

## HALF-YEARLY MEETING OF THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

The South African Medical and Dental Council held its 6-monthly meeting at the Archives Building, Cape Town, on 10-13 March 1958. The President (Prof. S. F. Oosthuizen) was in the chair and 30 members were present, together with the Registrar, Mr. W. Impy and staff. The proceedings occupied 7 morning or afternoon sessions.

The *Financial Statement* for 1957 was submitted on behalf of the Treasurer (Dr. I. R. Vermooten). The income for the year had exceeded the expenditure by £5,138. The income included annual fees £25,301 and registration fees paid by medical practitioners £3,975, dentists £1,125, specialists £1,290, interns £508, medical and dental students £831, auxiliaries £352. The accumulated funds now amounted to £30,126.

### REGISTRATION

The Registrar reported on registrations effected during 1957, as follows:

	Registra- tions	Restora- tions	Erasures	On Register
Medical Practitioners ..	264	48	158	7,352
Interns .. .. .	254	—	222	423
Dentists .. .. .	75	4	24	1,255
Medical Students ..	350	11	278	1,265
Dental Students ..	52	—	73	197
Auxiliaries .. ..	75	—	3	946
Specialists (Medical)	87	2	31	1,370
Specialists (Dental)	1	—	—	16

Of the medical practitioners on the register 70.2% had qualified in South Africa (Cape Town 2,308, Witwatersrand 2,246, Pretoria 733), 12.7% in England, 10.3% in Scotland, 3.65% in Ireland, and 3.1% elsewhere.

Of the medical students on the register (including 237 who qualified in June and December 1957) 495 were at the University of the Witwatersrand, 487 at Cape Town, 368 at Pretoria, 115 at Natal, and 37 at Stellenbosch.

The specialists on the register at the end of 1957 were as follows (figures in brackets represent the nett increase since the beginning of the year): Medicine 186 (5), surgery 172 (7), obstetrics and gynaecology 100 (-2), radiology 77 (1), radiology and electrotherapeutics 36 (-1), diagnostic radiology 32 (5), therapeutic radiology 5 (0), pathology 79 (4), paediatrics 68 (3), otorhinolaryngology 67 (-1), psychiatry 66 (0), orthopaedics 66 (7), urology 38 (2), dermatology 33 (1), neurology 28 (2), neuro-surgery 17 (1), venereology 17 (-1), thoracic surgery 17 (2), physical medicine 16 (0), plastic and maxillo-facial surgery 6 (0). Dental specialists: Orthodontia 11 (1), maxillo-facial and oral surgery 5 (0).

The auxiliaries on the register at the end of 1957 were as follows: Physiotherapists 367 (35), masseurs 152 (1), medical technologists 107 (8), health inspectors 51 (0), food inspectors 45 (0), occupational therapists 52 (9), orthopaedic mechanics and surgical-appliance makers 44 (1), chiroprodists 34 (0), radiographers 34 (4), diagnostic radiographers 22 (6), speech therapists 21 (1), dietitians 7 (3), psychologists 5 (2), psychometrists 1 (1), orthoptists 3 (1), optometrists 1 (0).

#### *Registration: Decisions taken at present meeting*

*Limited Reciprocity with the Netherlands.* It was resolved to fix 12 as the quota of medical practitioners from the Netherlands registrable in 1959. The number registered in 1957 was 4.

*Limited Registration.* Registration for 5 years was granted to 4 overseas medical practitioners to engage in missionary practice, and the registration of 3 missionary practitioners was extended for a further period of 5 years.

*Limited Registration of Foreign Practitioners in Government Service.* To meet the shortage of medical personnel 2 medical practitioners qualified in Germany (one of whom was already registered in the Union as a missionary doctor) were registered to practise in the Government service. These were the first registrations effected under the provisions of regulation 2 (d) made under section 22 (2) of the Act and published in Government notice no. 256 of 1947 as amended by no. 2512 of 1955. The application for these registrations was made by the Secretary for Health in a letter dated 22 November 1957. [This letter, which is published on page 386 of this issue of the *Journal*, sets out the emoluments attaching to medical posts in the public service.]

*Visiting Practitioners:* 6 medical practitioners visiting the Union had been recommended to the Minister for exemption from registration requirements under section 74 (b)—2 from the UK, 2 from the Netherlands, 1 from Belgium, 1 from Canada.

*Elderly Practitioners:* 5 medical practitioners were exempted from payment of annual registration fees.

*Removal from Register.* Erasures at own request: 7 medical practitioners and 3 dentists. For failure to notify change of address: 4 medical practitioners. For failure to pay the annual fee: 62 medical practitioners and 6 dentists.

*Specialist Registration.* At this meeting 23 applications for the registration of specialists were granted (3 of them under rule 6—previously rule 12), 28 were granted subject to compliance with specific requirements, and 6 were refused. Some 25 other cases were reported in which decisions or advice had been communicated to applicants.

*College of Physicians and Surgeons of South Africa.* The Council decided to approve the following qualifications as registrable as additional qualifications, and to amend its rules accordingly:

College of Physicians of South Africa, Fellowship [F.C.P. (S.A.)]; Suid-Afrikaanse Kollege vir Interniste, Lidmaatskap [L.K.I. (S.A.)].

College of Surgeons of South Africa, Fellowship [F.C.S. (S.A.)]; Suid-Afrikaanse Kollege van Chirurgie, Lidmaatskap [L.K.C. (S.A.)].

College of Obstetricians and Gynaecologists of South Africa, Fellowship [F.C.O. & G. (S.A.)]; Diploma in Midwifery [Dip. Mid. C.O. & G. (S.A.)]; Suid-Afrikaanse Kollege van Verloskundiges en Ginekoloë, Lidmaatskap [L.K.V. en G. (S.A.)]; Diploma in Verloskundige [Dip. Ver. K.V. en G. (S.A.)].

*Recognition of Hospitals or Departments for Specialist Training.* Several hospitals or departments in the Union or overseas were recognized as teaching hospitals, teaching hospital equivalents, or approved hospitals.

*Recognition of D.P.H.* In 1950 an Act was passed in the U.K. making it possible for the General Medical Council (of Great Britain) to register any degree or diploma in public health, etc. granted by an overseas college or university with which reciprocal arrangements for registration exist. At the present meeting the Council decided to draw the attention of the South African universities to this matter so that they may apply to the General Medical Council for recognition of their D.P.H.

### COMPLAINTS CONCERNING PRACTITIONERS

*Disciplinary.* Complaints concerning medical practitioners were considered in 27 cases. In 5 of these it was decided to hold formal enquiries and 22 were disposed of without a formal enquiry. In 2 of the latter, complainants were advised of the procedure under section 80(bis).

*Assessment of Accounts.* In 5 cases (3 medical practitioners and 2 dentists) assessors were appointed under section 80(bis), and in one case (medical practitioner) the assessors' report was received and noted.

*Disciplinary Enquiries.* In the following cases the proceedings and findings of formal enquiries were reported to the Council:

1. Dr. J.L.Z.N. Special disciplinary committee. Found guilty of improper conduct, having been convicted and fined (with a suspended sentence of imprisonment and his driver's licence suspended) in the Magistrate's Court for driving a motor car under the influence of intoxicating liquor, and the conviction and sentence having been confirmed on appeal. Penalty: cautioned.

2. Dr. B.R. Special disciplinary committee. Found guilty of canvassing or touting for patients. Penalty: cautioned.

3. Dr. J.S.T. Special disciplinary committee. Found guilty of improper conduct, having been convicted and fined (and his driver's licence endorsed) in the Magistrate's Court for driving a motor car under the influence of intoxicating liquor. Penalty: cautioned.

4. Dr. J.H.S. The Executive Committee held a formal enquiry and came to the following finding: (1) that Dr. J.H.S. has become unfit to purchase, acquire, keep, use, prescribe, order, supply or possess any habit-forming drug, and (2) has been using a habit-forming drug for other than medical purposes. The Committee therefore recommend to the Council that Dr. J.H.S. be prohibited in terms of section 81 (2) (b) (ii) of Act 13 of 1928 as amended from purchasing, acquiring, keeping, using, prescribing, ordering, supplying or possessing any habit-forming drug. *Finding adopted.*

Two other enquiries were postponed *sine die*.

*Regulations re Consultants and Specialists.* In reply to questions by Dr. M. Shapiro the President stated (1) that the *ad hoc* committee on this subject had met; (2) that the reason why matters concerning the committee were not on the agenda paper of this meeting of the Council was that they were not yet finalized, the committee having referred proposed new regulations to the Council's attorneys for final drafting; and (3) that the *ad hoc* committee would hold a final meeting and report to the Council at its next 6-monthly meeting.

#### DEATHS ASSOCIATED WITH ANAESTHESIA

In considering communications from the Society of Anaesthetists and the Medical Association on this subject it was mentioned that the training of medical students and interns in anaesthetics had been the subject of consideration by the Council since as long ago as 1950. The Society of Anaesthetists urged one month's compulsory training in anaesthetics for interns or alternatively the compulsory administration of at least 100 anaesthetics under supervision. The Medical Association had submitted a special report on the subject by its 'subcommittee to inquire into medical education and internship.' This report considered certain obstacles that stood in the way of the Society's proposals and mentioned alternative methods of securing additional training in anaesthetics. A letter was also before the Council from the Attorney General, Transvaal, expressing concern at the number of deaths under anaesthesia and supporting the recommendation dealing with compulsory training of interns.

The Medical and Dental Education Committee of the Council reported that after careful consideration the Committee was not in favour of increasing the requirements prescribed for anaesthetics in the minimum medical curriculum, and that the Committee also held the view that it was not feasible to compel hospitals to make the training of interns in anaesthetics compulsory. This recommendation the Executive Committee had considered and recommended the Council to accept, but after debate in the present meeting the Council decided to 'appoint an *ad hoc* committee to investigate the teaching and training in anaesthesia and resuscitation to students and interns'. The members appointed to this committee were Dr. L. I. Braun (convener), Dr. A. Radford, Dr. C. Shapiro, Prof. H. W. Snyman, and the President *ex officio*. The committee was instructed to invite the head of the CSIR anaesthetics research group to submit a memorandum, and was also instructed to complete its investigation and report to the Council by the next meeting.

#### 'FARMING OUT'

The Council's rules concerning 'farming out' came up for consideration on a report from the Executive Committee, who presented a memorandum which the President had prepared at the Committee's request. The memorandum indicated that this was a subject that had engaged the attention of the Council for many years. It is dealt with under the Council's ethical rule no. 26, which, under the title of 'Exploitation', reads: 'Permitting himself to be exploited in a manner detrimental to the public or professional interest.' In 1948 a conference of a number of interested bodies

was convened by the Executive Committee, after which the Council approved the following statement reflecting a definition of 'farming out':

'A practitioner shall not act as a medical or dental officer in any capacity to a society, company, association, hospital or other institution, incorporated or unincorporated, public or private, in which fees for his services are charged against or in respect of patients, unless such fees are handed over to him.'

The Council, while approving of this definition, resolved not to incorporate it in a new ethical rule, but to continue, as in the past, to deal with each case on its merits; and that is still the position.

The President's memorandum went on to say that the Council had since called two conferences to deal with the subject of 'farming out', at which it was resolved that there should be adequate ethical control of medical and dental practice by institutions and organizations employing doctors and dentists, that the existing definition of 'farming out' was inadequate, and that the Council would revise its ethical rules on the subject.

The Executive Committee now recommended the Council to revoke its definition of 'farming out' arrived at in 1948 and to retain ethical rule 26 in its present form, dealing with each case on its merits, and this was agreed.

#### DURBAN MEDICAL SCHOOL

Prof. I. Gordon moved 'that the Council submit evidence to the Commissioner on the Separate University Education Bill relating to the Government's intention to remove the Faculty of Medicine of the University of Natal from the control of the University of Natal'.

He argued that, although the Durban Medical School had been removed from the ambit of the present Bill, whatever patterns for the higher education of non-Whites became established through the enactment of the Bill would inevitably be applied to the medical school. In two letters dated 20 November and 10 December 1957 the Secretary for Education had advised the Principal of the Natal University that the Government had decided to proceed without delay to take over the medical school and that a committee would be sent to the medical school and take initial steps towards the implementation of this proposal. And on 4 February 1958 the Acting Minister of Education had announced in the House of Assembly that it was the Government's intention to remove the Durban Medical School from the control of the University of Natal and to place it under the control of a Government Department. Professor Gordon went on to say, 'Now is the time, in spite of the formalistic difficulty, for this Council to make its voice heard before the Commission before it is too late'.

At its meeting in September 1957 the Council had adopted the resolution of its *ad hoc* committee, the relevant part of which read, 'The *ad hoc* committee further recommends that, should the Commission desire the Council to make representations, such representations be made on the lines of the resolution\* adopted by the Council at its meeting in March 1957.'

Now the Secretary of the Commission has indicated in the clearest manner possible that the Commission does desire the Council to give evidence. He says, 'The Commission would welcome it if your Council would agree to submit evidence', 'The Council,' said Professor Gordon, 'dare not expose itself in these circumstances to criticism which could justifiably be levelled at it, for having refused to respond to so clear and open an invitation.'

Professor Gordon then went on to argue in detail about the evils that would arise if this medical school for non-Whites were transferred from its association and identity with the University of Natal and were to be made subject to the kind of control that is foreshadowed for institutions subject to the Separate Universities Education Bill. 'I believe, because the training of non-White medical practitioners at the Cape and Witwatersrand medical

\* The resolution was as follows: 'That the South African Medical and Dental Council is *inter alia* concerned with the entire pattern of medical education and particularly as far as the acceptance of minimum standards is concerned. It has been brought to the notice of the Council that a new method of control of education is envisaged for the Durban Medical School and that there is a possibility that this may lead to a new pattern which may not be acceptable to the Council for purposes of training of medical practitioners. As a statutory body the Council has grave responsibility in regard to medical education and feels it incumbent on itself to express the sincere hope that, in order to obviate unforeseen difficulties which may arise at some future date when the standards are to be considered and the facilities, the school and examinations inspected, the Council respectfully suggests to the Minister of Education and of Health to take the necessary steps prior to proceeding with legislation now before Parliament to have the implications affecting the South African Medical and Dental Council further investigated and reported upon.'

schools is also threatened by the ..... Bill, that, if the Council does not intervene while the preliminary steps are being taken to remove the Durban Medical School from the University of Natal, we shall see the beginning of the end of effective medical professional training for non-White persons in this country. This will be a tragedy which will have the most profoundly adverse effects upon the health and welfare of non-White peoples. It will also irreparably damage the status of all our primary South African medical qualifications.

Considerable debate followed, chiefly based on the following amendment moved by Dr. M. Shapiro and seconded by Dr. E. H. Cluver which, after Professor Gordon had withdrawn his motion in its favour and a second amendment has been negatived, was carried by the Council:

'That a deputation be sent to the Minister of Health and Education in order to obtain clarification of the statement made by the Acting Minister of Education in the House of Assembly on 4 February 1958 that it was the intention of the Government to transfer the control of the Durban Medical School from the University of Natal to a Department of State. If it is the Government's intention to legislate in this direction under the provisions of the Separate University Education Bill the deputation shall take the necessary steps to give evidence to the Commission.

'Alternatively, if it is the Government's intention to legislate for the transfer of the Durban Medical School to a State Department in some other way, the deputation shall reiterate to the Minister the view of the Council thereanent.'

#### VARIOUS SUBJECTS

*General practitioners confining their practice to a particular subject.* Dr. M. Shapiro moved the deletion of no. (iii) of the 'general notes' to rule 1 (advertising) of the Council's ethical rules, which is as follows: '(iii) A medical practitioner or dentist in general practice may restrict his practice to a particular subject of medicine or dentistry, but is not permitted to circularize his colleagues or other persons to this effect, since this may create the impression that he is a specialist.' He quoted the case of persons who have spent years on such subjects as child psychology, electro-encephalography, etc. and were not allowed to inform the profession. He criticized the words 'since this may create the impression that he is a specialist', and said that actually it would not. Considerable debate ensued, some members expressing the opinion that the action proposed would bring the profession back to the state in which they were before the specialist regulations came in. Eventually Dr. Shapiro withdrew his motion in favour of the following by Dr. R. V. Bird: 'That the question of permitting certain registered persons to circularize their colleagues, e.g. persons with particular trainings in a specified branch of medicine or surgery, be referred to the Executive Committee for consideration and, if necessary, reference to any appropriate Committee of the Council'—*carried*.

*Functions of Medical Advisers of Pharmaceutical Companies.* The Executive Committee reported that they had interviewed representatives of the Medical Association on this matter, and now submitted resolutions to the Council. These resolutions, which were adopted by the Council, are as follows:

'1. A registered medical man employed by a pharmaceutical house must never offer advice about, or suggest the use of, his Company's products to the lay public, unless he is a part-time medical officer or G.P., in which case he may prescribe in the ordinary way.

'2. He must never seek to initiate the direct promotion by word of mouth (or written or printed word over his signature), of any pharmaceutical product. However, he may individually and in response to queries from the medical profession, suggest the use of a product, or a modification in the manner of use of such a product.

'3. He must not use his skill and knowledge for the direct purpose of promoting or increasing the sale of any product. For example, he may compile, or initiate, or supervise the compilation of literature descriptive of one of his Company's products as this does not involve the use of his registration for advertising but only his knowledge as an unidentifiable person. Again he may not contribute articles to medical journals unless he declares his vested interest by saying (e.g.) Dr. A. B. Smith, X.Y.Z., Medical Director, The Alpha Manufacturing Company.'

'Medical Centre'. On considering a suggestion from the Medical Association that such names should not be given to buildings belonging to a limited number of doctors, where the medical profes-

sion generally is excluded (e.g., where a limited number of practitioners invest money in a building, the occupancy of which is limited to themselves), the Council concluded that it was not practicable to put the suggestion into practice. (The Medical Association saw no objection to such names for buildings where all members of the profession have equal opportunity to become tenants.)

*Specialist as Hospital Superintendent.* It was decided to inform a specialist who submitted an inquiry on the subject that a specialist was not precluded from acting as superintendent of a hospital; he was, however, subject to ethical rule no. 13 (entitled 'consultants and specialists').

*Employment of Unregistered Nurses.* It was decided to inform a dentist who submitted an inquiry concerning the performance of certain surgical procedures under anaesthetic in his consulting rooms, that there is no law or regulation which would require him to make use of the services of registered nurses only, though doubtless it would be in the interests of the patients to do so.

*Consulting Rooms in a Hotel.* There is no objection to a medical practitioner having consulting rooms in a hotel, provided he does not contravene any ethical rule of the Council.

*Doctor working as a Clerk.* There is no objection to a practising doctor working part-time as a clerk in a legal office.

*Doctor holding Religious Services.* There is no objection to a doctor holding religious services.

#### Refusal of Doctor to attend a Patient

Mr. W. H. Rood moved that it be laid down as the policy of the Council for the guidance of the medical profession and the public:

'That a medical practitioner is free to decide whomever he will serve; a practitioner may, however, be required to justify his actions should unnecessary suffering or death result from his refusal to attend a patient. Unless there are very special reasons for not doing so, a medical practitioner should himself examine all persons, but particularly children, who attend at his consulting rooms or residence and have travelled some considerable distance for the purpose, thereby indicating their *bona fides* and anxiety; alternatively, he should satisfy himself that such examination can be undertaken without delay by another practitioner, who is available.'

In submitting this proposal Mr. Rood referred to two cases in which doctors declined to attend particular patients, and mentioned that complaints on the subject had been dealt with by the Council without holding a formal enquiry. Considerable debate ensued, in which several speakers maintained that the existing rules of the Council were adequate and that doctors must be allowed to use their own discretion in this matter. Dr. J. N. W. Loubser held that it was unnecessary and undesirable to lay down policies; each case should be decided on its merits. Mrs. Searle, opposing the motion, spoke of the good work done by doctors—often at sacrifice to themselves. Dr. J. Black pointed out that the first half of the motion exactly reflected the Council's present policy and the second half he appealed to the mover to withdraw. Dr. R. V. Bird said that the standard of medical practice in South Africa was as high as anywhere in the world. In 10 years only 5 complaints had been received—amongst 8,000 practitioners—which could be linked with this motion. The motion was lost.

#### Election of Committees of Council

The following committees were constituted:

*Executive Committee.* *Ex officio:* President and Vice-President. *Coopted:* Dr. J. J. du P. le Roux. *Elected:* Dr. J. N. W. Loubser, Dr. L. I. Braun, Dr. A. Bloom, Dr. J. Black, Dr. R. L. Impey, Prof. J. Breyer, Mr. W. H. Rood, Miss C. A. Nothard.

*Medical and Dental Education Committee.* *Ex officio:* President, Prof. G. A. Elliott, Prof. I. Gordon, Prof. H. W. Snyman, Dr. B. Bromilow-Downing, Prof. F. D. du T. van Zyl. *Elected:* Dr. Impey, Dr. E. H. Cluver. *Ex officio:* Prof. H. H. Louw and Prof. J. Staz. *Elected:* Dr. R. Hofmeyr.

*Specialists Committee (Medical).* *Ex officio:* President. *Elected:* Prof. van Zyl, Prof. Elliott, Prof. Snyman, Dr. Bloom, Dr. Braun, Dr. A. Radford.

*Specialists Committee (Dental).* *Ex officio:* President. *Elected:* Dr. R. V. Bird, Prof. Louw, Dr. Hofmeyr.

*Dental Committee.* *Ex officio:* President. *Elected:* Dr. Bird, Prof. Breyer, Dr. J. A. Stegmann.

*Auxiliaries Committee.* *Ex officio:* President. *Elected:* Dr. Cluver, Dr. C. Shapiro, Dr. M. Shapiro, Dr. Radford, Dr. Bird.

*Conjoint Committee (with S.A. Pharmacy Board).* *Ex officio:* President. *Elected:* Prof. Breyer, Dr. Cluver.