

## EDITORIAL : VAN DIE REDAKSIE

## CHIROPRACTORS

Is a chiropractor and what does he do? It would be that not even the chiropractors themselves are able to give a concise answer to these questions and one can only help but feel that an aspect of medical care which is as amorphous as to defy clear definition needs to be more fully scrutinized. As long ago as September 1962 a Commission of Enquiry was appointed to investigate the subject and it is interesting to note that none of the members were medical doctors, so that there can be no question of nepotism in that their findings favour the members of the medical profession as a whole. The members of the Commission were: Dr H. O. Mönning (Chairman), Dr J. I. Malan, Dr H. E. Brink, Dr L. M. Jonck, Dr J. de Wit, Dr W. G. Sutton and Dr D. Craven.

The Commission was given the following terms of reference: To ascertain whether chiropractors fulfil a necessary and necessary function by rendering services of a professional nature; whether their services might constitute a benefit to the community; and, should they be found to render a useful service, whether their recognition as a professional group can be advised. These terms were clearly stated and the Commission left no stone unturned to obtain all the information from every possible source. Their findings may be summed up as a general negation of the value of chiropractors as a necessary and useful para-medical profession. It is not possible here to analyse their findings in detail, but on the whole it boils down to the fact that the indifferent methods of diagnoses make it impossible for them to undertake curative actions which will be generally acceptable to the medical profession, and, as far as the second term of reference is concerned, their answer is an unequivocal yes, they may do harm.

At the same time the Commission did not deny the fact that in certain cases where manipulation of the spine was for definitive orthopaedic conditions, a considerable number of patients did benefit from the treatment, but it qualifies this finding by listing a number of 'cures' for conditions such as dermatitis, Malta fever and diabetes which were claimed by patients who had received treatment from chiropractors.

It is obvious that something had to be done to implement the findings of the Commission and on Wednesday 10 February the Honourable the Minister of Health, Dr J. de Wet, tabled a Draft Bill which will, if it is finally adopted, result in the eventual disappearance of chiropractors from the South African medical scene. The Bill in the first place states that 'No person shall for gain practise as a chiropractor'. This absolute prohibition is not, however, qualified in order to allow those chiropractors at the moment in practice in South Africa, as well as those who are already studying here or elsewhere, to continue doing so, thereby ensuring that the livelihood of those about to commence practice or already in practice is not affected. It is right that such provision be made, and the Act which pulls the carpet from under the feet

of someone who has for years been rendering a service, whether it be acceptable or not, must be viewed with concern. In terms of this Draft Bill there will be a gradual disappearance of chiropractors as the now practising ones retire. In order to prevent a loophole for students from other countries the Bill also insists that only South African citizens who are already studying to become chiropractors, may expect to be allowed to commence practice.

It is an inescapable fact that our orthopaedic colleagues owe a lot to the chiropractors and many of the manipulative procedures which they daily undertake have been learned from the chiropractors. Also physiotherapists and specialists in physical medicine must admit that a not inconsiderable part of their skill stems from chiropractors. This debt is recognized in the Bill, for provision is made that those registered professions who have hitherto undertaken acts which are sometimes done by chiropractors may continue to do so. This clause is a clear admission that some of the skills and techniques of the orthopaedic surgeons, the physiotherapists and the physical medicine specialists stem from chiropractic.

The question now arises: Why pick on them? It is clear from the report of the Commission, which has now for the first time been tabled, that legislation controlling other paramedical services can be expected in the near future. The Commission makes it quite clear that they were aware of the right of the individual to find his physical and mental care wherever he wishes, but at the same time the health of the community must be protected and the uninformed individual must be guided in order to prevent any deleterious effect on his health due to unskilled acts of healing. This concept forms the basis of the Medical, Dental and Pharmacy Act of 1928, and those who now complain about over-regimentation must bear in mind that the protection of the health of a community has always been one of the prime duties of the State.

We in the medical profession must take a positive attitude towards this new proposed legislation and must ensure that the services hitherto rendered by the chiropractors are adequately taken over by other registered professions. The first term of reference of the Commission required them to make sure whether there is not an unnecessary and undesirable duplication of paramedical services, and they have found this to be so. But then our medical schools must give full attention to the training of medical students and physiotherapists in all the arts of manipulation and whatever else it entails. If this is done consistently and correctly the public who have hitherto made use of chiropractors rather than the registered professions need have no fear that an important part of their health care has been removed without any adequate and acceptable replacement.

Let us therefore give thanks where thanks are due and accept the added burden on our medical services which

the eventual disappearance of the chiropractors will cause. It is now the duty of every doctor and physiotherapist to educate their patients and patients-to-be to accept the fact that all the services that have been available in the past will

still be provided under more carefully controlled conditions, for unless we do this there is a danger that an underground practice of chiropractic may develop which will be far more detrimental than the present system.

### SPREEKKAMERNARKOSES

Die dae van die flennie-masker en die eter drupbottel is gelukkig nou vir goed verby en dit is werklik verbasend dat daar gedurende daardie dae van feitlik eksperimentele narkoses nie meer mense in die slag gebly het nie. Daar kon maar bitter weinig kontrole uitgeoefen word en die dokter moes hom op die atmosferiese suurstof verlaat. Van al die magdom van klein hulpmiddels, medikamente, verslappingsmiddels en wat dies meer was daar geen sprake nie. Nou is dit iedere narkotiseur se plig om van die moderne tegnieke gebruik te maak en toe te sien dat iedere pasiënt die volle waarde van die lang ervaring wat tot moderne narkose gelei het, kan benut.

Narkose toedien is 'n gevaarlike speletjie—daar kan mens nie verbykom nie. Waar dit in der waarheid op neerkom is dat die pasiënt vergiftig word totdat hy sy gevoelsin en sy bewussyn verloor, om dan, wanneer die operatiewe ingreep verby is, weer gedetoksifiseer te word. So 'n optrede, waar 'n lewe op die spel is, verg die noukeurigste aandag en daar kan nooit sprake wees van kans neem of enige hoop-vir-die-beste houding nie. Kan daar 'n groter tragedie hom afspeel as dié van 'n mooi jong kind wat vir een of ander onbenullige operasietjie—soms selfs bloot kosmeties van aard—'n narkose moet ontvang en dan vir die res van sy of haar lewe as idioot opgepas moet word omdat 'n oomblik se verslapping in die oplettendheid van die teaterpersoneel 'n anoksie van die brein tot gevolg gehad het?

Omdat daar so vele gevaarpeunte in enige narkosetoe-diening skuil is dit van die uiterste belang dat dit slegs onderneem word waar al die fasiliteite beskikbaar is om alle moontlike komplikasies die hoof te bied. Ons kan nie meer vandag toesien dat daar in spreekkamers van tandartse of van huisartse narkoses gegee word nie. Die pasiënt wat in die tandartsstoel gaan sit en 'n tand onder algemene narkose laat trek, stel letterlik sy lewe in gevaar en mens behoort te verwag dat geen geneesheer meer gewillig sal wees om so 'n risiko te loop nie. Nie slegs is daar gevaar dat die nodige hulpmiddels in geval van nood nie teenwoordig sal wees nie, maar die ervaring leer dat dit juis hierdie tipe klein-narkose is wat so geneig is om komplikasies op te lewer.

Menige ervare praktisyn vandag gril seker nog by die gedagte aan die etielchloried narkoses wat so goedsmoeds in die ongevalle afdelings toegedien is wanneer pasiënte met snywonde of vreemde voorwerpe in die voete haastig versorg moes word. Die heldemoed wat gevloei het uit onkunde dwing maar min bewondering af. En tog moet ons tot ons groot verbasing hoor dat daar steeds sulke onbeheerde narkoses toegedien word; dat dit nog gebeur dat tandartse dokters kan vind wat daartoe geneë is om in hul spreekkamers 'n bietjie gas of eter te kom gee vir een of ander stommeling wat goedertrou gewillig is om sy lewe te waag ten einde van 'n lastige seer tand ontslae te wees.

Natuurlik is hierdie gewaagde optrede nie die gevolg van 'n traak-my-nieagtige houding nie. Geen dokter sal so 'n stommerik wees as om bloot uit luiheid of geldgier sy pasiënt se lewe op die spel te plaas nie. Wat gewoonlik gebeur is dat òf die pasiënt self die moeite ontsien om na 'n spesiaal-ingerigte narkose-spreekkamer of 'n verpleeg-inrigting te gaan, òf die jong onervare geneesheer nie kans sien om teen sy ouer kollegas se beterweterige houding in te weier om die risiko te neem nie. Iedere nuutafgestudeerde praktisyn kom telkens voor die moeilike oordeels-omstandigheid te staan, wanneer hy moet besluit in hoe 'n mate hy ongerief en organisatoriese probleme moet ontsien ter wille van wat hy beskou as die heil van sy pasiënt. Die antwoord skyn van buite beskou heel eenvoudig te wees, maar dit is helaas nie so nie. Wanneer die jong dokter heel tereg die oubaas met askites tot 'n verpleeginrigting wil toelaat om 'n parasentese te doen, is dit bitter swaar om te hoor dat ou dokter X dit sommer altyd in sy spreekkamer afgehandel het. Vir die pasiënt wat nie die agtergrondskennis besit nie skyn dit asof die nuwe-komeling nie oor die tegniese vermoë beskik om die operasie in 'n kits af te handel nie. Die publiek kan nie objektiewe oordeel fel nie, en vir hulle skyn dit dus of die groter omslagtigheid 'n uiting van onvermoë is. Met toenemende selfvertroue en ervaring sal die nuwe dokter natuurlik algaande besef dat sulke oorwegings geen rol behoort te speel nie, maar aan die begin kan dit tog wel lastig wees.

Dieselfde geld in die geval van narkoses vir kleinighede. Aanvanklik wonder die jong geneesheer of hy dit kan waag om in die lig van die vorige gewoontes van sy gevestigde kollegas daarop aan te dring om 'n hele herrie aan die gang te sit wanneer so 'n kort narkose nodig is, en as hy dan eers die gewoonte aangekweek het en daar oënskynlik geen ernstige nagevolge opduik nie, word dit aanvaar as die normale optrede. Maar vroeër of later sal die ongeluk toeslaan, en ongeag hoeveel ervaring hy het of hoeveel versekering hy kan gee dat dit al die jare goed gegaan het, sal die werklike rede vir die ongeval tog nog bly bestaan, naamlik onvoldoende fasiliteite.

Daar is geen kortpaadjies in die geneeskunde nie, en diegene wat hul eie oordeel wil stel bo die samegestelde ervaring van vele kollegas en jare se ervaring gaan vroeër of later die wind van voor kry. Laat ons dus nou 'n onomwonde pleidooi daarstel vir die algehele afskaffing van narkoses onder enigiets minder as ideale omstandighede. Slegs in die uiterste noodgevalle kan regverdiging gevind word vir die gebruik van apparaat wat nie volkome betroubaar is nie of omstandighede wat hulle nie leen aan die beste moontlike versorging nie. Narkoses in onvoldoende toegeruste spreekkamers, hoe prakties dit ook mag skyn te wees, hou lewensgevaar in en as teenspoed ondervind word sal dit moeilik wees om simpatie op te wek. Mens moet nie met vuur speel en dan teen die Voorsienigheid kla as jy jou vingers verbrand nie.