

EDITORIAL : VAN DIE REDAKSIE

THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL — ELECTION OF NEW MEMBERS

The five-year term of office of the present Council will expire on 31 December 1963. A new Council, consisting of both elected and appointed members, will therefore have to be constituted. The election of the ten elected medical members will take place in the near future. Every registered medical practitioner will receive a list of nominated persons from the Registrar of the Medical Council; he must then vote for those candidates whom he wishes to support, and return the ballot paper to the Registrar before or on 17 December 1963.

In South Africa the Medical Council has a very important function. Under the Medical, Dental and Pharmacy Act No. 13 of 1928, as amended, the Council is authorized to lay down and enforce the standards for medical education in the country and to exercise control over the professional behaviour of doctors. In these days of irresistible change and uncertainty regarding values and standards, it should be a source of pride to us that we have a body like the Medical Council whose duty it is to guard our ethical and professional and academic heritage.

The spheres of influence of the Council are however not limited to those mentioned above, and they are extending continuously. Recently, for instance, the Council played an important part in acting as adviser to the Minister in the matter of formulating the policy of the Government regarding reciprocity of registration between this country and a number of other countries which are not members of the British Commonwealth of Nations. The Medical Council will also be called upon in the near future to advise the Minister on important matters in the field of the economics of medical practice.

The Medical Council is *par excellence* a statutory body, created by the State to guard and protect the interests of the medical profession as a whole as well as of the general public. It is therefore a body which, together with the Medical Association of South Africa (a voluntary organization) is destined to make an extremely important contribution to the shape of things to come in regard to the future status and pattern and quality of our medical services in this country.

In view of the fact that the Medical Council is of such paramount importance, it might be fitting to examine the composition of the Council—especially with reference to the forthcoming election of new members. At present the composition of the Council is as follows:

1. Eight members appointed by the Minister of Health. The names of the eight members appointed for the next term of office of the Council have already been published in the *Government Gazette* for 27 September 1963. They consist of six doctors and dentists, and two lay-members, viz. Dr. B. M. Clark, Secretary for Health; Dr.

A. M. Lamont, Commissioner for Mental Hygiene; Prof. S. F. Oosthuizen; Dr. J. A. Oosthuysen, Director of Health Services, S.W.A.; Dr. E. C. Raymond; Dr. J. Howell; Mr. W. H. Rood; and Adv. J. H. Steyn.

2. Five doctors appointed by die respective Universities to represent the five faculties of medicine, and two dentists to represent the two faculties of dentistry. The persons appointed are usually the deans of the respective faculties.

3. Two members appointed by the South African Nursing Council; these have always been two registered nurses.

4. Ten doctors and four dentists respectively elected by the registered doctors and dentists in the Republic.

An analysis of the constitution of the Council, as set out above, shows that by far the greatest number of members of the Council are doctors who are not in private practice, and dentists and lay people. Only a very small minority are doctors in private practice. Moreover, the doctors elected to the Council by the medical profession constitute less than one-third of the total membership of the Council. The proportion has become less as the number of medical and dental faculties in the Republic has increased. We are indeed fortunate in having full-time and non-medical members on the Council who have rendered and are still rendering invaluable services to the profession and to the public. But, it must be kept in mind that we are today facing radical and incisive changes in the basic pattern and the nature of our health services in general. We are experiencing great changes and adjustments in the traditional doctor-patient relationships, in the economics of medical practice, in the standards of training and the rules of practice, in the relationship between the State and the doctor, and in the ever-increasing field and range of preventive medicine.

In view of these observations it would appear necessary that doctors in private practice be better represented on the Council, and also, perhaps, that the powerful and growing pharmaceutical trade be represented directly on the Council. A change of this nature can obviously only be brought about by legislation, so that this aspect of the matter has little practical bearing on the forthcoming election. These thoughts are expressed for serious consideration in the future.

With the momentous changes now under active consideration it is most important that every doctor should exercise his vote in the forthcoming election. Moreover, the Government cannot be expected to give due weight to the views of the profession when only a minority exercises its vote, or listen to its claim for more elected members on the Council.

DIE SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD — VERKIESING VAN NUWE LEDE

Die vyf-jaar termyn van die huidige Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad loop op 31 Desember 1963 ten einde. Voor daardie tyd, dus, moet 'n nuwe Raad, wat bestaan uit gekose lede en benoemde lede, saamgestel word. Die verkiesing van die gekose lede moet binnekort plaasvind. Elke geregistreerde geneesheer sal 'n lys van die genomineerde persone van die Registrateur van die Raad ontvang, en hy moet dan sy stem uitbring deur 'n kruisie te maak agter die naam van die kandidaat wat hy ondersteun en die lys dan aan die Registrateur terug besorg voor of op 17 Desember 1963.

In Suid-Afrika vervul die Geneeskundige Raad 'n heel besondere funksie. Hierdie Raad staan naamlik wag, deur outoriteit aan hom verleen kragtens spesiale wetgewing (Wet op Geneeshere, Tandartse en Aptekers, No. 13 van 1928—soos gewysig), oor die standaarde van opleiding en die etiese en professionele gedrag van elke geneesheer in die land. In hierdie dae van onsekere en wisselende standaarde is dit 'n bron van trots dat ons so 'n beheerliggaam het. Maar, die belangese en die beheer van die Raad oor allerlei mediese sake brei steeds uit. Die Geneeskundige Raad dien, onder meer, as adviseur van die Minister oor 'n groot aantal beleids- en beginselkwessies, soos byvoorbeeld die vraagstuk van gedeeltelike en voorkeurbeheer van geneeshere wat elders opgelei is, mediese gelde, ens.

Die Geneeskundige Raad is dus by uitnemendheid 'n statutêre liggaam wat spesiaal deur die Staat daargestel is om die belange van lede van die mediese professie sowel as van die algemene publiek te beskerm. Dit is ook die liggaam wat saam met en naas die Mediese Vereniging van Suid-Afrika (wat 'n vrywillige organisasie is) 'n groot mate sal bydra tot die patroon en status en kwaliteit van ons toekomstige mediese dienste.

Omdat die Geneeskundige Raad so 'n belangrike liggaam is en so 'n sleutelposisie in ons mediese professionele lewe inneem, sal dit dus van pas wees om die samestelling van die Raad van naderby te beskou—veral in die lig van die aanstaande verkiesing van die gekose lede van die Raad.

Op die oomblik is die Raad soos volg saamgestel:

1. Agt lede wat deur die Minister van Gesondheid benoem word. Die name van die 8 lede vir die volgende ampstermyn is alreeds bekend gemaak deur publikasie in die *Staatskoerant* van 27 September 1963. Hulle bestaan uit 6 geneeshere en tandartse en twee lekelede, nl. dr. B. M. Clark, Sekretaris van Gesondheid; dr. A. M. Lamont, Kommissaris van Geesteshigiëne, prof. S. F. Oosthuizen, dr. J. A. Oosthuysen, Direkteur van Gesondheidsdienste, S.W.A., dr. E. C. Raymond, dr. J. Howell; mnr. W. H. Rood; en adv. J. H. Steyn.

2. Vyf geneeshere wat deur die onderskeie universiteite aangestel word om die vyf geneeskundige fakulteite te verteenwoordig en twee tandartse wat die tandheelkundige fakulteite verteenwoordig.

3. Twee lede wat deur die Suid-Afrikaanse Verpleegstersraad benoem word: Hulle was altyd geregistreerde verpleegsters.

4. Tien geneeshere en vier tandartse wat deur die geregistreerde dokters en tandartse in die Republiek gekies word.

'n Ontleding van die samestelling van die Raad, soos hierbo uiteengesit, sal dadelik aantoon dat verreweg die grootste aantal lede van die Raad uit geneeshere bestaan wat nie in die private praktyk is nie, en lekelede en tandartse, en uit 'n klein minderheid van privaat-praktiserende geneeshere. Bowendien vorm die lede van die Raad wat deur geneeshere verkies word minder as een-derde van die totale aantal lede van die Raad. Die verhouding het al kleiner geword na mate die mediese fakulteite in die Republiek vermeerder het. Nou is dit gelukkig wel die geval dat die voltydse en nie-praktiserende lede van die Geneeskundige Raad onnoembare groot dienste in die verlede bewys het en nog bewys. Aan die anderkant is dit egter ook die geval dat ons in die mediese praktyk voor die grootste verandering van die basiese patroon van ons gesondheidsdienste staan wat ons nog ooit beleef het.

Ons leef in tye waar daar daagliks groot veranderings en aanpassings is ten opsigte van die tradisionele dokter-pasiënt verhouding; van die finansiering van gesondheidsdienste, insluitende hospitalisasie en die verskaffing van medisyne; van die standaarde van opleiding en reëls van die praktyk; van die verhouding tussen Staat en geneesheer; en van die ontwikkelende en verbredende gebied van die voorkomende geneeskunde.

Om hierdie rede lyk dit vir ons noodsaaklik dat die Geneeskundige Raad 'n groter verteenwoordiging van privaat-praktiserende geneeshere moet hê, en ook moontlik van lede wat die farmaseutiese bedryf kan verteenwoordig. 'n Verandering van hierdie aard kan natuurlik slegs deur wetgewing bewerkstellig word, sodat dit as praktiese oorweging nie by die huidige verkiesing ter sake is nie. Ons noem hierdie gedagtes egter vir ernstige oorweging in die toekoms.

Wat die huidige verkiesing betref, is daar egter tog iets wat ons kan doen: Ons kan toesien dat so 'n groot aantal geneeshere as moontlik hulle stemme uitbring. Die Geneeskundige Raad kan slegs die professie met 'n sterk stem by die Minister van Gesondheid en by die publiek verteenwoordig as sy samestelling ware uitdrukking gee aan die wil en voornemens van die oorgrote meerderheid van geneeshere in die Republiek van Suid-Afrika.