

## MEETING OF MEDICAL AND DENTAL COUNCIL

The 6-monthly meeting of the South African Medical and Dental Council was held in the Bussey Hall, Addington Hospital, Durban, on 23-26 September 1957. The President, Prof. S. F. Oosthuizen took the chair and 27 members attended. The President's opening address is published at page 47 of this issue of the *Journal*.

### REGISTRATION

*Visiting Medical Practitioners.* The temporary exemption from the registration requirements of the Medical, Dental and Pharmacy Act in terms of section 74 of the Act was reported and confirmed in respect of 24 medical practitioners from the U.K., the U.S.A., S. Rhodesia, Canada and Austria who had attended the South African Medical Congress in September 1957, one medical practitioner (from Belgium) who was to carry out postgraduate work for 6 months at Baragwanath Hospital, Johannesburg, under the control and direction of the University of the Witwatersrand, and one (from London) who during 2 months was to lecture to undergraduate and postgraduate students at the University of Cape Town.

### *Restricted Registration of Medical Practitioners not possessing a Qualification registrable in South Africa*

Three applications were approved for restricted registration as missionary practitioner for 5 years, two for re-registration for a further period of 5 years, and one for amendment of the terms of restricted registration granted in October 1955.

One application was approved for restricted registration for 5 years to engage on medical research at the South African Institute for Medical Research, and one for extension for a further period of 5 years of a restricted registration to practise at that Institute. Restricted registration for 5 years was granted to a pathologist with a German qualification (Heidelberg) while engaged in a full-time post (Professor of Pathology) in the University of Stellenbosch (Karl Bremer Hospital, Bellville, Cape). The University had advertised this post but had not succeeded in obtaining a suitable applicant registered in South Africa.

One of the 3 restricted registrations granted to missionary practitioners was in respect of a post at the McCord Hospital (for Natives), Durban. Discussion arose whether it was advisable to apply the restricted registration section to missionary doctors working in town hospitals such as the McCord, and eventually the proposed restricted registration was passed by a large majority.

### *Other Registration Matters*

*Medical Specialities:* 20 applications for the registration of medical specialities were approved and 17 were approved conditionally; 13 were refused. Consideration of 3 applications was deferred. In 14 cases, also, the Specialists Committee (Medical) reported its action in replying to letters requesting information concerning its conditions for registration.

*Medical Auxiliaries.* Applications for registration were dealt with as follows: Physiotherapist, 2 refused; radiographer, 1 refused; medical technologist, 3 granted, 2 refused; psychologist, 1 granted, 4 refused; dietitian, 2 granted; occupational therapist, 1 refused.

*Internships.* A number of applications for recognition of internships, exemptions and condonation were dealt with.

*Remission of Annual Fee.* The applications of 12 medical practitioners and 2 dentists to be exempted on account of age from payment of the annual fee were granted.

*Removal from Register.* The names of 27 medical practitioners, 9 dentists and 1 intern were removed from the register at their own request. The name of 1 dentist was removed for failure to advise change of address.

### DISCIPLINARY

*Complaints.* The Executive Committee had considered 33 complaints against medical practitioners, 1 against a dentist, and 1 against a medical student, in which it was decided not to institute formal enquiries. Inquest proceedings had been reported in 3 cases, in which it was decided not to institute enquiries against the medical practitioners concerned. The suspension by their university of 2 dental students and 1 medical student was also dealt with.

*Fees.* Assessors were appointed to deal with a complaint concerning a medical practitioner's account (section 80 *bis*), and the reports of assessors were received in 5 cases (4 medical practitioners and 1 dentist).

*Enquiry.* The report of the Executive Committee was received and confirmed concerning a disciplinary enquiry into the action of Dr. H.M.M., who was found guilty of improper conduct and cautioned, having been convicted and fined £20 in the Magistrate's Court for driving a motor car while under the influence of intoxicating liquor or narcotic drugs.

*Reinstatement refused.* The application for reinstatement of Dr. F.G., whose name was removed from the medical register in March 1956 after an enquiry following conviction on charges of procuring abortion, was refused.

### MEDICAL EDUCATION

*Minimal Standards.* The Council received a detailed report from the Medical and Dental Education Committee submitting draft amendment regulations for minimal medical curriculum and examinations (chaps. II and III of the regulations for registration, etc. of medical students). This draft had been drawn up by a sub-committee consisting of Prof. G. A. Elliott and the late Prof. M. van den Ende. The Council accepted the general principles incorporated in the draft regulations and referred them back to the Committee for consideration of the detail and for further report and recommendation to the Council.

*College of Physicians and Surgeons of South Africa.* Documents submitted by the College in December 1956 were before the Council. Amongst these documents was a history of the origin of the College; this is published on page 50 of the present issue of the *Journal*. The Council resolved to accept the diplomas granted by the College as higher qualifications for the purpose of the Council's rules for the registration of specialities.

*Higher Qualifications.* The following degrees and diplomas were recognized as higher qualifications in terms of the Council's

rules for the registration of specialities: Diploma of Anaesthesia (D.A.) of the University of Sydney; Master of Surgery (M.S.) and Ph.D. (Surgery) of the University of Minnesota; and the degrees M.Med. (Chir.), M.Med. (Int.), M.Med. (O.&G.), M.Med. (Paed.), M.Med. (Anaes.) and M.D. of the University of Stellenbosch.

**Recognized Hospital Departments.** The question of the creation of a further category of hospital, at which 1 year's service in an acceptable capacity should be accepted as equivalent to 1 year's experience in a teaching hospital for the purpose of the rules relating to the registration of specialities, was held over pending the receipt of the report of the *ad hoc* committee on the registration of specialities.

The following departments were accepted as equivalent to teaching hospitals for the purpose of the present rules relating to the registration of specialities (in some cases conditionally): Dept. of Obstetrics and Gynaecology, Dulwich Hospital, London; Dept. of Obstetrics and Gynaecology, Withington Hospital, Manchester; New York Medical College, Flower and Fifth Avenue Hospitals and the Metropolitan Hospital, City of New York; Dept. of Paediatrics, King Edward VIII Hospital and Addington Hospital, Durban; Dept. of Anaesthetics, King Edward VIII Hospital, Durban; Dept. of Orthopaedics, Edendale non-European Hospital, Pietermaritzburg.

#### VARIOUS MATTERS

**Injections by Lay Persons.** In amplification of the Council's resolution of March 1957\* that the giving and reading of intradermal injections was a medical procedure and should be done only by a medical practitioner or under his authority and control, it was resolved to reply in the affirmative to an enquiry from the Secretary of Health whether his department might make use of persons other than medical practitioners in its immunizing campaigns, provided that this was done under the authority and control of a medical practitioner, and that this would not necessarily require the immediate presence of the practitioner at the time the injection was given. It was also resolved to add to the reply that the Council could not be responsible for any untoward effects which might result.

**Sterilization.** An enquiry from a doctor was reported concerning a request he had received from a woman aged 30 now pregnant with her third baby (and from her husband) for sterilization after this confinement. It was stated that the 3 children would throw an economic strain on the family, that relations between husband and wife were strained as regards this matter, and that further pregnancies would result in psychological trauma. Otherwise there was no medical indication for sterilization. It was decided to reply that the Council was not prepared to comment on the legal implications, but to state that, although the Council had no ethical rule on voluntary sterilization, in the circumstances of this particular case as set out in the doctor's letter of enquiry, the suggested sterilization would be 'contrary to the traditions of the practice of medicine'.

**Fees for Team-work.** Following upon a request received from a sub-group of the Association of Physicians of South Africa for a ruling concerning the rendering of accounts for procedures requiring team-work by specialist physicians, specialist surgeons and radiologists (with special reference to cardiac surgery involving cardiac catheterizations, electrocardiograms and pressure readings at operations) a meeting of an *ad hoc* committee of the Council had been held, at which representatives of the Medical Association of South Africa attended. The Medical Association had subsequently submitted the following recommendation: 'Where a procedure involves medical services by more than one medical practitioner, the patient is entitled to know in advance what services are to be rendered by each, and what the charges will be for the services of each doctor'. On consideration of this matter the Council concurred in this recommendation, and added that 'in the opinion of the Council, if the patient knew in advance what were the services to be rendered by each, and what the charges would be for the services of each doctor, it would not be unethical

for one member of the team to submit an account detailing the amounts payable to each practitioner and to reimburse the other members of the team subsequently'.

**Directing patients to a particular chemist.** On consideration of communications on this subject from the Pharmacy Board and the Pharmaceutical Society the Council passed the following resolution by a majority: 'Whereas the Council is not prepared to pass an ethical rule, the Council is of opinion that a doctor should hand the prescription to the patient or his or her attendant without any comment or suggestion as to where it should be dispensed, unless the patient or his or her attendant specifically requests advice from the doctor in this connection.'

**School Doctors and Dentists.** On consideration of an enquiry on the subject the Council reaffirmed its previous ruling, viz. 'That the appearance of the names of medical practitioners and dentists in a school magazine or school prospectus is not permissible under the Council's rules'.

**Confining practice to one branch of Medicine.** Certain practitioners in specialist practice in a country town asked whether it is in order for them to refer patients for physiotherapeutic services to a certain registered medical practitioner who confines his practice to physical medicine but whose speciality has not been registered. It was decided to reply to his question in the affirmative.

**Radiographer in charge of Radiologist's Practice.** A debate took place on a letter from a radiologist about a decision taken by the Council in March 1957\* to the effect that a radiologist is not permitted 'to leave his radiographer in charge of his practice during his leave, seeing patients, making the requisite examinations, and continuing deep X-ray therapy already prescribed'. This decision was reaffirmed, but in debate a member expressed the opinion that, while a radiographer must not be left in charge of the practice, there was nothing wrong in the radiographer's taking a plate under the direction of the patient's doctor and for interpretation by the doctor.

**Hypnosis in Medical and Dental Treatment.** On consideration of an enquiry from a medical practitioner the Council decided to reply that 'the ethical rules of the Council forbid the use of unregistered persons to induce hypnosis for the purpose of professional treatment'.

**Practitioner made available by Convalescent Home.** An enquiry from the Southern Transvaal Branch of the Medical Association was considered, concerning a letter circulated by a convalescent home indicating that the fee charged by the home included *inter alia* the services of part-time medical practitioners who would assist in treatment. It was decided to reply that 'any medical practitioner who accepts such a part-time appointment . . . may lay himself open to a complaint of unethical conduct of which the Council may have to take cognizance'.

**Partnership Agreement.** In connection with an enquiry from a firm of solicitors it was decided to inform them that 'according to the law and ethics of the professions no partnership can exist, firstly, between a medical practitioner and a person who is not a medical practitioner for carrying out the practice of medicine; and, secondly, between a specialist and a general practitioner'.

**Artificial Insemination.** In answer to an enquiry from a medical practitioner it was decided to state that, in the opinion of the Council, artificial insemination may not, in itself, be an unethical act, and that the legal and religious implications do not fall within the purview of the Council.

**Nursing Council.** Dr. A. Radford was appointed by the Council a member of the South African Nursing Council *vice* Prof. M. van den Ende, deceased.

**Closed Benefit Society Panels.** On the motion of Dr. M. Shapiro a special *ad hoc* committee was appointed to consider the question of closed-panel appointments of medical or dental practitioners to benefit societies in relation to medical ethics, with power to take evidence. The following members were appointed: The President *ex officio*, Dr. R. V. Bird, Dr. L. I. B. Braun, Dr. M. Shapiro (convener) and Mr. W. H. Rood.

**Next Meeting.** It was resolved to hold the next meeting of the Council in Cape Town, beginning on Monday 10 March 1958.

\* Report (1957): S. Afr. Med. J., 31, 315.

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