HEALTH AND DISEASE - DOCTORS
1993
Attempt to halt spate of attacks on health workers in Vaal Triangle

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 Mokabu, whose body was found in a field after he was shot in the head; Dr J J Borman 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.
Health personnel ask for stronger security

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 Rustenburg, 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.

"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 Bernad 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.

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Helicopters for Safair

FOUR Russian helicopters would be delivered to Safair when an Antonov 124, on 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 3600 km, travelling at a speed of 225 km/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 manoeuvrable, says Flight International.

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

By surgically interrupting the blood supply to the intestine of an unborn foetus 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 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 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 ill patient closest to death could be allowed to undergo such experimental surgery. Barnard sought the sage advice of the late Prof Valva Schrire, then head of the Cardiovascular 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 have been 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 Blaikerg, 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 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.
GP in shady practice claims

People allegedly risk contracting killer viruses at GP's run surgeries
Doctor accused of risking lives

News

Horror story of untrained staff giving injections with used syringes

By Sonja Maseno

Workers and their families are using unsterilised needles.

More alarming is that patients are being exposed to serious infections...

of doctor's medical practice.

DAMAGING ALLEGATIONS

31/2/93.

of workers. We're a risk to our own health as well as our patients...
Call for report on guilty doctors

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

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.

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’

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 summarized 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 children's 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

Staff Reporter

A CITY physician treated some of his patients at unnecessarily frequent 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 22 patients during 1989.

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 alleged 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 Huysteene, 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 Huysteene 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

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 practices from an office in Goodwood, said his history proved that he tried to keep his charges as reasonable as possible.

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 over serviced 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 Report

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 San —.

"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

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 R549 and subsequent dividend of R80,98 — 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

24/2/93

Heart transplant pioneer Dr. Christian 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."
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.
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 Phillip 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 5600-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. — Bena.
Zim doctor in experiments row

Dr Alistair Mawanga, who has been involved in research on new treatments for diseases like HIV/AIDS, has been suspended by the Zimbabwe Medical Association for conducting experiments on patients without their consent.

The association said in a statement that Dr Mawanga had conducted experiments on patients without their consent and had not obtained the required approvals from the ethics committee.

The association also said that Dr Mawanga had not been involved in any government-funded research projects and that his research had been funded by private donors.

Dr Mawanga has denied the allegations and said he had not conducted any unauthorized experiments.

The association has called for an independent investigation into the matter and has suspended Dr Mawanga from practicing medicine until the investigation is completed.

The Zimbabwe Medical Association said it was concerned about the ethical implications of Dr Mawanga's actions and had taken swift action to protect the rights of patients.

The association has also called on other medical practitioners to ensure that they obtain the necessary approvals before conducting any research on patients.

Dr Mawanga said he would cooperate with the association and that he had not conducted any experiments without the patients' consent.

He said he had obtained the necessary approvals for his research and that he had conducted the experiments in accordance with the ethical guidelines.

The association has also called on the government to ensure that it provides adequate funding for research and that it supports the development of new treatments for diseases.
Plea for the right of appeal

HEALTH SANDC pendings as severe as any imposed by the Supreme Court.
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.

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 Piet 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. 2T56 73

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.” 68 193
Surgery segregation stays, vows doctor

By Abdul Milazi

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 Oliveantsfontein 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 Malla (35), said he was disgusted at Hefer’s discriminatory treatment.

Malla 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 unlit 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.”
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

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. (Photo 5/31/93)

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 Llombombo and Matlaula 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 eco tourism 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 900 in Reserva Maputo has declined to 50. Only 560 of Reserva Marroneu’s 50,000 strong buffalo herds had survived, 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 B audible 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.

Spread of doctors is too uneven

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 ur-
Doc hits at med council

BY YVETTE VAN BREDAR

IN an unusual move, an "angry and provoked" ear, nose, and throat surgeon has placed an advertisement 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 "casting" 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 practitioner 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 Emslin, confirmed that there was an enquiry against Dr Collard but "everything is subjudice at present so we cannot really comment."
Doctor ‘re-used needles’

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 8, 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 casseroledish 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. (Oct 21/92)
Doctor brandishes banana bunch

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.
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.

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

THE four independent homelanders received R6.25m in assistance from SA during the 1992/93 financial year. Foreign Affairs Minister Pik Botha said yesterday. Botha, who received R2.5m, Transkei R2.3m, Venda R6.6m and Ciskei R914.1m.

SA gained 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.

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 Sascoc, 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 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-by 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 Janine Mombarg said the VAT increase from 10% to 14% was unacceptable to the ANC.

ANCC and a threat 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 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 Adrian 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.

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.

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 budget 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 been run on an agency basis up to now, and all oral hygiene services, have been transferred to the CPA.

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TIM COHEN

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TIM COHEN
Doc 'missed' major injuries

By DAN DHLAMINI

AN alleged 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.

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

His father, local taverner Popo "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'

By NORMAN WEST, Political Reporter

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

This was confirmed 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 quantities of the approximately 20 million pharmaceutical supplies dispensed in the pro-

vice 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 SAMDC.

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 percent 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 and future expenditure to at least retain our medical standards, this country’s medical services face ruin,” Mr Marais said.

Although Mr Marais did not want to give further information, some of the doctors have apparently trained in Argentina, Austria, Bulgaria and Cuba among others.
Hospitals rebel over
SABS-backed gloves

BY CHARIS PERKINS

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

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

The hospitals fear the spread of aids and infections during surgery.

The gloves, supplied by Union Drug, a Transvaal-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 SABS to investigate again.

Johan Kester, manager of the SABS rubber and plastic division, said yesterday he was unlikely to hazard a guess at what went wrong.

SABS inspectors visited the factory in April this year, but they had not picked up anything irregular. It was the first time the SABS had heard any complaints, said Mr Kester.

"We are perturbed that a thing like this can happen, but our inspections only last 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 TPA last month, Chief Director of Procurement Administration in the Department of State Expenditure, Mr C Dreyer, wrote:

"This chief directorate is perturbed by the fact that the quality of the 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 Wic, said he was happy with the quality of his product.

"The hospitals are against me because I am from Taiwanese," 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 Cece Schepers.

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

SAFE HANDS: These surgical gloves may look sterile, but are they really? Rubs hung over gloves supplied by a factory in Natal.

Picture: CHRISTINE HESBY

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 Schepers visited in April last year.

Despite continuing complaints, the TPA, Union Drug and the TPA's recommendation.

TPA spokesman Lenette Rooselveld said Union Drug's tender had been the lowest, but the Sunday Times has learned that a competing quote was only 50c higher.

In 1991, the TPA ignored an urgent appeal from Union Drug's production director, Mr Monnay 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 were undetected.

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 inspected 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 sparsely-equipped warehouse, are exposed to dust blown in from outside.
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 stressed 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 JG 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 Donges 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

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 23 advertisements for South African-trained doctors to fill various posts from family general practitioners to visiting professors.

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 apparently had to treble its telephone staff to deal with the queries.
Know your rights, young doctors urged

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 JG 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/employee relationship," said Judasa chairman Dr Bennie 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 Dugos Hospital representative of Judasa, Dr Danie Polscher.

Polscher 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 24-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.
Doctor changes plea to guilty

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 over-servicing 23 patients during 1980, 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.
After a few drinks, the doctors are also human

By Musa Zondi

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 tattered 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.
Doctors welcome new Bill

Staff Reporter

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

Masaf 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 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

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 R308 at King Edward VIII and R765 at Wentworth.

In the Transvaal, the costs were R193,11 at Baragwanath, R222,21 at Coronation, R201,35 at Ga-Rankuwa, R280,55 at H F Verwoerd, R287,39 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.
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
Move to cut costs cuts out doctors

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

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 initiated 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 practicing 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.
African medical students meet at UCT

By Juswin Fairce
Dying for personal autonomy

Power is abused when doctors ignore a patient's wish for death, says Ettiene Murimuth

OPINION
Straitjacket doctor to face enquiry
Alarm over cough syrup abuse

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.

"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 6 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.
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 Medical School. The Conservative Party has started making noises about the black-only admittance 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 racket

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, Oxbex, Valium, Robynpro, 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 Oxbex 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 fake false scripts to get drugs.

The doctor, whom police would not name, is presently a psychiatric patient at Groote Schuur. He has been warded 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 counsel-
or 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 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 suspected prescriptions, Sgt Uren and his team are working closely with retail pharmacists.

"Retail pharmacists have sponsored two beepers 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

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, Seconal, 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." But

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

"Our conduct should 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.

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

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

By Justin Pearce

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 as 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.
De Klerk will visit Bush

WASHINGTON — The
Washington Post's
Wall Street Journal
reported on President de Klerk's
visit to the United States.

President de Klerk's
visit to the United States
has been confirmed by
the South African
Government.

The visit is expected
to take place next week,
and will be the first
official visit to the
United States by a
South African
president.

De Klerk is expected
to meet with various
leaders, including
President Bush.

The visit is seen as a
significant step towards
improving relations
between South Africa
and the United States.

De Klerk's visit will
also coincide with the
opening of the new
South African
embassy in Washington,
D.C.

The visit is expected
to last several days,
and will include a
series of official
meetings and
social events.

De Klerk is expected
to discuss a range of
issues, including
corruption, human
rights, and the
Apartheid era.

The visit is also
seen as an opportunity
for De Klerk to
address the
international
community on the
issue of Apartheid
and the transition
to democracy in South
Africa.

De Klerk is expected
to arrive in the United
States on Tuesday,
and will depart on
Sunday.

The visit is expected
to be accompanied by
a large diplomatic
entourage,

The visit is also
expected to
receive significant
media coverage,

De Klerk is expected
to meet with various
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District Surgeons Face

Massive Fraud Charges

Police operation claimed 70

The fraud ring involved millions of

cases of fraud and crime.

The district surgeons in

By Andrew Koopman

(3/06/73)
Health budget cuts led to charges

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 certain part-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 lynchpin of primary health care on the plateau.”

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 offenses 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.

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.
scutised

surgeons

District

Revealed: Fraud

Computer cheque

STAFF REPORTER
CPA set to recoup loss of ‘millions’

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 guilty, 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.
Flood into SA

DODGY DOCTORS

Poorly skilled foreigners bring down hospital standards
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 his working there "terrifying." He knew more about medicine than they did.

"They had some absolutely terrifying 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 couldn't 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 he went into private practice 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 or were not able to communicate with patients and nursing staff.

SAMC 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 SAMC found it difficult to gauge the skills of foreign doctors.

But even those who lobbied to have the examination reinstated acknowledged 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 conditions.
Weight doctor faulted, lauded

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.

Bylands doctor Dr Abdul Barday, a medical aid scheme consultant and former Wynberg district surgeon, accused Dr Sacks of over-serving, 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 Elman said Dr Sacks offered patients “excellent therapy” and he was “comfortable”, referring 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.

Reacting to reports on an influx of foreign doctors to SA, Masa federal council chairman Dr Bernard Madell said incentives were necessary to attract local doctors to these areas.

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

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.
Urgent campaign launched as 'last resort'

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

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 disputed 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 healthcare.

One doctor said a patient involved in a car accident had lost his leg because he 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," 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 the 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.
SA firms active in environmental schemes

Taking advantage

Bottle banks help to

clean up the country

Oppportunites across the footprint

for local banks

to providea e money

as part of their

environmental

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(Condensed Press)

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The苏 magnet

keeps firms ahead
Refusal of bargaining rights gives state doctors the needle

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 shortsighted” 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.
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, chairperson 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 month 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

DOCTORS who dispense medicine are encroaching on retail pharmacists' trade.

A confidential study by research group Pharmasence International suggests 5000 dispensing doctors in SA will spend R336 million on pharmaceuticals this year.

About 2000 retail pharmacies will spend more than R2 billion on medicine.

However, dispensing doctors can offer a considerable price advantage to pharmacists. The reason is multiple pricing by some manufacturers;

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 83% 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 dispute between dispensing doctors and pharmacists by two years.

One says: "We are in the absurd situation that the distributors have 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 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 manufacturer."

The manufacturers who blocked the introduction of the single exit price dismiss the charges as being unfounded. 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 it was impossible to say whether certain normal marketing activities are, or are not, outlawed.

"This was an obvious 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 practice. 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 with 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."
Doctors and pharmacists clash over drug prescribing

DOCTORS and pharmacists are at loggerheads as the deadline approaches for proposed amendments to the Medicines and Related Substances Control Act to be passed.

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 4, 5 and 6 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.

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 foresaw 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.

The SA Pharmacy Council revealed yesterday that Dr Burger had laid a complaint against Touws River pharmacist Mr P 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

By Jeremy Woods

One pharmacy owner said he had been offered prescribed drugs worth R300 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 38 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'

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

DOCTORS who dispense medicines are the major players in a R100-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.

"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 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 Council has received no complaints about doctors dealing in prescribed drugs.
District surgeons investigated

By Louise Flanagan and Patrick Goodenough

ART-TIME district surgeons in the Eastern Cape have been accused of siphoning off millions of rand 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 submit fictitious numbers of patients seen or claim extra drugs and realise 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.

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 Stutterheim.

In Jamestown, however, the cost per patient increased from R28,20 in 1985 to R55,05 in 1992. 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 surgery in the Eastern Cape, having cost a little over R1 million in 1992.

- In Stutterheim, 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 54 000 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. — Etienne
Health workers run gauntlet in care visits to townships

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 50 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 Esikhawini 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 operating under 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.
Doctors, medaids in bid to slash health care costs

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 13 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.

"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.

Patriotic Health Front rejects scheme as a unilateral move that should have been discussed in the National Health Forum

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 heralds a new era of trust and co-operation between health-care insurers and the medical profession," said Masa secretary-general Hendrik Hache.

"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.
Rise in doctor benefits slated

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’

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 hospital, 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.
‘Damaged’ doctors under the spotlight

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 role 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 counseling 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.
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 29 937 registered practitioners, which meant the "impaired" practitioners represented 0.28 percent of the total doctors and dentists.

The council found in a survey of 56 practitioners that the most serious problem was drug or medicines abuse (46 percent), followed by psychiatric illnesses and disorders mainly of a schizophrenic, manic or depressive nature (28 percent) and alcohol abuse (12 percent).
HEALTH & DISEASE - DOCTORS

1994 - 1995
ANC plan 'no threat to doctors'

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 national 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.

The draft also proposes that doctors be barred from holding shares in private clinics. This practice had led 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."
CPA fends off strike by nurses

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 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

ATTACKS on medical practitioners' premises have increased in the Cape Flats.

By JESSICA BEZUIDENTHOUT

Medical practitioners in the Cape Flats have complained that they are unable to work in their premises due to the recent upsurge in attacks on medical practitioners in the area.

Professor J. Bezdienhout, chairman of the Cape Flats National Health Council, said that the council was concerned about the safety of medical practitioners in the area.

He said that the council would be taking steps to ensure the safety of medical practitioners in the area.

In the meantime, he urged medical practitioners to take extra precautions when working in their premises.

Assessed

Foreign doctors are employed by the authorities only if there is no suitably qualified South African doctor 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 Mitchell's Plain hospital, on Christmas day a security guard was killed on duty at the Hanover Park day hospital.

In one incident, a doctor was shot dead in his office at the hospital.

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 it's not an option to suspend," Dr Frankish said.

Nico Prinsloo, registrar of the SAMRC, said that the council had set aside R100 million for the employment of foreign doctors.

Foreign doctors are employed by the authorities only if they have a suitably qualified South African doctor 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.
Out baiting with the mosquito patrol

With malaria figures on the climb again, Pat Sidley visits the eastern Transvaal to see how Department of Health combats the disease

E VERY morning, Elsie Mashaba rides her bicycle across several of eastern Transvaal farms to work. Armed with microscope slides, blood and a beer can — to put used slides into — and a few packets of the drug chloroquine, Mashaba and his colleagues knock on doors, persuading farmworkers to hand them fingers pricked and a blood smear inside. Although it is 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 does a mosquito larval count. By the end of 1985, 100 cases had been reported. In 1986, the total number of South African cases was 10 852, including 36 deaths. In 1992, by contrast, only 2 072 cases — including 14 deaths — were reported.

The surveillance 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 Umsi carried out by a dedicated band of public servants, some of whom at times act as live bait — a “bloodsucker” 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 forces detect about 90 percent of reported cases around Kompost and Hectorus.

A ma’s responsibilities are extensive, and include ensuring that in communities where malaria is common, children are 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 and are taught to treat their own cases of malaria.

At a farmer’s compound this week, a blood sample was taken from a man who, clearly, had arrived three days before on a holiday trip from Mozambique. The treatment with chloroquine began immediately.

For South Africa, the catch is not always clear. The breakthroughs in 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. The main problem in South Africa is malaria, which is resistant to some treatments.

The situation is compounded by a measure of complacency born of the low incidence of malaria over recent years.

A doctor, working with field workers, has found that malaria cases are common in the area and that the parasites can be found in most cases.

A doctor, working with field workers, has found that malaria cases are common in the area and that the parasites can be found in most cases.

How malaria spreads

This malaria parasite is only carried by the female anopheline mosquito, which can be easily recognized by the 45-degree angle at which it sits.

Not all anopheline mosquitoes carry the parasites, however, only those infected with malaria. 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 98 percent of all malaria infections here.

Malaria is passed from one person to another in cases of infected individuals, and is passed on from person to person in the form of infected blood.

If the disease goes untreated, the victim can get sudden irreversible complications, including cerebral malaria, kidney failure and death.

In South Africa, about 10 percent of the population — about 300 000 people — carry the infection in their blood in some areas of Africa. In 1993, 20 000 people died in our country.

The mosquitos like warm, wet climates with stagnant pools of water in which to breed.

Resistance in South Africa to chloroquine is not as severe as in some other countries, but is more prevalent in South Africa.

While humans are not as effective as mosquitoes in spreading the disease, and are more effective at stopping mosquitoes, they can still be a threat.

In South Africa, the main problem is Plasmodium falciparum, which is transmitted by the Anopheles mosquito.

The disease is transmitted through what is known as the bite of the mosquito.

The mosquito larvae are fed on by the mosquito, which in turn passes the malaria parasite to the human host.

The ERA Initiative CENTRE FOR CONTINUING EDUCATION

The ERA (Easy Reading for Adults) Initiative aims to build and maintain an environment in which reading is encouraged by supporting the production and dissemination of easy reading material for adults.

- Generates easy reading material from Southern Africans through short story competitions
- Co-publishes easy reading material with various magazines and newspapers
- Co-produces fortnightly, an adult easy reading newspaper supplement with a unique fiction feature
- Works with provincial and city library services to set up ERA shelves in libraries countrywide, and do much more, much more
Interns threaten court action over long hours

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 (JDA) 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 60 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.

JDA 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 Breuer 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, Nataalpruit and Leratong hospitals.

Bop reintegration already under way

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 deploys for administra
tor 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 Motswele, Lavender said.

"All the services from welfare and education to the general running of the country are being integrated into those of SA," she said.

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 therefore 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 group, that moved into Bophuthatswana left the territory with weapons issued to them by the homeland defence force.

BDP chief of staff Col Ludwig Schultz 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 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.
Doctors sick of long hours

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 initiate 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.
Doctors in bid to sort out overtime

Interns call for talks with chiefs

BY MICHAEL SPARKS

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.

The invitation was made by the Junior Doctors' Association of South Africa (Judass), 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.

Judass 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, Judass 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

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.
Hacking of vehicles

NP 'tried evading' housing

CITY OF AURORA - The Filing of Tickets

Vehicles

NATIVITY - The Filing of Tickets

INVESTIGATION: The Filing of Tickets

NATIVITY - The Filing of Tickets

INVESTIGATION: The Filing of Tickets

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40-hour week for doctors

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 50 hours in terms of their service contract, but is subject to the written consent of the intern concerned.
Masterboard auditors fail key test

In 1989, the masterboard auditors failed key tests, leading to the failure of the Masterboard auditors. The company decided to change the auditors and hired new ones.
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.
Medics care for babies at home. Hospital deaths blamed on strike.

Doctors say doctors are overworked.

No end appears in sight.

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Doctors may incorporate

PRETORIA — Doctors registered with the SA Medical and Dental Council may now practice 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

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 named 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 toyed 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

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 arrangements, 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.

But doctors who operated through incorporated companies would be entitled to tax deductible 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.

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

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 clinic.”

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

Staff Report

DOCTORS may no longer need to print monthly statements, but can submit claims direct to many medical aids electronically.

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 369-2505.
THE disparities in the doctor-patient ratio in some parts of the country need to be tackled if a just healthcare 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 Kareena du Plessis of Living and Loving, Clive Morris of M-Net and David Robbins of The Star.
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

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.

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 bono 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.

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.

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.

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.
Leratong doctors quit due to load

By Mokgadi Pela

oung 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.

"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 9 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 severely 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

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.

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 employees and employers 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 short-sightened eyes. Lighting, furniture, placement of windows, office layout, the posture of the worker and factors such as "all conditioning need to be considered," he said.

"Around the age of 40 there begins 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 Dlamini Zuma to intervene on the question of doctors’ salaries and working conditions.

The Medical Association of South Africa (Masv) 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.

Meanwhile, registration — or restricted registration — of doctors is snowballing.

From 101 doctors registered in 1983, the number had shot to nearly 28 000 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 Masv 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

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 Harm Pretorius said on Friday service would not be compulsory but the committee was investigating incentives to lure recentgraduates 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 effect on 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.

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 Valkenburg.

Allan Puterman, chairman of the Registrar Association in Cape Town, said these doctors also taught midwives and at obstetric 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 not valued for their work 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.”

Apart from daily shifts, registrars were expected to make calls. A call meant staying at the hospital for up to 36 hours on either every fifth, fourth or third day, or in the case of cardiothoracic 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, Des 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 non-stop for 321 hours a month — excluding time spent teaching and studying.

Dr McCormack, who is pregnant and 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 caesarean 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

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 19/10,000.

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.

Medical schools should set up satellite campus facilities and assist in the development of smaller peripheral medical schools, he said. — Sapa.
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.

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”.

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

HOMEOPATHS have finally been accepted into the medical fraternity after two decades of campaigning.

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 Please 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 alsorturning 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 "large numbers of
200 000 traditional healers" in SA and they are consulted
by 80% of the black popu-
lation, according to a
study commissioned by the
Medical Association of SA.

Masal yesterday released
the results of a comprehen-
sive study on the role of
traditional healers, conduc-
ted for it by the Medical
Research Council.

Masala science and educa-
tion committee chairman
Edoo Barker said the study
was commissioned to give
doctors "as deep an insight
as possible into the world in
nature and causation of
disease." Barker said.

"This view is totally dif-
ferent from that held by
biomedical workers and
this makes it difficult, if not
impossible, for Western
doctors or nurses to under-
stand all those aspects of
the patient which are essen-
tial to really effective
medical care."

He said recommendations
on traditional healers' poten-
tial role in the health
care system included a na-
tionally 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 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 reference allowed 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.

Analysis 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

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 1986 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 1986.

"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 Administration 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.
Doctors warn of Health armageddon

Lykly Exodus

of 23 July 1948

The report from the doctors is a warning about the potential for health crises in the near future. They emphasize the importance of preparing for the worst-case scenario. The report highlights the need for increased research and investment in healthcare to address potential pandemics. It also calls for better preparedness and response strategies to mitigate the impact of healthcare crises. The doctors warn that if proper action is not taken, the consequences could be severe, affecting not just individuals but entire communities. The report suggests that governments and international organizations should prioritize healthcare as a critical component of national and global security.
Doctors ‘should repay’

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 practice, 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 Dlamini-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.
Public Service

Particulars of Proposed Health Scheme Released. Language Choice for Provinces.
Public service for doctors called unfair

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 Dlamini-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

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 socialist Australian health economist John Deeble.

In terms of the Deeble plan, doctors would work for a 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) 512-2195
State hospital doctors get 'inadequate' pay

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.

KATHRYN STRACHAN

AOC working in state hospitals are 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.
Doctors 'discriminate' on drugs

for those who build up prescriptions. One

lawsuits against the

CORK, 15th July

The Consumers

Mr Eamions, executive director of the

Consumer

He described the

"narrow"

of the public

He said the delay had resulted in a broader debate between

"inadequate"

He added that patients who

"distorted"

and medical aid

He said the concept of the medical aid

"to demand a premium rate from

"to charge the cost of the consultation.

Br"
Council queries doctors' tariffs

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 profession al 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 list 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 paupers 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 said.
Concern as top UCT doctor quits his post

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 stethoscope 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

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 Morol 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
Doctors can help cut costs

THE average doctor in South Africa does not know the price of medicines 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 the Cape Primary Care Practitioners' Association (Cape), which represents about 1,000 doctors in the Western Cape.

Mr Lukas said Cppa was working towards a computer system which would enable doctors to compare 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, be explained.

The second step was to supply doctors with guidelines on the rational utilisation of drugs, in effective product for a particular indication.

In a submission to the Department of Health's technical committee, Cppa argued that a constructive approach to a single buyer policy for all medicine would result in greater savings than other recent pricing suggestions.

A scheme mooted by the pharmaceutical Society of South Africa (PSA), which would remove the artificial profit margin in the sale of medicines by disrupting doctors and pharmacists, would not achieve more than a 10% saving on total medical aid payouts, Cppa claimed.

Mr Lukas said the sole source of the artificially high private sector drug prices also had to be recognised.

Although the state would always be able to negotiate lower prices by buying in volume, organisations and service providers 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

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 Nomathamba 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 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 we 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'

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 Faso, 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 have-nots to the have-haves? 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.
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 Nseiyana, editor of the SA Medical Journal.

Indications of the impending 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 90 medical practitioners, 19 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”, Nseiyana said: “It is impossible to fix 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.

Nseiyana 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

By 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 march, in major cities today, until 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 Shihombo, a spokesman for the 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 best way 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.
FOREIGN DOCTORS TAKE THEIR CHANCES WILLINGLY

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 out (78) — 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 approved 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 599 foreign doctors last year. Of these 115 came from India and Pakistan, 60 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 the central hospitals and many disgruntled doctors would not emigrate.

Most of these foreign doctors rejected criticism that they couldn't 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 Groot Schuur Hospital before working in the township.

In Germany medical students do not touch patients until after they graduate.

Louise Mweneze, 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 Africatrained 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 go."

"Not wanting to work in the townships is not confined to doctors."

Weekend Argus, April 8/9 1995
Broadcasters ‘can have popularity and quality’

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 IBA 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. The BBC 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 fuges” 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 65% 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’

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 Masango, 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, Katharyn Strachan reported at the Gauteng health task team said foreign doctors with limited registration were supposed to work only under supervision.

Bloom 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 hiring local doctors into township hospitals.

Masango said Pakistan and Zaire accounted for 56 doctors each in SA, with 49 from Bulgaria, 47 from Poland and 37 from Zambia and Bangladesh.

Some hospitals, particularly those in predominantly black areas, showed a “disturbing reliance” on foreign doctors, Bloom said. Garankuwa had 146 foreign doctors, Tshimologo 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.
FOREIGN DOCTORS: There were 500 foreign doctors working in Gauteng hospitals and very few came from sophisticated medical schools in Western Europe and North America. Many from places like Pakistan, Zaire, Bulgaria, Poland and Zambia, were under-qualified and a possible danger to patients, DP health spokesman Jack Bloom said yesterday.
Doctors are seriously unqualified' - claim

Foreigners moving in

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 the "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 institu-

The largest group of foreign doctors working in Gauteng comes from the former Eastern bloc countries (156), followed by the rest of Africa (140) 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," Bloom 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.
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Msele Finance Holdings Limited and FirstCorp Merchant Bank Limited are authorised to announce that negotiations are in progress which could have an effect on the price of CBHL shares. A further announcement will be made once negotiations have been concluded, and in the interim, CBHL shareholders are advised to exercise caution in dealing in their shares.

Bisho
20 April 1995

Corporate adviser

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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 greatly 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

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 Dean 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."
"Strict tests for foreign doctors"

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 complaints against any foreign doctor are made, 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 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 Ibrahim 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.
Foreign doctors do the dirty work in ‘raw deal’

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, 1,297 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 over-extended 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 had made a significant dent in annual salaries, which ranged between R50,000 and R50,000.

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

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 centered on strengthening the role of the public sector, which cares for the health of 70 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 undertaken offers to buy children killed in free of charge.

Foreign doctors discriminate against.

Free.

By Glenn McKenzie

(3)
Foreign doctors bitter about discrimination and danger
The Argus, T

'Doctors should not profit from medicines'

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 Folb 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.
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 (Mas) 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, Mas said. It provides for a 2.2% 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 150 — 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 leverage 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.
Mbeki asked to deal with State doctors

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 Mthethwa, as she would be in North America until June, 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 them concern 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

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 R10 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

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COMPULSORY SERVICE AMONG POOR

Doctors 'call-up' to be debated in House

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 Setefel 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 Setefel 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
Medical students outraged

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 Munusur said the disarray 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

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.
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

Ernie Jankowicz

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 do not work with provincial and national structures to rebuild SA, President Nelson Mandela said yesterday.

Speaking at the launch of the Gauteng ANC 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 cheapen 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 founding 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.

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-prog strategy to undermine their ruling party which rested on attempts to destroy the ANC's leadership profile, presenting 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

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 94 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 constructing budget, and the allocation for the entire financial year was already almost spent. Baragwanath was allocated a budget of R30m this year, while it spent R40m last year.

This R10m 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 past, he said, but this would best be done by closing certain hospitals rather than trimming services at all hospitals. Baragwanath (which was operating at 86% capacity), Johannesburg and John 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 a computer and an information system.

There were also problems in the way the provincial budget was distributed between the various hospitals. Baragwanath was allocated R57m against Johannesburg Hospital's budget of R24m. However, Baragwanath had three times the workload, had 187 patient days and did 43,000 operations, while Johannesburg hospital had 40,000 patient days and did 17,000 operations.

Baragwanath was allocated R57m against Johannesburg Hospital's budget of R24m. However, Baragwanath had three times the workload — it had 187 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 Remembrance 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 consideration next week.

The Bill has entered起了 much animosity from the IFP and from traditional leaders in KwaZulu/Natal and the former homelands.

All MPs have been instructed to undertake constituency work during the month recess, in preparation for local government elections scheduled for November. 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

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.

I

N 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 Hospital and Tygerberg Hospital.

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,” Dr Le Roux said.

“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 allocation being cut from 274 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 woman 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

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.
SA doctors 'are incentive driven'

Vusi Khoza

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 (Jodasa) chairman Jonay Taitz said.

Speaking at the Medical Association of SA's federal council meeting, at which he affirmed Jodasa's commitment 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.

"Jodasa 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 financial 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

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 (Judass).

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 underserved areas.

Judass 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 Judass agreed that they would be keen to do community service 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.
Medical association finally says it is sorry

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 confused "... 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 Bernhard 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 ride up the past, Masa tried, by lightly brushing over the territory, to let the skeletons in its cupboard lest 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 1987, of Cape Town medical academic Dr Raymond Hoffenberg — 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 conduct, thereby casting aspersions upon 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 (Nema). 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 Massa-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 crisis 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 Fort 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 batted its own book 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 88 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 vanished 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 examine detainees to detect and deal with cases 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 Nina 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.
Govt to look at medics' gripes

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

Doctors, work conditions

Probe promised into

1150 Madison Ave. and 1111 W. 12th St.

INFORMATION CENTER

When that information was received, the workers moved to discuss doctors and the wage issue that is at the heart of the dispute. The workers met with representatives from the local union and the hospital administration to discuss the proposed changes.

The workers' concerns were focused on the impact of the proposed changes on their working conditions and the overall well-being of the hospital. They were also concerned about the possibility of job losses and the impact on their families.

The hospital administration, on the other hand, argued that the changes were necessary to improve the hospital's financial situation and ensure its long-term viability.

The workers ultimately rejected the proposed changes, leading to a prolonged and heated dispute with the hospital administration.

The dispute eventually reached the national level, with the American Medical Association (AMA)介入 the negotiations to help resolve the conflict.

In the end, a compromise was reached, but it was only after a lengthy and contentious process that both sides were able to agree on a solution that satisfied the needs of both the workers and the hospital.

The experience highlighted the importance of strong labor organizations and the need for workers to have a voice in the decision-making process.

It was a difficult time, but the workers stood firm and ultimately emerged victorious, showing the strength and determination of workers in standing up for their rights and the well-being of their patients.
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.
Move to save public health

STAFF REPORTER

REPRESENTATIVES of the Medical Association of South Africa (MASA) met Deputy President Thabo Mbeki and Minister of Health Dr. Nkosazana Dlamini-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’

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

STAFF REPORTER

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.

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

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 nonouples.

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.

Nonouples then returned to the community where they received in-service training, which meant an "exponential increase of efficiency", said foundation spokesman Wenny 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 76% 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

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 Nhale 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

Doctors are expected to work overtime and at weekends, and to provide emergency care. Doctors are also expected to be available for consultation at all times, and to provide after-hours care.

The Public Service Commission has not yet consulted doctors on their proposed salaries, and the government is consulting with the Conciliation, Mediation and Arbitration Services (CMAS) on the matter.

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Devote time to primary health, doctors urged

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 Nhato 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.

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 nompilo (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.
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 (Famus) 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
Better salaries would curb private practice

Kathryn Strachan

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 Mgilima 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 Massa'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.

Massa 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

Renee Gradowski

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 15.5% 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 employees' 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

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

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, Massa 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.

Massa'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.

Stay 31/7/95
Gauteng transplant unit mooted

Cape surgeons keen to work with Serfontein

BY JANINE SIMON

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 Masando 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 Vuyisile Pretorius (28) to a private clinic for surgery to evade the restriction.

Emergencies

Masando 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 June 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.

Masando 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 Masando, 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

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.

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 1998."

— Sapa.
MORALE FLAGGING IN PUBLIC HEALTH SERVICE

Doctors' grievances to be tackled by forum

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 Morell said the association and Department of Health were urgently addressing the issues.

Prof Morell 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' negotiated 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 Morell said.

'Understanding'

Prof Morell 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

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 strengthen-
Surgeons slug it out

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".
THE MINISTER FOR HEALTH & PREVENTION

THE PRESIDENT OF THE ESTATE

2,846
Deteriorating services 'blamed on doctors'

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.
SA recruits doctors to fill exodus gap

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 R2 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

MEDICA 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

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 Strijdom Hospital also has to do shifts in casualty, attending to heart attacks, stabblings 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 Sunne and Ramon Boniego 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, Sunne, Boniego 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.
HUNDREDS of disgruntled state-employed doctors have quit the country, and with conditional service at an all-time low, more are set to follow.

Budgets have been cut, there are fewer resources and posts have been frozen, putting more pressure on already demoralized and overworked staff.

Most doctors 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 rep'tor ADELE BALETA went "on call" with Red Cross Children's Hospital doctors to find out how hard they work.
Cough up or we quit, warmed discharged doctors

By Abdul Attar

The work force group, which represents estimated 40,000 doctors, has complained of the lack of...
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 depriving 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," Mr 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 set up 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 hospital and all the hospital, adding an additional levy of 10 percent on their income.

Another doctor, who spoke on condition of anonymity, 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 Standen of Malmesbury checks out a huge Great White fish which was put together by museum taxidermists using a mould taken recently. The suspended exhibit, which can be viewed from several different angles, is part of the exhibition. There is also a kelp forest and replicas of sea creatures ranging from leathered fish to broadbill swordfish, pelagic stingrays and diamond squid.

WP hammer Free State

SKIPPER Tian Strauss, playing in his 150th game for Western Province, led from the front when his team hammered Free State 42-24 in the Currie Cup encounter at Newlands yesterday.

Strauss, who was forced to leave the field just before half time with a broken 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 pictures on page 12.

Nat in fix over parliamentary aspens

A WESTERN Cape National Party member says his party's court case against the central government in the boundaries dispute has put him in "an embarrassing fix."

Cecil Herrenden says he has been cited by the NP as a "respondent" because he was appointed, without being consulted, to the Western Cape Provincial Committee (WCP) by the Minister of Constitutional Development, Roelf Meyer, a member of the NP.

Court papers cite Mr Meyer as second respondent and President Nelson Mandela as respondent.

Parliamentary sources say it is the first time in history that a provin cial government, the NP, dominion Cape legislature, has been placed in this position.

This means that the ANC and other provincial governments of nation NP has taken certain public representatives to court.

"Had the NP's Co Court case against government succeed have been part of the team that lost again party," said Mr Hen The Cape Times.
WORKING HOURS LIMITED

Hospital relief plan

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 Rutmann, said the changes could mean a cut-back 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*
No budget cuts, pleads doctor

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 65% 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 Warren 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.

Olive Shisana said yesterday that a final report would be complete by mid-October.

She and Health Minister Dr Nkosazana Dlamini 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 Botha 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.
Health workers protest

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 Dr Amos Masombi 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 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 Mafa said the government had “listened closely” to the Johannesburg nurses demands.
White med students favoured

JOHANNESBURG: Black medical students were being given internships in rural hospitals while white students were being placed in hospitals. Professor Pathen, principal of the University of Stellenbosch, said that more than 90 percent of the hospital staffs were white and that only 10 percent were black. However, Professor Pathen said that the medical students were being given internships in hospitals where they would be able to learn from doctors who were experienced in the field.

Rural hospitals accepted interns from the University of Stellenbosch, but only a few were black. The medical students were not given the same opportunities as the white students. The black students were often placed in hospitals where they would be able to learn from doctors who were not experienced in the field.

Professor Pathen said that the black students were being given internships in hospitals where they would be able to learn from doctors who were experienced in the field. However, the black students were not given the same opportunities as the white students. The medical students were not given the same opportunities as the white students. The medical students were not given the same opportunities as the white students. The medical students were not given the same opportunities as the white students.
No Posts for Medunas's Final Year Students

Kathryn Stabenow
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-toyiied, 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-toyiied. 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 Dlamini-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 superintendemt 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 Maseko, who is 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.
ICU closed after Baragwanath nurses walk out

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 Rehah 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 Masando — 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 Garenkuwa 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.
NURSES STIKE MAY FURIOUS STAFF SET TO DEFY WARNINGS

Spread to W Cape
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
DISMISSAL NOTICES SERVED

'Go back to work'
Mandela tells nurses

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

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.

Following on President Nelson Mandela’s 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 who were employed 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 had to be paid to the nurses if the country experienced a crisis.

UNDER FIRE... The DP has strongly criticised Minister Zuma for ignoring her duties.

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.
Pay nurses, not apartheid debts – Azapo

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.

“If 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

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 BDP".

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 Ruitmann 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 overseas 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 said.

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
C7209196 (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

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 full-time 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 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 Zairens. 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 Nkhsensi Hospital in Giyani, a foreign doctor from Zaire told Sowetan: “It 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’

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 Louwser 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 medical specialists leave the country with poor health.

"High Care Wyrebridge Hospital, specialist in cancer treatment, opened last week. The hospital provides its own radiotherapy, and is staffed by consultants from seven other hospitals.

Dr. John Smith, Consultant in Radiation Oncology at the hospital, said: "We are pleased to be able to offer our patients the best possible care, and we look forward to working with them to help them recover from their illness."
available and (b) what were the pros and cons of their respective positions?

The answer to the question is:

(a) a) The involvement of the various departments in the proposed reform efforts has been generally positive, with most departments expressing support for the proposed changes. However, some departments have expressed concerns about the potential impact of the reforms on their existing structures and procedures.

(b) b) The potential benefits of the proposed reforms include increased efficiency and effectiveness, improved service delivery, and enhanced accountability. However, the costs associated with implementing the reforms, including the need for additional resources and the potential for disruption, are also significant.

The MINISTER FOR HEALTH (Mr. Speaker): I would like to thank the members for their contributions. My Department is currently engaged in discussions with the various stakeholders to finalise the proposed reforms. These discussions will continue until a final decision is made.

The DEPUTY MINISTER OF FOREIGN AFFAIRS (Ms. M. S. Ryan): I agree with the MINISTER OF HEALTH on the need for a comprehensive and consultative approach to the proposed reforms. However, I would like to assure the House that the Department of Foreign Affairs will continue to support the implementation of the reforms in order to ensure their success.

The MINISTER FOR HEALTH (Mr. Speaker): Thank you, Ms. Ryan. The House will have an opportunity to discuss the proposed reforms further when the final decision is made.

The DEPUTY MINISTER OF FOREIGN AFFAIRS (Ms. M. S. Ryan): I thank you, Mr. Speaker. The House will be kept informed of the progress of the reforms.

The MINISTER FOR HEALTH (Mr. Speaker): Thank you, Ms. Ryan. The House will be kept informed of the progress of the reforms.

The DEPUTY MINISTER OF FOREIGN AFFAIRS (Ms. M. S. Ryan): I thank you, Mr. Speaker. The House will be kept informed of the progress of the reforms.

The MINISTER FOR HEALTH (Mr. Speaker): Thank you, Ms. Ryan. The House will be kept informed of the progress of the reforms.

The DEPUTY MINISTER OF FOREIGN AFFAIRS (Ms. M. S. Ryan): I thank you, Mr. Speaker. The House will be kept informed of the progress of the reforms.

The MINISTER FOR HEALTH (Mr. Speaker): Thank you, Ms. Ryan. The House will be kept informed of the progress of the reforms.

The DEPUTY MINISTER OF FOREIGN AFFAIRS (Ms. M. S. Ryan): I thank you, Mr. Speaker. The House will be kept informed of the progress of the reforms.
12 W Cape district surgeons quit

Twelve district surgeons have resigned in 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’

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 Khuluilele 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 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, Ali 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 Mondo Ngadiin said police were also investigating arson at the Madwaleni hospital in Elliotdale after a store room 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 (Percel) joined several other organisations in support of the government’s decisive action in dealing with the Transkei nurses’ strike.

Perceci 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 Perceci 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.
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 Odeda 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 153.

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.”
Over 1 000 health workers emigrated

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 Thabo Mbeki 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".
Workers Emerge Over 1,000 Health

Better Working Conditions for Doctors at State Hospitals

Anthony Johnson

The committee imposed a limit on the number of

patients who could enter the community hospital on

procedures (1971). To combat the growth of

more doctors, the state added new restrictions on

admissions. In addition, the state increased the number of

doctors working in the hospital to four per day. This

meant that each doctor could only treat four patients

per day. The committee also prohibited doctors from

taking more than one day off per week. As a result,

the number of doctors working in the hospital

increased from 1,000 in 1971 to over 2,000 in 1977.

New York: A New Hospital

For Doctors at State Hospitals
Health workers leave SA in droves

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 696 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, 68, died on Tues-

day 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 strategically endless 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 13/10/96

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

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.

May 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 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 arm 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 Nicolou, 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 Pleunier, 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 implemented 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 Lipp Fine, owner of a Pretoria pharmacy. “They set prices arbitrarily and justify their actions because they do not have to tell the consumer 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 R3.7-billion paid out in benefits by medical aid schemes in 1992, a whopping 35 percent (approximately R5-billion) was paid out for medicines. The current prescription market totals R37-billion and it is estimated that it will reach R4-billion by 1997.

In the United States, 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 percent of the total prescription market. Even when they 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 Boomberg/Shehata 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, which will reduce the estimated 3 000 drugs currently 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 restrictions 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 will severely undermine the pharmaceutical manufacturing ability to receive profits in the private sector.”
Prevention is better, say GPs

ADELE BALETA
Staff Reporter

A pair of private doctors have figured out a way to stay in business by investing in health care and community-based research.

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 Mkhweni in Paarl.

Things were volatile in the township 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 practitioner 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 others, the children to be issued, and sort the problem out.

In 1986, he came to Cape Town and joined a practice of doctors working in Khanyisa, Khayelitsha and Guguletu.

Dr Mankazana qualified in 1986 in Natal. He practised medicine at St mission hospita l in Zululand.
Scheme to lure doctors into rural hospitals

By CAS St Legere

- 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.

Junior doctors, represented by Dr Jonny Taitz, chairman of the Junior Hospital Doctors’ Association, made it clear that compulsory community service would lead to horrid problems leaving the country.

Dr Taitz said junior doctors were pleased that they had been consulted by the committee drafting 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 state 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.

Doctors 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 the hospitals would receive a hardship allowance which could amount to an extra R2 000 a month after tax.

“Is this 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:

- “Hospital” hospitals like Johannesburg, H F Verwoerd, Groote Schuur and Red Cross Children’s;
- “Moderately inhospitable”, perhaps including hospitals such as Natalapart, 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 Masu this week said the report would enable the Zuma to effect “positive improvements” to doctors’ conditions of service, including the re-structuring 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 Masu.

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 over-time 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.
Together Controls for Foreign Doctors

Isolated Health Workers to Join Network
Cuban doctors to be recruited

Kathryn Strachan
60 6/1/95

HEALTH Minister Nosipho Dlova 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.

Dlova 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

Kathryn Strachan
60 6/1/95

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.
The proposal to import doctors to alleviate staff shortages disturbs, those trapped in state hospitals, working long hours in appalling conditions.

The Department of Health, headed by Dr. Shitshake, has been working on a plan to import doctors from South Africa. The plan aims to fill the gaps in the healthcare system, which has been struggling with a shortage of doctors.

However, the proposal has faced criticism from the SA Medical Association (SAM) and the Public Service Association (PSA). They have expressed concern about the impact on the local healthcare system and the long-term effects on the South African workforce.

The proposal is seen as a temporary solution to the shortage of doctors in the public healthcare system. The hope is that it will provide relief to hospitals that are struggling to provide quality care to their patients.

The plan is to bring in doctors to fill the gaps in the healthcare system. The number of doctors to be imported will be determined based on the needs of the hospitals.

The proposal is part of a larger plan to improve the healthcare system in SA. The government has been working on various initiatives to address the shortage of doctors and improve the quality of care provided to patients.

The proposal has been met with mixed reactions from the public. While some see it as a necessary step to address the shortage of doctors, others are concerned about the long-term effects on the local workforce and the sustainability of the healthcare system.

The plan is expected to be implemented in phases, with the first batch of doctors expected to arrive in the next few months.
Proposal to double hospital doctors' pay

ELINICE 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 R32 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."
New heart transplant protocol among doctors

BY JAMIE 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 Fanie Serfontein attempted to set up a second State heart transplant unit at Pretoria's H F Verwoerd Hospital earlier this year.

Health Minister Nicosania

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 Elwin Steyn.

"It's 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

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.
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 even the best 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,” Dr Shisana said.

“The minister will ask the Cuban government to supply our government with a list including the qualifications of these doctors so that we can verify their credentials and ensure that we are getting the best in the medical field,” she said.

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 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 not exist 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.

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 (SDFD) 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.
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 fee-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 doctors 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 Hofmeyr, 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

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 Grootte 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 Henrie 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
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 has 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 Sepa.
Opposition to Cuban doctors

By Glenn McKenzie

Soweto 27/11/95

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 Morifi 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,"
Medical body slams Cuban recruitments

"The Professional Health Organisation of South Africa (Phosa) has savaged Health Minister Phoza 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 fumes 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 have import all categories of health professional workers as we are all frustrated 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."
Govt to favour black, Afrikaans medics

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 Olleve 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

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."
Govt plan to shift funds away from English medical students

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

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 that 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

Normavenda Mathiane

THE Gauteng health department would spend R383m on free health care for pregnant women, children, health MEC Amos Mabaso 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% (R60m) of the budgeted amount had been spent at this stage of the year.

The DP was convinced 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

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 problems 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-chairman of the US-SA binational commission set up during Mbeki’s visit to the US in March.

The commission — one of three bi-national 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 Babbitt, 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 pressurer by the US, which buys about 40% of Nigeria’s 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

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.
Move to warn telephone subscribers

South Africa's doctors

PHOTO: ZAMU

Mr John Dike, South Africa's chief executive, with company data managers. A board.

Black medical association sees them as a good short-term solution

Cuban GP support for

NEWS NATIONAL

A woman students are shown. Their

December 1995

sowetan
Cuban docs pass SA inspection

ADELE BALETA
Staff Reporter

IN a dramatic about-turn, the largest organised body of doctors in the country has decided to back the government's plan 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, Masab'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, Sonomi Kali-charum, 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 filled 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 Olivé Shinano, 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 2000 clinics are being built, mobile units have been set up, nurses are being trained and doctors salaries addressed," Dr Shinano 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 practice.

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 back-up 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.
But plan to import Cubans may have no long-term benefits for SA

A payback for Fidel
Masanow supports use of Cuban doctors in rural areas. Following visit

...
District surgeons role set to change

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 Mzobuhlohe Bakhiso Dlakavu yesterday.

They must still be passed by the Western Cape legislature.

The new system has already begun operating at Robertson, Beaufort West 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.
Commonwealth call for tobacco ads ban

ANTISMOCKING STRATEGY ON TABLE

Commonwealth call for tobacco ads ban

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 companies’ “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
Working conditions of doctors receive attention

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.

Zuma 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 state 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

The Citizen's Alliance for Parliament (CAP) has slammed as narrow and biassed 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's roughly 40,000 civil servants.

Constitutional Affairs spokesman Irak Reitief said that the minister could not comment, as minister Roelf Meyer was not available.

The hearings had yielded an overwhelming plea for government to intervene to put minibus taxi businesses on a development path.
Racist district surgeons to be rooted out

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 fraud were being investigated.
Cuban medics: Training meets SA requirements

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.
Cubans up to scratch.

Zuma says criticism is unfair.

HEALTH MINISTER MOSIMANEGAE

Political Correspondent

CIVIL SAVAGE

THE CAPE
Gauteng woos doctors back

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 Masando 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, Masando 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

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 Masando reveal that 1 159 medical professionals have resigned from state hospitals in the province in three years.

Masando 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, Masando 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 Health Minister Nkosazana Zuma’s proposals for universal primary healthcare. Dr Zuma is also having consultations with medical personnel associations in view of the betterment of service conditions and overtime payment across the board,” Masando 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.

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Plan to hire Cuban doctors goes ahead

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 66-hour week for R3 600 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

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 Mpilweswi hostels.

Transnet projects manager Willen Janson said in papers before court that the squatters had been “extremely hos-

tile” 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 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, Kriel and Vosloorus residents to obtain affordable housing.

Transnet would begin developing the land in January.
Where have all the doctors gone?

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 Masando reveal that 1 159 medical professionals have resigned from State hospitals in the province in three years.

Mr Masando was replying to a 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.

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Mr Masando said 43.23 percent of the doctors left because of "difficult basic conditions of employment". Another 32.61 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 Masando 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 Dlamini-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."

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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

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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 "Debelle" 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 ill-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 Olivi 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 Masando and others seemed at a loss to handle the nurses' strike.

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.
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Young Doctor on the Rise to Stuck

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Mpumalanga plan to attract doctors

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, 600 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 affect 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 Karam, 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

Doctors’ initiative represents the aims of 1 400
professionals countrywide

BY JANIEE SIMON
Medical Correspondent

Frustrated general practitioners are
starting their own managed care health sys-
tems in order to charge better consultation fees.

Managed health care, where service providers,
patients and funders agree
on a programme to man-
age treatment and contain
costs, is widely seen as
being poised to revolu-
tionise South Africa’s pri-
ivate health care system.

The doctors’ initiative
is spearheaded by the Na-
tional Association of In-
dependent Practitioners As-
ociations (Naipa), which
represents the 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 con-
tained by, for example, set-
ting up GPs as the gate-
keepers to medical care
and eliminating overpre-
scribing, he said.

Naipa structures in-
clude 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 accreditation by the
national health system.

Naipa had structures
around the country and
was negotiating for con-
tracts with major compa-
nies, he added. GP’s frus-
tration are rooted in the
Representative Associa-
tions of Medical Aids
(RAMS) 8% general in-
crease for medical aid
scale of benefits for 1996.

The increase, which
Snyman says is “laugh-
able”, flew in the face of
the Medical Association of
South Africa’s (Masa) lob-
bying 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 illustra-
tes again how payouts
for doctors have shrunk in
relation to those for hospi-
tals and medicines. Bene-
fits paid for GP services
shrank from 17,2% in 1982
to 10,5% in 1994; hospital

payouts increased from
18% to 22,4% and medi-
cines from 25,8% to 32,9%
over the same period.

But says RAMS policy
director Professor Alan
Robberg, the 8% did not
reflect additional pay-
ments 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 their 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.
As many Afrikaans as English doctors leaving

Kathryn Strachan

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

Two foreign doctors, allegedly unqualified, 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 Moshidi, said the matter had been referred to the premier’s office so that an official commission of inquiry could be established.
Rookie doctors exposed

By Khatlu Mamalla

Two underqualified foreign doctors at Phalaborwa 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 senior staff. 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 Swanepoel, 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 away at the cost of human life. For him a black patient is not human."

At one of the victims was a three-year-old girl, Antonette Mombi. 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 Nqobile. 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 findings 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 these 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 Phalaborwa, Modiba wrote: "This patient is lucky to be alive."

He also recommended that the doctor who had performed the first operation 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 similar practices on patients referred from Phalaborwa."

"We request that these observations be communicated to authorities in charge at Phalaborwa 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 Thepo Moshima said his department had referred the matter to the premier's office to establish a commission of inquiry.

South African National Civic Organisations general secretary in the area Mr PEB said his organisation would help the families of the dead patients to institute civil claims.
Feuds ‘fuelling claims about foreign doctors’

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 Andrezej 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.

“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 Fillmater, 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

By Glenn McKenzie

The government is "very close" to a deal with medical associations that will 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黑 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.
First Cuban doctors in SA next month

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 Dlamini, 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. — Reuters.
Increase for govt doctors on the cards

'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 seams 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.
SA TEAM TO INTERVIEW APPLICANTS

Cuban doctors ‘up to standard’

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 Kalichur 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 practice 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 government-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 Hloango, said Cuban doctors would be recruited on three-year contracts, starting on February 20.

He said state-run hospitals and clinics now had 2000 vacancies.
Zuma to screen Cuban medics

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

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 Dlamini-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
More than 100 Cuban doctors head for SA

SPECIAL CORRESPONDENT

Johannesburg: Between 100 and 180 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 NMC'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 bigger," 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'

By Glenn McKenzie

The 106-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 doctor should be "more than prepared for the task," she said.

Professor Craig Househam, 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.

Househam 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 very few children with Aids.
Cuban doctors to arrive shortly

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 request 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 Mpho Tsabga said at a news briefing yesterday that she returned from Cuba, where she attended the 10th Ministerial Conference of the Cubam-Tanzanian Health Cooperation.

"I met with Cuban doctors and learned about their excellent health care system," she said.

A new report released by the Health Department indicated that the number of doctors in South Africa has increased by 30% in the past five years.

The report also highlighted the need for more doctors in rural areas to improve access to healthcare.

"We need to address the imbalance in the distribution of doctors," said Tsabga.

Meanwhile, President Cyril Ramaphosa announced plans to work with the healthcare sector to improve the quality of care provided to patients.

"We need to invest in our healthcare system to ensure that every South African has access to quality healthcare," said Ramaphosa.

First Engineer Matt Zuma revealed his plan to improve the infrastructure in the country.

"We will be focusing on upgrading hospitals and clinics in rural areas," he said.

More than 100 Cuban doctors will be arriving in South Africa in the next few weeks to help address the shortage of doctors in the country.

"We are very grateful for the support of our Cuban counterparts," said Zuma.
SA gives 'limited' registration to Cuban medics

Own Correspondent (93) AR 17/2/96

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.
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 last year and this year to arrange the recruitment of Cuban doctors to fill vacant posts in underserved areas.
THEY'LL WORK IN RURAL AREAS

Cuban doctors land amid misgivings

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 racing 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.
DOCSTORS WITH DIGNITY: An NBC News special aired in the country to help doctors in need.

First 101 artilcles to be deployed in all provinces

change, says Zuma

Cuban doctors vital to
A Cuban doctor at the airport yesterday.

Medical Commission

9 provinces

Cuban doctors
101 Cuban doctors arrive in SA

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 Dlamini 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 Astelo, 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

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 Nick 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 concerns 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 Locals could be taught the doctors' language if they could not speak English.
Cubans stir foreign doctors into action

Until now, imported medics were too intimidated to voice dissatisfaction

BY JAMIE SIMON
Medical Correspondent

Many of the 2000 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, gaining chamber's current discussions on restructuring public sector salaries, would yield significant increases. If these came through, many doctors 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 should 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 JAMIE SIMON

While the first wave of Cuban contract doctors is feting, 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 a government-to-government contract to fill 2000 empty posts in rural and secondary hospitals, according to the council's assistant registrar, Dain Naudé.

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 willing 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.
Cuban doctors in Mpumalanga to lighten the load.

(Nelspruit) (13 Mar 1996)

The 10 Cuban doctors who arrived in Nelspruit on Tuesday evening bring to 84 the number of foreign doctors practicing in Mpumalanga's public sector.

The Cubans, accompanied by MEC for Health Candith Masteio, booked into a Nelspruit hotel where they will be spending two weeks before being deployed.

During their orientation programme, the doctors will be at Rob Ferreira and Thembos hospitals.

The Cuban team comprises an anaesthetist, two surgeons, two obstetricians, three family physicians and two physicians.

Masteio said only 114 doctors were at present serving 2.9 million people in Mpumalanga. "In other words we have only 0.69 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

Justin Pearce

In Cuba only a few old people have TB," explained Dr Leandro Ruyz. "In 1989 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 photo-comic, Grenzegucker, 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."
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 Dlamini-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! 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 sake, 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.”
Out to Lunch

David Buttard

Zuma's cigar-puffing Cuban show rolls into

and a photo of the Cuban leader, Fidel Castro.
Proposals shock doctors

By PAT SIDLEY

PROPOSALS aimed at re-dressing racial imbalances in the health care sector, beefing up the government's capacity to implement its new primary health care policy and re-assessing 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 specialties in state hospitals before they can become general practitioners;
- Specialists should be required to practice 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 re-dress 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.
Sexwale hits out at NP for criticising Cuban doctors

Ingrid Salgado (93) 204/03/96

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 copper-rich island, while business had identified “significant trading opportuni-

ities” 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 604/03/96

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 Metzalfie 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 Metzalfie 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.

Metzalfie 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

(TUES) Recapital 6/13/96

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 Neres Mayo Castro, a family physician, and surgeon Dr Osvaldo Odio Wilson will be placed in a Sebo-
ng hospital and clinic next week.

“I was able to heal my patients in Cuba with no prob-
lem,” 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

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 Oliver 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.
THE MINISTRY FOR HEALTH

THE HANDS FREE DRIVING LAW

THE PARLIAMENT OF SOUTH AFRICA

The Minister of Health, Dr. Jane Sadik, has announced the introduction of a new law to ban the use of mobile phones while driving. The law came into effect on the 1st of June, 2019.

The law states that drivers who are caught using their mobile phones while driving can face fines of up to R10,000 and 6 months imprisonment.

Dr. Sadik said, "This law is a necessary step to ensure the safety of all road users. We have seen too many accidents caused by drivers who were distracted by their mobile phones."

The law also applies to the use of mobile phones while stationary, with drivers who use their phones while parked facing fines of up to R5,000.

The Minister has urged all drivers to adhere to the law to help prevent accidents and save lives.

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The Ministry for Health

6 March 1996

Dr. Jane Sadik

Minister of Health

Parliament of South Africa
Can virgins replace spirits and shrubs?
‘Flying doctors’ in trial to assess medical air service

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 Krastnasamy believes the flying service is the answer to the province’s main obstacles - 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 specialties 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. Researchers are 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 fluororide to its water

Kathryn Strachan

GAUTENG is set to save R7.9m in dental health costs when fluororide 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.

With department of community dentistry specialist Usaf Chikte said yesterday water fluoridation had proved to be the most cost-effective prevention strategy for tooth decay.

The cost of adding fluororide to water supplies costs less than R1 per person a year.

This makes it at least 18 times more cost-effective than fluoridating 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 nine million people in six provinces.

For every R1 invested in water fluoridation, government will save between R26 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 fluororide - from rocks and soil - and when a balance is struck between the level of fluororide and the level of water it protects teeth against decay.

In parts of the country where the natural fluororide levels are high enough, fluororide 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.
Pleased to meet you ... Cuban doctors Osvaldo Wilson (left) and Noris Castro (centre) meet Nursing Services Manager Beauty Sifumba and colleague Dr Tsepoo Mphakatsi at Sebokeng Hospital yesterday.

**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 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 Yusuf Chanda, 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 Safi Farah Malik. “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 Zambia, 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'  

Lisa Templeton

BLACK and coloured people are significantly under-represented by family doctors 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 at 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.
Head of surgery ‘not qualified’

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 Romanian doctor defended his decision of choice of surgery to remove a tumour from Helen van Vuuren in 1984 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.
Violence continues — Zuma

Postpone local election if

Foreign doctor not to

NODODA was told to stop the probe of three

Final CUT

Charges.
The Home Affairs rejected by Home Affairs
Immigrants Skilled
To South Africa

Mission Exambula
Afterwards, reports
in the media of Home
res to comments about
that the government has changed
in dealing with immigrants
The model looks reversed

MTL 12/14/16 (g)
Zuma tours Germany

Kathryn Strachan

Health Minister Nkosazana Zuma left yesterday for Germany where she will discuss recruiting German doctors to serve in SA's neglected areas.

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 2,600 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

Wynand 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, 26 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

Rene Grawitzky

The chemical industry faces a nationwide 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

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 de-personalised 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 encouraged – to seek financial redress, especially since state hospitals are perceived to have unlimited funds", he said.
Fears of increase in malpractice suits

Deborah Fine

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, Dr Bebus, University of Natal lecturer Neil van Deekum 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, 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 Deekum 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

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 junior.

"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 that "would not necessarily see in Germany".

In a memorandum of understanding between the SA Health Ministry and the Centrum für Internationale 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.
20 German doctors set for SA stint

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

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 Mahlatti, 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 Mahlatti told the Sunday Times this week there were no more than 10 doctors practising in Khayelitsha, which was home to about 200 000 people.
Drug firms cut bonuses to doctors

OWN CORRESPONDENT

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
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 anamnesic delusion", saying he had pages of newspaper reports on corruption since the government took office in April 1994.

Northwest denies Cuban doctors work long hours

Kathryn Strachan
3/5/96

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 Ntonee 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.

Ntonee 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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(93) 80 3/1976
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New doctors’ internship system developed

Business Day Reporter

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

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 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.
South Africa

Turf War Over Doctors' Schooling

Motion Endorses

(Revised 9/4-30/07)
Foreign-trained doctors shunned

By Russel Molefe

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."

Doctors claim health authorities are frustrating their bid to get jobs
Was the correct move?

Cuban doctors: Was it the correct move?

The Minister of Public Works

At the suggestion of the Honourable the Minister of Public Works, I, the Lieutenant Governor in Council, in the name of the Government of Canada, do hereby authorize the following

Thea cooperation of the Government of Canada in the construction of the

The project is to be completed by the end of the current fiscal year.
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 313 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 Sitawa.

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

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 R207m 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.

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

PART-TIME district surgeons in the Western Cape are trying to recover R4.5 million in back pay. Their claim has been lodged with 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 Nelds 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 Hermon Krige. 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 remuneration.

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 R200 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 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 R30m the following year.
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 88 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".

They have 80 impressed local authorities that KwaZulu Natal's MRC for Health, Dr Niel Mkhize, enthusiastically credited Professor Peraza with single-handedly performing 80 operations in one weekend last month at Maritzburg's 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 tissue because he would have lost more blood had it been the aorta."

"We stitched him up and he recovered. We 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

Cubans

prove that they are not

Third-World quacks

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, boasted 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 50 percent of the doctors at state hospitals in KwaZulu Natal are foreign, according to a provincial health spokesman, Dave McGregor.

"We foreigners are holding the fort," said Dr Ranjan, 35, who specialised in general surgery at the Pali 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 Illongwane, said about 800 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.
Health workers rush for packages

ADELE BALETA
Staff Reporter

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 - 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 and 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 took 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.
Severances: ‘Approvals not likely’

From page 1

The provincial health department is trying to allay growing fears as staff at Western Cape provincial hospitals line up to accept voluntary severance packages.

GLYNIS 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.

“This is a blunt instrument aimed at reviving an ailing bureaucracy. It is not aimed at amputating a health service which has already been cut too deep,” 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 in 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 downsize 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 packages which had been application forms or refuse to send them on, said Professor Terblanche.

Abdul Rashid 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, to replace the 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 the right qualifications, it would now opt for the severance package and not practice, said Dr Rahman.

“This severance package will drain out a lot of good people, which you cannot supplement overnight and you will lose. It takes 15 years to make a good surgeon,” he said.

Tygerberg Hospital was not an ordinary hospital, but an academic hospital which trained these, experts, he said. One per cent of the experts left, the whole service would collapse, he said.

Dr Rahman said the conditions would allow him to step down as principal only for 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 that they wanted to take the packages.

“This would give extreme hardships and constraints to maintain our present 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 was not to be named, said people were applying because they were unsure if the hospital would be a result of the reduced staff levels and low salaries.

“There’s 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 1 400 non-seated 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 become vacant as a result of the severance packages are sought up in the current moratorium on the filling of posts. It will therefore be difficult to hire staff quickly to fill in the gaps,” said Dr Mitchell.

Pahed Badam, chief medical superintendent at the Red Cross Children’s Hospital said the hospital had a problem with

Turn to page 3
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"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 downsize the civil service, but it has come on the back of the memorandum 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 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 present 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 1 600 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 in 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 fill them (as they are not yet filled) this year and again (as they are not yet filled) next year, he said.

Implications for our own hospital in 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 fill them (as they are not yet filled) this year and again (as they are not yet filled) next year, he said.
The Western Cape Health Department has received by 15 April 2600 application forms for over 7000 health care staff members. Only 520 applications have been received by 15 April 1996. Only 2500 applications for volunteer service packages from 15 April 1996. The head of the Western Cape Health Department, Dr. Caroline Alworthy, has emphasized the need for volunteers to support the health care system. The demand for volunteers is urgent and high, as the province faces a critical shortage of health care staff. The provincial government has launched a campaign to encourage volunteers to come forward and support the health care system. The deadline for applications is 30 June 1996. The Western Cape Health Department is committed to providing services to all members of the community, and volunteers are an integral part of this effort.
Another 240 Cuban doctors due in SA
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 Ncumisa 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.
NO OVERTIME PAY FOR JULY

Bureaucratic bungle slashes doctors' salaries

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 SALE 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.

"This 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 5/4/96 (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

JENNY VIAL
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 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

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.”
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.

Government's failure to deliver timely 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 efforts, many doctors have been hanging in there, working for 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

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 Court.

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 illusory belief 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 scraping 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 Mahuti 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

New, substantially higher pay scales may reduce the exodus, but violent crime is still putting others to flight

By Melanie-Ann Febe

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 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 a staffing crisis.

"Junior doctors from other countries cannot be appointed because the Department of Home Affairs appeas 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.
Cuban doctors long for their families

By Khuthu Mamalia

Dr. Giselle Corbello is not bothered by the fact that she lives in a one-room house with no electricity in a remote village at Athole in Northern Province.

However, Corbello (37) has one major problem - she raises her wife Adriana and two children, aged five and three years, when she left for Havana, Cuba.

Although Adriana is also a medical doctor, she was not part of a group who went in an added contract to work in South Africa.

In an interview with Sowetan at Silsoum Hospital, Corbello declare: "My dream is to have my family. Please bear me in mind. I miss them very much and I would even consider moving my contact if my family could join me."

Corbello is one of the Cuban doctors dispatched to various hospitals in the districts of South Africa in an attempt to alleviate the plight of overworked doctors in public hospitals.

Part of struggle

He is a pantheritarian (a doctor who specialises in children's diseases) and has a special soft spot for toddlers.

Why did Corbello leave his family to venture into the unknown, thousands of kilometres away from his community of loved ones?

"I worked in Zuilafrica for two years from 1978 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 excited about the peaceful transition to democracy in April 1994."

"So when South Africa and Cuba signed an agreement which enabled Cuban doctors to work in South Africa for three years, I was willing to be part of the reviving of the new South Africa."

Asked whether he was a loyal communist, Corbello replies: "I was born and bred in Cuba under communism. I guess everybody in Cuba is a communist."

The critical shortage of doctors cannot be over-emphasised

Dr. L. Spivek: "...the shortage of doctors cannot be over-emphasised."

But I am not a member of the Communist Party."

"I imagine he enjoys his new job even though he misses many patients a day. The hospital works at is fully equipped with medical and equipment but lacks doctors.

Like Corbello, Dr. Maria Teresa Cordero misses her family. Cordero has been a doctor for 23 years and is married to Dr. Desio 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 Corbello.

When she heard of the agreement between her country and South Africa, Cordero 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 I enjoy working at the hospital."

"For me the medical profession is a calling. I can serve in any country where there are patients. I am getting used to the place and beginning to learn the local language."

Has the provision of health care improved at Siloum Hospital since the arrival of the Cuban doctors?

Silsoum Hospital administrator Dr. L. Spivek 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 Silsoum which serve more than 200,000 people."

"At present, there are only 10 doctors, including the two Cubans. All the doctors at the hospital are foreign."

"We are 11 clinics and one dental centre and we are very short on staff; says Spivek. "We have to beg, borrow or steal. All are served by Silsoum Hospital. The critical shortage of doctors cannot be over-emphasised."

"I am unable to send doctors to other hospitals because there is no money to do so at the hospital."

Lack of vehicles

The other problem is the lack of vehicles and the bad roads in the village, some of which are in the mountains.

"We really need a surgeon and an anaesthetist," says Spivek. "Let's fix it. It is not a 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 anaesthetist."

"It is not that we do not need the two Cuban doctors - it is just that we need those special services more."

Things stand, we are grateful for having been given the two Cuban doctors."

Another problem, says Spivek, is that although Cordero and Corbello are specialists, says Spivek, 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. But because of these restrictions would not have been imposed on them," says Spivek.
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 underserviced areas. Hospitals in the former Transkei states were excluded from this allowance. — Sapa
Dispensing doctors oppose regulation

BY JAMINE 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 comments 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 worrying 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.

Beda 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.

\[\text{(93 y6)} \text{May 24 1796}\]
Doctors fume over 'training' proposals

Young graduates resisting any two-year programme before being able to practise

By Janine Simkin

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 that 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 recommen-
dations on vocational training made to the council by a special 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," he said.

Senior students, who are just 14 weeks away from graduation, had believed the vocational training would take effect in 1999 and be introduced at a later stage, added Judasa executive member Jonathan Karpolowsky.

"We'll be taking it up with the government and the Health Department," Begg said. "We're not sure we'll beable to just stop it, but it's still the right thing to do."

He said Judasa would try and delay the implementation of the plan, which would have the effect of nullifying the careers of current graduates.

SAIMDC said in a statement that the new training programme was "irreconcilable with" the old scheme.

"The new proposal reflects the country's changing needs and the realities of an HIV pandemic," said the council.

But 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's a fair payment 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 and Dental and Supplementary Health Services Act.

A special task group has been appointed to examine details of the proposed training.

...To Page 2
Doctors may have to train for nine years

**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 years 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 be meaningless by forcing more doctors to abandon the country for greener pastures abroad, when they were in great demand, they said.

There are 2,000 vacant doctor posts at state health facilities, particularly in rural areas.

The move would affect 1,000 students.

Yesterday the president of the Interim National Medical and Dental Council of South Africa, Professor S Kallicharan, announced they had proposed a system of postgraduate 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 healthcare professionals were in place.

Appropriate vocational training was the cornerstone of training in medicine.

The period of vocational training, now referred to as the "medical internship" (undermine 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 period of two years after graduation as a prerequisite for medical practitioners to enter independent practice.

Kallicharan said this period of vocational training would be structured according to educational principles, would be undergraduate, would be approved by the council and would take place under proper 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.

Mocho Mothala, 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 Thabo Mbeki, health minister, said they had consulted widely, but he did not say which specific groups had been involved.

"It is the association that 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 cater for. But this scheme would make it difficult, if not impossible," he demanded that the student's association be consulted by the Medical Council of SA group.

A final-year medical student at the University of Cape Town, Mr Felix Stithoe, 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 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 Nuker, 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 lifelong matter."

"A lot of graduates do it anyway."

"The problem arises when it is mandatory."

The chairman of the Junior Doctors Association of SA, Dr Kevin Beggs, 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."

**TOO LONG:** Medical student Mr Felix Stithoe is against the planned changes.

**PICTURE:** ALAN TAYLOR
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 1961. It does not foster the culture of human dignity that the president and the Government of National.

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 1951, 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."

SAVIOUR: Wendy Orr, a member of the truth commission.

‘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 Vandyayar 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 Vandyayar 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 Vandyayar were arrested on April 17, 1983, after the attempted sabotage of the Riverlea railway station.

They were tortured at Langlaagte police station.

Mr Vandyayar 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 aspirins.

Mr Chiba described how, following an assault in which his face was badly bruised and an ear drum 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

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 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

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.

An 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.
Forced Service

Students Right
It's forced community service, young doctors complain.
'Collective apology' by doctors comes

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 increasing 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 committees over the past few months, several victims have been critical of district surgeons and private doctors. Some of those 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.

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 University of Cape Town’s Medical School, which has its headquarters in Denmark.

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.

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 challenge for Masa was to find constructive ways of informing members and the public about the "dark past."

"The criticism levelled at the Masa president 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.

"The Masa apology has 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 complexity 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."

Van Heerden suggested that Masa would be difficult to organise and could be a Pandora's box. She proposed a statutory council to deal with it. Masa had an opportunity to establish a framework that would be difficult to organise and could be a Pandora's box. She proposed a statutory council to deal with Masa.

She proposed a statutory council to deal with Masa.
Anger rises over 2-year compulsory service plan for doctors

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 Kalichurum, 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 250 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 was concerned 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.

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 Ntsaluha, 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, Ntsaluha 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 hands are bound in red tape

OUT OF PRACTICE: Bosnia's refugee doctors want to use their medical skills to help South Africans without pay

Picture: Chin Collyer

Red tape

Sunday Times 2 August 1996

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Doctors choke on new rules for selling medicines

By Pat Sidley

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.