

VAN DIE REDAKSIE : EDITORIAL

SANTA LEWER 'N ONSKATBARE DIENS

Uiteraard is toring een van daardie soort siektes, soos kanker, geslagsiektes en geestesiektes, waaroor lede van die publiek in fluisterstemme praat: 'Het jy gehoor A. is só siek. Ek verstaan dit is toring?' Dit is asof hulle van 'n heimlike ramp, 'n skandelige besmetting praat. Hierdie betreurenswaardige houding word verklaar omdat toring deur so vele gevrees word, omdat dit soms met afsondering van die pasiënt gepaard gaan en omdat dit geldelike swaarkry, gebroke huise en 'n gevoel van magtelosheid op sy spoor laat. Of berus dit miskien op 'n skuldgevoel omdat daar hier, soos elders, soveel onkunde en apatie omtrent die bedreiging van toring bestaan—so 'n traakmy-nie houding, want dit sal my tog nie oorkom nie?'

Daarom is dit verblydend dat daar 'n beweging is soos SANTA (Suid-Afrikaanse Nasionale Toringvereniging), wat nie alleen daadwerklik stappe doen om toring te bestry en die lot van die aangetastes en hul gesinne ligter te maak nie, maar ook om feitelike inligting oor die siekte in hul maandblad *SANTA News* te versprei. Tydskrifte wat hulle aan die beriggewing van mediese onderwerpe wy, is geneig om droog en ingewikkeld te wees—veral vir lede van die publiek. Dieselfde kan nie van *SANTA News* gesê word nie. Die redaksie slaag uitstekend daarin om op 'n interessante en lewendige manier gegewens oor toring te versprei wat dit nie alleen besonder lesenswaardig maak vir die gewone man nie, maar wat ook deur mediese lui met belangstelling gelees kan word. Op hierdie

manier doen hulle veel om daardie sameswering tot stilte, wat die lewensuitkyk van vele is, die nek in te slaan. Hulle onderskryf ook die waardevolle werk wat SANTA doen en die noodsaaklike behoefte dat welwillende lede van die publiek hierdie beweging geldelik moet steun. Die fondse word goed aangewend, soos blyk uit die boodskappe van mnr. I. G. Fleming (Ere-president) en dr. J. J. du Pré le Roux (Nasionale Voorsitter) in die Desember uitgawe van *SANTA News*.

SANTA beheer tans 34 eenhede vir toringbestryding wat 7,000 pasiënte ('n derde van die land se totaal) huisves. Hier word alle geneesmiddels, mediese en verpleging-dienste, goeie toesig, en voedsame voedsel verskaf en arbeidsterapie word ook waargeneem. Verder onderneem SANTA gereeld 'n herwaarding van die dienste wat hy lewer (die inrigtings sowel as die behandeling), gee hulp aan pasiënte en hul naasbestaendes en daar word gepoog om pasiënte innuttige werk te herstel en hulle tot volwaardige lede van die samelewing te laat terugkeer. Tussen 12,000 en 14,000 toringlyers gaan jaarliks deur hul hande—die meeste waarvan genees word. Verder doen SANTA ook onskatbare werk op die gebied van toringbestryding en die verspreiding van toeligting oor die siekte.

Al hierdie inligting, en baie op 'n meer persoonlike vlak, word pittig deur *SANTA News* gerapporteer.

THE MEDICAL ASSOCIATION AND FULL-TIME MEDICAL OFFICERS

In a letter¹ which was published in the *Journal* on 27 March Dr. H. de V. Heese, who holds a full-time academic post, referred to a recent letter by Dr. Kaplan² in which Dr. Kaplan among other things said that he, as a full-time senior medical officer and a member of the Medical Association of some years' standing, found it most gratifying to know that the Medical Association had the interests of the whole profession at heart. Dr. Heese himself, however, felt that his own confidence in the Medical Association of South Africa was extremely shaky, and he felt that this feeling was shared by many of his colleagues who are employed in a full-time capacity.

In his letter Dr. Heese raised 3 important points: (1) He referred to the editorial article 'The Medical Association and full-time medical officers'³ quoting the statement: 'the question (what does the Association do for the full-timer?) expects an answer which will give the material benefits of membership, and these can be set out'. He then proceeds to say that these material benefits have not been pointed out. (2) Dr. Heese referred to the editorial statement that negotiations on behalf of private practitioners always had an indirect beneficial effect on the salary scales of full-time practitioners. He felt that he would like to have facts and examples to prove this statement. (3) Dr. Heese points out that although it is

always stated that the Medical Association has a keen interest in the material interests of administrative, clinical and academic personnel, the actuarial survey of medical practice that was recently circulated to members of the Association seems to contradict this since no mention was made in the questionnaire of the working conditions of full-time personnel. In addition to the above, he said that it was rumoured that the Association as such, and therefore also the full-time personnel, would have to meet the costs of this actuarial survey by an increase of membership fees.

The views expressed and the questions asked by Dr. Heese are extremely important and we are grateful to him for giving us an opportunity of replying to these questions: The Medical Association sincerely tries to serve its members and the Groups to which they belong according to their individual needs. It follows, therefore, that the stronger the Association becomes, the more it will be able to accomplish for its members.

The interests of full-time medical practitioners range from organizational planning and actual support towards obtaining better material working conditions, to the promotion of their cultural and academic interests. Our replies to the questions referred to above can be summarized as follows:

Question 1. The Association has created the machinery for Groups of full-time medical practitioners to function as *Groups* within the Association. There are, for instance, the following recognized Groups 'The Full-time Hospitals and Universities Medical Officers Group', 'The Hospitals Administrators Group', 'The Medical Officers of Health (State Medicine) Group', etc. In view of the fact that the Association is composed of members and Groups it follows that the services which it renders to its members should be measured by what these members do for themselves within their Groups. The whole machinery of the Medical Association as a pressure-group is available for Groups to use towards the advancement of their own interests. The Association is therefore ever-ready to assist the Groups in furthering their own interests and no appeal to the parent body for help has ever been disregarded.

It might be useful to draw attention to the provisions of the Constitution in this regard. By-law 25 of the Constitution of the Association reads as follows: ' . . . Groups may, if they think it desirable, request the (Federal) Council to act for them (suggesting the line of action desired), although it may be in a matter affecting only the interests of the Groups and not the whole Association . . . Council may refer matters to a Group for information and/or action on occasions when matters affecting that Group have come before the Council directly'. Federal Council will therefore always welcome any request to act for a Group, but the interests of the particular Group must be brought to the Council directly. For some reason the Groups of full-time medical officers have not availed themselves sufficiently of this right and privilege. One of the reasons why this is so is almost certainly the very fact that such a low proportion of full-timers are active members of the Association.

Question 2. With reference to the specific material improvement of working conditions of full-time practitioners, it should be pointed out that there is a clear and close (although indirect) connection between the working conditions of general practitioners and those of full-time practitioners. The whole history of this relationship in the past is as follows: whenever private fees have been raised as a result of negotiations, a tendency followed for full-time practitioners to go into general practice. This created a shortage of full-time personnel, which in turn again led to the improvement of working conditions generally for

full-timers. This cycle has already been completed a number of times over the last few decades.

However, the Medical Association has also been making direct approaches to the authorities in order to try to improve the working conditions of its full-time members. After fruitless approaches last year to the individual Provinces, an interview is now being sought at the highest level of the Association with the Central Services and Hospital Coordinating Council and directly with the Minister of Health.*

In addition to this, organized medicine can be shown to have been behind the establishment and the extension of our university medical schools, hospitals and clinics all over the country. The latest addition to facilities for post-graduate education and examination in our country was due to the Medical Association which set up a Committee of the Federal Council 'to establish a College of Physicians and Surgeons for South Africa'. Many full-time practitioners owe their specialist status to this enterprise of the Association.

Question 3. With reference to the actuarial survey, it should be pointed out that this survey is being carried out in stages. One stage was the questionnaire which was intended to make a survey of private practice in this country. Another questionnaire has already been circulated to 700 medical officers of medical benefit societies, and a third, dealing exclusively with the interests of full-time people, has recently been circulated to the whole profession in order to try to find out where the 'full-timers' are, what kind of work they do, what their salaries are, how long they have been on their present salary scales, what their expected pensions will be, and what other needs they may have, etc. The Association is therefore in fact busy doing as much as possible for all its members, and the Association can only try its best.

As far as meeting the costs of the actuarial survey is concerned it should be pointed out clearly that the intention of Federal Council was never to let full-time medical officers pay for this survey by raising membership subscriptions. The resolution of Federal Council in this regard, published on page 56 of the *Journal* for 16 January 1965, minute no. 63, reads as follows: 'The question of financing the cost of the actuarial survey was then discussed, and it was agreed that it would be necessary to raise a voluntary levy to meet these costs. Council

*A deputation consisting of Dr. E. W. Turton (Chairman of Federal Council) and other members of the Medical Association called on the Honourable the Minister of Health on 15 March 1965 to discuss the problem of the salaries and working conditions of doctors in full-time employment. The Minister undertook to give his urgent personal attention to this matter and to assist the Association in arranging an interview with the Central Services and Hospital Coordinating Council and/or the Public Service Commission on the earliest possible occasion.

The problem of the working conditions of doctors in full-time employment was also discussed with the Minister on a completely different level.

The Minister recently wrote a letter to the President of the South African Medical and Dental Council in which he stated that it was the intention of the Government to approach the problem of the actual or relative shortage of doctors in this country by introducing an amendment to the Act so as to authorize the State President, as a temporary measure and after consultation with the Council, to allow any foreign

doctor whose qualifications meet the requirements—except those of reciprocity—to practise permanently in any provincial hospital or at any place in the service of the State.

The Medical Council discussed the problem fully and decided unanimously to inform the Minister that the Council recognizes the problem which he has to face, but that Council felt that it could not support the suggestion contained in the Minister's letter.

A deputation consisting of Professor S. F. Oosthuizen (President of the Medical Council) and other members of the Council then called on the Minister on 17 March 1965, to discuss this whole problem by pointing out all the unsatisfactory facets of full-time medical practice and by suggesting an urgent comprehensive investigation of the problem. The deputation conveyed to the Minister the intention of the Medical Council to assist in every possible way and as speedily as possible to carry out this investigation. (See also the report on the discussion of this problem at the recent meeting of the Medical Council, p. 285 of this issue—Editor.)

agreed to leave it to the Executive Committee to decide how this could best be done.'

In addition to looking after the material interests of its members, the Association has also remained active in promoting the cultural and academic interests of all its members. Groups within the Association have from time to time organized very important Group congresses, and the Association itself, in organizing its biennial medical congresses, has been trying to keep its members in contact with research work being done in hospitals and clinics all over the country.

It must also be stressed that the publication of the *Journals* of the Association is one of the most important services rendered by the Association to its members. This is a service which by its nature probably benefits full-time academic colleagues more than any other group of doctors. Apart from the fact that the publication of their articles makes it possible to disseminate the research work done by members of the Association in this country to most of the important medical libraries and editorial offices

all over the world, as well as to all members of the Association in this country, the publication of articles containing their research work are of especial interest to people in full-time clinical or academic employment, since the publication of original research work today is as important as the attainment of additional qualifications. In fact, when applications for academic and clinical appointments are considered, a list of published articles containing original research work is looked upon as an important additional qualification.

It is true that it is not possible for a voluntary organization to achieve 100% membership, but if the doctors in full-time employment realize something of the responsibility they owe to their profession and to the men in both full-time and private practice who work tirelessly for their profession in the ranks of the Association, they will join and add their support to what is done for the good of all doctors.

1. Correspondence (1965): *S. Afr. Med. J.*, **39**, 267.
2. Correspondence (1965): *Ibid.*, **39**, 168.
3. Editorial (1965): *Ibid.*, **39**, 2.