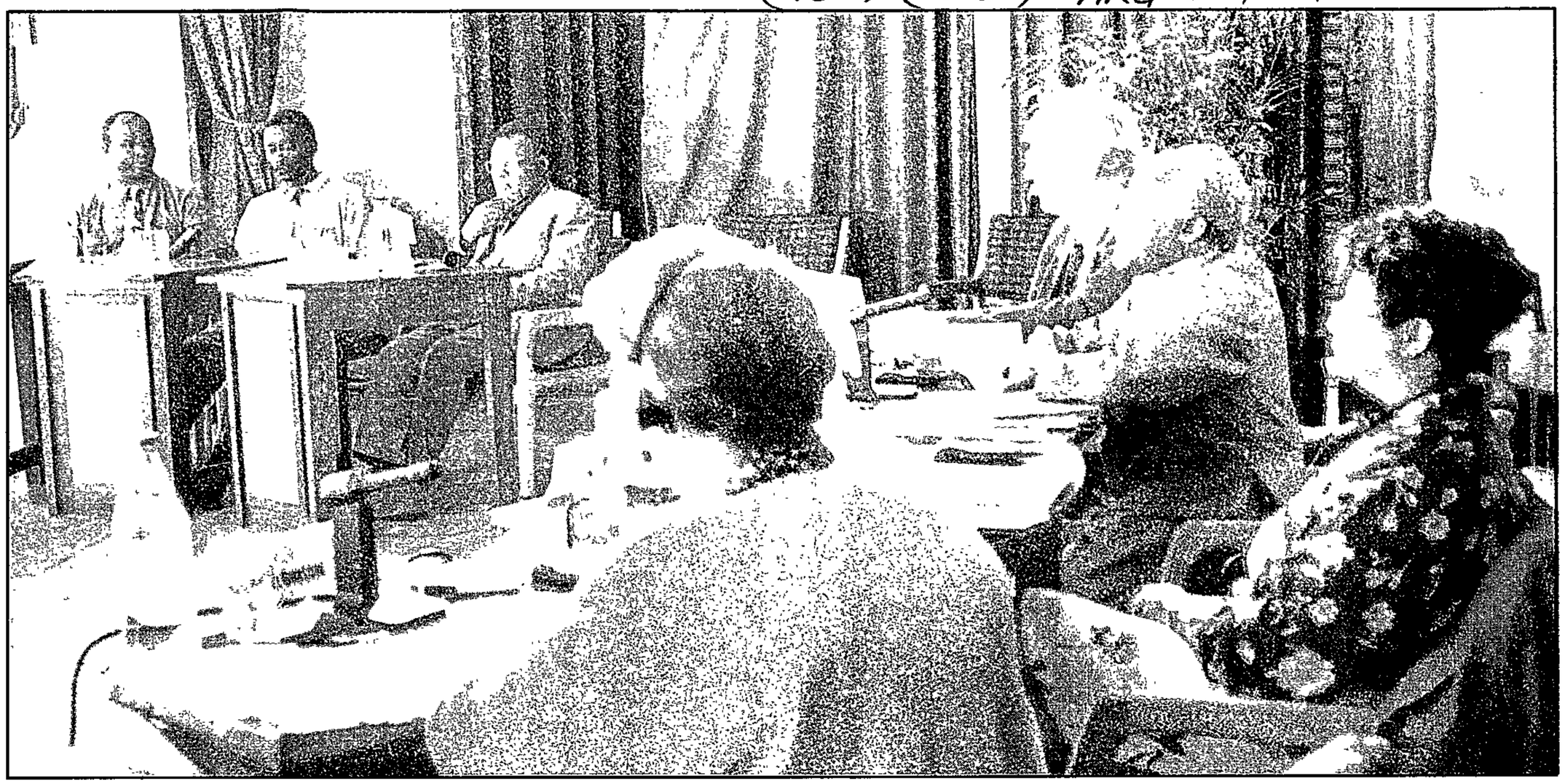
"Doctors who plead ignorance could easily fall into the same trap of disregarding the complicity of professional organisations and individuals," Dr Van Heerden said.

The challenge for Masa was to find constructive ways of informing members and the public about the "dark past".

"The criticism levelled at the apology is that it is little more than an acknowledgement of previous wrongs, and (it) lacks the crucial element of disclosure.

"For doctors who are committed to the establishment of ethical norms, a pardon entails a visible change in behaviour from one of silence and denial, to one of acknowledgement and disclosure.

"Disclosure involves scrutiny of past actions and remorse, something that will lend weight to the words," Dr Van Heerden s[illegible]



MALAISE: Some victims of human rights abuses – physical and mental torture – testifying before the Truth and Reconciliation Commission have given the South African medical profession a headache, for which the cure might well be the appearence of doctors at a hearing.

human rights and possible amnesty or indemnity for such collusion was one of the key themes at a conference in Cape Town last year organised jointly by the Woodstock-based Trauma Centre for Victims of Violence and Torture and the International Rehabilitation Council for Torture Victims, which has its headquarters in Denmark.

One of those taking part, Leslie London of the Department of Community Health at the University of Cape Town's Medical School, said there had been in-depth discussions

Examples include the restriction of medical school admissions on the basis of race, the segregation of hospitals and other health facilities, the maintenance of separate waiting rooms and toleration of interference with doctors' treatment of prisoners and detainees.

"It (the Masa apology) creates a bad impression because it is dismissive of the thousands who have been detained and tortured since 1960. It does not foster the culture of human dignity that the president and the Government of National

SAVIOUR: Wendy Orr, a member of the truth commission.

As the Truth and Reconciliation Commission was hearing more and more testimony from victims who had experienced abuse at the hands of state doctors during the apartheid era, the medical profession had an ethical obligation to take strong, corrective action to deal with its past, Dr Van Heerden suggested.

She proposed that Masa and the statutory South African Medical and Dental Council should undertake a "parallel process" of healing that involved telling the truth, forgiveness and reparation through the creation of a medical "Truth Commission".

However, such a process would be difficult to organise, and the names of the doctors involved would have to be confidential, Dr Van Heerden suggested.

"Our past is littered with incidents where doctors neglected their caring duty. Collusion with the state was regarded as a patriotic duty by some of them.

"(But) pointing fingers now only adds to the stress under which district surgeons work ...

"There has to be recognition of the pressure and tension under which these doctors fulfil an unglamorous and unrewarding task. Yet the mismanagement of the past cannot be overlooked."

The stories of victims would probably re-open deep wounds and would need an empathetic audience. Also, a debriefing mechanism would have to be in place for all who took part.

Quoting a South African Medical Journal editorial of 1991, she concluded: "The pain and remorse of this process will be living proof of a commitment to ensure that 'what happened to Steve Biko should never be allowed to happen in any country that regards itself as civilised'."

'Never again' mooted as slogan for new SA

Sapa reports from JOHANNESBURG

It was the Truth and Reconciliation Commission's responsibility to ensure that those guilty of torture and murder were exposed and made to admit the abuses they had committed, former Umkhonto we Sizwe veteran Laloo Chiba said yesterday.

"Only if they do so can there be true national reconciliation," he told the commission during its sitting in Soweto.

Mr Chiba said "never again" must be the slogan for a new human rights culture in South Africa.

It must be made absolutely clear to people in positions of authority that the new dispensation would not tolerate violations of human rights in any circumstance, he said.

Mr Chiba and fellow MK veteran Rajee Gopal Vandeyar recounted in graphic detail the torture they suffered at the hands of the security police in the early 1960s.

The two were flanked by Rivonia trialist and adviser to President Nelson Mandela, Ahmed Kathrada, who did not testify.

Mr Vandeyar described how his torture 33 years ago had left emotional and physical scars that would never be forgotten.

"I find myself in a difficult position... to forgive these people is asking a lot," he said.

Mr Chiba and Mr Vandeyar were arrested on April 17, 1963, after the attempted sabotage of the Riverlea railway station.

They were tortured at Langlaagte police station.

Mr Vandeyar told the commission he was thrown into a room with 12 policemen and was kicked and punched until he lost consciousness.

"I was used as football. I was revived and was beaten with a rifle butt, again losing consciousness."

A man dressed in a white coat and stethoscope had seen him and suggested police give him two apricots.

Mr Chiba described how, following an assault in which his face was badly bruised and an eardrum punctured, he was covered by a wet sack and repeatedly given electric shocks on his hands and feet. The shocks continued for two hours.

Plan to lengthen internships for doctors

(93) BD 25/7/96

Kathryn Strachan

THE interim National Medical and Dental Council proposed yesterday that doctors undergo a further two years of training at state hospitals and facilities before being allowed to enter private practice.

While this was recommended in the National Health Insurance report, commissioned by the health ministry, it was the first time the council — official watchdog of the medical profession — made the proposal. The council said its aim was to ensure adequate standards of education and training for health care professionals were in place.

The proposal relates to amendments to the Medical Act, expected before Parliament next year. If adopted it will be introduced from January 1998. The council proposed that the extra two years, which would be added to the seven years' training, be structured in an educational way and take place under proper supervision. It has appointed a task group to look at the details of the proposed system.

The health department has assured the council that posts and supervision will be in place when the system is launched. The council is consulting other professions under its ambit on introducing a similar system for them.

The Junior Doctors' Association said it would fight the plan. Chairman Dr Kerrin Begg said a voluntary incentive-driven system would have been more acceptable and the implementation date of January 1998 was unfair to students who would learn while studying that it would be two more years before they could practice independently.

"This will create feelings of resentment among young doctors ... it may encourage them to leave the country before completing their internship." She said the proposal looked like a cover-up for earlier proposals that doctors do compulsory community service.

Talks on doctors' training under way

(93) BD 26/7/96

Kathryn Strachan

THE Junior Doctors' Association will be meeting senior health department officials today to begin their fight against the SA Medical and Dental Council's decision earlier this week to extend doctors' training by two years.

SA Medical Association (Masa) spokesman Prof Dave Morrell said a broad range of medical organisations agreed at a workshop last year that medical graduates were not prepared to practice independently when they finished their one-year internship, and that further training was required.

While SA's medical graduates were among the world's best, they did need more technical skills before going to practise on their own.

As undergraduate training is based on knowledge rather than acquiring of technical skills, about 70% of doctors at present opted to stay on at academic hospitals to broaden their skills. Doctors needed more technical expertise — particularly in obstetrics, anaesthesia and surgery.

However, said Morrell, it was essential that these skills were gained under proper supervision, otherwise the extra time would constitute service and not training. It was difficult to differentiate between the two, but he said the council had assured Masa that it would be monitoring this closely.

He said the fact that an extra two years would be compulsory was the emotional aspect of the debate, with many medical students saying they should have had the chance to choose this course, and they should have been made aware of it before they began.

The Junior Doctors Association was concerned that there would be a shortage of training posts, with graduates simply sent to remote areas without any supervision.

Morrell replied training structure would be changed to provide more posts and supervisors.

While postgraduate training was compulsory in many countries, Morrell said the total of nine years was long by international standards, and Masa was led to believe it would only be extended by another year.

Students fight 'forced service'

(93) ARG 27/7/96

ADELE BALETA
Staff Reporter

■ Medical students say plans to extend their training by another two years are unworkable and will hit black students the hardest.

MEDICAL students are committed to fighting proposals to increase their training by another two years, a move which they say amounts to forced community service.

Representatives for junior doctors are adamant that community service as a way to address the maldistribution of doctors must not be forced or masqueraded as training, but instead be incentive–driven.

The Interim National Medical and Dental Council (INMDC) resolved this week that training for junior doctors be extended by two years to a total of nine years.

At present doctors are required to complete seven years training before they can be registered with the council to work independently in the private sector or unsupervised in the public sector.

Criticising the resolution, Junior Doctors' Association of South Africa (JUDASA) chairwoman Kerrin Begg said it was perceived by members as if the council, "a supposedly independent body acting in the interests of the profession", had been unduly influenced by the National Department of Health.

She said the concept of vocational training had first been mooted by the government as a way to delivering much needed services to the rural areas and primary care facilities.

"The proposal for vocational training is claimed to be training orientated yet the background reasons behind the proposal are all service orientated leading to the conclusion that this is simply compulsory community service re-labelled," she said.

Judasa represents about 2 500 medical students from fourth year to sixth year, as well as interns and junior medical officers up to two years post registration

Dr Begg said the INMDC's education committee had proposed that only an extra year be added to the current length of training. But this was rejected without explanation by the council's executive committee.

Boshi Mohlala, President of the SA Medical Students Association which represents first year to sixth year students at South Africa's eight medical schools said: "We are committed to the fundamental transformation of medical education and medical practitioners from recruitment to deployment and are vehemently opposed to the council's resolution which will perpetuate the inequalities of the apartheid past.

"The extended training would not have any significant benefit for the community because the necessary infrastructure and supervision for vocational training was not available in peripheral rural clinics where the services were needed most.

❐ **NO WAY:** President of the SA Medical Students Association Boshi Mohlala.

"The proposals will in fact lead to a clustering of junior doctors in the urban areas and will delay the process of voluntary incentive based community service by at least two years."

Mr Mohlala said there were no additional educational benefits in the proposals and most junior doctors of their own volition spent two to three years in the public sector before moving onto private practice or specialising.

The proposal would hit black medical students hardest as they were already having to do an extra year as part of an academic support programme because of being historically disadvantaged. "It will mean 10 years before they can be registered and in the case of students who change careers mid-stream to medicine it could mean up to 15 years".

The council's president Professor S Kallichurum said this week that the two years would be effective from January 1 1998 adding that it would apply to junior doctors doing their internship in 1997. He said vocational training would be structured according to educational principles and undergone at hospitals or facilities approved by the council. Also that it will take place under proper and adequate supervision."

The proposal would be included as part of the council's recommendation on the Medical Act which is under review. A bill is expected to go before Parliament during the first half of 1997.

But Judasa's Dr Begg said there were major logistical problems that would make the proposals unworkable.

There were 2000 vacant posts in rural and primary care facilities countrywide and Ms Begg said training could effectively only occur in facilities with adequate supervision.

At present, these were at secondary and tertiary facilities (predominantly in urban areas) thus defeating the object of righting the maldistribution of doctors. These hospitals were already experiencing a shortage of supervisors as a result of specialists leaving the country and the freezing of posts.

Of the 300 Western Cape graduates from UCT medical school this year only 150 could be accommodated at Cape hospitals.

"They will have to unfreeze posts and create additional posts to accommodate trainees before they can even make sure there are enough trainers."

There was virtually no supervision in the rural and primary care settings which at present were being staffed by foreign doctors most of whom have limited registration.

Dr Begg said it was questionable whether these doctors would be appropriate as supervisors of South African doctors.

"If it's truly training they are talking about will they be prepared to let us train in privately managed care facilities or accredited private hospitals where there would be adequate supervision. If they confine us to public sector training then service and not training is on the agenda."

She said forcing another two years service before granting registration was likely to act as a catalyst for doctors to leave the country thus increasing the shortage of doctors once again.

"To impose a further two years of training on an individual who has already been studying four, five or six years , with the expectations of a total period of seven years is unacceptable".

Requiring South African doctors who have received their training elsewhere to do two years vocational training also shed doubt on the objective indicating service and not training.

Dr Begg said Judasa re-iterated its sympathy with the Department of Health's underlying problem of maldistribution of doctors and again committed itself to addressing the problem.

The Council's assistant registrar: liaison Daan Naude denied the professional body had bowed to government pressure on the proposals. He said the period of vocational training currently referred to as "medical internship" (implemented after graduation) was introduced by the council in 1950.

An undergraduate extension of this concept was introduced later in the form of the student internship.

The current proposal was part of the same process of consolidating skills learned in the undergraduate years and to ensure adequate standards were in place.

He said Judasa was included in the process and that although the council's executive committee rejected its education committees' proposal of one year extended training, the issue was debated fully.

Picture: HANNES THIART, Staff Photographer

❐ **UNWORKABLE:** Junior Doctors Association of South Africa chairwoman Dr Kerrin Begg.

It's forced community service, young doctors complain

Star 27/7/96 (93)

Medical students are committed to fighting proposals to increase training by two years, a move they say amounts to forced community service.

Representatives for junior doctors are adamant that community service as a way to address the maldistribution of doctors must not be forced, nor should it masquerade as training, but rather be incentive driven.

The Interim National Medical and Dental Council (INMDC) resolved this week that training for junior doctors be extended by two years to nine years. Doctors are now required to complete seven years' training before being registered to work independently in the private sector or unsupervised in the public sector.

Criticising the resolution, Junior Doctors' Association of SA (Judasa) chairman Kerrin Begg said it was perceived by members as if the council, "a supposedly independent body acting in the interests of the profession", had been unduly influenced by the Department of Health. She said the concept of vocational training had first been mooted by the Government as a way to deliver much-needed services to the rural areas and primary care facilities.

"The proposal for vocational training is claimed to be training oriented yet the background reasons behind the proposal are all service oriented, leading to the conclusion that this is simply compulsory community service relabelled," she said.

Judasa represents about 2 500 students from fourth to sixth year, and interns and junior medical officers up to two years post-registration.

Begg said the INMDC's education committee had proposed that only one extra year be added to the current length of training but this was rejected without explanation by the council's executive.

'Collective apology' by doctors comes under fire

A truth probe focusing on the medical profession has been urged, in spite of Masa 'exonerating itself from the untold harm of the apartheid era', writes JOHN YELD

Collaboration between doctors and the perpetrators of gross human rights violations during the apartheid era is coming under increasingly close scrutiny – and there is support for a special "truth commission" focusing exclusively on the medical profession.

During public hearings of the Truth and Reconciliation Commission's human rights violations committee over the past few months, several victims have been critical of district surgeons and private doctors.

Some of these victims alleged they were denied proper medical care during periods of detention and torture, while others accused the doctors of subordinating the prisoners' interests to those of the security police and other security forces.

This included treating them in the presence of their captors, in contravention of ethical medical practice. In the most extreme case, one torture victim said he had heard a doctor telling security police that his seemingly imminent death could be disguised by stuffing porridge in his nose and throat, making it appear as though he had choked or suffocated. This was subsequently denied by the doctor concerned. The issue of collaboration between the medical profession and perpetrators of human rights and possible amnesty or indemnity for such collusion was one of the key themes at a conference in Cape Town last year, organised jointly by the Woodstock-based Trauma Centre for Victims of Violence and Torture and the International Rehabilitation Council for Torture Victims, which has its headquarters in Denmark.

A victim said he heard a doctor telling police his death could be disguised by stuffing porridge up his nose and throat

One of the participants, Leslie London of the department of community health at the University of Cape Town's Medical School, said there had been in-depth discussions about issues such as amnesty for doctors involved in human rights abuses as countries emerged from repressive eras.

"As part of that conference, doctors called quite explicitly for some process like the Truth and Reconciliation Commission to enable the profession to come to terms with its past," he said.

A letter to that effect was sent to the SA Medical Journal for possible publication. It has not appeared yet, but in the June issue of the journal there is a substantial article by one of Dr London's UCT colleagues, Dr Judith van Heerden of the department of primary health care, in which she questions the "collective apology" offered last year by South Africa's medical profession for its role in supporting apartheid "by omission or commission".

The apology, offered by the Medical Association of South Africa (Masa), a voluntary professional association, was greeted with "joy and relief" by some members, Van Heerden noted. But, she continued, other Masa members did not share these feelings and there were doubts about the true value of the association's announcement.

"In a single sentence, Masa exonerates itself from the untold harm of the apartheid era. Examples include the restriction of medical school admissions on the basis of race, the segregation of hospitals and other health facilities, the maintenance of separate waiting rooms by doctors, and toleration of interference with doctors' treatment of prisoners and detainees.

"It (the Masa apology) creates a bad impression because it is dismissive of the thousands who have been detained and tortured since 1960.

"It does not foster the culture of human dignity that the president and the Government of National Unity are promoting," Van Heerden said.

The most damaging aspect of the apology, she added, was the fact that it denied Masa members the opportunity to reflect on and question the real meaning of human rights and medical ethics.

The "vagueness" of the Masa apology had prompted commentators in the SA Medical Journal to associate it mainly with the death of Steve Biko in detention in 1977 and the role of the two district surgeons who had attended him.

"Doctors who plead ignorance could easily fall into the same trap of disregarding the complicity of professional organisations and individuals," Van Heerden said.

The challenge for Masa was to find constructive ways of informing members and the public about the "dark past".

"The criticism levelled at the apology is that it is little more than an acknowledgement of previous wrongs, and (it) lacks the crucial element of disclosure. For doctors who are committed to the establishment of ethical norms, a pardon entails a visible change in behaviour from one of silence and denial, to one of acknowledgement and disclosure.

"Disclosure involves scrutiny of past actions and remorse, something that will lend weight to the words," Van Heerden said.

As the Truth and Reconciliation Commission was hearing more and more testimony from victims who had experienced abuse at the hands of state doctors during the apartheid era, the medical profession had an ethical obligation to take strong, corrective action to deal with its past, Van Heerden suggested.

She proposed that Masa and the statutory SA Medical and Dental Council should undertake a "parallel process" of healing that involved truth-telling, forgiveness and reparation through the creation of a medical "truth commission".

However, such a process would be difficult to organise, and the names of the doctors involved would have to be kept confidential, Van Heerden suggested. "Our past is littered with incidents where doctors neglected their caring duty. Collusion with the state was regarded as a patriotic duty by some of them.

"(But) pointing fingers now only adds to the stress under which district surgeons work ... There has to be recognition of the pressure and tension under which these doctors fulfil an unglamorous and unrewarding task. Yet the mismanagement of the past cannot be overlooked."

The stories of victims would probably reopen deep wounds and would need an empathetic audience.

Also, a debriefing mechanism would have to be in place for all participants, Van Heerden said.

Quoting an SA Medical Journal editorial of 1991, she concluded: "The pain and remorse of this process will be living proof of a commitment to ensure that whatever happened to Steve Biko should never be allowed to happen in any country that regards itself as civilised'."

Our past is littered with incidents where doctors neglected their duty. Some saw collusion with the state as patriotic

Anger rises over 2-year compulsory service plan for doctors

ST 28/7/96 (93)

By CAS St LEGER and PAT SIDLEY

MEDICAL students have reacted with outrage to this week's announcement that they face two years in government service before being allowed to register for private practice.

On Wednesday, Professor Soromini Kallichurum, president of the South African Interim National Medical and Dental Council, announced that a system of postgraduate vocational training was to be introduced in 1998.

"One of the primary objects of the council is to ensure, in the public interest, that adequate standards of education and training of health-care professionals are in place," she said.

To meet this need, the council has proposed two years' postgraduate training "as a prerequisite for medical practitioners to enter into private practice".

She said it was expected vocational training would be included in the Medical Act, which would go before Parliament early next year.

A task group has been appointed to report back to the council in October and other professionals — such as dentists — may soon be included in the scheme.

Kevin Pillay, president of the Wits Medical Students' Council, said students had not been consulted and their wishes, expressed at previous meetings with the council, appeared to have been ignored.

Wits Medical School, with 1 300 students, has 260 sixth-year students who will be the first to face another two years' training.

"This will encourage more students to study abroad," said Pillay.

A student task group will be formed next week to draw up objections which will be sent to the minister of health and the medical council. Students supported a system of community service but objected to the imposition of a compulsory system, Pillay said.

Trainees will be paid R119 000 a year

Professor Graham Mitchell, vice-dean of the faculty of health sciences, said the council was "papering over" the fact that it wanted to enforce community service.

"Until we've seen their recommendations, which will only be available in October, it's difficult to make any sense of the statement," he said.

Mitchell said he doubted if there was a single student on the Wits campus who opposed vocational training — "but compulsory community service, which is not necessarily the same thing, would be difficult to support. It might raise the same tensions as would the issue of compulsory military service."

Dr Kerrin Begg, chairman of the Junior Doctors' Association of South Africa, was angry that his association's input on the issue appeared to have been ignored.

However, one fear — that the current interns' salary of R50 000 a year basic plus R30 000 overtime would apply to those serving the extra two years — was laid to rest.

At a meeting with Department of Health officials in Pretoria on Friday, Begg was assured that students serving their eighth and ninth years of training in terms of the council's proposal would be classified as medical officers. Their pay — at a fixed rate for the two years — would be R119 000 a year, including overtime pay.

She was also assured that all vocational training would take place under adequate supervision.

Nevertheless, the association intends appealing to the minister of health about the council's proposal.

"We want to know what is considered wrong with our training. If there is nothing wrong with the training of South African doctors — and our value elsewhere in the world would seem to support this — then this scheme is just another form of compulsory service and not training at all," Begg said.

Ayanda Ntsaluba, deputy director general of the Department of Health, was adamant that the two-year period was not "community service by the back door".

The council's proposal for vocational training had no punitive aspects, such as forcing those who had abandoned their studies before the time was up to pay back their university fees. On the contrary, they would benefit from much larger salaries than they would have received as interns, Ntsaluba said.

Dr Stefan Morell, chairman of the Senior Hospital Doctors' Association, who is based in Empangeni, said vocational training would be well and good if there were proper trainers.

He said only two out of every 100 medical graduates in South Africa spent three years or more in primary health care. The rest headed for tertiary institutions or private practice.

"Are we now good enough to teach interns," Morell asked. "If they think we are adequate, then they must give us proper recognition."

Refugee doctor's hands are bound in red tape

By CAS St LEGER

BOSNIAN refugee Dr Milena Modrakovic monotonously presses a button and a foot pedal to turn out baking trays at a factory east of Johannesburg. A task for which she earns R200 a week.

It is the only job the GP has been able to find since arriving in South Africa last year, despite her 16 years of experience and degree in occupational health completed as a volunteer doctor in a Bosnian Red Cross refugee camp.

Even though South Africa needs all the experienced doctors it can get, Modrakovic cannot work even as a nurse until the authorities decide how to deal with medical professionals who have been granted political asylum. "We must survive so I'm doing a very simple job," she said wryly. "I don't like the job but we lost everything we had in the war and we must pay school fees for our three girls and we must eat and dress."

The Modrakovic's four-bedroomed flat in Sarajevo was destroyed by bombs and their bank account has been frozen.

All they have left of their former life is an album of family snapshots.

"This was real life," said the doctor, sadly turning the pages.

Her husband, Dragon, sought political refuge in South Africa in 1993.

"War started in my street and I was told to take a gun and kill to protect my family and possessions," he said. "We are Serbs who hadn't taken sides. My brother is married to a Muslim. How could I take up a gun?"

While he sought political asylum, his wife and daughters went to a camp in Novisad where, despite harsh conditions and being fed Red Cross handouts, they were able to continue their education.

The family were granted political asylum and given South African travel documents and work permits — but not permanent residence or identity documents.

Modrakovic is keen to use her specialist medical skills to repay South Africa for giving her family a new home.

"We are thankful South Africa has allowed us to survive, but I'm disappointed I can't use my skills," she said.

Modrakovic has spent months traipsing around government offices, without success. She cannot gain even limited registration before the Interim SA Medical and Dental Council gets a ruling on her status from the health and home affairs departments.

Now, in response to the Sunday Times's queries, health officials have promised to help the doctor follow her profession.

A Department of Health official, Dr Stephen Hendricks, was so touched by the refugee doctor's story that he promised to telephone her this week to set up a meeting to find an emergency solution in the face of regulations.

"In a case of hardship such as this, we must do something urgently to help, even if we take interim measures," he said.

And a spokesman for the Interim SA Medical and Dental Council, Daan Naudé, said the question of registration of refugee doctors would be raised at a council executive committee meeting on September 6.

In the meantime, the Modrakovics and their daughters, Stela, 17 and twins Tanja and Silva, 13, are crowded in a bleak one-bedroomed flat in Germiston.

The girls attend Germiston High where, having mastered English, they are finding tackling six subjects a walkover after the 16 subjects they had to take in Bosnia.

Stela is the top matric student at the school, an achievement that worries her mother.

"How are we going to send her to university? Who is going to give a bursary to a refugee?" she asked.

OUT OF PRACTICE . . . Bosnian refugee Dr Milena Modrakovic wants to use her medical skills to thank South Africa for saving her family, twins Tanja and Silva, husband Dragon and Stela
Picture: CHRIS COLLINGRIDGE

(93) [redacted] ST 28/7/96

Doctors choke on new rules for selling medicines

(93)

By PAT SIDLEY

ST 28/7/96

SWEEPING changes are being made to the ways in which medicines are prescribed, dispensed and marketed.

The government has gazetted details of its intention to:

● Compel doctors to use only generic names on prescriptions, enabling pharmacists to dispense a cheaper alternative when there is one;

● Enforce a licensing system for doctors, nurses and others who dispense drugs — which will cut down the number of dispensing doctors but pave the way for more ethical and clinically appropriate dispensing; and

● Supply patient-friendly leaflets with medicines, giving dosage requirements, side-effects and warnings.

The government intends to allow a short period for comment on the proposals, which have been on the cards for two years.

With any modifications agreed to, these regulations and others already drafted will be promulgated shortly in terms of the Medicines and Related Substances Control Act.

The proposed measures include curtailing some ethically dubious practices such as pharmaceutical companies giving large quantities of free or hugely discounted drugs to doctors who sell them at a profit.

These and other inducements are used to encourage doctors to prescribe certain products.

The regulations are being resisted by many pharmaceutical companies and doctors.

The private practice committee of the Medical Association of South Africa has decided to lobby against the measures, along with other organisations representing dispensing doctors.

The Medical and Dental Practitioners Association, which represents black doctors, many of whom dispense, says that the measures hark back to the apartheid past. Other groupings are raising funds to pay for an attempt to challenge the proposals in court.