

## Die Diepte-ondersoek

Met toenemende kennis en sofistikasie het ons diagnostiese en terapeutiese handeling onvermydelik baie duur geword. Daarbenewens is die algemene lewensduurte ook verantwoordelik vir 'n stygende kostepatroon in die geneeskunde. 'n Dekade of twee, drie gelede kon ons nog redelik ver wag dat iedere pasiënt sy eie potjie moes krap, met die uitsondering van die werklik armes wat vir mediese dienste moes ontvang. Toenertyd kon iedere dokter binne perke sy eie gelde wat vir iedere handeling gevra gaan word, bereken. Solank hy nie te rof tekere gegaan het sodat die Mediese Raad hom voor stok kon kry nie, was daar geen nodigheid om 'n voorafopgestelde tarief te hê nie.

Dit is nie vandag meer so nie. Die oorgrote meerderheid van die bevolking benodig een of ander vorm van vooruitbetaalde mediese diens. Die beste tipe sodanige reëling is nie hier ter sprake nie. Dit kan deur middel van hulpfondse geskied of met assuransie op 'n indemniteitsbasis, of nog een of ander van verskeie moontlikhede. Maar hoe dit ook sy, ten einde so 'n vooruitbetaalde diens te kan aanbied, moet die organiseerders 'n tariefstelsel hê waarvolgens hulle hul koste en begroting kan bereken. Dit is eenvoudig nie moontlik om 'n groot siekefonds, van watter aard ookal, te bestuur sonder 'n leidraad te hê oor wat daar ver wag kan word wat kostestruktuur betref nie.

Selfs die Geneeskundige en Tandheelkundige Raad wat normaalweg volstrek weier om betrek te word in enige bespreking in verband met doktersgelde, moes die Vereniging vra om 'n leidraad te verskaf insake redelike gelde vir gebruik gedurende tugondersoeke. Dit was die oorsprong van die Standaardtarief. Ons moet dus aanvaar dat die opstel van 'n tarief deesdae 'n noodsaaklikheid is.

Die Wet op Mediese Skemas bepaal dat daar met gereelde tussenposes ondersoek gehou moet word om die statutêre tarief op datum te bring en die volgende sitting van dié Vergoedingskommissie is net om die draai. Ten einde die afvaardiging

van die Mediese Vereniging in die posisie te plaas om feitlike en aanvaarbare getuienis af te lê is besluit om 'n diepte-ondersoek in te stel na die verskillende groepe in die Vereniging. Met die hulp van 'n statistikus is 'n ewekansige monster van geneeshere verkry en 'n vraelys is opgestel wat nou reeds aan die betrokke dokters gepos is. Tot dusver is die respons beroerd.

Mens wonder waarom? Daar is verskeie moontlikhede. Sommige van die gekose geneeshere se praktyke is miskien in so 'n haglike toestand dat dit vir hulle eenvoudig haas onmoontlik is om die gevraagde inligting te verskaf. Indien dit die geval is sou ons aanbeveel dat sulke ongelukkige sukkelars dringend poog om hul praktykshuishoudings in orde te bring. Chaos is eenvoudig nie meer 'n aanvaarbare vorm van praktykvoering nie.

Daar is moontlik diegene wat om een of ander rede steeks is om mee te help en ons vermoed dat dit in sommige gevalle te wyte is aan 'n weersin teen sulke sogenaamd onprofessionele uitpluising van kostestruktuur. Sulke argumente hou nie meer steek nie. Soos ons hierbo verduidelik het, is die dae van raai-raai rekenings agter die rug. Om vinger te wys na die ander beroepe en te sê dat hulle nie soortgelyke gegewens hoef te gee nie, is ook nie 'n aanvaarbare beswaar nie. Die gemiddelde burger hoef nie sy prokureur of advokaat of argitek meer as 'n paar keer in sy lewe lastig te val nie, maar iedereen het voortdurend mediese versorging nodig sodat kostestruktuur in die geneeskunde van veel groter belang is.

Miskien berus die swak respons op 'n uitstelbasis. Mōre is nog 'n dag. Diegene wat so redeneer moet hul sokkies optrek, want die tyd word min en as hulle later na die kommissie-ondersoek bedroë uitkom moet hulle nie 'n skouer soek om op te huil nie. Sommige, en ons hoop hulle is in die minderheid, het moontlik die vorms nie ingevul nie bloot weens nalatigheid. Dit is 'n laakbare houding, veral as mens in ag neem die moeite en die koste wat daar met die opstel van die vraelyste geneem is.

# Earning Too Much

I have ventur'd  
Like little wanton boys that swim on bladders,  
This many summers in a sea of glory,  
But far beyond my depth.

Shakespeare: **King Henry VIII**

There are few things as soul-destroying as the constant feeling that one is not entirely on top of one's job. It is normal to be ambitious and most people constantly strive to better their positions with regard to income as well as status and responsibility. Poverty is uncomfortable and lack of security irksome, but we must not in our ambitious strivings lose sight of the fact that to go beyond one's depth is far more dangerous.

The man who has to discover for himself day after day that he simply has neither the training nor the innate intelligence to cope with the demands made of him, will gradually but inevitably sink in a quagmire of despair, never to hope again. He may not be able or willing to admit his failings even to himself, in which case those around him will be made the scapegoats and he will blame anything and everybody for the myriad of small things that will constantly tend to go wrong.

Some may be lucky enough to hide their frustrations under a cloak of bonhomie and they might even build a reputation as the life and soul of office parties, but they bluff nobody, least of all themselves. Sooner or later the denouement will come, and it is the day-to-day waiting for the crash which white-ants their mental reserves still further.

The employers and the doctors alike have a heavy responsibility in this regard. The chief who is unaware of the fact that he is expecting service from his underling way beyond his ability runs the risk of landing his firm in a disastrous situation, but in addition he is party to the destruction of a psyche, and that may well be more serious than the mere financial problems his staff member's inefficiency may engender. A management consult-

ant can usually save the business, but it requires prolonged expert psychiatric help to re-establish the overburdened employee.

To climb up the ladder requires drive, ability and a certain amount of luck, but to climb down requires herculean courage. To daydream about the better house and the expensive motor car is pleasant and relatively harmless, provided it does not become an obsession; but to relinquish these luxuries, not because of a financial setback, permanent or temporary, but because of the horrible realization that they were and always will be beyond reach as a result of inability, is a bitter blow which is not easily weathered, even by the stoutest heart.

The doctor must give advice and he must be able to spot the first symptoms of the cracking façade. And then he must have the courage and the intimate contact with his patient to be in a position to convince him that he must turn back and start again at a rung on the ladder which is better tailored to his capabilities. There is more truth in the old saying 'He is a nice, steady young man who started at the bottom of the ladder and stayed there' than meets the eye. Although we are the music-makers, we cannot all call the tune and it is a lucky and an integrated man who, at an early stage, can define his own operational sphere and can accept his limitations.

The doctor in his consulting room must make sure that the wailing complaints of his patient about his lack of income and his frustrations at home are not, in fact, the laments of a man who is secretly aware of his limitations and who has already overstepped them. Pills will not cure him, nor will prolonged psychiatry, for he will still have to face the very core of his problem every morning when he reaches the office.

Doctors are not exempt. The young surgeon who overreaches himself may kill a patient, but he also destroys himself.

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