

## SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL: HALF-YEARLY MEETING

The first ordinary meeting of the South African Medical and Dental Council since the recent elections and appointments was held at the Archives Building, Cape Town, on 9-12 March 1959. The President (Prof. S. F. Oosthuizen) was in the chair and 28 members were present, together with the Registrar, Mr. W. H. Barnard, and staff. The proceedings lasted over 8 morning or afternoon sessions.

## PRESIDENT'S OPENING STATEMENT

In his opening address the President spoke of the great importance of the role which the Council was called upon to play in so many phases of human health. Happiness followed on health, and mankind knew no greater riches than health and happiness. He spoke of the need for cooperation with other health agencies, particularly the medical and dental associations, universities, provincial authorities and government departments, whereby the continuous progress of medical and dental science might be secured. They must work together and not stimulate each other in mediocrity. Yet they must not sacrifice their individuality. They could differ and still work harmoniously. They must not be afraid of criticism and unpopularity, but where they interfered with the work of others in the public interest they must act with dignity and wisdom.

**Unregistered Practitioners.** The President reported that the Council's deputation had been received by the Minister of Health on the subject of the inadequacy of section 34 of the Medical, Dental and Pharmacy Act to protect the public against the activities of certain classes of unregistered practitioners who continued to exploit the credulity of the public. At the Minister's request a memorandum was being prepared for closer study of the various points submitted to him.

**Interns and Postgraduates from Overseas Countries.** At this meeting the Council would consider the need for amendment of the Act and regulations to permit of the registration for limited periods of medical practitioners or interns from other countries who wished to gain experience in South African institutions. Corresponding facilities had for many years been put at the disposal of South Africans by other countries. The President made it clear that care should be taken to avoid opening the door to an influx of practitioners from overseas or introducing competition with private practitioners on this basis.

**Medical and Dental Curricula.** The Council would have before it important recommendations by its Education Committee for the amendment of the minimum standards for medical and dental curricula at the universities. In these the Committee had adopted the policy of laying down general principles and leaving details to be worked out by the universities.

**Practice of Specialists.** The Council would also be called on to consider the recommendations of its *ad hoc* committee appointed to draft rules relating to the practice of specialists pursuant to the Council's decision that the specialist register should be maintained with certain restrictions, e.g. concerning domiciliary visiting. They had to take care not to over-regulate or to interfere unduly with the freedom of the doctor or the patient to the disadvantage of both. The matter arose out of an assurance which a previous Minister of Health had given to Parliament. (This item was not brought to a conclusion at the present meeting.)

## Artificial Insemination

At this meeting the Council would be considering its attitude to this vexed question. The Courts had never been called upon to consider its legal implications and the Council had not laid down a specific policy. On a previous occasion the Council had ruled that by itself artificial insemination might not be unethical and that the moral and religious aspects fell outside the purview of the Council. The act was regarded by many as tantamount to adultery and the resulting child as illegal, but others held widely different views from this. The extent of the practice was not known, nor was any reliable evidence available about its impact on society or the individual, whether child or parent. *Prima facie* it might have far reaching implications in many directions.

Legislation attempting to control the practice was unlikely to solve the problem, and an attempt by the Council to outlaw it on ethical grounds might make the position worse by driving the

practice underground. Should the Courts arrive at a finding of guilt and refer the conviction of a medical practitioner to the Council in terms of the Act, the Council might be called upon to conduct a disciplinary enquiry; it might therefore be unwise for the Council to prejudge the issue.

It might be possible by way of regulations to establish control over donors so as to ensure that only males with a satisfactory family history and health record were employed; but it was questionable whether an elaborate system of control was justified in the absence of positive evidence that the practice was at all widespread.

From the legal point of view the question of the legality of the child was very important and should receive attention.

It was abundantly clear that this was a vexed question not capable of easy solution. The President, however, said he wished to assure the Minister that the Council would not shirk its responsibilities and would give to the problem the attention and consideration it deserved.

## Conclusion

Professor Oosthuizen went on to say that he was confident that the Council was competent to meet the responsibility of dealing with the diverse and thorny problems with which it was faced. "After all, we are living in an age full of action and pregnant with breath taking developments and discoveries. Medicine has a proud record of service to mankind, a proud history of achievement, and a proud philosophy that honourable conduct rather than wealth and ancestry makes a profession great. It is admitted that we must never forget the importance of culture and tradition, but at the same time we must move with the times in the interest of the professions and the public at large. We must retain the good things of the past but have an open mind for the future. This philosophy should permeate our policies when we deal with the problems entrusted to us, particularly in the field of education."

## REGISTRATION

The Registrar reported on registrations effected during 1958, as follows:

	Registra- tions	Restora- tions	Erasures	On Register
Medical Practitioners	306	35	144	7,549
Interns .. .. .	248	—	256	415
Dentists .. .. .	65	4	36	1,288
Medical Students ..	368	11	291	1,353
Dental Students ..	51	2	59	191
Auxiliaries .. .. .	132	—	6	1,072
Specialists (Medical)	90	1	28	1,433
Specialists (Dental)	3	—	1	18

Of the medical practitioners on the register 71.0% had qualified in South Africa (Cape Town 2,388, Witwatersrand 2,318, Pretoria 782, Natal 2), 12.5% in England, 9.8% in Scotland, 3.5% in Ireland, and 3.2% elsewhere.

Of the medical students on the register (including 277 who qualified in June and December 1958) 493 were at the University of Cape Town, 490 at the Witwatersrand, 377 at Pretoria, 132 at Natal, and 79 at Stellenbosch.

The specialists on the register at the end of 1958 were as follows (figures in brackets represent the nett increase since the beginning of the year): Medicine 191 (5), surgery 179 (7), radiology 75 (-2), radiology and electrotherapeutics 35 (-1), diagnostic radiology 38 (6), therapeutic radiology 5 (0), obstetrics and gynaecology 138 (12), anaesthetics 134 (16), ophthalmology 101 (1), pathology 84 (5), paediatrics 72 (4), otorhinolaryngology 69 (2), psychiatry 69 (3), orthopaedics 68 (2), urology 12 (-1), dermatology 31 (-2), neurology 31 (3), thoracic surgery 19 (2), neuro-surgery 18 (1), venereology 17 (0), physical medicine 15 (-1), plastic and maxillo-facial surgery 7 (1). Dental Specialists: Orthodontia 10 (-1), maxillo-facial and oral surgery 8 (3).

The auxiliaries on the register at the end of 1958 were as follows: Physiotherapists 420 (53), masseurs 150 (-2), medical technologists 124 (17), occupational therapists 65 (13), radiographers 59 (25), diagnostic radiographers 26 (4), health inspectors 51 (0), orthopaedic mechanics and surgical appliance makers 46 (2), food

inspectors 45 (0), chiropodists 34 (0), speech therapists 34 (13), dietitians 8 (1), psychologists 5 (0), psychometrists 1 (0), orthotists 3 (0), optometrists 1 (0).

*Registration: Decisions taken at Present Meeting*

**Limited Registration.** Registration for 5 years was granted to 4 overseas medical practitioners to engage in missionary practice, to 2 to fill medical posts in the service of the South West Africa Administration, and to 1 to fill a research post in the South African Institute for Medical Research. The registration of 3 missionary practitioners was extended for a further period of 5 years.

**Exemption:** Four medical practitioners visiting the Union had been recommended to the Minister for exemption under section 74 (b) from the registration requirements.

**Elderly Practitioners.** One dentist was exempted from payment of annual registration fees.

**Removal from Register.** Erasures at own request: 12 medical practitioners and 5 dentists. For failure to notify change of address: 6 medical practitioners and 2 dentists. The Registrar was instructed to remove from the register those whose annual fees had remained unpaid.

**Proposed Registration of Visiting Medical Practitioners or Interns from other Countries.** A memorandum from the President was before the Council suggesting a possible amendment of the Act enabling the extension to medical practitioners and interns from other countries of the facilities which those countries had been granting to South African graduates for many years, by enabling them to undertake postgraduate study, training and internships in this country as holders of paid appointments. Intellectual contact on the international level, said the President, was an enriching experience, not only to the receiver, but also to the giver, and intellectual and scientific insularity was an incongruous phenomenon in an adult society. The memorandum included specific proposals for the amendment of sections 22 and 24 of the Act and the regulations in Government Notice 256 of 1947. These amendments were designed also to enable the Council to grant limited registration (for missionary doctors, etc.) for periods other than the period of 5 years which the regulations at present prescribe. The Council adopted the principles embodied in the proposed amendments and referred the matter to the Executive Committee.

**Administration of Anaesthetics by Interns.** Pursuant to a resolution taken by the Council at its last meeting the Council's 'criteria for the training of interns' were amended by the addition to No. 7 thereof of the words, 'An applicant for registration as a medical practitioner shall be required to produce proof that he has personally administered at least 50 general anaesthetics under supervision'. The form of the D.P. certificate to be completed by the medical superintendent of the hospital at which an intern applying for registration has served his internship was amplified to cover this requirement.

**Specialist Registration.** At this meeting 25 applications for the registration of specialists were granted, 41 were granted subject to compliance with specific requirements, and 3 were refused. In 3 cases, in which previously names had been removed from the specialist register at the request of the registered person, registration was restored. Some 23 other cases were reported in which decisions or advice had been communicated to applicants.

**Additional Qualifications.** The following were added to the lists of qualifications registrable with the Council as additional qualifications: M.Med. (Path.) Univ. Stell. M.Med. (Rad.D.) Univ. Stell. M.Med. (Ophth.) Univ. Stell. M.Med. (L. et O.) Univ. Stell. D.P.H. Univ. McGill. D.V.G. (anglice D.P.H.) Univ. Pret. D.P.M. and F.F.A. (S.A.) of the College of Physicians, Surgeons and Gynaecologists of South Africa. Dip. Orth. Univ. Rand and Dip. M.F.O.S. Univ. Rand. (Faculty of Dentistry). M.Ch.D. Univ. Pret. (Faculty of Dentistry).

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

**Proposed Postgraduate Medical School, Bloemfontein.** A memorandum on this subject was received and noted.

**Plastic Surgery.** The designation of the speciality was changed from 'plastic and maxillo-facial surgery' to 'plastic surgery'.

**Registration of Auxiliaries.** Applications for registration were dealt with at this meeting as follows: Physiotherapist: 1 granted. Masseur: 1 granted. Medical technologist: 9 granted, 2 granted conditionally, 2 deferred. Orthopaedic mechanic and surgical

appliance maker: 1 granted, 1 granted conditionally. Psychologist: 1 granted, 2 refused.

**Diploma in Physiotherapy.** The syllabus for the diploma of Cape Town University was approved, and that diploma and the diploma of the State of Israel were accepted as entitling to registration in physiotherapy.

**Medical Technology.** The laboratory of a pathologist in private practice was accepted as an approved institution for the registration of medical technologists.

**Unqualified Physiotherapists.** On consideration of a letter from the S.A. Society of Physiotherapists the Society was informed that the Council had previously ruled that medical practitioners should not refer patients to unregistered auxiliaries where registered auxiliaries were available.

TRAINING COURSE FOR MEDICAL AND DENTAL STUDENTS

The Medical and Dental Education Committee, which had had the subject under consideration for more than 2 years, submitted a new draft for chapters II and III of the Regulations for the Registration, etc. of Medical and Dental Students. Chapter II deals with the minimum medical curriculum and chapter III with the examinations leading to the degree in medicine.

*Chapter II*

As compared with the present regulations the new draft omits much of the detail concerning the content of the various subjects (especially in the first year) and the number of hours to be spent on lectures and practical work in the various subjects. Such details are left to the university concerned and will be considered when the university syllabus comes before the Council for approval. The following are amongst the changes made by the new draft:

**Zoology and Botany.** The minimum for these subjects will be a course of half an academic year for each, or they may be combined into a course of 'biological science' to extend over a minimum of one academic year.

**Psychology.** A course in 'the elements of normal psychology in its application to physical and mental health' takes the place of the subject 'medical psychology' which is at present included in the course of 'psychological medicine'.

**'Additional Subjects.'** The title 'hygiene and public health' is changed to 'preventive and promotive medicine'. A new 'additional subject' entitled 'legal and ethical obligations of registered interns and medical practitioners' takes the place of the subject 'medical ethics and the conduct of general practice'.

**'Special Subjects.'** The following subjects are omitted: 'The practice of vaccination', 'venereal diseases', and 'tropical diseases'. And the following have been added: 'Thoracic surgery', 'neuro-surgery', and 'physical medicine'.

*Chapter III*

The new draft differs from the existing chapter III in minor respects only. The last clause of the draft is as follows: 'If a candidate does not pass in all the subjects of the final qualifying examination he may be exempted from re-examination in any subject, provided that he attained a standard which the examiners consider warrants such exemption. Such exemption shall lapse when the candidate fails the other subject or subjects on two successive attempts following the first failure.'

After debate the Council resolved to adopt the draft of chapters II and III as amended and to take steps to have them promulgated.

*Chapters V and VI*

The Council then dealt with chapters V and VI of the same regulations. Chapter V deals with the minimum dental curriculum and chapter VI with the examinations leading to the degree in dentistry. The Medical and Dental Education Committee submitted a new draft for these two chapters, which was framed on similar lines to that of chapters II and III, and after debate and amendment the Council adopted it for promulgation.

COMPLAINTS CONCERNING PRACTITIONERS

**Disciplinary.** Inquest proceedings were referred to the Council in 2 cases, in both of which it was decided to take no action. Complaints concerning medical practitioners were reported in 18 cases. In 3 of these it had been decided to hold formal enquiries, and 15 were disposed of without a formal enquiry. In 3 of the latter, complainants were advised of the procedure under

section 80bis. In 2 cases complaints were received concerning dentists; these were disposed of without a formal enquiry.

**Assessment of Accounts.** In one case assessors were appointed under section 80bis. In one case an appeal against the assessors' report was received and the Committee confirmed the determination of the assessors. In one case the assessors' report was received and noted. In 19 other cases (medical practitioners 15, dentists 4) in which fees were questioned, the complainants were advised of the procedure under section 80bis.

**Disciplinary Enquiry.** The special disciplinary committee which had heard the case in which Dr. M.I.S. was charged with canvassing or touting for patients reported that it had found the respondent doctor not guilty.

#### ADVERTISING OF PROFESSIONAL APPOINTMENTS

Proposed amendments and additions to the Council's ethical rules 19 and 19bis (professional appointments) were considered by the Council on the report of the Executive Committee. Dr. A. W. S. Sichel, who had given notice of motion, moved to review and rescind a resolution passed at the previous meeting of the Council which amended these rules so that the list of acts or omissions of which the Council might take cognizance included the acceptance of a professional appointment unless it had been advertised in 'a South African Medical Journal' or 'a South African Dental Journal'. The rescinding motion was carried and the words 'the South African Medical Journal' and 'the Journal of the Dental Association of South Africa' were substituted.

On consideration of the amendments and additions proposed in the Executive Committee's report it was decided that the Executive Committee should arrange a discussion with the Medical Association of South Africa.

#### CLOSED-PANEL APPOINTMENTS

The report was received of a special *ad hoc* Committee appointed to consider the question of closed-panel appointments of medical practitioners and dentists to benefit societies in relation to medical ethics. The report embodied a reference to views expressed by the Medical and Dental Associations of South Africa, and to the reports of the previous *ad hoc* Committee which the Council had appointed in September 1957 to consider this subject. The report also referred to a legal opinion that the Council had obtained, from which it would appear that a rule declaring closed-panel appointments to be unethical might be *ultra vires*; if this were so, such an ethical rule could only be made if the Act were amended. The Committee reported its opinion to the Council as follows:

1. "Free choice" practice is the ideal.
2. Membership of a "closed panel" is not *in itself* an unethical act, provided the conduct of the registered person in accepting such post, and thereafter, conforms to the ethical requirements of the Council.

This opinion was adopted by the Council.

#### SEPARATE UNIVERSITIES EDUCATION BILL

At its meeting in November 1958 the Executive Committee directed the Registrar to ask the Minister of Education, Arts and Science to receive a deputation from the Council to discuss this matter. In reply a letter was received from the Secretary for Education informing the Council that it was not proposed to introduce legislation in 1959 in regard to the non-European Medical School, Durban, and stating that in view of this, and pressure occasioned by this session's legislative programme, the Minister would like the interview to stand over. The Executive Committee reported that a letter had been sent to the Secretary in reply requesting that the Council should be informed if at any time such legislation were to be introduced, as the Council desired to make certain representations to the Minister.

#### DIFFERENTIATION IN SALARY SCALES BETWEEN EUROPEAN AND NON-EUROPEAN MEDICAL PRACTITIONERS

This matter was considered on the following motion by Prof. I. Gordon (seconded by Dr. A. Radford): 'In view of the urgent need for ensuring that medical services for the non-White people of South Africa are developed and maintained, and in view of the effects which the decisions of the four Provincial Administrations and the Central Government to apply a differentiation in

salary scales as between White and non-White medical practitioners doing the same work under the same employing authority may have on the development and maintenance of these services, I move that the Council request the President and Vice-president to seek an interview with the Hon. the Minister of Health for the purpose of discussing with the Hon. the Minister the possible implications of differentiation in salaries of medical practitioners in the public services on medical practice in South Africa and report back to the Council on the matter.'

A full debate took place. Professor Gordon said that notwithstanding previous discussions of the Council he was not convinced that a non-European practitioner who accepted a post with this salary differentiation did not offend against the Council's ethical rules in that the remuneration was 'derogatory to the medical profession' and 'inimical to the interests of the public', and in that he was 'permitting himself to be exploited in a manner detrimental to the public or professional interest'. He said that bitterness was being created in the non-European graduates, who in order to be registered were forced to accept a position as intern at a differentiated salary. Two of them had already been offered posts in Nigeria and they were turning their eyes to African territories in the north. Thus the Government's own policy of providing medical services for the Native community was in danger of being defeated. He believed that the Government would listen if representations were made to the Minister.

A full debate ensued and the motion was carried.

#### ARTIFICIAL INSEMINATION

The Minister of Health having asked the Council to submit its views on this subject the Executive Committee had considered the matter, and its recommendations were now before the Council for consideration. The President had expressed certain views in his opening address (see above) and the matter was now fully debated. While varying opinions were voiced on certain aspects of the practice of artificial human insemination there was general agreement that the data at present at its disposal were insufficient to enable the Council to formulate a policy on the subject. It was therefore decided to adopt the recommendations of the Executive Committee, and further to advise the Minister that a commission or committee of enquiry should be set up by the Government and to indicate that the Council was willing to assist in such an enquiry. Pursuant to the recommendations of the Executive Committee the Minister will be informed that the Council has expressed the opinion that artificial insemination may not, in itself, be an unethical act, and that its legal and religious implications do not fall within the purview of the Council; and furthermore that the Council has no statistics showing the extent of the practice in the Union, nor has the Council formed any opinion on the desirability, or otherwise, thereof.

#### DIAGNOSIS AND TREATMENT OF MENTAL CASES

Pursuant to notice of motion Dr. A. Radford moved as follows: 'This Council considers that it is its duty to draw the attention of the Minister to the insufficiency of modern facilities for the diagnosis and treatment of those suffering from mental ill-health.'

The mover said that treatment of mental cases in this country was based on the conception of custodianship, and that accommodation in the mental hospitals, where there was a shortage of staff, both medical and nursing, was confined to certified cases and voluntary boarders. The facilities in the general hospitals for diagnosis and treatment were exceedingly limited, and there was an urgent need for their extension. The mover also referred to the bearing of this situation on the teaching of psychiatry to medical students.

Prof. E. H. Cluver observed that at the University of the Witwatersrand there was a full-time professor of psychiatry.

Dr. B. P. Pienaar, Commissioner for Mental Hygiene, said that as regards the psychiatric curriculum for medical students South Africa need not stand back for any country in the world. He remarked that the medical officers of the mental hospitals conducted most of the mental clinics in the country, at which, however, medical students did not attend. The Witwatersrand professor had asked for a psychiatric clinic as part of the general hospital, to deal with early cases; a similar proposal had been mooted at Pretoria. The speaker had recommended the establishment of an open clinic (i.e. for non-certified cases) at every mental

hospital. The mental hospitals, which would always be needed for chronic cases, were grossly overcrowded. It was undesirable that they should be used to accommodate criminal cases and psychopaths, for both of which he had recommended that special institutions should be provided.

The motion was carried, and also a motion by Prof. H. W. Snyman referring the teaching of psychological medicine to the Education Committee for investigation and report.

#### MISCELLANEOUS

*Registrar.* It was reported that Mr. Wm. Impey retired on 31 December 1958 and that Mr. W. H. Barnard, Assistant Registrar, was appointed as Registrar as from 1 January 1959, and Mr. J. H. de Jager as Assistant Registrar. The President reported that a party was held in honour of Mr. Impey on the day of his retirement, when he was presented with a cheque on behalf of the Council.

The *Financial Statement* for 1958 was submitted by the Treasurer (Dr. R. V. Bird). The income for the year (£37,885) exceeded the expenditure (£34,240) by £3,645. The income included annual fees £25,916 and registration fees paid by medical practitioners £4,590, dentists £975, specialists £1,365, interns £496, medical and dental students £879, auxiliaries £655. The accumulated funds now amounted to £33,771.

*Poisons and Dangerous Drugs.* On reference from the Secretary for Health the Council resolved, subject to the agreement of the S.A. Pharmacy Board, to recommend the inclusion of the insecticide drugs Phosdrin and Guthion under the heading 'Phosphorus Compounds' in Division I of the Fourth Schedule of the Act, and of preparations containing Carbromal or Bromvaletone in the Sixth Schedule.

*Next Meeting of Council.* It was decided to hold the next meeting at East London, commencing on Wednesday 23 September 1959.