

VAN DIE REDAKSIE : EDITORIAL

FAMILIELEDE

Jy mag my nie kielie nie,
want jy's nie my familie nie.

Onbekend.

Ons beroep word beheer deur 'n uiters streng stel etiese reëls en regulasies, en so hoort dit. Dat die heil van die pasiënt deur hierdie bepalinge verseker word, ly geen twyfel nie en daar is seker geen ander beroep wat so baie en sulke onwrikbare etiese beperkinge het soos die geneeskunde nie. Sommige van die reëls is statutêr deur die Geneeskundige en Tandheekundige Raad neergelê en kan deur middel van wetlike tugondersoeke afdwing word. Ander weer is slegs as't ware huisreëls wat deur die dokters self ingestel word, maar wat nie van owerheidsweë toegepas kan of sal word nie. Statutêr of andersins, die regulasies is in sekere mate tog maar altyd deur die geneeshere self ingestel, want dit is ook grootliks hulle wat in die Mediese Raad moet besluit wat toegelaat mag word en wat nie.

Benewens hierdie geskrewe etiese reëls is daar egter ook nog 'n ongeskrewe kode wat minder definitief omlin is. Trouens, die norme verskil soms van gebied tot gebied en selfs van groep tot groep binne die Mediese Vereniging. Ook die tydsfaktor speel 'n rol, want handeling wat slegs 'n paar dekades gelede nog as onaanvaarbaar beskou was, word nou sondermeer verdra. Vandag trek niemand neus op vir 'n nuwekomeling wat as huisarts besluit om ergens te gaan plak nie, maar tot relatief onlangs is dit nog beskou as growwe etiese onsensitiwiteit. Sommige reëls is self opgeleg in soverre dat alleenlik sekere individuele geneeshere dit vir hulself as vaste gedragslyn daarstel. Daar is geen statutêre bepaling dat 'n spesialis slegs verwysde pasiënte mag behandel nie want dit sou die basis van 'n konsultante register uitmaak; nogtans is daar talle spesialiste wat dit as streng reël deurvoer—soms omdat hulle oortuig is dat dit die enigste aanvaarbare etiese praktykvorm is, en soms om daardeur hul praktykgroottes ietwat te beperk.

Een so 'n ongeskrewe en ondefinitiewe gewoonte is die vermyding van meeste dokters om hul eie familieled te behandel. Die algemene publiek is dikwels onder die indruk dat dit 'n wet van die Mede en die Perse is dat geen dokter dit sal waag om 'n naasbestaande se mediese versorging te onderneem nie. Dit is natuurlik nie so nie—daar is in der waarheid niks wat enige dokter verhoed of verbied om sy familie te behandel nie; dit is slegs 'n gewoonte en dit word ook geensins konsekwent deurgevoer nie. Dat daar wel wysheid in die ongeskrewe reël steek, ly geen twyfel nie, want dit sal 'n uiters koud-logiese persoonlikheid moet wees wie se oordeel nie onder die emosionele omstandighede wat van tyd tot tyd in die familiekring moet opduik, gaan skipbreuk ly nie. So lank dit om bloot roetine handeling gaan, is daar nie probleme nie, maar wanneer die komplikasies begin om kop uit te steek, is die gort gaar. Die chirurg wat doodluiters sy eie kind se appendektomie onderneem omdat dit

tog maar 'n eenvoudige operasie is, sal ongetwyfeld 'n behoorlike en goeie operasie uitvoer. Maar wat gebeur nou wanneer, gedurende die roetine buikondersoek wat daarmee gepaard gaan, verdere patologie ontdek word wat groot oordeelsvaardigheid vereis? Kan die kalme chirurg dan nog die versekering gee dat sy subjektiwiteit nie op die voorgrond gaan tree nie?

Iedere geneesheer weet dat wanneer 'n naasbestaande siek word en die diagnose bly maar bietjie duister, is dit altyd die grootste en lelikste spoke wat eerste hul koppe uitsteek. Ander mense se blekerige kinders het bietjie ystergebrek—die dokter s'n het leukemie. Dit beteken nie dat daar nie bloedondersoeke op die kinders van die publiek gedoen hoef te word nie; intendeel—dit is juis soms die dokter se kinders op wie sulke diagnostiese prosedures nie uitgevoer word nie omdat hy te bang is vir die resultate.

Daar is natuurlik uitsonderings, maar oor die algemeen en alles in aanmerking nemende wil ons tog pleit vir die instandhouding van hierdie goeie ongeskrewe reël. Daar kan slegs goeds van ontwikkel. Ons wil nie diktatoriese uitspraak lewer en diegene verdoem wat tog kans sien om hul familieled te versorg nie. Elkeen moet vir homself besluit, maar dit is aan te beveel dat die ou gewoonte nie uit die oog verloor moet word nie.

Nou dat ons reeds besig is om die tweede en selfs die derde geslag dokters in Suid-Afrika op te lei, gebeur dit telkens dat 'n student ontdek dat een van die eksaminatore sy eie vader of moeder is. In die meeste gevalle is die betrokke eksaminator verstandig genoeg om hom aan die partikuliere student se eksaminering te onttrek, maar daar is geen vaste reël in dié verband nie—dit berus bloot op persoonlike aanvoeling. Oor d'e algemeen voel die eksaminator waarskynlik dat hy, terwille van die objektiwiteit, eerder te streng as te toegeeflik sal wees, want om 'n student in sy eindeksamen deur te sleep net omdat dit 'n familielid is, sal beteken dat daar vroeër of later ergens 'n pasiënt gaan wees wat skade ly weens die gebrekkige kennis van die nuut afgestudeerde geneesheer.

Dit is wel waar dat dit reeds jare lank in ander fakulteite gebeur dat studente voor hul ouers te staan kom en ook in die ander wetenskappe is daar geen vaste reël om dit te verhoed nie. Dit beteken egter geensins dat ons ons daarom gebonde moet voel nie. Ons kan in die mediese beroep ons eie norme daarstel en daar is ongetwyfeld 'n goeie saak voor uit te maak dat eksaminatore aangesê word om hulle te onttrek wanneer hul familieled aan die beurt kom.

En wat van die arme student? Hy wat die ergste aan die pen ry word nooit gekonsulteer nie. Hy moet maar aanvaar dat as pa gewillig is om hom as kandidaat te eksamineer, daar niks is wat hy daaraan kan doen nie. Selfs die ergste misdadiger het die reg om redelike beswaar aan te teken teen sy jurieled of die regter of landdros wat sy verhoor waarneem, maar nie die student nie.

DOCTORS ON HOLIDAY

For most people a holiday is something to look forward to; a time of relaxation from which one returns refreshed and eager to resume work. Only too often it is for the doctor a period of worry and frustration, preceded by almost impossible organizational problems and followed by weeks of desperate scrambling to catch up and to rectify what has inevitably gone wrong. And just when the dust has settled and it seems as if things are again on an even keel, the bank manager phones. We have carefully left publication of this editorial until the wounds of the December holidays have healed to some extent, but now the time has come for a careful look at the annually recurring difficulties of taking leave.

Not many doctors can leave their practices completely unattended, be they specialists or general practitioners. In this respect one already faces the first difficulty about the arrangements for a holiday. What are the ethical requirements? For the practitioner in partnership the problem is not insuperable—he merely has to decide whether his colleague or colleagues will be able to cope with the volume of extra work his absence will entail. Most specialists are able to simply close shop, provided they have made arrangements for the care of such patients who are still under treatment. But the single-handed general practitioner faces a far more serious problem. If he holds no appointments and is therefore not beholden to any organization to ensure medical services for patients for the care of whom he is under contract, he has to search his conscience in order to decide whether he may simply leave his practice and expect his patients to find help wherever they can, or whether it is incumbent upon him to provide alternative services. This has nothing to do with finance; it is simply and purely an ethical consideration and by and large one tends to think that patients who have an unwritten contract with their family physician that he will be responsible for caring for their health, have a right to expect that he must either be available or must provide alternative services.

Alternative services—there's the rub. Where does one find them and what do they cost? It seems as if most young locums today are under the impression that they must be able to retire after the first few months of practice. This is not a theme we wish to embroider on at the moment: suffice it to say that established doctors must not abuse the services of their younger colleagues and newly qualified men must not try and start where their experienced colleagues expect to leave off.

Once the holiday has been arranged, all the necessary telephone calls have been made and the locum tenens has been briefed, the doctor is ready to leave for his well-earned rest—or so he hopes, for at the very last moment some poor woman decides that this is the most auspicious moment to go into premature labour, and that takes care of the first couple of days of the expensive hotel booking. For it is futile to say that such problems may and must be left to the tender cares of the locum or whatever alternative services have been arranged. Again it is not a question of money, for that is what the expensive locum is being paid for—it is purely the fact that no responsible medical

man can bring himself to leave a patient in the midst of a difficult or serious problem and drive off.

Even when all has been sorted out and everything seems to be under reasonable control, the poor doctor must face his holiday with the nagging knowledge that his patient is somehow going to resent his absence and if anything goes seriously wrong, he will inevitably be to blame. Thus he lies down in his hotel room with one ear still alert to the telephone or in his camping tent, waiting for the policeman to come and call him urgently to the nearest means of public communication. He surreptitiously slips away to the nearest post-office in order to phone or to send a telegram without his wife's knowledge, for if she discovers it he will be quite rightly severely criticized. It is she, it will be pointed out, who will have to remain behind as the bereaved widow of the conscientious doctor. The trouble is that without these secretive communications the poor fellow will worry himself sick—probably over nothing; and with them he worries about his factual knowledge of what has gone wrong.

When eventually the suntanned and rested doctor returns to his practice he will either find that his worst fears about the inexperience of the locum were justified and everything has gone awry, or he will sadly discover that not only has nothing gone wrong, but the patients have discovered just how much has been amiss for the past number of years during his tenure. The ideal seems to be the locum who knows just enough not to make serious mistakes and just too little to show up rusty knowledge. Fortunately the trusted personality of the principal of the practice will more often than not carry him through and patients are as much attached to their doctor for his skill as for the love they bear him. Under these circumstances it is the *our-doctor* concept which makes a holiday a feasible proposition.

What do doctors do when on holiday? Some fish, some play golf, some just sit. Each to his own taste and some even find relaxation in visiting colleagues and exchanging medical data. As long as there is an element of change it constitutes a holiday. But the very sad fact is that even when he has managed to put his own practice behind him very few doctors have the courage to travel without the inevitable and traditional black bag. Sooner or later word gets round in the seaside resort or the safari camp that there is a doctor available and unless he is very careful the poor fellow discovers that he has merely changed venues and is working nearly as hard as at home. That this is not merely hypothetical speculation is borne out by the fact that even the Medical Association has found it necessary to assist with arrangements for medical services in the game reserves in order to ensure that those doctors who wish to remain anonymous may do so with reasonable impunity.

What it boils down to is that medicine is a long uphill struggle; a way of life and one from which there is never any real escape. But to the dedicated the gradient is always pleasurable and the rewards beyond their wildest expectations, even when, or specially when, there are no financial aspects involved.