

EDITORIAL

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Lesotho Medical Congress

The Medical Association of Lesotho held its first congress from 6 to 8 September 1974, in Maseru. In every respect it was a remarkable success, to the extent that the organising committee will be hard put to emulate it for the next congress. We certainly speak for every delegate when we say that this was one of the most interesting meetings of this kind for quite some time.

From the first day of the congress a few things were obvious: the single-minded dedication of the doctors, nurses and paramedical personnel in Lesotho who get on with the basic job of supplying health care for the community; the enthusiasm coupled with the understanding of the limitations put upon them by small numbers and lack of funds to undertake grandiose schemes; but, above all, we were impressed with the pragmatic approach to medicine and to health care in general.

Sophisticated medicine in large centres in the Republic of South Africa, as in all parts of the world, is to an important extent concerned with new research and intensive care on many levels. Treatment regimens are undertaken that would have been entirely out of the question a scant 10 years ago, and new techniques are evolved daily. It is good that this is done, for such activities ensure progress in medicine, but we must be extremely careful not to lose sight of the fact that what still makes the biggest difference in the over-all picture of health, in terms of lives saved and disease prevented, is the dedicated work of those in practice, who day by day provide services that are not

necessarily based upon sophisticated laboratory investigations or expensive apparatus.

South African doctors can make an important contribution to medicine in Lesotho. We have done so in the past and we will continue to help, but this congress also made it clear that we can profit from sitting at the feet of our colleagues in Lesotho, and accept advice from those who are in daily, intimate contact with the realities of unsophisticated but efficient medicine.

A successful restitution of a Fallot's tetralogy is a surgical triumph, and must be of untold importance to the parents of children born with this abnormality which, until a short while ago, constituted a virtual death sentence. But the announcement by the Secretary for Health in Lesotho that smallpox has, for all practical purposes, been eradicated in that country, is no smaller triumph, and in terms of lives saved and misery prevented, it is even statistically superior to advanced thoracic and cardiac surgery.

Let our colleagues go to Lesotho in future, either officially, or to take up the friendly invitations so readily extended, with the clear acceptance that they can learn as much as they can teach. Every patient who dies in Lesotho is the concern of every doctor in South Africa, and every person who succumbs here, is the tragedy of our colleagues in Lesotho. 'Every man's death diminishes me, for I am involved in mankind.' We have established a firm relationship during this congress—may it prosper.

Het die Berg 'n Muis Gebaar?

Die salarisgaping tussen Blanke en nie-Blanke geneeshere in Suid-Afrika bestaan voort as 'n knelpunt van die allergrootste belang. Jare lank reeds poog die Mediese Vereniging om hierdie onaanvaarbare toedrag van sake te verbeter. Ons hou vergaderings, ons stuur deputasies om die betrokke Ministers te spreek en ons skryf inleidingsartikels, maar die werklikheid van die gaping is steeds met ons. Twee dokters in hierdie land wat dieselfde opleiding geniet het, dieselfde ervaring het en dieselfde werk doen, word nie ewe veel betaal nie, tensy hulle velkleur dieselfde is. Die Geneeskundige en Tandheelkundige Raad registreer alle geneeshere op dieselfde register en skeer almal oor dieselfde kam. Die Mediese Vereniging hou kongresse waar almal welkom is, en iedere dokter poog om sy of haar kennis en werksdoeltreffendheid op die hoogste peil te hou. En steeds is die differensiasie in vergoeding 'n bittere werklikheid.

Onlangs het 'n deputasie van die Vereniging die blye nuus gehoor dat hierdie gaping intensief vernou sou word. Dié versekering is wel opgedis saam met ander vingerwysings, maar die belofte van 'n verbetering in hierdie diskriminerende salarisstruktuur was 'n besliste bestanddeel van die aangebode bredie. Ons het die beloofde aankondiging rykhalsend afgewag. Dit het lank geduur—langer as wat ons rede gegee is om te verwag, en nou is die nuwe salarisstruktuur in ons midde. Die skale is nie amptelik vrygestel sodat ons hulle item vir item kan ontleed nie, maar iedere dokter weet wat hy verdien en kan sy tjek wat in sy bank inbetaal word, persoonlik evalueer. Die berg het 'n muis gebaar.

So deur die jare heen is allerhande redes reeds

aangevoer vir hierdie salarisgaping en ons wil hulle nie hier weer een vir een in oënskou neem nie. Dit is al ou nuus, maar daar is iets wat skaaf en hinder. Die meeste van die aangegewe redes sentreer om die globale finansiële implikasies van sulke gevraagde gelykstelling, en ons het die versekering ontvang dat dit die owerhede erns is om na eventuele gelykstelling van salarisse te streef, so vinnig as wat praktiese oorwegings dit toelaat. Die differensiasie in verlofvoorwaardes tussen Blanke en nie-Blanke geneeshere in tydelike diens bestaan egter voort. Is dit ook op finansiële oorwegings gefundeer? Sal dit die landse ekonomie skaad as sulke dokters dieselfde verlofvoorwaardes sou geniet? As dit die voorneme is om diskriminasie van hierdie aard uit die geleedere van die medici te verwyder, sal iemand aan ons moet verduidelik hoekom die verlofstrydvraag nog onopgelos bly, want ons verstaan dit nie.

Met trots weet ons dat wanneer die Mediese Raad in die ongelukkige posisie is om tugondersoeke in te stel, die velkleur van die aangeklaagde dokter geen jota verskil maak in hul benadering nie. Maar hou ons in gedagte, wanneer die tugkomitee met strenge fronse die tereg wysings insake nalatigheid uitdeel, dat die beskuldigde minder vergoed word vir die verantwoordelikheid wat hy moet dra indien hy donker van gelaatskleur is? Indien die opgelegde tug etiese standaarde handhaaf, moet ons onself afvra hoe eties die salaristjek van die owerhede werklik is.

Die doelwit van uiteindelijke gelykstelling in betaling is gestel, die voorneme om dit mettertyd te impliseer is aangekondig. Die gees is wel gewillig maar skynbaar bly die vlees maar swak.