

DIE WANVERDELING VAN GENEESHERE

Gedurende sy onlangse ses-maandelikse sitting in Kaapstad, is die probleem van die 'wanverdeling' van dokters in Suid-Afrika weer eens deur die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad, op voorstel van dr. H. Grant-Whyte, van Durban, bespreek, met spesiale verwysing na die verhouding tussen algemene praktisyns en spesialiste, en met verwysing na die verspreiding van dokters in stedelike en plattelandse gebiede en in Blanke en Naturellegebiede.

Wat die verhouding tussen algemene praktisyns betref, lyk dit of die posisie gestadig verswak. Volgens die amptelike syfers wat aan die einde van 1958 verstrek is deur die Geneeskundige en Tandheelkundige Raad, was daar toe 1,433 geregistreerde spesialiste en 7,549 algemene praktisyns in die land—'n verhouding van ongeveer 1 : 5. Volgens die jongste beskikbare syfers het hierdie verhouding nou gedaal tot ongeveer 1 : 4.

Op grond van die mening en ondervinding van praktiserende dokters self, is hierdie verhouding ongewens en ongesond. Dr. A. W. S. Sichel, 'n lid van die Geneeskundige en Tandheelkundige Raad, het byvoorbeeld gesê dat ons oorbevolk word ten opsigte van spesialiste en dat hierdie toestand 'n baie ernstige probleem skep. En dr. G. F. C. Troskie, 'n lid van die Federale Raad van die Mediese Vereniging van Suid-Afrika, het onlangs in sy afskeidsrede as aftredende President van die Tak Oranje-Vrystaat en Basoetoland, die volgende weloerwoë verklaring gemaak: 'Omdat sommige spesialiste nie meer 'n redelike bestaan in die stede kon maak nie, het hulle na die buitensentrums begin gaan waar fasiliteite beskikbaar is en het hulle hulle dienste aan die publiek naby die huis beskikbaar gestel. Hierdie ontwikkeling voorsien nie net in 'n behoefte op die platteland nie, maar verseker ook vir die meerderheid van daardie spesialiste 'n goeie inkomste. Dit het egter die toestand van die stedelike spesialiste kritiek gemaak. Waar die redelike verhouding van spesialiste tot algemene praktisyns op 1 : 12 gestel word, het die spesialiste op die plattelandse dorpe in sommige gevalle die verhouding op hulself gekonsentreer tot 1 : 15 en 1 : 20, terwyl die verhouding ten opsigte van die stedelinge gesny is in sommige gevalle tot 1 : 2; dit is in werklikheid 'n belaglike syfer.'

As voorbeelde van ander praktiese aspekte van die probleem van die verspreiding en voorsiening van dokters, kan ons die volgende noem: Dr. L. O. Vercueil, van die Rand, het verwys na die onmoontlike toestand wat vir baie praktisyns ontstaan het omdat dit feitlik volstrek onmoontlik

geword het om die aflosdienste van 'n *locum tenens* te kry. Prof. E. H. Cluver, Dekaan van die Fakulteit van Geneeskunde van die Universiteit van die Witwatersrand, het aangetoon dat werklik bevreëdigende mediese dienste nie deur ongeveer agt duisend dokters aan nagenoeg vyftien miljoen persone ('n dokter-pasiënt verhouding van 1 : 1,800) gelewer kan word nie.

Prof. I. Gordon, Dekaan van die Fakulteit van Geneeskunde van die Universiteit van Natal, het die probleem van die wanverdeling van dokters bespreek veral met betrekking tot die voorsiening van geneeskundige dienste aan die nie-Blankes van Natal. Hy meen dat die algemene gesondheidspeil van die nie-Blankes gestadig agteruitgaan omdat daar nie voldoende geneeshere is om hierdie aspek van ons nasionale probleem te behartig nie. Professor Gordon meen dat ons op hierdie gebied te staan gekom het voor 'n akute nasionale noodtoestand.

Alhoewel daar in Suid-Afrika gedurende die afgelope vyftig jaar skouspelagtige vordering gemaak is op verskillende terreine van die mediese dienste, en alhoewel die kwaliteit van die werk wat deur geneeshere gelewer word—wat betref die opleiding van voor- en nagraadse studente, navorsing, en die uitoefening van die mediese praktyk self—goed vergelyk met ooreenkomstige dienste elders in die wêreld, staan ons tog nog voor baie ernstige probleme. Wat die spesifieke oplossing is vir die soort probleme wat spruit uit die wanverdeling van dokters aangaande status, die gebied van praktyk, en die verhouding van dokters tot die bevolkingsamestelling en van doktersgroepe tot mekaar, weet ons nie. Maar, alhoewel ons nie weet wat die oplossing is nie, rus die verpligting tog op ons om ernstig en onverpoos na 'n oplossing te soek. Met hierdie doel in gedagte moet ons die besprekings van die Geneeskundige Raad en van die Mediese Vereniging, sowel as die oorwegings van individuele lede van die mediese profesie, aanmoedig as tydige en verantwoordelike pogings om die grondslag van die mediese beroep in Suid-Afrika op 'n gesonde en produktiewe vlak te hou. Die Kommissie van ondersoek wat deur die Minister van Gesondheid aangestel is om ondersoek in te stel na die hoë koste van mediese dienste, sal probleme wat spruit uit die wanverdeling van dokters ook in aanmerking neem by hul ondersoek. Ons wil dus 'n beroep doen op almal wat konstruktiewe gedagtes oor hierdie saak het, om hulle gedagtes aan die Kommissie voor te lê.

THE MALDISTRIBUTION OF DOCTORS

Problems arising from the so-called 'maldistribution' of doctors in South Africa were again discussed by the South African Medical and Dental Council at its recent meeting in Cape Town. The discussion was introduced by Dr. H. Grant-Whyte, of Durban, and dealt mainly with such problems as the ration of specialists to general practitioners, and the distribution of doctors in urban and rural areas and in European and non-European areas.

The position regarding the ratio between specialists and general practitioners seems to have been steadily deteriorat-

ing. According to the official figures supplied by the Medical Council at the end of 1958, there were 1,433 registered specialists and 7,549 general practitioners in the country—a ratio of approximately 1 : 5. The latest figures suggest that the ratio is at present approximately 1 : 4.

On the submission of practising doctors themselves a ratio such as this is both unsound and undesirable. Dr. A. W. S. Sichel, a member of the Medical Council, stated, for instance, that we are becoming overcrowded with specialists, and that this has created a grave problem. Dr. G. F. C.

Troskie, a member of the Federal Council of the Association, in his valedictory address as retiring President of the Orange Free State and Basutoland Branch, recently stated as his considered opinion that: 'Because some specialists were not able to make a reasonable living in the cities they started going to rural areas where the necessary facilities were available; they therefore made their services available to the public nearer home. This development not only met a definite need in the country, but it also led to a fairly good income for most of these specialists; it precipitated, however, a critical situation for the specialist in the city. A satisfactory ratio between specialists and general practitioners is 1 : 12, and some of these specialists who moved into the country attracted more support from practitioners (in the ratio of 1 : 15 or even 1 : 20). This however, cut down the ratio in some of the urban areas to 1 : 2, which, of course, is a ridiculous situation'.

Examples of other practical aspects of the problem of the distribution and supply of doctors in this country are the following: Dr. L. O. Vercueil, of the Rand, referred to the great difficulty in obtaining the services of a *locum tenens*; and Prof. E. H. Cluver, Dean of the Faculty of Medicine of the University of the Witwatersrand, pointed out that adequate and satisfactory medical services cannot be rendered by eight thousand doctors to a population of fifteen million people (a doctor-patient ratio of approximately 1 : 1,800).

Prof. I. Gordon, Dean of the Faculty of Medicine of the University of Natal, discussed the problem of maldistribution of doctors with special reference to the provision of

medical services to the non-White peoples of Natal. He stated that the general level of the health of non-Whites has been steadily deteriorating because there are insufficient practitioners to handle this part of our national problem. Professor Gordon feels that we are, in this respect, facing a national emergency.

In spite of the fact, therefore, that we have in this country seen spectacular advances in all fields of medicine over the past fifty years; and in spite of the fact that the quality of medical work in general, including undergraduate and postgraduate training, research, and the practice of medicine compares favourably with the services available elsewhere in the world, we are nevertheless facing a very serious problem. We do not know *what* the solution to the problem of maldistribution of doctors is, particularly in regard to their status, the locality in which they practise, and the ratio between doctors and the rest of the community and between groups of doctors themselves; but we do know that we are under an obligation to try to find a solution. We must, therefore, accept and encourage the efforts made by the Medical Council and the Association, as well as by individual practitioners, as timely and responsible attempts to ensure that medical practice in this country will remain on a sound and productive level. The Commission, which has recently been appointed by the Minister of Health to investigate the factors responsible for the high cost of medical services, will probably include in their investigation problems arising from the maldistribution of doctors. We, therefore, appeal to those who have constructive views on this subject to submit them to the Commission.