

## VAN DIE REDAKSIE : EDITORIAL

## KLINIESE ONDERRIG MATERIAAL

Gedurende die onlangse vergadering van die Suid-Afrikaanse Geneeskundige en Tandheelkundige Raad was die probleem van die beskikbare kliniese opleidingsmateriaal vir mediese studente onder bespreking. Dit is 'n ou probleem hierdie en een wat in baie opsigte reeds so emosioneel gekleur geraak het dat mens byna huiwer om dit aan te raak. Reeds in die dae van die berugte grafskenders wat lyke vir anatomiese disseksie bymekaar gemaak het, het die mediese professie voor die vraag te staan gekom waar om wettig en op morele wyse onderrig materiaal te bekom.

In die eerste plek benodig ons kadawers vir disseksie in die anatomiesale, d.w.s. dooie menslike weefsel. Ook die histoloë is gedurig op soek na materiaal om snitte van te maak vir die groot aantal mikroskope wat die studente gebruik. Ons wil nie op die verkryging van hierdie benodighede ingaan nie; daar is genoeg onvermydelike grieselighede in die alledaagse lewe beskikbaar sonder dat mens na verdere voorbeelde hoef te soek. In ieder geval hoef ons ons nie meer hedendaags oor die moontlike onreëlmatighede wat kan opduik te bekommer nie. Die nuwe Wet op Nadoodse Ondersoeke en Anatomiese Skenkings sal terdeë sekermaak dat enigeen wat die saak op ligsinnige of onverantwoordelike wyse benader ernstige teëspoed sal optel.

Minder grillerig maar ewe belangrik is die probleem i.v.m. die verkryging van voldoende pasiënte wat vir demonstrasie van die verskillende siektebeelde gebruik kan word; d.w.s. lewendige, menslike materiaal. Geen geestelik normale mens gaan daar behae in skep om deur 'n klomp studente betas en bevoel te word nie. Daar sal wel 'n sekere groep wees wat dit as prettig sal beskou maar ons kan ongelukkig nie staatmaak op 'n voldoende toestroming van sulke afwykendes nie. Ons kan dus seker wees dat die pasiënte wat vir onderrig benodig word nie op eie houtjie hulself gaan aanbied nie. Hulle moet gesoek en dikwels oorreed word.

In die verlede is bykans uitsluitlik gebruik gemaak van nie-betalende pasiënte in die hospitale, sowel Blank as nie-Blank. Daar is met reg gevoel dat in ruil vir die versorging wat die gemeenskap kosteloos aan sulke pasiënte verskaf hulle bereid moet wees om hulself beskikbaar te stel vir onderwys van mediese studente. Geen pasiënt kan natuurlik daartoe gedwing word nie, maar oor die algemeen is gevind dat min besware opgeduik het as die saak op 'n redelike en vriendelike manier aangepak is. Dit is trouens verbasend hoe gewillig selfs die verstandelik minderontwikkelde deel van die gemeenskap is om te help met sodanige opleiding as hulle eers besef dat dit hulself op die lang duur tot voordeel sal strek.

Nou vind ons egter dat die beskikbare aantal vry pasiënte nie meer toereikend gaan wees nie. Daar is twee redes hiervoor. In die eerste plek word lidmaatskap van mediese hulpskemas doelbewus uitgebrei en al hoe meer pasiënte sorteer onder die groep wat bekend staan as privaat pasiënte. Omdat hulle bydra tot hul mediese koste en omdat siekfondse die hele of 'n groot deel van die rekening van sowel die hospitaal as die dokter betaal kan

hulle nie gevra word om op grond van 'n bydrae hulself vir onderrig bereid te verklaar nie. Daar is rede om te glo dat die getalle van sulke pasiënte nog sal toeneem en teoreties kan mens die tyd voorsien dat alle inwoners van Suid-Afrika dergelike mediese dekking het. Wat dan?

Die ander rede vir die ontoereikende hoeveelheid kliniese materiaal is die toenemende grootte van ons mediese skole. Jaarliks word meer en meer studente tot die universiteite toegelaat en die getalle wat in die finale jaar afstudeer neem ook toe. Dit is 'n goeie tendens en een wat ons moet aanmoedig; trouens dit is hoog tyd dat met die stigting van nog een of meer nuwe mediese skole voortgegaan word. Maar waar gaan ons die pasiënte vind om die menigte studente mee op te lei?

Die ou stelsel van die gebruikmaking van vrye pasiënte het ook nadele vir die studente ingehou. 'n Baie groot gedeelte van die pasiënte wat ondersoek is, was nie-Blank, en alle ander oorwegings tersyde weet ons dat die siektebeelde só veel tussen die verskillende rasse verskil dat sulke eensydige opleiding nie bevredigend was nie. Selfs wat die Blankes betref is dit waar dat die meer goeide, betalende pasiënte wat die afgestudeerde dokter op die ou end in sy praktyk sal teëkom in baie opsigte heeltemal anders reageer as die lae-inkomste persoon. Selfs siektes sal verskil in so verre as dit hoogs onwaarskynlik is dat pellagra of *pediculus capitis* 'n groot deel van die werksomset in die goeide praktyk sal uitmaak. Die student word dus daagliks voorgestel aan 'n geneeskundige milieu wat hy slegs sal teëkom nadat hy afgestudeer is mits hy 'n nie-Blanke praktyk aanhou of 'n distriksgeneesheer aanstelling aanvaar. Van die sielkundige patroon van die Waterkloof-Houghton-Bishops Court praktyke sal hy niks weet nie.

Volgens bestaande norme is minstens 10 beddens per finalejaar mediese student nodig om te verseker dat die standaard van opleiding nie sal daal nie. Dit beteken dat vir 'n klas van 100 studente ten minste 1,000 pasiënte beskikbaar moet wees. Dit verg 'n groot hospitaal en as mens nie die privaat pasiënte gaan byhaal nie is daar maar min sentrums wat die pyp gaan rook.

Gedurende die vergadering van die Mediese Raad is die verblydende nuus meegedeel dat ervaring leer dat die welgestelde pasiënte oor die algemeen heeltemal gewillig is om te help met die opleiding as hulle op verstandige wyse benader word en trouens een lid van die Raad het daarop gewys dat die hoër intelligensie peil van dié deel van die bevolking hulle juis meer geskik maak om as opleidingsmateriaal te dien. Ons wil graag op alle lede van die publiek 'n beroep doen om hierdie bemoedigende woorde steeds te bewaarheid. Daar hoef geen stigma te wees aan 'n ondersoek deur mediese studente nie; intendeel, dikwels sal so 'n bespreking deur studente en lektore verseker dat net die beste moontlike mediese diens verskaf word. Mens kan nie bekostig dat jou studente jou foute sien nie.

Op die keper beskou sal die plasing van die volgende mediese skool dus vierkantig neerkom op die universiteit wat die meeste kliniese materiaal beskikbaar kan stel.



## DECISIONS OF THE ASSOCIATION

Upon the king! let us our lives, our souls,  
Our debts, our careful wives,  
Our children, and our sins lay on the king!

Shakespeare: *King Henry V*

The Medical Association of South Africa is a voluntary body and no doctor need feel forced to join, but it is only by ensuring that we have as large a percentage membership as possible that we can hope to achieve something when the profession is confronted with threats and problems. Every registered doctor in the country should be a member in order to strengthen the ranks during these times of stress. It is ironical that those doctors who have not joined are equally entitled to enjoy the fruits of the labours of the members of the Association in so far as fees and other benefits are concerned. Virtually the only things from which they are debarred are certain clinical meetings and the automatic receipt of the *Journal*, and even this they may obtain independently. One is therefore inclined to ask: 'Why join at all?' If the fee charged for membership brings no more than a number of benefits which are, by and large, also available to non-members, what is the point?

There is a very definite reason for joining the Association. If our numbers were not what they are today, or, worse even, if the Association did not exist to voice its opinion on matters affecting the profession, we would all be in a sorry state today. There is no doubt that the timely and often vehement objections raised by the Association against measures intended to curb and control the freedom of the doctors have been responsible for the improved situation we have achieved, and there is every reason to believe that by continuing our vigilance over these matters we will in future be able to ensure an even better state of affairs. We can with honesty say to the general public as well that we have been fighting for the interests of the patient as much as for our own, and the fact that the majority of people in South Africa can be sure today of a free choice of doctor instead of the limited choice offered to them in other countries is certainly due to the efforts of the Association.

But although membership is voluntary, we must ask our members for their loyalty. No, more than that: we must demand it. Anybody who is not in agreement with the policy or with any decisions of the Association is at liberty to make application, through the correct channels, to have his views heard, and if he finds it impossible to improve matters in such a manner that he is able to agree or accept them he is free to resign. As is so often the case in all similar organizations, the members who have the least accurate facts at their disposal or who are the least inclined to share the burden of the work are the ones who are the first to voice their disapproval of every step the organization decides to take.

In ancient Athens, with its small population, it was possible to maintain a true working democracy in every sense of the word. Every citizen could easily verify every fact stated by the elders of the city and thereby put himself in the position to voice a fully informed opinion.

Unfortunately, with our larger populations today, this is no longer possible. We still adhere to the democratic principle, but it is no longer feasible to keep every citizen completely informed about the various aspects of government. The same holds for the Association. In spite of our small number in relation to the total population, the distances and the widely divergent needs of the members make it virtually impossible to ensure that everyone will at any given moment be completely conversant with all the facts. And even if this should be attempted through the *Journal* or by means of circulars, it is highly unlikely that the majority of doctors would read the details with sufficient care.

Nevertheless, every member is free to consult a Federal Councillor in his area about any matter which interests him. We have no secret inner circle the members of which are the only ones allowed access to the darkest corners of the Association's filing cabinets, and if some or other member of the Executive Committee now and again has to shake his head wisely and say, 'Yes, my dear colleague, but you do not know it all', this is merely due to practical obstacles in connection with the dissemination of information, not the result of special facts being made available only to the inner core.

But we must demand loyalty. The senior members of our profession who are giving freely of their time for the benefit of all have a right to expect this. And, equally important, members must abide by the decisions of their various groups or committees. If every member of every specialist group were allowed complete autonomy to negotiate and to act as he saw fit, chaos would reign supreme. Divide and rule. We shall not be the first to experience the devastating truth of this motto.

It has come to our ears that certain members are not particularly interested in the decisions of their groups, proudly maintaining that they do not consider themselves to be bound in the slightest by these rulings. There are two ways of dealing with such an attitude: the doctor in question can be invited to take over the chairmanship of the committee and to have a taste of his own medicine, or—and we would like to see this happen—he can be asked to reimburse his colleagues who have been doing the work, for the time they have lost. Experience has taught that the ones who are so vociferous when there is something to complain about are the ones who become very reticent when asked to help as members of the team. In fact, we have often discovered that these malcontents are the ones who are inclined to confuse the Association with the Medical Council or who become coyly uncertain when asked to define 'contracting out'.

Let us remember, there is always room at the top. No doctor who believes that his views are the only ones to which the profession should pay any attention need ever feel out in the cold. He will be welcomed with open arms on Branch Councils or in the Federal Council where he will have ample opportunity of voicing his opinion. The only small favour we ask in return is that he will be willing to shoulder the responsibilities and to undertake the time-consuming work attached to the various offices.