VAN DIE REDAKSIE : EDITORIAL

DIE OMVANG EN IMPLIKASIES VAN DIE PROBLEEM VAN ONGELUKKE

Die aandag van die algemene publiek en van die mediese professie in die besonder is gedurende die afgelope tye by herhaling gevestig op die implikasies en omvang van die probleem van ongelukke van allerlei aard. En dit is nodig dat hierdie probleem beklemtoon word, aangesien ons in 'n tyd leef waarin die bedreiging van ongelukke 'n baie belangrike faktor geword het by die beskouing van die publieke gesondheid en veiligheid in die algemeen.

Dat hierdie toestand van sake ontstaan het, is eintlik onvermydelik. Die vinnige ontwikkeling van die moderne nywerheidstelsel het die arbeider op 'n duisend-en-een vlakke blootgestel aan die soort van ongelukke wat vroeër nooit eers vermoed is nie. In sy arbeid het die ongeluksbedreiging dus vir die moderne mens 'n belangrike faktor geword. Die moderne verkeer, in die lug, op die aarde, in die water, en selfs in die tonnels onder die aarde, het ook ongelukke op 'n vroeër ongekende skaal gebring. Selfs in ons huise is ons van dag tot dag aan hierdie bedreiging uitgelewer.

Wat die omvang van padongelukke betref, is die volgende syfers interessant: Volgens die jongste beskikbare opgawes het daar in 1959, 108,319 padongelukke in Suid-Afrika voorgekom, waarvan 2,842 noodlottig was en 8,534 op baie ernstige beserings uitgeloop het.

Die toestand is heelwat erger in terme van die getalle beserings op die gebied van die nywerheidslewe. Die ongevallekommissaris het bv. aangekondig dat daar in 1959 213,742 ongelukke by hom aangemeld is. Gedurende daardie jaar moes die groot bedrag van meer as R5 miljoen as kompensasie vir beseerde persone uitbetaal word. In terme van die jongste nywerheidswetgewing, wat waarskynlik gedurende hierdie sitting van die Parlement afgehandel sal word, sal die bedrag wat jaarliks aan kompensasie uitbetaal moet word na verwagting vermeerder tot R7 miljoen.

Wat ongelukke in die burgerlike lewe en tuis betref, is dit moeilik om spesifieke syfers aan te haal. Die Direkteur van die Wêreldgesondheidsorganisasie is egter van mening dat nagenoeg die helfte van alle ongelukke wat voorkom in private huise voorkom, en dat kinders meer as enige ander groep persone die slagoffers van hierdie ongelukke is. Wat die koste vir die land en vir die gemeenskap in terme van geld en in terme van swak gesondheid is, as gevolg van hierdie groot aantal ongelukke wat in huise voorkom, is dus moeilik om te bereken. Dit is egter meer as aansienlik.

Vir die geneesheer sowel as vir elke verantwoordelike burger van die land is die belangrikste vraag in hierdie verband: Wat kan gedoen word om die bedreiging van ongelukke te verminder? Gelukkig is daar 'n paar positiewe maniere waarop die probleem benader kan word.

1. In die eerste plek moet dit besef word dat daar 'n definitiewe faktor van vatbaarheid vir ongelukke by 'n sekere persentasie van mense voorkom. 'n Groot aantal ondersoeke is al op verskillende gebiede uitgevoer om te probeer vasstel wat hierdie faktor van vatbaarheid vir ongelukke omvat. Dit is nie maklik om al die elemente op hierdie gebied bloot te lê nie. Nogtans wil dit voorkom of faktore soos swak motoriese koördinasie, visuële defekte, dranksugtigheid, en 'n hele aantal ander temperamentele faktore almal in minder of meerdere mate 'n rol speel op hierdie gebied. Dit sou dus verstandig wees om persone wat onderhewig is aan 'n besonder hoë vatbaarheid vir ongelukke sover moontlik uit te skakel uit take en prosesse wat die moontlikheid van ongelukke insluit.

2. In die tweede plek kan 'n doeltreffende organisasie wat daarop ingestel is om die toepassing van verkeersreëls te beheer, baie doen om die ongeluksyfer te verlaag. Op dieselfde manier kan die streng en doeltreffende toepassing van nywerheidsreëls 'n invloed hê op die voorkoms van ongelukke in die nywerheid.

3. Wat die algemene publiek betref, en ongelukke in die huise, behoort 'n uitgebreide stelsel van veiligheidspropaganda 'n sekere mate van invloed te hê. Ongelukke sal natuurlik nooit algeheel uitgeskakel kan word nie, maar hoe meer mense bedag is op die moontlikheid van ongelukke, hoe meer sal hulle kan doen om ongelukke te vermy.

Die tema vir die Wêreldgesondheidsdag, wat deur die Wêreldgesondheidsorganisasie georganiseer is, was vanjaar juis die probleem van ongelukke en hoe om ongelukke te voorkom. Propaganda van hierdie aard op 'n nasionale en internasionale vlak behoort sonder twyfel te help om die aandag van alle verantwoordelike mense te vestig op die bedreiging van ongelukke, en op die moontlikhede om hierdie bedreiging in die toekoms te verminder.

MENTAL HEALTH SERVICES

At the Annual Health Congress held by the Royal Society of Health last year at Torquay, England, Dr. G. E. Godber, Chief Medical Officer, Ministry of Health, outlined the changes in mental health services that had taken place in England and Wales in the past decade, and forecast a rapid development in the next ten years. The statement is of interest in South Africa, where the same problems are being faced.

Doubts arose about the wisdom of the policy of long detention of patients in the mental hospitals. In 1958, these comprised 48% of all hospital beds in England and Wales, but were responsible for only 3·4% of the turnover in hospitals of all kinds. Can a reduction be made in the proportion of mental cases treated as inpatients, and in the length of stay in hospital? Some progress in this direction has already been made. During the 9 years 1949 - 1958, the inpatient turnover in hospitals for the mentally ill or subnormal increased by 75%—with only a 6% increase in the number of beds. The percentage increase in turnover was more than double that achieved in the rest of the English

hospitals. The total turnover in the mental hospitals, however, still remains comparatively small; nevertheless Godber considers that the increase represents the beginning of a revolution in psychiatric practice. A steady decline is now taking place in the number of patients resident in the mental hospitals, notwithstanding the increase in admissions which continues.

Some of the factors that have contributed to this development are the new methods that have been discovered for the treatment of mental disease; but a still more important factor is the change that has taken place in the general attitude towards mental illness, and the 'emergence of psychiatry from its isolation from the rest of medicine and, indeed, from the rest of the community'.[1] It is now recognized that rigid segregation tends to increase mental disturbance. If possible, the patient should not be removed from the support of his 'family and familiar things'; and if admission to hospital is unavoidable, his contact with life outside should be maintained and he should remain an inpatient for as short a time as possible.

The influence of these two factors has shown itself also in the rapid growth of psychiatric outpatient services and the establishment of day-hospitals, of which there are now more than 60 in England and Wales, as well as social clubs and analagous institutions for mental patients.

The British national health service has made provision for more trained psychiatrists and for better training. Their numbers increased by 60% in the past ten years. The 50 young doctors who now start as senior registrars in psychiatry every year, number two-thirds more than those in general medicine or general surgery, and constitute about one-fifth of all senior registrars at that stage. It is doubtful what further improvements will be possible in this direction; the limiting factors are the number of candidates with the necessary aptitude and inclination, and the extent of the modern facilities for the treatment of patients and the training of psychiatrists.

The hospital centres, says Dr. Godber, which have made most progress in psychiatry, have done so by providing early treatment for the acute cases by means of outpatient clinics, day-hospitals, and short-stay inpatient treatment. He quotes the example of Oldham, where a population of about 25,000 is being effectively served by a unit of 220 beds plus outpatient department, day-hospital, and 32 psychogeriatric beds; and it is found necessary to send only a few patients to the long-stay mental hospital. At Birmingham it has been estimated that, with modern methods, a population of one million may eventually need 300 - 400 short-stay beds and 1,000 beds for continued treatment.

A warning is issued against breaking the psychiatric staff, medical and nursing, into a more favoured section looking after the acute and short-stay hospital, and other modern developments; and a section responsible for the more tedious work of the longer-stay units. To maintain efficient and contented staffs, the two groups should be unified.

To achieve full efficiency it is stressed that psychiatric hospital services should be linked with general hospital services, including those for the chronic sick and the aged; and also with the local authority health services.

Apart from provision for the mentally subnormal, it is concluded that in England there is no need for a greater total number of psychiatric beds—rather less. More psychiatric services are required, and the new buildings that are erected to keep pace with current needs must, of course, be designed and planned in accordance with modern psychiatric knowledge. The danger is recognized that overcrowding in the existing mental hospitals might lead to their extension on the old pattern of resident treatment 'rather than the adoption of measures that would help to modernize the psychiatric service and reduce overcrowding very much faster'.

'No hospital building programme could transform quickly the products of the last 150 years into the buildings needed now.'

1. Godber, G. E. (1961): Roy. Soc. Hlth J., **81**, 3.