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EDITORIAL : VAN DIE REDAKSIE

THE HOSPITALIZATION POLICY OF THE NATAL PROVINCIAL ADMINISTRATION

The Medical Association of South Africa has a number of principles which relate to the hospitalization and treatment of patients in Provincial hospitals. The four most important of these are:

1. A Provincial Administration should provide adequate hospital facilities for all sections of the population, both rich and poor, and all persons resident in the Province should be entitled to utilize these facilities.

2. Where the existing hospital facilities are inadequate, the admission of patients to a hospital should be determined only in accordance with the *medical* need of the persons seeking admission, with the proviso however that, where adequate alternative facilities are available, indigent patients shall receive preference.

3. It is the duty of a Provincial Administration to provide medical treatment for indigent patients in its hospitals, and this treatment should be provided free of charge.

4. A Provincial Administration should not enter into competition with private medical practitioners by providing medical treatment, with or without charge, for persons who are either insured against the costs thereof or who are themselves well able to pay a private medical practitioner for these services. The Administration should moreover not interfere with the prerogative of these patients to exercise their right of free choice of private doctor.

The Transvaal, Orange Free State, and Cape Provincial Administrations abide by these principles of the Association and relationships between these Administrations and the Association are harmonious.

In Natal, however, the position is somewhat different and relationships between the Association and this Provincial Authority have been strained almost to breaking point because of the refusal by the authorities to accept the fourth principle enunciated by the Association. Apart from refusing private medical practitioners access to certain of its hospitals, the Natal Provincial Administration is itself providing, in these hospitals, medical treatment for patients who are either insured against the costs thereof or who are themselves well able to afford the services of private medical practitioners. Although the medical treatment is rendered by medical officers in the employ of the Administration, the Administration itself charges, collects and retains the fees for this service. The Administration is therefore *selling* medical services to the public and in so doing is also 'farming out' the services of the medical practitioners in its employ. By permitting themselves to be 'farmed out' the practitioners concerned are themselves contravening Rule 26 of the ethical rules of the Medical Council.

The Association has for a number of years negotiated with the Natal Provincial Administration in an effort to persuade it to amend its policy. During the last 18 months or so these negotiations have been conducted at the highest level, and the Executive Committee of Federal Council has met the Administrator-in-Executive Committee on two occasions. Apart from drawing the attention of the Administration to the invidious position in which it was placing the medical officers in its employ by obliging them to contravene en ethical rule of the Medical Council, the negotiating Committee also submitted that, in its opinion, the Administration, by collecting and retaining fees for medical services rendered to private patients by its honorary medical staff, was practising medicine in contravention of Section 34 of the Medical, Dental and Pharmacy Act of 1928, which states that:

> 'any person not registered as a medical practitioner or as an intern who, *for gain*, practises as a medical practitioner (whether or not purporting to be registered) or performs any act specially pertaining to the calling of a medical practitioner, shall be guilty of an offence and liable on conviction to a fine not exceeding £100.'

It could, of course, be argued that the Administration cannot be defined as a person and that it therefore cannot possibly practise as a medical practitioner, but in reply to this argument the Association would submit that under Section 1 of the Interpretation Act No. 5 of 1910 'person' includes, unless the context otherwise requires, 'any Company or any body of persons.' If this submission is accepted it follows that an artificial persona can practise as a medical practitioner and the Association, under these circumstances, cannot see that the context of Section 34 of the Act requires otherwise and that it limits the offence to natural persons.

The Executive Committee further drew the attention of the Administrator-in-Executive Committee to the following facts:

(*a*) In 1954 the South African Medical and Dental Council, in full session, adopted the following resolution:

> 'That it is of the opinion that registered persons associated with Bodies Corporate or other institutions as professional employees or who derive income from the professional services they render for or on behalf of such bodies or institutions, must accept responsibility for the maintenance of a high standard of professional conduct in carrying out their duties and may be required to answer to the Council for any act or omission in the conduct of the bodies or institutions which appears to the Council to be such as would, if attributed to a registered person, constitute improper or disgraceful conduct in a professional respect.'

(*b*) Arising out of the discussion on the above resolution, the Medical Council resolved to call a Conference to

> 'consider in relation to medical ethics the subject of the provision of medical and dental services by institutions, the harmonizing of the interests of the public with the interests of institutional and private practice, and such other matters relating thereto as may be exercising the minds of representatives.'

(*c*) Two conferences were actually held under the auspices of the Medical Council, and these were attended

by representatives of the Medical Council, the Universities of Cape Town, Pretoria, Natal and Witwatersrand, the South African Institute for Medical Research, the Department of Health, the Hospital Services Departments of the Transvaal, Orange Free State, Cape and *Natal*, the Medical Association of South Africa and the Dental Association of South Africa.

(*d*) In his opening remarks to the first Conference, held on 18 March 1955, the Chairman (the President of the South African Medical Council) informed the representatives that it would be of paramount importance for the Conference to harmonize any possible conflict which may exist, or may appear to exist, between institutional practice and private practice.

(*e*) This first Conference adopted, *inter alia*, the following resolutions:

> (*i*) 'That this Conference recognizes the interests of the Institution, the public and the private practitioner in the provision of medical and dental services, and is of the opinion that steps should be taken by the responsible authorities, State and other, to harmonize these interests.'
>
> (*ii*) 'Having accepted the principle that the provision of hospital and public health services is a responsibility of Provincial and Central Governments, and that in that capacity it is their function also to provide ancillary services; Government-run hospital and ancillary services should be provided primarily for the sick poor. Such public institutions, including medical and dental schools, should, except under special circumstances, not accept private practice. If special circumstances arise which make it desirable for an institution to undertake work on behalf of patients who are not normally the responsibility of hospital or health authorities, the work should be undertaken in such a way as not to compete unfairly with private practitioners.'

(*f*) The second Conference to consider the provision of medical and dental services in relation to medical ethics, was held on 24 March 1956, and this Conference, after reaffirming the second resolution quoted in sub-paragraph (*e*) above, further resolved:

> 'That as there appears to be no serious disagreement between the Medical Association of South Africa, the Dental Association of South Africa, and the responsible Government, Provincial and University authorities (and also the South African Institute for Medical Research), and that the immediate cause of friction can reasonably be rectified by negotiation, the Conference now resolves not to pursue the matter further for the time being as far as these authorities are concerned.'

Despite the fact that the Association has patiently pursued negotiations with the Natal Provincial Administration for more than six years, it has been unable to persuade this authority to amend its policy and to accept the fourth principle enunciated by the Association. A deadlock has in fact been reached, and the question now arises as to whether the Medical Association can afford to condone or approve of the policy of the Administration. The answer to this question must very definitely be in the negative, because, to quote only one reason, if it did approve of the policy and consequently the principle underlying this policy, the Association would not in the future be able to object if some other Provincial Administration, organization conducting medical insurance, business organization or even an enterprising individual decided to enter the field of medical practice and to sell medical services to the public on a fee for service basis. (The Administrations, organizations or individuals involved would, of course, employ full-time salaried medical practitioners to render these services, but all the moneys which accrued would go into their own pockets.)

If the answer to the question posed above is in fact in the negative, it must follow that the Association must now take active and effective steps to end the deadlock in its negotiations with the Administration and to ensure that the Administration shall forthwith cease to swell its coffers at the expense of the medical profession by the *sale* of medical services to the public.

When the matter was discussed by the Federal Council at its recent meeting held in Pretoria, the Council adopted the following resolution:

> **'Federal Council instructs the Executive Committee to take whatever steps are necessary to implement the policy of the Association.'**

The Executive Committee of the Association has not yet decided what action should be taken to implement the policy of the Association, but, as we see it, the stage in the negotiations with the Natal Provincial Administration which has now been reached is similar to that reached in 1948 in the negotiations with the Transvaal Provincial Administration when the Association was obliged to mobilize all its resources in order to prevent that Administration from providing free medical treatment for patients who could well afford to pay for it. We are moreover confident that the success achieved in 1948 will be repeated.

In all non-communist countries it is a generally accepted rule that the State should not compete with private enterprise in the sale of goods or services to the public. The Natal Provincial Administration must therefore expect that not only the medical profession, but also any other class of persons which may in the future be affected, will fight, with all the resources which they can muster, any unfair competition by the State in its own particular sphere in the field of private enterprise.

All members of the Association resident in Natal are earnestly requested to attend a special meeting which will be held in Durban on Friday, 30 November 1962. The notice convening this meeting appears on page 931 of this issue.

ONVERMYDELIKE MEDEREISIGERS

Moderne verkeers- en kommunikasiemiddels maak reisgeleenthede onder ideale omstandighede moontlik, en die grense van die hele wêreld het gekrimp op 'n manier waarvan ons vroeër nooit kon droom nie. Ons leef trouens in 'n reis-bewuste tydvak, sodat ons kan sê dat ook die psigiese gesteldheid ten opsigte van reis verander het.

Die gunstige omstandighede en voordele wat daar vir ons almal uit hierdie toestand van sake spruit, is moeilik te bepaal. In terme van wedersydse insig in die menslike lewenswyse en natuur het daar groot veranderinge ingetree. In terme van die toeganklikheid van plekke sou ons inderdaad kon sê dat nie die ‚wapad' nie, maar die wêreld vandag ons woning is.

Daar is egter ook kompliserende faktore wat nie uit

die oog verloor moet word nie. As ons reis, reis ons nie alleen nie. Daar is onvermydelike medereisigers, en as dokters dink ons hier veral aan siektekieme soos virusse, bakterieë, basille, protosoë en ander parasiete, wat inderdaad net so oud is soos die mensdom self. Anders as vroeër kan hierdie soort siektekieme vandag dwarsoor die wêreld versprei word gedurende hul inkubasietyd, sonder enige sigbare teken.

In die ou dae het alles so stadig gegaan — toe die vervoermiddels die perd, die ossewa en die seilskip was — dat die siektekieme alles behalwe onsigbare medereisigers was. Trouens, feitlik alle aansteeklike siektes het gedurende 'n lang reis uitgebreek en dus sigbaar geword.

Tipies van daardie tyd is die vervoer van die sandvlooi, *Tunga penetrans*, deur die skip *Thomas Mitchell* van Brasilië na Ambriz in Angola in 1872. Hier was die sandvlooi geen onsigbare medereisiger nie, en die hele bemanning van die skip het aan sandvlooi-siekte gely. Ons het derhalwe ook 'n presiese kennis van hoe die siekte en sy oorsaak vervoer is. Van Ambriz af het *Tunga penetrans* oor die hele tropiese Afrika versprei en het ook verdere vervoermiddels gevind wat dit na Indië gebring het. Dit is slegs één voorbeeld uit die onlangse verlede.

Met verwysing na die tyd toe die Sjinese en Indiese profilaktiese maatreëls teen pokke vir die res van die wêreld nog heeltemal onbekend was, kan ons die verspreiding van pokke, bv. in Europa, goed volg. Die eerste definitiewe pokke-epidemie het daar gedurende die sesde eeu na Christus uitgebreek. In die 13e eeu bereik die pokke Engeland, maar eers aan die einde van die 15e eeu word Duitsland binnegedring. Dit het meer as 200 jaar geneem vir die pokke om van Engeland na Duitsland te versprei. Op daardie tydstip was natuurlike grense, soos die see, nog 'n goeie beskerming teen besmetlike siektes en epidemies. Die kwarantyn (*quaranta* = veertig, dus isolasie vir 'n tydperk van 40 dae) is in 1374 deur die magistraat van die Italiaanse stad Rhegium vir die eerste keer ingestel. Alhoewel slegs persone wat sigbaar siek was daardeur betrap is, was dit tog eeue lank doeltreffend.

Vandag beleef ons 'n nuwe situasie: Aansteeklike siektekieme word, onsigbaar en selfs onvermydelik, deur die mens as draer en deur die moderne interkontinentale vervoermiddels na en van veraf geleë lande oorgedra. Pokke, geelkoors, pes of enige ander aansteeklike siekte kan plotseling gedurende die inkubasietyd versprei word. Nuwe probleme het dus vir die volksgesondheid en gesondheidsbeamptes ontstaan. Die pokke-uitbrekings 'n paar jaar gelede in Wes-Duitsland en in Frankryk, en herhaaldelik in Engeland, staaf die erns van die toestand. Voldoende beskerming deur verpligte entstowwe bewaar die reisiger self, maar hy dien tog as 'n vervoermiddel, en as daar 'n bevolking is wat geen voldoende entstofbeskerming het nie, dan kan daar skielik 'n onverwagte epidemie uitbreek.

Die mens dien egter nie net vir mens-patogene kieme as draer nie. Dikwels is hy ook 'n geskikte oordraer van dieresiektes, soos bv. bek-en-klou-seer. Die mens is omtrent altyd weerstandig teen hierdie siekte, maar onbewus is hy een van die hoofoordraers van die droogte-weerstandige virus. Gedurende 1946 het die VSA $35,000,000 gespandeer om bek-en-klou-seer uit te roei, maar hierdie groot eksperiment was sonder sukses omdat dit onmoontlik was om die hoofoordraer, die mens self, te betrap.

Deur vandag se vinnige verspreidingsmoontlikhede word omtrent alle siektes kosmopoliete. Derhalwe moet geneeshere wat in 'n koue klimaat werk ook 'n opleiding in tropiese geneeskunde ontvang omdat so 'n siekte enige oomblik mag opduik.

Watter profilaktiese maatreëls kan ons teen die onvermydelike medereisigers beskerm? Daar is slegs een metode: algemene en deeglike vaksinering van die hele bevolking. 'n Dringende noodsaaklikheid ontstaan ook om epidemiologiese en mikrobiologiese opleiding te beklemtoon. Die outoriteite wat belas is met die bestendiging van die volksgesondheid het alreeds in die verlede groot prestasies op hierdie gebied gelewer. Om sukses te behaal en sekuriteit in die toekoms te verseker, moet die probleem egter op 'n globale en universele grondslag benader word.

MEDICAL ASSOCIATION OF SOUTH AFRICA

SPECIAL GENERAL MEETING OF MEMBERS RESIDENT IN NATAL

A Special General Meeting of all members of the Association resident in Natal will be held in the Upper Lecture Theatre, 4th Floor, Medical Faculty Building, 719 Umbilo Road, Durban, on Friday, 30 November 1962, at 8 p.m.

The subject for discussion at the meeting, which will be presided over by Dr. E. W. Turton, Chairman of Federal Council, is

THE HOSPITALIZATION POLICY OF THE NATAL PROVINCIAL ADMINISTRATION WITH PARTICULAR REFERENCE TO THE SALE OF MEDICAL SERVICES BY THE ADMINISTRATION TO THE PUBLIC.

The members of the Executive Committee of Federal Council will be present at the meeting, which has been called with the express purpose of affording the Executive Committee the opportunity of consulting with members in Natal regarding the steps now to be taken by the Committee to end the deadlock in its negotiations with the Province concerning the implementation of the Association's policies. In this connection attention is drawn to the Editorial appearing on page 929 of this issue in which the nature of the dispute between the Association and the Administration is fully explained.

As the matter at issue is of vital importance to the entire medical profession, a special invitation to attend the meeting is also extended to medical practitioners who are not members of the Association, and this special invitation applies particularly to practitioners who hold appointments at Provincial hospitals.

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Pretoria *Associate Secretary*
20 October 1962