

## VAN DIE REDAKSIE : EDITORIAL

## DOKTERS EN SERTIFIKATE

As 'n mens 'n dokter wil hoor kla moet jy hom 'n spul klerikale werk gee om te doen. Skynbaar sal dokters liever driekeer in 'n nag opstaan om na 'n pasiënt om te sien as om 'n paar mediese vorms in te vul. Hierdie afkeer van roetine kantoorwerk is 'n kenmerk van feitlik al die prakties toegespitste beroepe.

Ongelukkig help dit egter nie om teen die prikkels te skop nie. Ons lewe in 'n komplekse gemeenskap en dit is eenvoudig futiel om te dink dat enigiemand wat verantwoordelike werk doen daarin kan slaag om van klerikale laste bevry te wees. Selfs die boer wat tradisioneel as een van die ongebonde lede van die samelewing beskou word, moet hom aan die tirannie van boekhouding, inkomstebelastingsvorms en dies meer onderwerp. Dit kan eenvoudig nie anders nie. Weliswaar moet ons waak dat die immertoenemende volume papierwerk nie die oorhand kry en daadwerklike praktiese aktiwiteite ondermyn nie, want dat dit kan gebeur het ons al talle kere ondervind. Net 'n effense manie vir liassering en duplisering en die gort is gaar. As mens dan jou oë uitvryf lê alles knie-diep onder die papiere.

'n Sekere mate van skryfwerk is egter volkome onvermybaar en moet as deel van die lewenslas van die beroepsman aanvaar word. Niemand kan dit vryspring nie en die verantwoordelikheid rus op sowel die dokter as enige ander professionele man om toe te sien dat daar behoorlik rekord gehou word, die boekhouding agtermekeer bly en verslae opgestel word. Om hierdie plig te versuim is om die hele struktuur van ons moderne samelewing te ondermyn. Gewoonlik blyk dit by nadere ondersoek dat die geneesheer wat gedurig kerm en kla teen die papierwerk eenvoudig net nog nooit so ver gekom het om behoorlik op organisatoriese wyse voorsiening te maak vir tyd om dié noodsaaklike deel van sy praktykvoering te behartig nie.

Wanneer die boekhouding deurmekaar raak is dit meestal die dokter self wat die skade ly, of as die inkomstebelastingsvorms verkeerd ingevul word sal die Ontvanger van Inkomste wel gou genoeg sy stem verhef, maar ons moet nie uit die oog verloor nie dat vele van die versuimde klerikale werk op die ou end hoofsaaklik of selfs uitsluitlik die pasiënt tot nadeel strek.

'n Mediese sertifikaat het groot waarde en dikwels is dit vir die pasiënt 'n onontbeerlike dokument waarsonder hy nie sy sake in orde kan kry of hou nie. 'n Siektesertifikaat wat agterweë bly of wat op slordige wyse inkorrekt ingevul word kan 'n verlies aan inkomste beteken en omdat dit juis die mindergegoede deel van die bevolking is wat nie op eie verantwoordelikheid hul werknemers van hul *bona fide* siektetoestand kan oortuig nie, sal die gebrek aan 'n behoorlike sertifikaat by uitstek vir hulle 'n ernstige finansiële probleem skep. Die persoon wat in 'n motorongeluk beseer is en wat nie die nodige vorm vir die eis

teen die assuransiefirma kan bekom nie, moet groot finansiële skade stilswyend aanvaar, miskien bloot omdat die behandelende dokter te besig of selfs, helaas, soms net te traag is om die vorms te voltooi.

Die regsaspekte is al tot vervelens toe uitgepluis en of die dokter die reg het om te weier, en of hy die toestemming van die pasiënt verkry het om die mediese feite uit te lap, is alles detail wat al oor en oor bespreek is. Wat egter soms uit die oog verloor word is die feit dat dit op die ou end die pasiënt is wat met die gebakte pere bly sit.

Aan die ander kant moet daar ook nie van dokters se kennis en tyd misbruik gemaak word nie. Die invul van vorms neem tyd—dit kan niemand ontken nie, en soms kan dit 'n aansienlike hap uit die werksure van die dag neem. Derhalwe moet daar behoorlike vergoeding aangebied word sodat die opstel van verslae ook nie vir die dokter 'n las word nie. Mens wil nie hê 'n pasiënt moet onnodige skade ly nie, maar die geneeskundige beroep subsideer al reeds oorgenoeg van die land se dienste dat mens nie moet verwag dat hulle in dié opsig ook nog aan die kortste end moet trek nie. Daar is geen beroep wat so gelate sal aanvaar dat die koste van die uitskrif van 'n sertifikaat van watter aard ook al as deel van die gelde wat vir die dienste gevra is, beskou moet word nie. Om 'n mediese verslag op te stel verg kennis, ervaring en oordeel, en dit is nie minder as reg nie dat die dokter daarvoor vergoed moet word.

Laat ons dus op ons lesers 'n beroep doen om toe te sien dat vorms gereeld en met 'n minimum tydsverlies ingevul word, en in ruil daarvoor kan dan verwag word dat die publiek ook hul deel moet bydra deur toe te sien dat die nodige toestemming sonder moeite verkry word en dat daar redelike gelde vir die diens aangebied word. Wat organisasie betref is dit 'n goeie reël om 'n spesifieke tyd van die dag opsy te sit vir die versorging van die klerikale deel van die praktyk, en om nie te hoop dat daar ergens 'n vry tydjie gaan opduik wanneer die agterstallige skryfwerk afgehandel kan word nie.

Aan die owerhede wil ons vra dat daar gedurig gewaak word dat ons nie onder die papiere toegegooi word nie. Alvorens 'n vorm opgestel word moet daar eers versigtig gedink word of dit wel in die eerste plek nodig is en in die tweede plek so volledig moet wees. Sommige van die detail wat aangevra word is dikwels feitlik betekeloos en word maar ingesluit omdat dit al die jare so gedoen is. Die geboortedatum van 'n pasiënt moet byvoorbeeld nie kort-kort aangevra te word nie en het slegs waarde as daar vir een of ander rede 'n presiese ouderdom vasgestel moet word. Een vorm wat vir die aanstelling van nuwe personeel ingevul moet word het onlangs onder ons aandag gekom. Dieselfde inligting word op drie verskillende plekke op die eltelange lys van vrae verlang. Sulke duplisering is onnodig, tydrowend en lei tot irritasie.

## TECHNIQUE

There is a joy in seeing something well done. This does not mean that the action must necessarily be supported by perfect judgement or that it must be of deathless importance. The sheer dexterity involved is what engenders the pleasure. The artisan who could file a piece of metal to micrometer precision or the farmer who could stack corn so that neither rain nor wind could adversely affect it, were respected specialists in their own field. Due to the greater accuracy of the modern machines, such skills have, alas, largely been lost, but it seems as if there are still a certain number of *afficionados* who will do whatever is in their power to obtain a hand-made product, rather than be satisfied with some machine-made article, however carefully the factory may have checked the mass-production techniques.

There are various factors involved in this slow but insidious loss of the manual skills. In the first place one must be realistic and consider the cost involved. In these times of unrelenting insistence upon the rights of the individual and a steadily rising standard of living for all, the price of laboriously hand-made articles must inevitably rise to the level where none but the very wealthy can afford to indulge their preference for the non-machine-made article. Formerly the artisan had to accept the fact that, not being a member of the 'privileged' classes, he had to make do without the comforts which seemed to him as remote as the moon. And because he willy-nilly had to accept his station in life, he was also satisfied to give of his best in order to please his own sense of things orderly and well done, as well as to satisfy the taste of the more wealthy society which constituted his consumer market. Nowadays, thanks to an improved social structure, every worker can and must expect a reasonable return for his skilled effort, and this has resulted in the products of his labour becoming too expensive for the average buyer.

This leads us to the second factor. The machine-made article, specially in this age of the mass-production specialization, will obviously be much cheaper, but what is equally, if not more, important is that with improving manufacturing methods, the factory product is in many ways also superior to the hand-made variety. No artisan, however experienced he is, or however highly developed his skills may be, can hope to compete with the precision results of the electronically guided lens-grinder or the results of laser-beam cutting. In other words, whereas formerly the replacement of the manual skills of the artisan was purely a question of economics, the development of industry has now imposed another requirement, namely that of precision beyond the ability of the unaided hand.

A third factor to be considered is the increasing demand of an ever-growing population. Even the most skilled worker, if he must produce his work in the true hand-made sense, cannot cope with the turnover required to satisfy the needs of the world market, and international trade and travel has made it essential for any serious manufacturer to think in terms of global production. Sometimes a compromise must be accepted, even in the light of modern factory techniques, for a turnover such as is demanded for most consumer-goods can only be achieved by sacrificing perfection to some extent. Admittedly, in some instances it is possible to turn out a product by the thousands which will bear even the most meticulous scrutiny, but very often the availability will count more than meticulous quality control and therefore the manufacturer will have to accept a slightly lower standard of quality in order to meet the demand.

If we take all three of the above factors into consideration, we must decide exactly where we in the medical field must take our stand. Must we also, in order to cope with the increasing turnover, be prepared to lower our standards, however slightly, or must we be adamant and insist that at all times only the best will do?

It is no use being high-handed about this. At first glance one would be inclined to say that there can never be any question of compromise in medicine—we must give of our very best at all times and under all circumstances. But let us pause to consider the full implications of such an attitude. Must we thereby accept the sad but inescapable fact that a certain number of the population will have to go without medical help because the too few doctors are too busy rendering too perfect a service? Is it better to let a certain number of people die without any attention than cut down on the quality of care rendered to a select few?

This is where sheer dexterity and technique come into the picture. The doctor who can perform an operation (and by operation here we do not mean only surgery) with consummate skill and in a minimum time, will obviously be able to render service to more patients than the one who has to struggle along laboriously while ensuring that his own lack of technique does not affect the ultimate quality of his work. The surgeon who can whip out an appendix in record time can perform two such operations while the slower, but quite possibly equally competent, doctor can only finish one. The general practitioner who is able to take a sample of blood without any fumbling, can have his patient out of the consulting room before his less dexterous colleague has even palpated the vein.

## CALORIES AND JOULES

We are in this issue of the *Journal* publishing a letter received from the Secretary for Health in connection with the change-over to joules as part of our metrication policy.

It is only by means of constant exchange of ideas that we can hope to sort out all the pitfalls and unexpected

problems and we wish to invite our readers to send similar letters for publication in our correspondence columns, should they have any inquiries or advice. All researchers who have to deal with the conversion of calories to joules are urged to give careful attention to the letter of the Secretary for Health.