

OORWEGINGS NA AANLEIDING VAN DIE KONGRES

Die rekords van die kongreskantoor toon aan dat 990 lede van die Mediese Vereniging ingeskrif het vir die Kongres wat gedurende die week 24-30 September in Kaapstad gehou is. 'n Groot aantal vrouens van lede en ander familiebetrekkings was ook teenwoordig. Onder die hooggeplaaste oorsese besoekers was daar 'n aantal uitstaande wetenskaplikes van wêreld-formaat. Ook was die Britse en Kanadese Mediese Verenigings amptelik verteenwoordig op die Kongres.

Die Kongresverrigtinge self het 'n program van ongeveer 270 lesings en voordragte ingesluit, benewens 'n uitstekende wetenskaplike uitstalling, beeldradiovertonings, 'n uitstalling van stokperdjies, 'n handelsuitstalling, en 'n groot verskeidenheid van sosiale geleenthede. 'n Groot en omvangryke organisasie wat baie aan tyd en opoffering van die organiseerders geëis het, was nodig om alles glad van stapel te laat loop.

Die vraag wat begryplikewyse ontstaan, is of daar onder die hedendaagse omstandighede nog die noodsaaklikheid bestaan om so 'n kongres te hou. Sommige twyfel daaraan. Hulle meen dat die rigting waarin die mediese wetenskap ontwikkel het van so 'n aard is dat toekomstige kongresse onvermydelik die vorm moet aanneem van die groepskongresse wat deur 'homogene' nasionale groepe georganiseer word.

Nou is dit waar dat sommige van die nasionale groepe in die Vereniging baie aktief is en reeds al besondere hoogstaande groepskongresse georganiseer het. Dit is ook waar dat baie groepe al besonder veel bygedra het daartoe om die status en vlak van die mediese praktyk in Suid-Afrika te verhoog. Maar, daar bestaan geen twyfel nie dat daar vir die ontwikkeling van die sogenoemde broederskap van geneeshere veel meer nodig is as wat die groepskongresse kan bied.

Ons leef in 'n tyd waarin daar in die medisyne, soos ook op soveel ander gebiede van die lewe, die neiging is om te ontwikkel in die rigting van al meer en meer gespesialiseerde kennis. Nou is hierdie neiging in sigself nie verkeerd of onwenslik nie. Trouens, vermeerderde kennis ontstaan op die basis van grondiger studie. En die omvang van die mediese wetenskap word so groot dat geen enkele persoon dit alles kan omvat nie. Maar, die kernbegrippe wat in hierdie verband nie uit die oog verloor moet word nie is die begrippe van balans en perspektief. Dit is nie

net die diepte van 'n mens se kennis wat sy status as mens en geleerde bepaal nie, maar ook die omvang van sy kennis, en bowe alles sy menslikheid.

Omdat die mediese praktyk nog in so 'n groot mate 'n lewenskuns is, eerder as 'n eksakte wetenskap, moet daar dus geleenthede wees in ons mediese professionele omgang om ook 'n insig te kry in die breër behoeftes van al ons kollegas.

'n Algemene mediese kongres maak sulke geleenthede moontlik op 'n akademiese sowel as op 'n maatskaplike vlak. En daarin lê sy groot waarde. In die seksionele vergaderings is daar 'n kans vir deskundiges op verskillende gebiede om hul kennis te deel met mededeskundiges. In die voltallige sittings is daar geleentheid om die soort probleme te bespreek wat van belang is vir alle geneeshere in alle vertakkinge van die medisyne.

Daar is egter iets anders wat op 'n veel subtieler vlak plaasvind. Oor 'n koppie tee of 'n bord kos word gedagtes gewissel en gesprekke gevoer wat lei tot die vorming van nuwe kennis en vriendskappe en tot die ontstaan van insigte wat anders nie moontlik sou wees nie. Die tradisie van kongresse van hierdie aard het juis ontstaan omdat die wêreld 'n behoefte gevoel het aan beskawingsinvloede van hierdie aard.

Dat daar gebillikte punte van kritiek teen die hou van so 'n algemene kongres geopper kan word, is 'n feit wat natuurlik nie weggeredeneer kan word nie. Dit is, byvoorbeeld, waar dat daar die neiging is om te veel voordragte toe te laat en om te min tyd beskikbaar te stel vir individuele voordragte. Kritiek van hierdie aard kan vermenigvuldig word.

Maar, as ons alles teen mekaar opweeg, moet ons erken dat ons nie graag die verdwyning van ons kongresse wil sien nie. Miskien moet ons juis nou ons kritiese gedagtes formuleer sodat ons op 'n konstruktiewe manier steeds verder kan vorder op die pad van vooruitgang; ook dat ons gevrywaar kan word teen Voltaire se uitspraak dat hulle wat nie uit die geskiedenis wil leer nie, gedoem is om hul foute te herhaal. Laat ons dus krities wees, maar laat ons daarby positief en opbouend wees. Want slegs dan sal ons daarin slaag om ons algemene mediese kongresse om te skep in akademiese en kulturele geleenthede waarop 'n ou, geleerde, en tradisionêre profesie trots kan wees. -

THE DOCTOR AND THE PATIENT—AN ETHICAL APPROACH

A satisfactory doctor-patient relationship is one of the basic necessities of any private practice, or, indeed, of the practice of medicine in any form. We, as doctors, pride ourselves on trying to maintain that relationship at the highest ethical and moral level. Basic tenets of our calling include the Hippocratic Oath, the Ethical Code of the World Medical Association, and other local codes, which act as safeguards for our conduct towards our patients and our colleagues.

In recent years, however, the doctor-patient relationship has been disrupted to some extent by the growth of pre-paid medical care. The fact that a third party, be it a benefit society, a medical aid society, or an insurance company, pays all or part of our fees for the services we render to our patients, has meant that the old standards of our profession regarding our monetary dealings with our patients have had to be modified to some degree. A high

percentage of most practices today consist of patients who are helped by prepaid medical care.

This has brought important problems in its train. A number of such patients are continually looking for ways and means of entering into dishonest arrangements with their doctors to defraud the organizations paying their medical fees. Somehow they do not understand that this is highly illegal. They look on these practices almost as a right, and bring strong pressure to bear on their doctors to accede to their requests, so that they can get more from these societies than is their due.

For instance, it is no unusual matter for patients, only recently in benefit, to ask doctors to change the dates of treatment so that an account can fall inside the period during which they are entitled to claim benefits. In some cases, where a contract states that patients must pay for the first two visits for any illness (or for the first few rands of the cost), they ask the doctor to include the visits for several illnesses under one diagnosis, so that they will not have to bear the costs themselves.

A medical certificate is an important document. A doctor's statement on such a certificate is accepted at its face value, and in most instances this is as it should be. Unfortunately, patients frequently ask doctors to give them false certificates. They may have been away from work for some private reason, yet they see no harm in asking for a certificate which will state that they were ill during that period. They may have been genuinely ill, but not for as long as they have been away from work; here again they ask the doctor to extend the period for which he can make out a true certificate. Some patients who are allowed a certain amount of annual sick leave, do not seem to appreciate that this leave is granted only if they are sick. Towards the end of the year in question, they ingenuously ask their doctor to certify them sick so that they can claim the benefit.

Some medical aid societies and insurance companies have a number of exclusions from benefits, for which they

will not pay doctors' fees. Prophylactic treatment, for instance, is often excluded. Patients who have had this form of treatment often ask doctors to fill out a claim form with a diagnosis for some illness accepted by the society, so that they will not be responsible for the fees.

Doctors themselves will be able to quote numerous other instances where they have been asked to connive in unethical practices. We are pleased to be able to say that the majority of our colleagues will have nothing to do with such requests, and when they explain matters to their patients, most of them understand that what they propose is morally and legally wrong.

However, there are some doctors who succumb to the temptation from a variety of motives, which, while they are understandable, are none the less reprehensible. Young doctors building up their practices may be afraid to lose patients by not acceding to their demands, while older practitioners may not want to see the results of years of hard work diminishing if their patients leave them. Short-sightedly, they create conditions under which unscrupulous patients are able to blackmail other practitioners with the threat that there is always a doctor who will do what they ask. Thus a vicious circle is created, and the whole profession is brought into disrepute.

Recently, in a court case in the Transvaal, a doctor was fined after he pleaded guilty to 20 counts of fraud involving prescriptions for Railway Sick Fund members. The doctor in question did not profit personally, but this did not alter the fact that he had to face court proceedings. In the course of the case, the judge stated that similar fraudulent practices were in full swing in this doctor's area and elsewhere.

This is an alarming indictment of our profession, and it is high time that we see to it that patients who want to make use of us for their own selfish ends meet with short shrift from *all* doctors. In this way we can continue to hold our heads high and walk fearlessly among all men, upholding the honour of what has been called, not without reason, 'the noble profession'.