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VAN DIE REDAKSIE : EDITORIAL

BRUIKBARE AFGETREDE BURGERS DEUR MIDDEL VAN VOORBEREIDING VIR AFTREDE

By 'n vorige geleentheid[1] het ons kortliks verwys na 'n simposium wat gehou sou word in Kaapstad oor voorbereiding vir 'n nuttige oudag. Hierdie simposium, wat georganiseer is deur die Nasionale Ontwikkeling- en Bestuurstigting van Suid-Afrika, in medewerking met die Afdeling Opvoeding Buite Skoolverband van die Departement van Onderwys, Kuns en Wetenskap, is toe gehou op 15 en 16 Augustus en het geblyk 'n baie groot sukses te wees.

Die basiese probleem wat bespreek is, is die probleem van voorbereiding vir aftrede op die persoonlike en individuele vlak, en ook op die vlak van ons uitbreidende bedryfslewe in die algemeen. Almal van ons wat belangstel in die samestelling van die gemeenskap waarin ons leef en in die probleme wat daaruit spruit, is bewus van die feit dat ons te staan gekom het voor die feit van die snelstygende aantal ou mense in die samelewing—soos wat dit trouens die geval is in alle gemeenskappe waar verbeterde lewensomstandighede en mediese dienste beskikbaar is.

In 1911, bv., was nagenoeg een uit elke 400 Blanke persone 80 jaar oud; in 1960 was hierdie syfer min of meer een uit elke 100. In terme van die huidige tempo waarmee hierdie vermeerdering plaasvind, beteken dit dat die aantal persone van 80 jaar en ouer binne die volgende 16 jaar sal verdubbel. As ons nou die algemene aftree-ouderdom van 65 as indeks neem, vind ons dat daar nagenoeg 15 miljoen persone van 65 jaar of ouer in Amerika is, ongeveer 8 miljoen in Engeland en omtrent 1 miljoen (alle rasse ingesluit) in Suid-Afrika.

Tesame met hierdie feitlike vermeerdering van die aantal persone van oor die 65 jaar, moet ons ook die wêreldwye tendens tot meganisasie, wat korter werkure en 'n korter werkleeftyd in die algemeen meebring, in gedagte hou. Die totale som van die faktore wat in hierdie verband optree, beteken dat daar in die toekoms al meer betreklike jong mense sal wees wat alreeds afgetree het. Die probleem van hoe om produktief besig te bly na aftrede word dus 'n werklike probleem met belangrike implikasies vir die liggaamlike en geesteswelsyn van die gemeenskap.

Dit is probleme in hierdie verband wat deeglik bespreek en ondersoek is in die simposium waarna ons verwys. Die simposium is begin deur 'n paneelbespreking onder leiding van mev. Z. Droskie en bestaande uit dr. W. L. D. M. Venter, L.V., mej. E. Ventriss, Lektrise in Maatskaplike Werk aan die Universiteit van Kaapstad, en mnr. Andrew Atkinson, Direkteur van die ‚Glasgow Retirement Council' in Skotland. Die paneel het die finansiële voordele bespreek vir die land en vir individuele ondernemings om gelukkige, bruikbare en self-onderhoudende afgetrede burgers te hê, deur te wys op wat die versorging van die oues van dae die land kos en hoeveel bespaar kan word as hierdie noodsaaklikheid verminder kan word ; die voordeel wat ‚nuttige afgetrede burgers' vir die Landsekonomie kan hê ; resultate wat verkry kan word deur ‚pensionarisse' in diens te neem ; en voordele in hierdie opsig reeds in Suid-Afrika en oorsee behaal.

Dr. A. P. Blignault het vervolgens gewys op die belang van sekere liggaamlike en sielkundige faktore in die voorbereidingsproses vir 'n gelukkige en produktiewe oudag. Daarna het dr. Felix Brummer, namens mnr. P. E. Bosman, Sekretaris van die Departement van Welsyn en Pensioene, gewys op wat teenswoordig gedoen word om te verseker dat die stoflike, fisieke, sielkundige en verstandelike behoeftes van die afgetrede bevolking bevredig word deur die Staat en private ondernemings.

Mnr. Atkinson, van Glasgow, het in 'n besondere informatiewe bydrae tot die simposium gewys op die implikasies van die probleem van aftrede in die algemeen en veral ook op die waarde van herindiensneming van afgetrede persone, die koste verbonde aan hierdie beleid en ook watter resultate en voordele verwag kan word deur die private onderneming wat hiervan gebruik maak.

'n Belangrike en essensiële deel van die Simposium was die produktiewe groepbesprekings wat na elke hoofbydrae gevolg het. Uit hierdie besprekings het dan ook die voorstel gevolg om 'n voortsettingskomitee in die lewe te roep wat die kern kan vorm van 'n toekomstige Nasionale Raad vir Afgetredenes, en wat kan sorg dat hierdie simposium nie die einde is nie, maar die begin van konstruktiewe en voortgesette werk op hierdie gebied. Regter Jan Steyn is gekies tot voorsitter van die komitee met agt ander verteenwoordigers uit verskillende gebiede en vlakke van ons openbare lewe.

Ons wil graag ons volle steun toesê aan hierdie poging wat ten doel het om by te dra daartoe dat die kom en gaan van die jare vir so baie van ons medegenote, en uiteindelik vir onsself ook, nie net ontevredenheid en teleurstelling en agteruitgang meebring nie, maar ook groei en ryping en voldoening.

1. Van die Redaksie (1966): S. Afr. T. Geneesk., **40**, 655.

INCOME TAX : MEDICAL PRACTITIONERS : DEDUCTION OF EXPENSES IN RESPECT OF POSTGRADUATE STUDY COURSES : RECOGNITION OF A CONGRESS AS A STUDY COURSE

Members of the Medical Association are all aware that in terms of Section 16 of the Income Tax Act a medical practitioner may deduct all or a portion of the expenditure incurred by him in respect of his attendance at any postgraduate course approved by the Medical Association. The proportion of the actual expenditure incurred which he is allowed to deduct lies within the absolute discretion of the Secretary for Inland Revenue.

When this tax concession was originally granted to the medical profession in 1957, the then Commissioner for

Inland Revenue informed the Association in writing that medical congresses would not be regarded as postgraduate study courses and that the relevant section of the Act would not apply to expenditure incurred in respect of attendance at congresses. This ruling by the Commissioner precluded the Medical Association from certifying a medical congress as an approved postgraduate study course.

On 22 June 1966 a deputation appointed by the Parliamentary Committee of the Medical Association interviewed the Secretary for Inland Revenue and requested him to withdraw the restriction placed on the Association in respect of its certification of attendance at a particular congress as attendance at an approved postgraduate study course as defined in Section 16 of the Act. The deputation received a sympathetic hearing and at the end of the interview the Secretary for Inland Revenue requested that a written memorandum motivating the Association's request be submitted to him.

A memorandum prepared by the Associate Secretary was subsequently submitted, and in a letter dated 21 July 1966, the Secretary for Inland Revenue informed the Associate Secretary:

'That the matter has been reviewed and that it has been decided that a medical congress will, with effect from the 1967 tax year, be recognized as a postgraduate study course and the expenditure incurred in attending such a congress will, within the limits already laid down, be allowed as a deduction from income in terms of Section 16 of the Income Tax Act, subject to the production by the taxpayer concerned of a certificate by the Medical Association as required by that section.

'It should be noted that the onus rests on the Branch concerned of satisfying itself that the requirements of the concession have been complied with.'

It should be noted from the wording of the above-quoted letter that the President of a Branch should not automatically issue the required certificate to an applicant for the concession merely because he has attended a congress. The President concerned is still expected to satisfy himself that the particular congress which was attended can be equated to a postgraduate study course which would normally be approved and that by attending it the applicant has improved his qualifications for carrying on his profession in the Republic.

CARDIAC NEUROSIS—A PREVENTABLE IATROGENIC ILLNESS

It is opportune at this moment in time, when a welter of conflicting reports, advice and prognosis bedevils the doctor who wishes to approach the problem of cardiac illness in his patients, to indicate the apparent lack of awareness or consideration of the terror that can emotionally cripple the whole life situation of those afflicted.

Harrison and Reeves,[1] quoted by Galea,[2] state: 'Of the various symptoms associated with disorders of the heart, fear causes more hours of human suffering than all the others combined. It strikes not only the patient but also his family and sometimes his friends. It may likewise affect the physician.' Galea goes on to say 'The patient naturally fears heart disease—the heart has long been the cultural seat of many highly emotive disorders. The lay vocabulary of heart function is supercharged with the deepest and direst passion. It needs a good deal of perseverence on the part of the doctor to educate the patient, and debunk the heart from the status of the *organum elegantissimum* to that of a crude, insensitive pump which can take plenty of kicks. After all, which of us is so objective and insightful that he can wholeheartedly spurn the mead of adulation which we feel is our due? Also, one has a subconscious fear for one's own reputation. This may cause advice to be given in such vague terms, so hedged around with prohibitions, so subject to "ifs" and "buts", that the patient is confused and terrified. Not unnaturally, he believes whichever he pleases of his doctor's incantations, exorcisms and sibylline prophecies. In patients with prolonged convalescence 30% of the symptoms can be traced to iatrogenic causes. The dominant, over-protective spouse or relative has to be educated as thoroughly as the patient himself. This, naturally, means a thorough scientific education of the family doctor, who must be the real leader and prime mover in the scientific management of the patient's convalescence.'

An appeal is made to our medical colleagues to view the patient's psyche and to encourage him when he recovers that he is still able to rehabilitate himself as husband, father, breadwinner and social being. The fear is real, the torment continuous, unless expeditious handling can minimize the iatrogenic impact.

We can only protest loudly when proposals are made that a patient with 'angina' (unspecified) should hand in his car licence, his livelihood and possibly his reason for living. Fortunately commonsense and good advice prevailed in this instance.

Our psychiatric colleagues must see many depressed and anxious coronary patients who have at last come forward for help which could have been wisely given during their convalescence from an attack of coronary thrombosis which occurred years previously.

1. Harrison, J. R. and Reeves, J. G. (1965): Amer. Heart J., **70**, 136.
2. Galea, E. G. (1966): Med. J. Aust., **2**, 238.