WHITHER THE MEDICAL ASSOCIATION*

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I should like to say, initially, that to make any organization as democratic as the Association, *work* is, in itself, a wonder, but where its membership is voluntary and its members spread over thousands of miles, it becomes even more amazing.

*Valedictory address.

Central Committees

At the head of our Association is the Federal Council, comprising representatives from each Branch based on its membership. At the head of the Federal Council is the Chairman and around him revolves most of the work of the Association.

He is assisted by several committees. First is the Executive Committee, concerned with running the M.A.S.A.; it also acts as an advisory body to Federal Council, who may refer special work back to it for action. Then there is the Parliamentary Committee dealing with Government, the Medical Council and various legal problems. The Central Committee for Contract Practice deals with contract practice, but in particular with medical aid affairs. There are various other committees dealing with other matters—the Head Office and Journal Committee, the Ethical Committee, the Workmen's Compensation Committee, as well as special committees appointed from time to time.

Let no one think membership of these committees is a sinecure. Many of them and their members meet weekly, in addition to the ordinary meetings of their Branch or other committees. It is a pity that the volume of work put in by the doctors who are members of these committees is not widely known or appreciated. I feel the *Journal* should give far more information as to what goes on behind the scenes. Let us at least be grateful that we live sufficiently far from the centre of things to be free from duties with these working committees.

Subsidiary Committees

In addition to these central committees, there are four subsidiary committees of the Executive. These are provincial in distribution and, as they are augmented by members of Federal Council who are not on the Central Executive, are known as the Augmented Executive Provincial Committees. They deal with problems peculiar to each province, but as the Provincial Administrations are tending to coordinate their approaches more and more to medical problems, it is obvious that these committees in time will tend to become negotiating bodies carrying out the policy of the Central Executive and not themselves making new approaches without reference to the central body.

Most of you are aware of the activities and methods of Branches, but few realize the importance of the outlying areas forming divisions and coordinating opinion so as to bring the attention of the Association to conditions in the platteland. Similar importance must be attached to groups representing special types of employment, e.g., the RMO Group. It is ridiculous for members of the Association, such as members in full-time employment, to sit back and expect their problems and difficulties to be solved unless they, in the first place, are prepared to bring their disabilities to the notice of the Association. I am glad to say that last year this Branch was responsible for instigating the formation of a group comprising all doctors in full-time appointments and I trust this initial endeavour will not be fruitless.

Problems

Why then, with the intricate organization of some 6,000 members and many hard-working, enthusiastic councillors, is there so much dissatisfaction expressed by the average member? Why does one continually hear that recurrent cry, 'What is the Association doing about it?'

The first stumbling block is due to the democratic nature of our organization. There can be no short cuts, but matters must be openly discussed and approved. For any major change in policy, the matter is first discussed at Branch level, then referred to Federal Council; perhaps back to the Branches and finally to Federal Council again. This may take up to two years. There can be no doubt that the democracy which makes us strong in the long run appears as a weakness if only a short-term view is taken.

Another limiting factor is the physical capacity of those who are prepared to serve. They, too, have to earn a living, in the same way as the ordinary member, and the time they can give to the Association is limited.

The third factor is money. It should be remembered that our Association has as much to do as the British Medical Association, plus the disability of covering large mileages, and yet our annual subscription is less than theirs, while their membership tops the 40,000 mark compared with our 6,000. If we, as members, want a better and quicker service, we must expect to pay a minimum of R50.00 *per annum*. This may sound excessive, but it represents less than ½% of the average gross income of general practitioners and ⅓% of specialists' gross income; in fact, less than the auditors' fee usually paid. Is this a lot to pay to an organization which is there to serve your interests scientifically, economically and otherwise?

A rough estimate of your own income will show what the Association has done for you alone in the last five years. The income from your hospital work has increased from a fixed R210 a year to R1,000 and sometimes to R2,500. The Association-sponsored Plans have converted at least 70,000 patients from the medical aid group to a higher tariff group. Medical aid rates have been increased from R1.25 for a consultation in January 1961 to R1.90 in January 1966. Railway Sick Fund and other fund capitation payments have been increased.

That is the financial side of the Association's work, but its more important duty is that of protecting you and your interests from outside pressures and controls. The fact that these have not so far been introduced may, in my opinion, be attributed solely to the Association and those doctors in the bigger Branches and on Federal Council who have continued to work actively against proposed unsatisfactory measures.

Finally, it has often been said that the weakness of the Association lies in its voluntary membership and lack of disciplinary control. I was of this opinion once, but I must admit I have changed my view. The Association is there to promote our common interests by discussion and persuasion, to iron out our difficulties, not only between ourselves, but with outside bodies. Discipline is the prerogative of the Medical Council.

Control

There is one field—the field of contract practice—where control rather than discipline is perhaps necessary, and it applies to only a very small percentage of doctors, many of whom do not belong to the Medical Association of South Africa. Why then must the member be subject to discipline and not the non-member? I do not believe, and in this I may be wrong, that the Medical Association of South Africa has any power in its constitution to make contractual agreements with outside bodies which are binding on its members. Any effort to change the constitution to enable it to do so, would result in the Association having to alter its whole outlook and much of its strength would be lost.

What, then, is the answer? It is my opinion that the Association should basically be concerned with the philosophy of medicine, from which it should develop a clear-cut statement of policy and a recommendation to its members as to how that policy should be carried out. It should assist its members in carrying out that policy by explanation, mediation and advice, but it is not for the Association to force that majority policy down any individual doctor's throat. In this way it can encompass all doctors within its fold, giving them free reign for expression of their opinions on policy, methods of practice and so on, thus allowing development of new concepts and ideas.

New Methods

The Medical Association of South Africa must give continual consideration to new methods, not a new constitution. These can only come from those in the know who have experience of handling difficulties. The method of medical practice is changing continuously and so forces changes in our policy; these changes must be determined by our members in the light of their experiences. We cannot act as ostriches with our heads in the sand, talking of the good old days 50 years ago. The biggest change has been the development and growth of prepaid medical care—the extent of which was never envisaged by our predecessors. Our experts in Administration must tell us the methods—they must have time to think and plan. They need adequate and modern office approaches to the problems and this requires money. This is *not*, I repeat, not, a criticism of our Secretariat or Councillors, but of the position we have put them into.

A Medical Guild

The Association should lay down tariffs and conditions of service attached to any type of contract practice, including full-

time practice. These conditions and terms should then be negotiated with interested organizations, such as medical aid societies and the Plans, by a separate body (let us call it the Medical Guild) registered under a different constitution and pledged to support the principles of the Medical Association of South Africa. Doctors, whether members or not of the Medical Association, would contract their services through this body with the said organizations and would be controlled and, if necessary, disciplined by this organization, much as the Plans control their errant members today. In effect, this body would contract with the organized public to supply certain services at fixed rates and under certain conditions. Only those prepaid care organizations registered with the Guild would benefit from the control exercised by the Guild. Doctors prepared to contract would receive certain privileges and, in return, would finance the Guild by payment of ¼% of all income received through Guild contracts.

It must be remembered that the public are being organized, often compulsorily, into large groups with the intention of obtaining medical services. Many of these groups, such as fall under the Industrial Council, are formed without reference to medical opinion and usually under pressure from organized groups. We, on our side, are prepared to give service to these groups, providing the conditions governing appointments are satisfactory. To do so we must have an organization that knows what it is talking about and is well-armed with facts and figures. However, in the great majority of instances, no approach is made to the M.A.S.A.; posts are advertised and young, and older doctors, through economic pressure, are forced into a type of practice which in the long run degrades them into clerks. It may be possible for the individual, in many of the large towns, to escape into a satisfactory type of service, but with the growth of industrialization and industrial agreements, this may be less easy in the future.

A privilege which would be enjoyed by the members of the Guild would be payment direct and in full according to the various tariff agreements. Whereas, in the case of a non-member, the patient would be paid the amount that would have been paid to a member-doctor.

It could occur in the future that the Guild would terminate a contract with an unsatisfactory group and thus make it obligatory on its members to terminate their contracts with the said group. This could undoubtedly cause financial embarrassment to certain members, but the Guild would be in a position to give financial aid in relation to loss of income. This cannot be done by the M.A.S.A. It should be stressed that termination of an agreement would not mean withdrawal of services. In fact, the doctors, of their own free will, could well treat these patients for the same remuneration on a private basis but be free of certain contractual obligations, such as a contractual 24-hour service, rendition of reports and control by non-medical management.

The Guild would be responsible for the continuous review of the conditions of service attached to part-time posts, as well as the economic status of the doctor in society.

By approaching the problem in this manner, I feel the position and status of the M.A.S.A. would be greatly improved and its various branches and sub-groups could revert to their original aims of philosophical and scientific bodies, whereas the business side of medical practice could be organized and run by experts in that field. It would allow the M.A.S.A. to lay down the ideal concept of practice; it would allow the Guild to negotiate for the nearest approach to that concept, taking into account the financial position of the public, the distribution of doctors and other factors governing the life and living of a doctor.