SAMJ
Commentary and Debate

Editorial

Issues in Medicine

Some signposts on the road to unity

This short contribution on a vast topic is intended to stimulate debate and further discussion, especially in the KOSH area (Klerksdorp, Orkney, Stilfontein, Hartebeesfontein). It is important briefly to reflect on the nature of the society we come from, where we are now, and where we want to go as a united medical profession.

We come from a society marked by deep social and economic inequalities, as well as serious racial, political and social divisions. This is reality. We can't change it. It is therefore not surprising that our medical profession was divided. It was divided because of the environment of the past, and that environment has since changed.

The present environment is characterised by reorientation of society towards a common purpose, that of a socially coherent and economically equitable society. It is a society in a process of transformation. This also applies to the medical organisations of this country. Medical organisations are part of this transforming society, and will therefore play an important role in the process of reconciliation, reconstruction and development. They will have to change into a unified unit.

It is vital that those participating in a unity process be guided by a clear and commonly accepted vision of the fundamental principles that should shape the new medical organisation envisaged. Let me identify a few factors which will be the building blocks of this process.

Trust. We need to increase levels of trust from where they are at the moment to an acceptable higher level. I believe that honesty, transparency and respect for the views of others are vital in this regard.

Commitment to the unity process by all stakeholders. If people are not part of a process they are unlikely to accept the results and therefore cannot be expected to be committed to the organisation. Interaction at the local level in order to involve branches and open participation should be looked into as a matter of urgency. The national leadership should keep the general membership informed about developments of the process. The national leadership must also give an indication as to where their points of agreement are and where they disagree, which will encourage the local leadership to do the same. A purely 'top-down' approach is not desirable. An indication of the agenda of the talks — the time frames — is required by the national leadership to measure progress. If we cannot measure this progress, we probably will not be able to manage it.

Understanding that unity is a process and not an event. And it is not an ordinary, everyday process; it is a difficult process that involves the management of resistance to change. It must be expected that there will be individuals and organisations who will resist attempts at changing the status quo. Their views must be taken seriously. Negotiations and persuasion will ultimately help them realise that there has to be a united medical organisation that needs to be aligned to the overall environment of our society.

It is clear from this short summary of the past, present and future scenario that unity has to occur not as an accident of history but as a clear and logical historical process. This short input is not my final word on unity — I have merely highlighted some aspects that need attention, some signposts that may help us on the road. I have, I hope, demonstrated that while this process has both downsides and upsides, the overriding solution is the vision of unity without compromising efficiency and effectiveness in running a medical organisation. The new era has presented a new opportunity to the medical profession, and if we do not exploit it, future generations will forever blame us.

M A Masike

PO Box 961
Klerksdorp
2570

Debate

The ethics of physician-assisted suicide and euthanasia

In attempting to seize the moral high ground in the debate on the ethics of physician-assisted suicide and euthanasia, Professor Landman[1] suggests that personal autonomy or individual self-determination is the overriding ethical principle and implies that death is a therapeutic option in cases of uncontrollable and dehumanising suffering. This would represent a major ethical shift in a profession whose first principle has been to do no harm. In an article broad in