

HEALTH & DISEASE - DOCTORS

8 JAN. 1980 → 30 April 1980

Biko doctors' probe goes on

8/1/80 Post
3227 (93)

THE South African Medical and Dental Council's investigation into the conduct of state doctors who attended the late black consciousness leader Steve Biko is "in the process of being taken further".

Last month a Supreme Court Judge, Mr Justice J Coetzee, refused to block a preliminary inquiry into complaints against the conduct of the two doctors.

"It follows logically

from the judgment that the council will investigate the matter further," a Council spokesman has said.

The court application dismissed by the Judge was brought by Dr Benjamin Tucker, chief district surgeon of Port Elizabeth and Dr Ivon Lang, principal district surgeon of Port Elizabeth, who asked for the preliminary inquiry to be blocked.

The blocking order was opposed by the Council

and complaints by ombudsman, Mr Eugene Roelofse, were sent to the doctors.

A spokesman for the Council said yesterday: "We are still dealing with the matter. It is impossible to say how long it will take." He could not say when and if disciplinary action would be taken.

A third doctor named at the Biko inquest, Dr Colin Hirsch, was not mentioned or represented at the hearing.

	M	W
0-1	0,51	0,69
1-4	0,04	0,21
5-24	0,01	0,22
25-44	0,05	0,30
45-64	0,44	0,42
65+	1,84	1,25
ALL	0,22	0,71
NO.	463	677

ALL CAUSES

	W		A		C		B	
	M	F	M	F	M	F	M	F
0-1	21,76	16,18	40,44	27,11	133,70	119,02	91,30	88,18
1-4	1,17	0,94	2,42	2,39	17,22	16,21	10,23	9,93
5-24	1,05	0,46	1,31	0,74	2,26	1,25	1,64	1,12
25-44	3,02	1,47	4,33	2,48	8,80	4,96	4,78	3,70
45-64	17,46	9,49	26,27	18,72	24,27	17,87	18,06	15,57
65+	73,62	54,55	92,20	82,93	96,90	71,79	53,38	45,89
ALL	9,44	7,40	8,03	5,51	14,62	11,00	8,77	8,13
NO.	19600	15374	2828	1967	16632	12847	18348	13062

1,22 0,26
1,10 0,31
1,02 0,53
0,89 0,20
1868 324

Hospital pay: plea to Health Minister

STAR 8/1/80 (93) (X)

The Minister of Health should intervene to correct the poor salaries paid to doctors and nurses at provincial hospitals, an Opposition spokesman on hospital matters said today.

Mr Sam Moss PFP MPC was reacting to a letter in The Star today, written by Dr Peter Heberden, principal medical officer of

Johannesburg Hospital.

The doctor wrote: "Unless the medical and nursing professions are able to shake off the 'stranglehold' of bureaucracy, these professions and the public are heading for disaster." The Administration remained remote from the public suffering.

Mr Moss agreed with Dr Heberden who said sa-

larities paid to nurses were a national disgrace "and the remuneration of a medical practitioner, working on a sessional basis, is an insult to the doctor who may hold your life in his hands."

He added that an unjustifiably large gap existed between salaries received by doctors at provincial hospitals and those in pri-

vate practice. Private practitioners were recently granted a massive increase in fees.

If this pay gap were not closed immediately an increasing number of doctors would leave hospitals for better paid jobs elsewhere.

Miss P Harrison, vice-president of the South African Nursing Association,

endorsed the remarks on nurses' salaries made by Dr Heberden.

"All we want is to be treated like professionals and paid in accordance with the level of professional service which the public is entitled to expect," she said.

● Page 10: Medical, nursing professions face disaster.

vours to receive any benefit or money due to any such owner, as if he were the true and lawful owner; or

- (d) without lawful authority or excuse (the proof whereof shall lie upon him)—
- (i) engraves or makes upon any plate, wood, stone or other material any certificate as to any interest in a company or any share warrant or coupon or document purporting to be such interest, share warrant or coupon issued or made by any particular company in pursuance of this Act or to be a blank certificate, share warrant or coupon so issued or made or to be a part of such a certificate, share warrant or coupon; or
 - (ii) uses any such plate, wood, stone or other material for the making or printing of any such certificate, share warrant or coupon or document or of any such blank certificate, share warrant or coupon or any part thereof; or
 - (iii) knowingly has in his custody or possession any such plate, wood, stone or other material.

Transfer of Shares and Debentures

133. Registration of transfer of shares or interests.—(1) Any transfer of shares or of interest in a company shall be registered by the company by entering in its register of members the name and address of the transferee, the description of the shares or interest transferred and the date of the registration of such transfer and, if it is a transfer of partly paid-up shares or of interest in an existing company, the amount outstanding on each share or interest, shall be entered in the said register.

(2) Notwithstanding anything in the articles of a company, it shall not be lawful for the company to register a transfer of shares or of interest in the company unless a proper instrument of transfer has been delivered to the company: Provided that nothing in this section shall prejudice any power of the company to register as a member any person to whom the right to any share of the company has been transmitted by operation of law.

(3) On the application of the transferor of any share or of interest in a company, the company shall enter in its register of members the matter prescribed by subsection (1) in the same manner and subject to the same conditions as if the application for the entry were made by the transferee.

(4) The registration of any transfer of shares or of interest in a company shall be subject to the law relating to stamp duty and estate duty.

NEH 'solution' is welcomed

By MARILYN ELLIOTT

THE suggestion that a number of beds at the old General Hospital be made available to blacks because of overcrowding at Johannesburg's Non-European Hospital (NEH) has been welcomed from many quarters.

The suggestion, made by the Minister of Co-operation and Development, Dr Piet Koornhof, as a short-term solution, followed a special "Mail" investigation into conditions at the NEH.

Yesterday, Dr Joe Nach, senior medical officer at the hospital who, for the past five years, has watched and attempted to remedy the chaos in the emergency section, said: "I hope Dr Koornhof is serious. If he is, it would be the greatest moment for NEH."

Mr Sam Moss, PFP MPC for Parktown and chief spokesman on hospital matters in the provincial council said: "Dr Koornhof's statement is most welcome. I hope the Minister is not making an empty statement."

"The matter of overcrowding at NEH must be dealt with immediately. Dr Koornhof's statement, I hope, will be implemented as soon as possible. The overcrowding situation demands that he makes more than a statement. He must implement these intentions."

"The suggestion is being realistic and practical and I agree that the short-term solution lies in accommodating blacks at the old General. However, I hope the Minister will not appoint committees and sessions to implement his ideas. The situation deserves instant implementation."

"Dr Koornhof, with the facts before him, is obliged to override political considerations of the implementation of such a statement. If he does not do so he will have failed the test. I know this man. He is quite sincere about improving the situation of blacks in this country."

"This is his test. If he fails it, he will lose face and the confidence of the black man in this country."

93
Rom 18.1.80

NO.	W		A		C		B	
	M	F	M	F	M	F	M	F
0-1	0,17	0,08	0,10	0,21	0,78	0,29	0,49	0,48
1-4	0,01	0,01	0,00	0,00	0,07	0,10	0,05	0,05
5-24	0,02	0,01	0,03	0,01	0,04	0,03	0,05	0,05
25-44	0,11	0,09	0,39	0,10	0,41	0,19	0,23	0,22
45-64	0,92	0,42	1,60	0,72	1,31	0,67	0,80	0,68
65+	1,80	1,16	1,61	2,44	1,91	0,75	1,44	0,91
ALL	0,31	0,21	0,33	0,16	0,33	0,17	0,25	0,20
NO.	653	430	116	56	370	201	533	329

NO.	W		A		C		B	
	M	F	M	F	M	F	M	F
0-1	1,57	0,76	0,60	1,03	1,24	0,79	0,89	0,74
1-4	0,05	0,04	0,05	0,05	0,05	0,02	0,04	0,05
5-24	0,01	0,00	0,01	0,01	0,01	0,02	0,00	0,00
25-44	0,00	0,00	0,00	0,00	0,00	0,01	0,00	0,00
45-64	0,01	0,00	0,00	0,00	0,00	0,00	0,00	0,00
65+	0,02	0,01	0,00	0,00	0,00	0,00	0,00	0,00
ALL	0,04	0,02	0,03	0,04	0,04	0,03	0,03	0,00
NO.	87	43	9	14	50	33	54	47

NO.	W		A		C		B	
	M	F	M	F	M	F	M	F
0-1	12,46	9,07	16,92	11,55	29,22	24,78	23,16	22,23
1-4	0,02	0,02	0,02	0,02	0,02	0,04	0,04	0,00
5-24	-	-	-	-	-	-	-	-
25-44	-	-	-	-	-	-	-	-
45-65	-	-	-	-	-	-	-	-
65+	-	-	-	-	-	-	-	-
ALL	0,25	0,17	0,48	0,32	0,83	0,67	0,55	0,67
NO.	519	359	170	113	942	785	1143	1075

Minister's plan to control medical fees 'monstrous'

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The Minister of Health's plan to control medical fees by getting the power to amend or set aside decisions of the Medical and Dental Council has been described as "monstrous" by a professor of forensic medicine.

Professor H Shapiro of Unisa was speaking at a special Johannesburg meeting of the council called to discuss draft legislation which gives the Minister extensive powers to control medical fees.

The meeting was requested by at least six members of the council.

Two Bills which are to amend the Medical, Dental and Supplementary Health Service Professions Act and the Medical Schemes Act are being discussed.

In terms of the draft law, the Minister will be empowered to amend or set aside any decision by the Medical Council and substitute new tariffs.

Professor Shapiro also strongly objected to another amendment which gave the Minister powers, after consultation with the executive committee of the council, to amend

or set aside any decision or determination by the council.

The amending legislation makes it clear that any amended or new decision or determination "shall be deemed to be the decision or determination of the council."

Professor Shapiro said the proposed amendment by the Minister to the Medical, Dental and Supplementary Health Service Professions Act was unnecessary and undesirable.

He asked for the amendment to be rejected. He said the amend-

ment was in conflict with the letter of the council in all respects and it rendered the statutory authority of the council as nominal and superfluous.

The amendment thus undermined the exercise of that authority.

A motion that the Minister be advised not to proceed with the amendment was seconded.

Professor Shapiro described the amendment as a "kiss of death; the kiss of a deadly mamba. This is a monstrous amendment to the Act."

He said that the effect of the amendment was that the Minister could do no wrong and "we (the medical profession) can do no right."

Quant il oï Guillaume le dengier,
 Molt fu dolanz, n'i ot que corrocier.
 25 Isnelement avale le planchier,
 Vint a Guillaume, sel sesi par l'estri
 Et par la resne de son corant destrier
 "Sire, dist il, molt es buens chevalier
 Mes el palés ne vaus tu un denier.
 30 - Qui dit ce dorques? dit Guillelmes
 - Sire, dit il, ge nel vos doi noier:
 Foi que doi vos, q'a fet Aymes le vie.
 Envers le roi vos pense d'empirier."
 Et dit Guillelmes: "Il le comparra ch
 35 Lors se regarde dons Guillelmes arrie
 En mi la sele choisi Aymon le vieil.
 Quant il le vit, sel prist a ledengie
 "He! gloz, lechiere, Dieus confonde t
 40 Por quoi te paines de franc home jugi
 Quant en ma vie ne te ferfis ge rien?
 Et si te peines de moi molt empirier?
 Par saint Denis a qui l'en vet preier,
 Ainz que t'en partes le te cuit vendre chier."
 Il passe avant quant il fu rebraciez,
 45 Le poing senestre li a mellé el chief,
 Hauce le destre, enz el col li asiet,
 L'os de la gueule li a par mi froissié;
 Mort le trebuche devant lui a ses piez...
 "Looys sire, dit Guillelmes li fiers,
 50 Ne creez ja glouten ne losengier,
 Que vostre pere n'en ot onques un chier.
 Ge m'en irai en Espagne estraiier;
 Vostre iert la terre, sire se la conquier."

Professor A J Brink, Dean of the Faculty of Medicine at Stellenbosch, dissociated himself from the tirade made by Professor Shapiro against the Minister, but said he had sympathy for the motion itself.

Professor H Snyman, president of the council, said the amending law which gave the Minister powers to veto the decision of the council was unacceptable and he would not be associated with it.

Professor Shapiro's motion, condemning the amendment, was carried by a vote of 27 to one with four abstentions.

TABLE II

Rheumatic Heart Diseases (390-398)

Hypertensive Diseases (400-404)

	WHITE		ASIAN		COLOURED		BLACK	
	Male	Female	Male	Female	Male	Female	Male	Female
	115	121	28	15	120	139	49	56
	1.2%	1.5%	2.5%	1.9%	3.5%	4.4%	2.1%	2.9%
	212	389	115	127	190	276	273	212
	2.2%	4.9%	10.1%	15.8%	6.1%	8.8%	11.4%	11.0%

Doctors reject Minister's fees prescription

By Bob Kennaugh

Doctors have rejected draft legislation that would give the Minister of Health extensive powers to control medical fees and veto decisions of the Medical and Dental Council.

The Bills were gazetted last month. In terms of the draft legislation, any tariffs or fees will not be effective until approved by the Minister. The tariff, once approved by the Minister, will be a maximum tariff binding on all medical practitioners.

At a special Johannesburg meeting of the council members decided that the draft law was unnecessary and undesirable because it was in conflict with the spirit of the statutory objects of the council. The amendment usurped the functions of the council in all respects and rendered the statutory authority of the council nominal and superfluous.

TARIFFS

Doctors also approved a motion that the amendment was prejudicial to the good order and conduct of the business of the council. The council advised the Minister not to proceed with the proposed amendment.

Members also opposed an amendment which seeks to prevent doctors from contracting out of the Medical Schemes Act.

A four-man delegation from the council, headed by Professor H Snyman, the president, is to meet the Minister to discuss the draft legislation.

Professor J N de Klerk of Stellenbosch University, chairman of the Federal Council of the Medical Association, proposed that tariff changes should be submitted to the Minister after the council had approved the recommendation.

9752	7926	1135	804	3114	3140	2390	1921
100%	100%	100%	100%	100%	100%	100%	100%
750	287	122	28	572	161	282	59
38.0%	42.4%	36.6%	26.9%	26.3%	24.7%	15.1%	18.2%
485	104	42	13	84	18	76	11
24.6%	15.4%	12.6%	12.5%	3.9%	2.8%	4.1%	3.4%
59	41	41	2	680	167	806	89
3.0%	6.1%	12.3%	1.9%	31.3%	25.6%	43.1%	27.5%
1973	677	333	104	2175	652	1868	324
100%	100%	100%	100%	100%	100%	100%	100%

Africa which does not appear in I.C.D. (8th revision). See Ref. 13. "Africa which does not appear in I.C.D. (8th revision). See Ref. 13."

Stat. 2/1/80

Doctors refused to come and see 'very ill child' (93)

Star 30/1/80

Vereeniging Bureau

A Johannesburg woman who took her "very ill" son to the Vanderbijlpark Hospital for help was shocked when a doctor refused to come to the hospital to examine the boy and instead prescribed drugs over the telephone.

Mrs Anna Bennett was visiting her sister in Vanderbijlpark when her son Brett (5), who suffers from asthma, started vomiting and showing signs of serious illness.

She gave him medicine prescribed by her doctor but it had no effect.

"He was cold but perspiring heavily. His eyes were rolling, his lips were blue and he was very pale," said Mrs Bennett.

"I took him to the hospital and told the sister in charge what treatment Brett had already received. There was no doctor on duty so she telephoned one. The doctor told her to give Brett an injection.

"I told her that the medicine he had already taken would have the same effect as the injection and insisted that the doctor come to the hospital. He refused," said Mrs Bennett.

"I then took my son to the Vereeniging Hospital and asked the casualty department sister to call a doctor. She said it would be of no use — the doctor would not come out. I think this is a very poor state of affairs," she said.

It later turned out that Brett was allergic to the drug he had received.

Mrs Bennett said she had received accounts from both hospitals for treatment she claimed Brett was never given.

"He was not examined so there was no diagnosis. How can they bill me for treatment?" she said.

Dr J Erasmus, Superintendent of the Vereeniging Hospital, said he agreed that it seemed unfair for Mrs Bennett to receive accounts if the circumstances were as she described them.

Dr F W Reitz, Superintendent of the Vanderbijlpark Hospital, said that the hospital had no full-time doctor on call — doctors were only on the part-time staff.

24,27	17,87	18,06	15,57
96,90	71,79	53,38	45,89
14,62	11,00	8,77	8,13
16632	12847	18348	13062

ALL CAUSES

XVI

SYMPTOMS AND ILL-DEFINED CONDITIONS

	W		A		C		B	
	M	F	M	F	M	F	M	F
0-1	0,51	0,54	2,10	1,24	7,00	6,86	19,69	19,83
1-4	0,04	0,04	0,21	0,35	0,75	0,77	2,58	2,48
5-24	0,01	0,01	0,09	0,06	0,08	0,03	0,21	0,22

XVII

ACCIDENTS, POISONINGS AND VIOLENCE (EXTERNAL CAUSE)

	W		A		C		B	
	M	F	M	F	M	F	M	F
0-1	0,85	0,69	0,70	0,31	1,18	1,24	0,32	0,19
1-4	0,49	0,21	0,31	0,27	0,63	0,61	0,21	0,20
5-24	0,71	0,22	0,68	0,20	1,40	0,38	0,68	0,12
25-44	1,18	0,30	1,43	0,37	3,32	0,70	1,22	0,26
45-64	1,25	0,42	1,55	0,40	2,89	0,76	1,10	0,31
65+	1,26	0,71	1,34	0,91	2,19	0,90	1,02	0,53
ALL	0,95	0,33	0,95	0,29	1,91	0,56	0,89	0,20
NO.	1973	677	333	104	2175	652	1868	324

1973
677

complicated by the fact that doctors are not evenly distributed throughout all geographical areas. Throughout the world, countries can be divided into the "rich-rich" - the United States of America, the "poor-rich" - Britain, the "rich-poor" - Iran, and the "poor-poor" - Bangladesh. Physicians migrate from "poor-poor" to "rich-rich" and, finally, to "rich-rich", and it is estimated that one third of physicians beginning their career in the United States of America, received their training abroad.⁸ Similarly, within a country, there is a maldistribution of doctors between rural and urban areas. A follow-up study of 1 553 graduates of the Medical College of Boroda in India, revealed that 60% entered urban practice in India, 25% migrated overseas, and only 15% practised in rural areas in India.⁹ Indeed, this phenomenon occurs throughout the world.

Medical brain drain fears

STAR
8/2/80
93

An unprecedented brain drain of doctors will result if draft laws to control the affairs of doctors are introduced, Professor J N de Klerk, chairman of the federal council of the Medical Association said today.

The Medical Association today joined members of the Medical and Dental Council in condemning draft legislation giving the Minister of Health wide powers to control medical fees and veto decisions of the Medical and Dental Council.

A four-man delegation, headed by Professor H Snyman, president of the Medical Council, is to meet the Minister soon to find out his reason for proposing a change in the law and to try to persuade him to change his decision.

Professor de Klerk told a Press conference today that if amendments to the law were made, "we are going to have a brain drain like never before."

In the short term, some medical people would leave the country, but in the longer term people would leave the profession and others would not come into it.

SOCIALISM

It had never been the intention of the Medical Association or of the medical profession to have a confrontation with the Minister.

Professor de Klerk said the Medical Association was perturbed by the philosophy embodied in the proposed Medical, Dental and Supplementary Health Professions Bill.

This philosophy, which attacked the doctor's liberty and destroyed his autonomy in a free enterprise system, could lead to a system of socialism and bureaucracy.

The proposed Bill made no provision for negotiations or the right of an

power programmes
million dollars for
education and physician
their objective of
plans to show a point
of America would
studies would not
titles would be

physicians treating one another, with the countryside remaining inadequately served.¹² A glimmer of hope that the problem may indeed be soluble is found in an editorial in the Journal of Medical Education 1977. The editor states "The periphery may appear isolated because most graduates will have seen little of it in their education, and even less during their clinical training".¹³ I shall return to this point later.

I have already alluded to the fact that political, economic and social factors are the most important determinations of the health of the people of any country. Indeed, Maurice King, whose book "Medical Care in Developing Countries", subtitled "A Primer on the Medicine of Poverty and a Symposium from Makarere", states:

"The main determinant of the pattern of medical care in developing countries is poverty rather than a warm climate".⁷ There is a tendency to transplant health care services from developed countries into less developed countries. This tendency disregards the fact that developing countries have limited resources and vastly differing needs when compared to developed countries. For example, infestations and parasitic diseases often cause up to half the total deaths in a developing country, whereas they are responsible for less than 1 in 10, in a developed country.⁸ Indeed, the brave politician in the developing country will realise that the most important initial steps in health care can be taken without the immediate involvement of any highly qualified and therefore expensive personnel, and do not require substantial

world persist in building prestige hospitals. For example, a multi-storey hospital in Addis Ababa stands empty, because when it was completed it was found that it would cost more than the entire health budget of the country to staff it properly.⁸ It is also common to find expensive buildings in rural areas, but uncommon to find them fully equipped and staffed. A colleague of mine, from an independent Southern African state recently complained that he was suffering from the effects of too much aid! This aid had taken the form of a massive grant to build a prestige hospital. This hospital would require all the doctors in the territory to staff it and the running costs would be beyond the reach of his country's limited finances. What then are the options?

Oscar Gish in his book, "Planning the health sector: the Tanzanian experience", gives two examples of the options available to health planners. Using the same investment of 6 million Tanzanian shillings, planners could construct one regional hospital or 15 health centres. The operating cost would be similar but the in-patient admissions, outpatient visits and population covered at the 15 health centres would be vastly higher than at the one regional hospital.

Similarly, Gish highlights the differences in cost per in-patient day of dispensaries, rural health centres, district hospitals, regional hospitals and national hospitals.¹⁵ Unfortunately, such information is often lacking but when it is available, the choice is clear.

programme of the health assistants, who operated only in the intensive area

Doctors head for clash with Munnik

STAR 9/2/80

93

By Bob Kennaugh

A major clash between doctors and the Minister of Health is developing over the fixing of medical fees and control of the functions of medical men.

Centre was by far the best
its impressive results in the
sistants and improvements of
, were mainly due to the
k and his team.

mainly among economically or
les. This was in accordance
ission to provide health ser-
especially the under-privi-
Health-Centre service

The Medical Association of South Africa has added fuel to the controversy by condemning draft laws which will give the Minister, Dr Munnik, wide powers to control tariffs as well as the decisions of the Medical and Dental Council.

A delegation, headed by the council's president, are to meet the Minister soon "as a matter of urgency" to discuss the legislation.

Yesterday Professor J N de Klerk, chairman of the Federal Council of MASA, condemned the Bills before Parliament.

In terms of the new laws any tariffs or fees will not be effective until approved by the Minister. The tariff, once approved, will be a maximum tariff binding on all medical practitioners.

Professor de Klerk said in Johannesburg yesterday that MASA did not want a confrontation with the Minister and was willing to compromise in future tariff considerations.

But in a strongly worded statement MASA slammed the proposed legislation. Important points were:

SOCIALISM

● The philosophy embodied in the new law attacked the doctor's liberty and destroyed his autonomy in a free enterprise system and which MASA believed could lead to a system of socialism.

● The Minister would receive total control of the private sector of the medical profession and would, in effect, socialise medicine in a manner opposed to the principle of free enterprise.

● The Bill was an attack on the integrity and dignity of the Medical Council.

According to the NHS Commission, there should have been a special Health Commission to determine conditions of service of the

PROBLEMS ENCOUNTERED IN HEALTH-CENTRE PRACTICE
Firstly, problems arose from the fact that none of the Health-Centres has ever been able to function under the favourable circumstances which the NHS Commission envisaged they should do. 10

As the recommendations of the NHS Commission about the establishment of a single health authority had not been implemented, great difficulty was experienced by medical officers in Health-Centres in gaining co-operation when necessary from hospital and other health services, which fell under local O

that ce: could ge NHS Comm jected, Moreover, insisted not rec devise result
● MASA was extremely concerned about the future of the medical profession in South Africa if the law were passed. Unfavourable consequences which could follow were:
● Incentive was a main factor in maintaining standards of service. "With the advent of maximum fees (as envisaged in the Bill) and with all doctors contracted 'in', individual freedom would be removed with an inevitable lowering in standards," said Professor de Klerk.
● The fear arose that many doctors would leave the country because of bureaucratic control and lack of freedom of choice.
● Practice costs would inevitably rise further.
● If the draft law were passed doctors' affairs would be placed under restrictive State control and the Minister would have unfettered powers. A letter detailing MASA's views has been sent to the Secretary for Health, Dr J de Beer.

This training was originally given at Pholela, later at Springfield, and finally in a more elaborate form from 1949 onwards at the Institute for Family and Community Health in Durban.

especially as far as the intensive area. It was even more difficult to accept this in the face of a huge amount of curative work, unavoidable when starting a health service in a poor and sick community. Many of these medical officers had only had three months' training at Pholela or Springfield, and the training received at Medical School was not really adequate for the specific circumstances of Health-Centre practice.

processes is essential; and the division will have to be more fine the more discriminating public decisions can be. 10

The results of programme budgeting may be valuable in themselves, although the mere procedure does not necessarily ensure that better decisions will be made. Their potential is realised only if there follows an assessment of the value of expenditure in each programme.

2.2 Programme Evaluation

Methods of evaluation range from simple procedures for looking at costs, where the conclusions are left largely to intuition, to highly complicated processes which present more or less clear-cut solutions. For these more precise methods, most of the value judgements have to be made explicitly in advance. Some points on the spectrum between these two extremes are analysed below.

2.3 Looking at Expenditure

This is partly due to a deficiency in information on the results of the programmes which can be resolved by recourse to appropriate data. Nevertheless, there will also be differences of judgement which cannot be resolved without prior agreement on the relative valuation of different benefits which have to be fed into the analysis; and in the intuitive process, these two factors may not be differentiated.

A very large proportion of decisions are now taken with no further analysis than this. Any further steps involve a way of systematically valuing the benefits of different programmes to render them comparable to one another.

2.4 An Informal Method for Setting Objectives

The following method for guiding the choice of priorities has been described by John Bryant. 12 It has been used by medical and nursing students in Thailand, and one of its advantages is that it can be used where no numerical data is available. It, therefore, lends itself to discussion, to draw on the experience of a group of people.

Potential health problems are first listed, and then given a score (from 0 to 4) under each of four headings:

g health problems				Total
everity	Community concern	Vulnerability to management		
++++	+++	++	++	96
++	++	+++	++	48
+++	++	++	++	36
++	++++	++	++	32
++	++	++	++	16
+	++	++	++	16
+++	+++	++	++	54
+	+	-	-	0
++	+++	++++	++++	0

* Added to test scoring method

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Medical Bill may start brain drain

By MARILYN ELLIOTT

THERE will be a massive brain drain of doctors in South Africa if the Minister of Health, Dr L A P A Munnik, succeeds in pushing through legislation which will give the State unlimited powers in medical matters, warns the Medical Association of South Africa.

At a Press conference yesterday, the association said the implications of proposed amendments to existing medical legislation would destroy the autonomy of South African doctors in a free enterprise system and lead to a system of socialism and bureaucracy.

The chairman of the Federal Council of the Association, Professor J N de Klerk, said: "If this crazy legislation goes through, we are going to see a brain drain in the profession like we've never seen before. The implications of the proposed changes mean that the Minister will have full control on every aspect of the medical world. In any normal democracy, for God's sake, this is not acceptable."

A lengthy letter to the Secretary for Health, Dr J de Beer, which appears in the South African Medical journal, MASA makes the following points.

- The proposed new Bill makes no provision for negotiations, the right of appeal to an arbiter or the South African Medical and Dental Council to settle disputes between the parties concerned - an omission contrary to legislation affecting various other sectors of the economy.
- The Minister of Health will hold total control of the private sector of the medical profession and thereby socialise medicine in a manner which is diametrically opposed to the principle of free enterprise which the Prime Minister, Mr P W Botha, sees for South Africa.
- The Bill can be regarded as an attack on the integrity and dignity of the SA Medical and Dental Council - a body which has efficiently catered to the needs of both the public and the profession.

The association is concerned about the future of medical practice in South Africa if the Bill is passed. Yesterday, Prof De Klerk said the long-term result would be to lower the standards of medicine and make it more expensive for the consumer.

One of the proposed amendments states that no tariff will be effective without the Minister's approval and that the published tariff would then be a maximum tariff. This will mean that doctors will in future be deprived of the right to contract out.

THEY'RE UNDER

SUN. TRIB 10/2/80

DOCTOR'S ORDER

93

~~93~~

~~93~~

By Maureen Griffin

**No more
fee
increases
without
my
go-ahead
- Munnik**

DOCTORS and dentists will not again be allowed to increase fees without the Minister of Health's consent.

Dr L. A. P. A. Munnik made this clear to delegations of the Medical and Dental Council this week when he told them he would go ahead with legislation that will give him the final say in future fee hikes.

He agreed, however, not to veto any other of the Council's functions and to consider granting some of their other requests, the nature of which he would not disclose when he spoke

to the Sunday Tribune yesterday.

"I am not seeking to control the affairs of doctors with this proposed legislation. All I want is for future fee increases to be referred to me first, and I will then publish them once I've approved them."

He said the discussions he held with doctors and dentists were friendly, and although the delegations went away "not completely satisfied," they had been given the opportunity to air their views and knew that he would consider their requests.

They would meet again during the next week or fortnight.

But Professor Guy de Klerk, chairman of the Federal Council of the Medical Association, warned this week that if the draft laws were introduced many people who were planning to enter profession would think again, and many already in the profession would look around for an alternative livelihood.

Professor De Klerk said the philosophy embodied in the proposed Bill attacked the doctor's

liberty and destroyed his autonomy in a free enterprise system.

Dr Munnik's response to the professor's warning was: "I was surprised that the Medical Association called a Press conference without first talking to me. I did expect the Association to ask for an interview as the Dental Association did, and the Medical Council.

"I spent nearly two and a half hours with the dentists, and about three hours with the doctors but I have had no request up till now from the Medical Association.

Govt to keep final say on medical fees

By GERALD REILLY
Pretoria Bureau

PROVISION in draft legislation to give the Government a final say over doctors' and dentists' fees will be retained

Making this clear in an interview yesterday, the Minister of Health, Dr L A P A Munnik, said he rejected a claim by the Medical Association of South Africa that the Bill was socialistic and bureaucratic.

At a Press conference last week the president of the medical association, Professor J N de Klerk, said if "the crazy" legislation went through there would be a brain drain in the profession "like we have never seen before".

The effect of the proposed legislation would be to give the Minister full control of every aspect of the profession — "and for God's sake this is not acceptable".

Background to the row between the Minister and the medical association is the 52% increase in doctors' fees approved by the South African Medical and Dental Council which was brought into effect last October.

Appeals by the Minister at the time to the council to re-

view and reduce the increase were rejected by the council

Dr Munnik said from Cape Town yesterday he had accepted certain amendments to the draft legislation. One of the amendments was that he would not have authority over all the decisions of the medical council

But, he stressed, he would have final authority over the level of fees. The medical council would have to refer any fee changes to him. If he disagreed he would refer the proposals back to the council, and if agreement proved impossible he would have the final say.

Dr Munnik said it was strange that the medical association had chosen to hold a Press conference and not to approach him directly.

Last week he spent three hours discussing the proposed legislation with the medical council and another three with the dental council.

Because of the discussions he had decided to amend certain aspects of the Bill.

He stressed, however, that no confrontation situation had developed between him and the doctors.

"My door is always open to the medical association — and they know this. Instead of holding Press conferences they should come and talk to me."

Dr Munnik said it would be better if Professor De Klerk confined himself to the business of the medical association and did not try to do the Minister's work.

Prof De Klerk further claimed that the long-term results, if the original legislation went through, would be to lower the standards of medicine and make it more expensive for consumers.

Dr Munnik said he strongly disagreed with this point of view.

Continued on page 2

fl ansard 2 Quest C(33)
12/2/80

FEBRUARY 1980

34

is the shortage of (a) full-time and (b) part-time district surgeons in each province;

- (2) how many (a) White, (b) Coloured, (c) Indian and (d) Black (i) full-time and (ii) part-time district surgeons were employed by the State and undertook their own dispensing in connection with their State services during 1979;
- (3) how many patients were treated by district surgeons during 1979;
- (4) how many district surgeons are in receipt of a drug allowance?

The MINISTER OF HEALTH:

(1) Yes

(a) <i>Full-time</i>	
Cape	25
Orange Free State	16
Natal	12
Transvaal	27
Total	80

(b) <i>Part-time</i>	
Cape	2
Orange Free State	Nil
Natal	1
Transvaal	4
Total	7

District surgeons

70. Mr. N. B. WOOD asked the Minister of Health:

(1) Whether there is a shortage of district surgeons in the Republic; if so, what

(2) (i) *Full-time*

(a) White	Employed	Own dispensing
(b) Coloured	142	Nil
(c) Indian	Nil	Nil
(d) Black	Nil	Nil

(ii) *Part-time*

(a) White	Employed	Own dispensing
(b) Coloured	341	271
(c) Indian	1	Nil
(d) Black	6	4
	1	1

(3) 7 000 000. This figure has been estimated, as all annual reports have not been received.

(4) 263

Flansard No 2 Quest Col '32

12/2/80

AS

District surgeons: patients

48. Mr. H. E. J. VAN RENSBURG asked
the Minister of Health:

- Flansard No 2*
- (1) How many patients were treated by
(a) full-time and (b) part-time district
surgeons in each province in 1979;
 - (2) how many (a) full-time and (b) part-
time district surgeons were in the
employ of his Department in that
year?

The MINISTER OF HEALTH:

- (1) (a) and (b)
7 000 000. This figure has been esti-
mated, as all annual reports have not
been received. The records of the
Department are not kept according to
Provinces.
- (2) (a) 142
(b) 349

Govt to keep final say on medical fees

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Pretoria Bureau

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Dr Munnik said he strongly disagreed with this point of view.

Interns paid unequally

SAW 11/1/87 Pretoria Bureau (93)

Although doctors of all races in Transvaal Provincial hospitals are now paid equal salaries, interns of various races are still paid differential salaries.

Pay discrimination against newly qualified black doctors was revealed by the Administrator of the Transvaal, Mr Willem Cruywagen, in reply to a question in the Provincial Council by Mrs Irene Menell (PFP, Houghton).

Mr Cruywagen said that differential salary scales between black, coloured, Indian and white doctors employed in Transvaal Provincial hospitals were removed on April 1 last year, although the actual payment of the revised salary scales began only on June 30. Only the "entry grade" was excluded in the new scales.

In an interview, Mr Kallie de Haas, MEC in charge of hospital services, said this referred to interns who could, however, look forward to equal pay eventually. He said all salary scales were determined by the Cabinet.

Mrs Menell said in an interview that it seemed "quite inexplicable" to exclude a small category of doctors from equal pay.

Munnik accused of anticipation

Science Reporter

CAPL Times
14/2/80

FURTHER shots in a fight between the Medical Association of South Africa (MASA) and the Minister of Health, Dr L. A. P. A. Munnik, were fired this week in an open letter accusing Dr Munnik of anticipating the findings of his own Commission of Inquiry into health matters.

The row erupted in public at the annual meeting of the Medical and Dental Council last year when the Minister of Health threatened the council with testing their legality should major fee increases take place. The council went ahead and approved the increases and Dr Munnik gave notice of amending legislation which, among other things, would curb the power of council.

The letter, from the secretary-general of MASA, Dr C. E. M. Viljoen, to the Secretary of Health, Dr Johan de Beer, was published as a supplement to the SA Medical Journal.

Dr Viljoen told Dr De Beer that "attention must be directed to the fact although the Minister of Health has seen fit to appoint a Commission of Inquiry to investigate the full range of health services in detail... with special reference to the whole field of operations of privately practising and full-time medical practitioners, the minister has nevertheless also seen fit to anticipate the commission's findings and recommendations with the proposed Bills to amend the Acts in question".

The grounds for such "precipitate action" were not well-founded and the association "sincerely hopes it will not influence the commission in any way in the execution of its task".

He added that the Medical Association "urgently requests the government not to proceed with consideration of any amendments to the Medical, Dental and Supplementary Health Service Professions Act and the Medical Schemes Act until such time as the Commission of Inquiry has completed its investigation and submitted its recommendations".

The draft legislation referred to is expected to come before Parliament during the present session.

Munnik backs down on doctors

slow
16/2/80
93

Political Staff

THE ASSEMBLY — The Minister of Health, Dr Munnik, has drastically revised proposals which would have given him wide control over the medical profession.

This follows an outcry by the medical profession about the proposed controls, especially over fees, and subsequent meetings between doctors and dentists and the Minister.

Two draft Bills published in December gave the Minister the final say on medical fees and doctors would not have been allowed to contract out freely.

STATEMENT

The measures were the Medical Schemes Amendment Bill and the Medical, Dental and Supplementary Health Service Professions Amendment Bill.

In a statement he read in the Assembly today Dr Munnik announced the following changes in the proposed legislation:

● In the case of contracting into or out of medical schemes, the present status quo, which allows doctors and dentists to contract out, will be retained.

Provision will, however, be made to withdraw the contracting rights if, after consultation with the Medical and Dental Council, this is thought to be in the public interest.

Alternately it will only be allowed under certain circumstances which can be laid down by regulation.

A draft provision through which the Minister would have been able to undo any decision of the council will now be limited to tariffs of fees applicable to services rendered to members of medical schemes and their dependants, after the Minister has consulted the executive of the Council.

● The tariffs of fees will have to be approved by the Minister before publication and would only apply to services rendered to members of medical schemes and their dependants.

● The tariffs of fees thus published will be maximum fees and will only apply to services rendered by doctors who have contracted in to members of medical schemes and their dependants.

● The composition of the tariffs committee will remain the same.

Munnik cools in tariffs row

93

Own Correspondent

CAPE TOWN. — The Minister of Health, Dr I. A P A Munnik, intends going ahead with controversial legislation to control doctors' fees but will, at the same time, make some concessions to the medical profession.

The profession is strongly opposed to any degree of Government interference in its affairs.

The Medical Association of South Africa and the new Minister of Health have been involved in a running battle since last October when, despite appeals by Dr Munnik, the SA Medical and Dental Council went ahead and approved a massive 52% increase in doctors' fees and 33% for dentists.

In December Dr Munnik published draft legislation which included provisions to stop the profession raising fees without ministerial approval and to prevent doctors from contracting out of medical aid schemes.

However, in a special announcement in Parliament yesterday, Dr Munnik said he had decided to make certain changes in the proposed legislation which would maintain the status quo on contracting out, and of giving the Government control only over fees payable by members of medical aid societies.

Dr Munnik said that since the publication of the draft legislation — the Doctors, Dentists and Ancillary Services Draft Amendment Bill and the Medical Aid Schemes Draft Amendment Bill — he had had discussions with representatives of the SA Medical and Dental Council, the Medical Association of South Africa, the Dental Association and the Association of Private Hospitals.

He had subsequently decided that doctors should retain the right to contract in or out of medical aid societies.

Provision would, however, be made to revoke this right if, after consultation with the Medical and Dental Council, it was deemed to be in the public interest.

The original provision giving the Minister the power to cancel any resolution of the council would be restricted to medical fees applicable to members of medical aid schemes and their dependents.

These medical aid tariffs would have to be approved by the Minister before they were published and would reflect the maximum fees payable for services rendered by contracted medical practitioners to members of medical aid schemes.

The constitution of tariff

93
20.2.80
Star

SA doctors told: You should rejoin world body

By Bob Kennaugh

The secretary-general of the million member World Medical Association (WMA), Dr Andre Wynen, yesterday urged South Africa to rejoin the association.

The WMA, which represents medical associations worldwide, is a "family of doctors" that sets the highest international medical, ethical and health-care standards.

South Africa resigned from the association in 1976 when it was attacked on political grounds.

Dr Wynen said the WMA's constitution had since been changed and it was no longer possible for member countries "to put across a political representation."

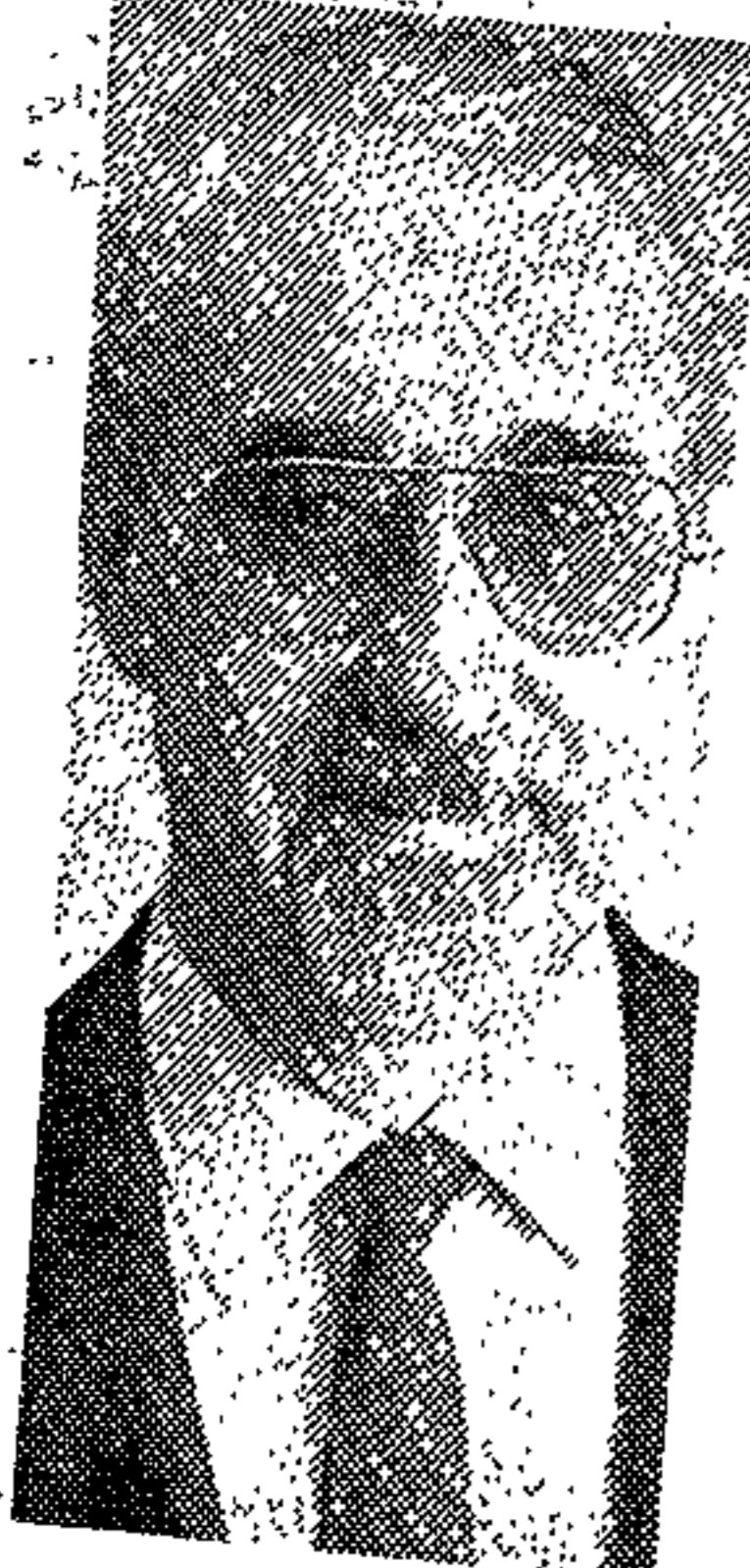
Dr Wynen said in Johannesburg yesterday that he had visited hospitals in Pretoria and Cape Town and found the standard of medical services equal to

those in Western Europe. White and black patients received similar medical treatment, he said.

Dr Marais Viljoen, secretary general of the Medical Association of South Africa, said South Africa could not benefit from isolation.

There had to be a constant exchange of medical information between countries. The Medical Association of South Africa would consider rejoining the world body, he said.

Classification and Explanation
In his monograph on the Eastern Cape Hilary Deacon (1976) makes a pioneering attempt at relating archaeological unit terms to their possible social correlates. After reviewing ethnographic data on the different levels of ... (1976:170-1) suggests that the inner ... may have acted as an ... populations represented ... distance was likely to have ... this discussion he formulates ... to this model the ... artefact similarity to ... a major linguistic division.



Dr Andre Wynen ... SA should rejoin.

on material culture distributions ... Hodder (1977) demonstrates ... and the maintenance of group ... necessarily and wholly structured ... to have distinct groups with ... frequent interaction" ... makes a similar point; ... on an absence of mobility, contact ... despite inter-ethnic impact ... similarity of material culture ... from lack of group interaction, ... material culture might be ... biological training would undoubtedly

units represent bounded social ... the expectation here is ... fact products of people who ... be between artefacts made ... her. The aim in the ... continent is to find the ... groups of people". The ... of the cultural names ... is of crucial importance ... a shorthand for describing ... units and ... Huffman and other Iron Age ... relation between artefacts and ... hazards. On a ... many facets of the traditional ... tenable. Although Binford's ... "intentional" interpretations, his ... record shows that much is away ... and particularly culture change ... variability thus far ... to the Upper Palaeolithic is ... ones which were "culturally" ... Middle Stone Age industries

While discussion has so far centred on the problem of the relationship between assemblages and ethnic groups, some other recent attempts at explanation are of interest. One piece of work which has aroused considerable interest is Janette Deacon's use of a cultural ontogeny model in her analysis of the Wil assembly. This in turn raises the question of the usefulness of systems theory in archaeological explanation.

Deacon (1972:36) in her analysis of Wilton suggests that changes through time in the style or norms of scraper manufacture reflect cultural change, while variations in the frequency of various tool types reflect changes in activity at the site. These changes and variations she then describes "... within a model of cultural-system ontogeny in which the birth, maturity and decline of the controls operating within the dynamic cultural system can be traced through time (Clarke 1968: 162)" (Deacon, J. 1978:103). For example Clarke (1968:229) details maximum central tendency of artefact attributes as a criterion of the "mature phase" and this criterion is met by the remains of layers 3F - 3B at Wilton. However it is clear that the cultural-system ontogeny model is an analogue on the descriptive level only. It is not explanatory at all fails to isolate any processes that might be responsible for the observed variability. This is recognized by Clarke (1968:274); "these transitions (from system state to system state, e.g. "birth" to "maturity") ... do not about of their own accord or stem from innate qualities of the artefacts - need only recognize that whatever the complex causes generating the changes may be, this is the way in which such changes occur". Thus Deacon (1972:38) can only speculate that the system she has identified is the result of an increasingly efficient human adaptation and growth of population to an optimal level. It is obvious that the data to test this hypothesis are at present available and that they will tend not to be found in the study of artefact assemblage variability.

It/...

2-280
RDM
20/2/80
83
93

SA may rejoin world group

By PETER BAYER

THERE is a strong likelihood that the Medical Association of South Africa will return to the World Medical Association (WMA) later this year.

South Africa resigned in 1976 from the organisation it helped to found in 1948.

The resignation was prompted by the fact that the WMA was becoming an anti-apartheid platform for its increasing Third World members.

The Secretary-General of the WMA, Dr Andre Wynen, said yesterday that after touring the country, visiting hospitals and meeting with top officials, he felt it necessary for South Africa to return to the WMA.

He said he had succeeded in amending the WMA's constitution two years ago and Third World nations now wielded less power in the association.

Dr Wynen said what he had seen showed that South Africa had a great deal to contribute to world medicine and had the most sophisticated medical care on the continent.

Secretary-General of MASA, Dr Marais Viljoen, who invited Dr Wynen to the country, agreed that South Africa should rejoin the WMA as an exchange of ideas was necessary to maintain a high standard.

"This does not mean we have already agreed to rejoin WMA," Dr Viljoen said.

"However, after Dr Wynen has presented his report, MASA will reconsider rejoining. At this stage, I see no reason why we should not go back."

● The American Medical Association which resigned from the WMA shortly before South Africa, for the same reason, has rejoined since the amendment.

Canada, which also resigned, has also rejoined and the Rhodesian delegation is apparently reconsidering rejoining. However, the Scandinavian delegation resigned after the amendment was made.

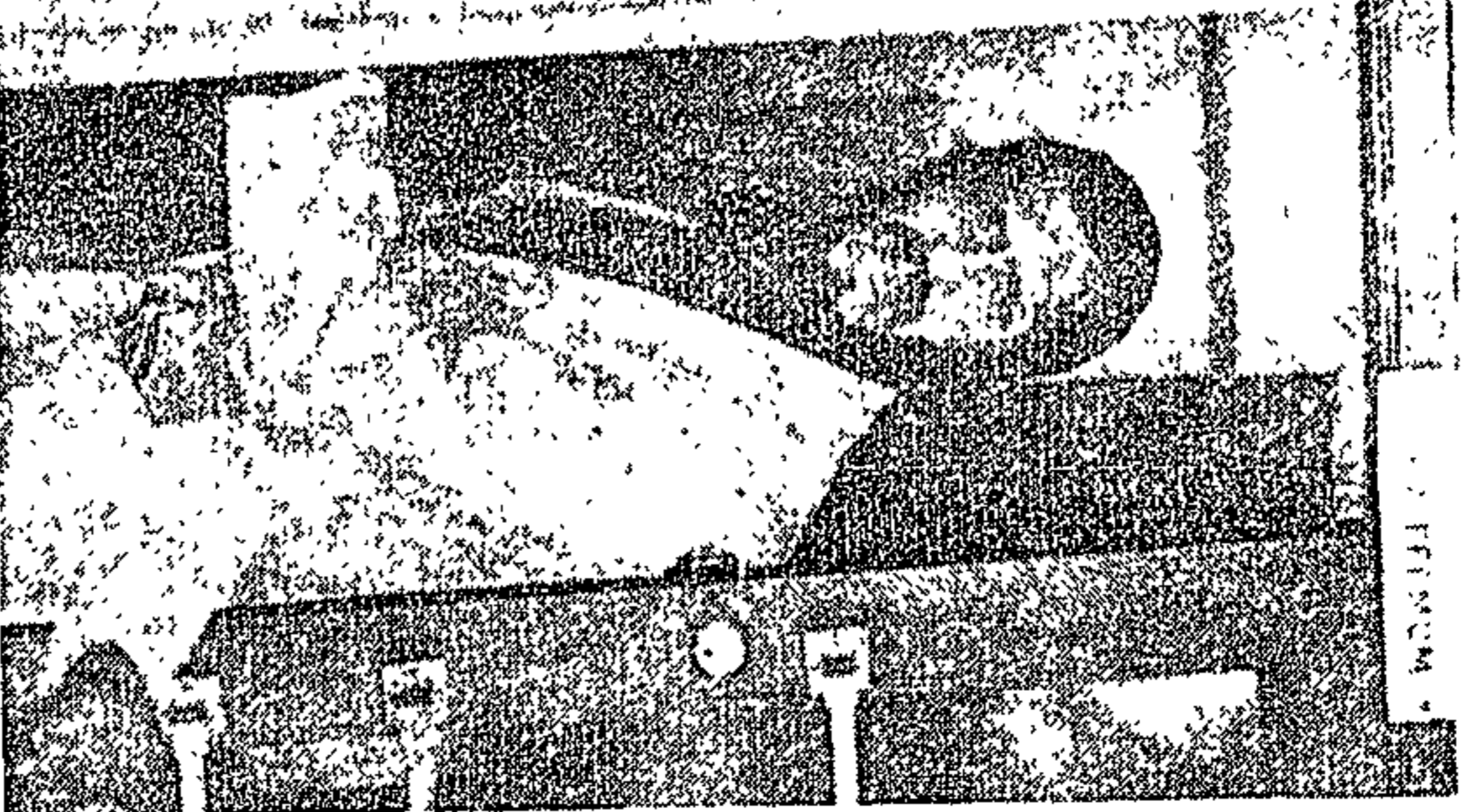
Black patients not allowed into waiting room

Probe does not alter Florida docs' attitude

913

POST

POST 22.2.80



An angry Dr. Fermum after the story in POST earlier this week

THE Roodepoort Health Department this week investigated allegations against Dr. A. Fermum, a Florida medical practitioner, who will not allow his black patients to use toilets at his surgery and who makes them wait in the open while white patients use the waiting room.

The chief officer of health services in Roodepoort, Mr. R. J. Raath, told POST yesterday that the inspectors had reported that there were enough toilets at the surgery — if only Dr. Fermum would let the patients use them.

POST REPORTER

He said Dr. Fermum had told the inspectors that his white patients were not against sharing the waitingroom with blacks. Most of them were his friends.

Mr. Raath said his department was persuading Dr. Fermum to treat white and black patients at separate consulting rooms, but they could not force him to.

The investigation by the health department follows an expose in POST this week.

When we visited the surgery for the second time this week, an angry Dr. Fermum told us no newspaper report would change his attitude to blacks.

Dr. Fermum was reacting to complaints by black patients that the only waiting room was for whites and the toilets were for his staff. Black patients, therefore, had to relieve themselves in the veld.

Another complaint was that black patients spent a long time either in the hot sun or in the cold because whites were given first preference.

Asked why he patronised a doctor who did not provide a waiting room and toilets for blacks, Mr. David Mogorosi of Dobsonville said he came to Dr. Fermum's surgery because he was the only doctor he knew.

Mrs. Elizabeth Radebe from Senaovane said she came to the surgery only to bring her child. She usually goes to another

His reaction to the waiting room discrimination was that the whites do not want to share it with blacks and that he did it to alleviate overcrowding.

Asked why he did not use a fan for ventilating during overcrowding, he said the fan blows his paperwork all over the consulting rooms.

,Verhoging aanvegbaar!

Maatwerk
24/2/80
93

'n ARTIKEL in die SA Mediese Tydskrif van September 1979 ter verdediging van die onlangse drastiese verhoging in mediese tariewe, word in die jongste uitgawe van die SA Tydskrif vir Ekonomie skerp aangeval.

Die Mediese Tydskrif wat die Mediese Vereniging van S.A. se standpunt oor die verhoogde mediese koste weergee, haal die ekonomiese raadgewer van die vereniging, mnr. Fritz Steyn, aan.

Die Tydskrif vir Ekonomie se artikel is geskryf deur dr. H.B. Falkena, en hy berispe die Mediese Tydskrif sowel as mnr. Steyn oor gevolgtrekkings waartoe hulle geraak het, en die manier waarop hulle tot hierdie gevolgtrekkings gekom het.

Nadat dr. Falkena die Mediese Tydskrif se kriteria en berekenings ontleed het, sê hy:

„Uit hierdie betoog volg dit duidelik dat die wyse waarop mnr. Steyn die 50 persent-tariefverhoging in mediese tariewe regverdig, aanvegbaar blyk te wees.”

Hy voeg dan by: „Dit is 'n ernstige aangeleentheid, veral wanneer besef word dat tientalle miljoen rand jaarliks deur hierdie berekening geraak word.”

En dan rig hy 'n waarskuwing: „Die feit dat (blykbaar) onredelike tariefverhogings sonder inspraak van die verbruiker of staat deurgevoer kan word, lei tevens tot die vraagstuk van die gewenstheid van die monopolistiese mag van die mediese professionele vereniging.”

Hy sê in die Tydskrif vir Ekonomie Nr. 4 van Vol. 47 van 1979 dat in die tydperk vanaf 1974 tot 1978, volgens die Departement van Statistiek, die gemiddelde arbeidsvergoeding van blankes van R398 tot R583 per

maand gestyg het, dus met 46,5 persent.

„Die stygings in die beskikbare persoonlike inkomste, vergoeding van werknemers, en lopende persoonlike inkomste — ná aansuiwering vir bevolkingsgroei — was respektiewelik 45,8 persent, 50 persent en 46,4 persent. Die verbruikersprysindeks het in dieselfde tydperk met 55,7 persent gestyg.

„Aangesien die verbruikersprysindeks die vinnigste van alle kriteria gestyg het sedert 1974, kan hierdie tydreeks gebruik word om 'n maksimum styging in mediese tariewe te bereken. Mnr. Steyn aanvaar 1974 blykbaar as basisjaar vir sy berekening en dié basisjaar word in hierdie berekening nagevolg.

„Tussen 1974 en 1978 het die verbruikersprysindeks met 55,7 persent gestyg, terwyl mediese tariewe in 1974 en 1977 met onderskeidelik 20 en 9 persent aangepas is. Die totale verhoging in mediese tariewe was dus 30,8 persent (tarief in 1974 is gelyk aan 100, dus $100 \times 1,2 \times 1,09 = 130,8$). Die agterstand in die mediese vergoedingstruktuur vir die tydperk 1974-1978 is daarom 19,0 persent ($155,7 \div 130,8 = 1,190$). Hierdie syfer moet nou nog aangepas word vir 1979. Die inflasiekoers vir 1979 sal waarskynlik sowat 13,5 persent bedra, sodat die agterstand vir die hele tydperk 1974-1979 dus 35,1 persent ($119 \times 1,135 = 135,1$) is.

„Word die kriterium van stygings in praktykkoste gebruik — volgens mnr. Steyn het hulle gedurende die tydperk 1974-1978 gemiddeld met 51 persent gestyg — dan is die huidige agterstand in die mediese tariewe selfs nog laer, nl. ongeveer 31 persent. Die agterstand van 35,1 persent in mediese tariewe moet egter nog verder aangepas word, naamlik vir die produktiwiteitstygning.

Hansard 4 (205)

27/2/80

93

University of the Western Cape: medical
4(205) faculty

27/2/80

93

*9. Dr. A. L. BORAINÉ asked the Minister of Coloured Relations:

What progress was made in 1979 in the establishment of a medical faculty at the University of the Western Cape?

The MINISTER OF COLOURED RELATIONS:

Discussions were held on ministerial and inter-departmental level. During a meeting of the inter-departmental Committee on 11 April 1979 a sub-committee was formed to investigate firstly the need for para-medical training and how, where and when extension of the para-medical training could start. The Rector of the University of the Western Cape is the convener of the sub-committee.

Hansard 4 (245) 29.2.80

93

University of Natal: faculty of medicine
#9. Mr. G. N. OLDFIELD asked the
Minister of National Education:

Whether further consideration has been given to the admission of White undergraduates to the faculty of medicine at the University of Natal; if so, what steps have been taken or are contemplated?

The DEPUTY MINISTER OF FINANCE
(for the Minister of National Education):

Yes; the University indicated that—

- (a) more applications from suitable Non-White candidates are received each year than can be accommodated;
- (b) the admission of Whites would mean the replacement of Non-Whites; and
- (c) the students and the University are not agreeable to the admission of Whites unless the facilities are increased.

Hansard 4 (244)

29.2.80

47

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University of Durban-Westville: faculty of
medicine

4(244) 29.2.80
*8. Mr. G. N. OLDFIELD asked the
Minister of Indian Affairs:

Whether a faculty of medicine is to be
established at the University of Durban-

245

FRIDAY, 29 FEB

Westville; if so, what steps have been
taken or are contemplated?

The MINISTER OF INDIAN AFFAIRS:

The hon. member is kindly referred to
my reply in this House to Question 19 by
the hon. member for Musgrave in Hansard
No. 3 of 1979, column 114.

For the information of the hon. member
I also wish to mention that a Faculty of
Health Sciences was established at the
University of Durban-Westville at the be-
ginning of 1979. Particulars of the depart-
ments in this faculty are available on page
111 of the annual report of the Department
of Indian Affairs for the period 1 July 1978
to 30 June 1979.

Part-time nurses' fears allayed

Part-time night nursing sisters at Johannesburg Hospital fear they may have become redundant — but Chief Superintendent has given the assurance that their jobs are safe.

"We have been the mainstay of the paediatric casualty department for some time," said a part-time night sister who does not want to be identified. "We work one or two nights a week and this has taken the load off married nurses with children who do not want to work at night."

She said there had been a policy change at the hospital and full-time day duty sisters now had to work on seven nights every five or six weeks.

The effect of this was that part-time night sisters could be made redundant, she added.

"We have enjoyed working in the paediatric casualty ward," she said. "Day sisters will now be doing this night duty."

She said the part-time sisters particularly liked working in the department because they nursed different patients on each duty and there did not have to be continuity of treatment.

The sister claimed at least three part-timers were dissatisfied with the new duty arrangement and were considering resigning. At least one sister has left the hospital and obtained a well-paid job with a private nursing home.

Commented Dr Neville Howes, Chief Superintendent of Johannesburg Hospital: "We greatly value the part-time sister — we have been fortunate in having them. We would like them to stay on."

er, it does at least seem possible that wages dual farms are linked to age, length of service and rly to number in family, and that these links are when all farms are considered together by great is between farms.

t causes these variations between farms?

gional differences may be a contributory factor:

rage weekly payment (cash plus kind) for farms in

uport West magisterial district was R15,15 a week,

erburg magisterial district R15,65, in Graaff-Reinet

and in Middelburg R13,07. But these differences

relatively very big, nor are they particularly

ful, since only two farms in Graaff-Reinet are

d, against 17 in Beaufort West.

is also tempting to suggest that the distance of the

m the nearest town might explain part of the

ns in wages (farmers pay more to keep workers on the

ther from town) but this is not corroborated by tests

relation coefficient r produced by testing cash

inst distance from the nearest town is 0,23 and that

by testing total payment against distance from town

A slightly better result is produced when testing

employed on each farm against average cash and

average cash + kind payments: for cash wage and number employed

the coefficient is 0,57 and for total payment and number

employed the coefficient is 0,36.

Munnik tells ⁽⁹³⁾ dentists not ⁽³²⁷⁾ to discriminate

THE Minister of Health, Dr L A P A Munnik, today appealed to medical practitioners not to discriminate against their patients on racial grounds.



Dr L A P A Munnik

Opening the annual meeting of the Dental Association of South Africa, Dr Munnik told dentists that he had received reports about private practitioners who had different standards of treatment for different population groups.

'This practice clashes head-on with the policy of the Government — that each person in the country should have access to all available medical facilities and medical care,' he said.

MORE AND MORE

'More and more people from the various population groups are joining medical aid schemes, yet certain members of these schemes do not receive treatment from all private practitioners.

'I can give you a number of examples of coloured people here in the Cape who are members of medical aid schemes and who have gone to private practices for treatment.

'In some instances the waiting room and clinical facilities are inferior.

OTHER CASES

'In other cases they are simply told that the only treatment available is that of having their teeth extracted and dentures fitted.'

Dr Munnik said unless private practitioners made provision for the humane reception of patients the public dental services would continue to treat them.

He added that he was also worried about the tendency — in all branches of the medical profession — to 'over-specialise.'

'Procedures which until a few years ago were competently handled by general practitioners are

4/3/80 Argus
93

In or out —doctors keep right

Political Correspondent

77. DOCTORS will retain the right to contract in or out of medical aid schemes in terms of two Bills published in Cape Town today.

They are the Medical, Dental and Supplementary Health Service Professions Amendment Bill and the Medical Schemes Amendment Bill.

Minister has consulted the council executive.

Tariffs will have to be approved by the Minister before publication and will apply only to services for members of medical aid schemes and their dependants.

When published in their original draft form in December the measures laid down that doctors would not be allowed to contract out.

As promised by the Minister of Health, Dr E. A. P. A. Munnik, last month, the right of doctors and dentists to contract out will now be retained — but this can be withdrawn if, after consultation with the Medical and Dental Council, this is thought to be in the public interest.

TARIFFS

A draft provision that the Minister could undo a decision of the council is now limited to tariffs of fees for members of medical aid schemes and their dependants after the

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76. expanding population. Approximately half (8) the country was in the

hands of commercial farmers, mainly white settlers on these farms and in the traditional areas of cash most important both as an employer of labour and as Forestry had been developed since the late 1940s and plantations were one of the largest in the world and paper in substantial quantities. The exploitation in the early 1960s, notably asbestos and iron-ore producing the building of a railway which linked the country both to Maputo and to the Witwatersrand. Despite all these developments Swaziland also sent migrants to work in South Africa although the numbers were a fraction of those going from Lesotho.

Although perhaps not as strong all round as the Swazi economy Botswana's showed the most dramatic improvement in the first decade of independence. Botswana had, like Lesotho, long been neglected. However from the mid-sixties there was a good deal of prospecting and some important strikes. The two most important of these was the diamond pipe at Orapa and the copper-nickel deposits at Selibe Phikwe. Although in the early negotiations the Botswana government lacked the necessary experience to bargain adequately over the terms of the concessions they were later able to renegotiate these and ensure that over 50% of the profits were paid back rather than being siphoned off abroad. During the ten years 1966-1975 the annual rate of growth of GNP averaged 5.1% and although technical difficulties at Selibe Phikwe combined with a sharp fall in the price of copper after 1970 deferred some of the hope invested in the mineral boom the prospects for further substantial developments in that sector were good. Two important problems nevertheless accompanied this growth. One was that the major share of investment in this sector was South African; the other was the amount of capital required to create one job. The inappropriateness of the technology being imported to develop the new mines was evident in the fact that in a country where wages were generally less than R per

uncertainty was the major factor in halting the erection of a second abattoir to serve the northern part of the country. The second problem was less visible but concerned the 'potentially irreparable damage to the country's limited range' caused by extending grazing into unsuitable areas. Thirdly were the longer term socio-economic implications of the apparently increasing skewness of rural income distribution as the wealthy townsmen employed in the civil service and elsewhere invested in cattle whilst countrymen with no stock were thus effectively disinherited of the land to which theoretically they had access. A survey conducted by the Statistical Office of Botswana found that 8 of the cattle were owned by 8 times bigger than the income of the bottom 10%. Nor was the gap confined to the agricultural sector. In the civil service by the mid 1970s the ratio of salaries for super-scale posts to messenger grade posts was of the order of 10:1 compared with a ratio of approximately 5:1 in most developed countries. Thus even within so homogenous a country as Botswana the cleavage between rich and poor was dangerously deep.

bargain for... year at a time. This uncertainty was the major factor in halting the erection of a second abattoir to serve the northern part of the country. The second problem was less visible but concerned the 'potentially irreparable damage to the country's limited range' caused by extending grazing into unsuitable areas. Thirdly were the longer term socio-economic implications of the apparently increasing skewness of rural income distribution as the wealthy townsmen employed in the civil service and elsewhere invested in cattle whilst countrymen with no stock were thus effectively disinherited of the land to which theoretically they had access. A survey conducted by the Statistical Office of Botswana found that 8 of the cattle were owned by 8 times bigger than the income of the bottom 10%. Nor was the gap confined to the agricultural sector. In the civil service by the mid 1970s the ratio of salaries for super-scale posts to messenger grade posts was of the order of 10:1 compared with a ratio of approximately 5:1 in most developed countries. Thus even within so homogenous a country as Botswana the cleavage between rich and poor was dangerously deep.

57AR 5/3/80

Doctors are contracting back into aid schemes

(93)

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More doctors are contracting back into medical aid schemes following the estimated 52.45 percent increase in medical fees granted last November.

Dr Marais Viljoen, secretary general of the Medical Association, said in Pretoria today he had been reliably informed that the number of doctors contracting in was greater than that of doctors contracting out of medical aid schemes.

He had been told that between October, 1977, and April 1978, more than

2 000 doctors had contracted out. Last January, about 4 000 contracted out, but since then many more doctors had contracted back in.

Increasing numbers of doctors had contracted in following the increase in medical fees.

The Minister of Health, Dr L A P A Munnik, has drastically revised proposals which would have given him wide control over the medical profession.

Doctors were strongly opposed to moves which

would have given the Minister powers to veto decisions of the Medical Council, including tariff determinations.

Dr Munnik announced in a statement last month that doctors and dentists would still be allowed to contract out. "Provision will, however, be made to withdraw the contracting right if, after consultation with the Medical Council, this is thought to be in the public interest."

In future, the Minister will only be able to change a tariff determination after consultation

with the Medical Council.

The executive committee of the Federal Council of the Medical Association has twice stressed that doctors should not contract out for financial reasons.

Said Dr Viljoen: "It is encouraging that doctors are contracting in again. This shows they have no intention of abusing their rights." Some doctors who contracted out did so because they offered a special service or had long experience or had other medical qualifications.

571 328 93 6/3/80 DD

Ramphele bid to study thwarted

JOHANNESBURG — Banned former King William's Town medical practitioner, Dr Mamphela Ramphele, has been refused permission to have her banning order relaxed to allow her to study further at Wits University.

The Minister of Justice, Mr Alwyn Schlebusch, has refused to relax the order to allow her to study a branch of medicine relevant to the Tzaneen area to which she is restricted.

The request to the Minister was made twice and on both occasions permission was refused.

On the first occasion Dr Ramphele applied to the Minister through the Chief Magistrate at Tzaneen. The second request was made by Mrs Helen Suzman, after Dr Ramphele's attorney had approached Mrs Suzman on her behalf.

The request was turned down and no reasons were given.

Mrs Suzman said yesterday: "I think it is absurd that a medical doctor who wants to follow a course to improve her knowledge of tropical diseases and other branches of medicine, which would be of value in her work, should be prevented from doing so because of her political views.

"Dr Ramphele renders an important service in the area where she is practising and the course offered by Wits Medical School would have been of infinite value to the people she is treating."

Dr Ramphele, 30, who is restricted to Lenyeny Township in the district of Napumo, had been accepted by the university's medical school — subject to ministerial approval — to study for a graduate diploma course in tropical medicine.

The course — in four blocks of a week each throughout the year — started on January 20.

A spokesman for the Medical Association of South Africa, of which Dr Ramphele is a member, said yesterday she had written to the association but the letter had just been received and the matter had not been attended to yet.

"As a member of the association she is entitled to our assistance as far as possible." The spokesman said they might possibly make representations on Dr Ramphele's behalf.

Dr Tim Wilson, of the medical school, said it was important that Dr Ramphele be allowed to qualify in tropical medicine because it was relevant for the area she served.

The diploma dealt with diseases such as malaria, bilharzia, typhoid, sleeping sickness and others which were rife in the area, he said.

"It is obvious that a doctor working in such an area should keep up to date. I think it is very important that Dr Ramphele should be allowed to get this qualification for the sake of her patients.

"I hope this decision will be revised because Wits is the only place she can study for the diploma and she can't get it by correspondence.

"Surely if the government can decree that she work there, the least they can do is to allow her to equip herself to work effectively there," Dr Wilson said.

Dr Ramphele was the superintendent of Zanepilo Clinic in King William's Town before her banishment.



DR RAMPHELE

The clinic was run by the Black Community Programmes, one of the 18 black organisations banned by the government during the October 19 crackdown in 1977.

She was banned in April, 1977 and banished to Lenyeny. — DDC.

Rifleman killed

PRETORIA — Rifleman Eric Norman van Reenen, 28, died yesterday from wounds sustained in a skirmish with guerillas in the operational area, defence headquarters announced.

He is survived by his wife, Mrs M. T. van Reenen, of Stufontein. — SAPA.

Lower rates not racist, says medical scheme

MR G J Barnard whose letter headed "MEDS Nonracial Scheme Disputed" (Sunday Times, March 2) is wrong to question some of the contents of a report dealing with the introduction of different rate tables for different race groups by the Medical Expenses Distribution Society.

Mr Barnard, who is manager of the Cape Medical Plan, appears to have misunderstood what MEDS is doing when he

accuses it of bringing a "racial factor into the scheme".

Although, according to Mr Barnard, the Cape Medical Plan, like MEDS, has always admitted members of any race, unlike MEDS, it does not reduce its monthly contribution for black and coloured members.

The claim patterns of the individual races differ. To illustrate this we have selected the claim experience for 1979 of 2 300 coloured families in the Cape who are medical-aid members in trying to determine what the position would have been had they been members of the Cape Medical Plan.

Excluding the last rate increase of the Cape Medical Plan, which was necessary to cover the new tariffs, we calculate their average contribution for 1979 would have been R26,68 a family each month.

Assuming R1,87 for the costs of administration, we are left with a balance available for payment of claims of R24,81.

Their claim experience before application of the new tariff averaged R14,71 for a member family a month.

Surplus

Thus, had these coloured families paid the "nonracial" rate charged by Cape Medical Plan, the medical aid fund would have a monthly surplus of R10,10 a member family.

This surplus would have stood to the benefit of all members of the fund. So the 2 300 coloured families would have provided a total surplus of R278 760 for the fund for 1979.

The Cape Medical Plan has posted losses for both the 1977 and 1978 financial years (the 1979 figures are not yet available).

The loss at December 31 1978 according to the Cape Medical Plan's audited accounts, was R278 300.

To illustrate the advantage our coloured members derive from the new MEDS plan, after both MEDS and the Cape Medical Plan have adjusted contributions to meet the new tariff, look at the difference in the amounts payable by coloured members to each of the medical aid schemes:

A single member earning R300 pays MEDS R14,40 at Cape Medical Plan he would pay R22.

A member with three dependants earning R300 would pay MEDS R27,50 at Cape Medical Plan he would pay R46. A member with one dependant earning R400 would pay MEDS R29,80 at Cape Medical Plan he would pay R43. — A M LEVETON, Principal Officer, Medical Expenses Distribution Society, Johannesburg.

STUD NO	SURNAME	FIRST NAMES	COURSE	DESCRIPTION	SYMBOL	PAGE
15036	R.A./LL.B.					15036
101534P	HACK	BRYAN GREGG	602101	PUBLIC INTERNATIONAL LAW	ABS	101534P
115474D	HARPER	GREGORY MARK	602101	PUBLIC INTERNATIONAL LAW	2-	115474D
114334E	MACGONN	DEARISE ELLEN	604201	ROMAN PUBLIC LAW I	1	114334E
603069G	LEAINE	DIANE	603202	ROMAN LAW & JURISPRUDENCE	13	603069G

UCCRT

Medical body to

investigate

sex complaints

By SYLVIA VOLLENHOVEN

VISITS to a doctor in the Peninsula could land a female patient with more than just a cure. A few women have claimed that the medic turns routine examinations into sexual advances.

One of the women he approached recently has lodged a formal complaint with the South African Medical Association and a spokesman said the alleged incidents would be investigated.

The woman who lodged the complaint said the doctor had diagnosed rheumatism, but had given her an 'internal examination'.

"Nerve"

"He then had the nerve to ask me if I was enjoying it," said the woman, who can't be named.

She had consulted the man because her family doctor was not available at the time and she had needed medical attention urgently.

"The first time I went, he gave me tablets and an injection

and said I had rheumatism. He asked me to return two days later.

"The only reason I went back was because the medication had not done anything for the pain," she said.

Undressed

She claims she was told to undress, and when she removed only her shirt the doctor allegedly asked her to take off all her clothes because he thought she had an inflammation of some kind.

She said that the incident had then occurred.

The woman claims the doctor had also exposed himself.

"I immediately got up, dressed and never went back again.

Not only was it a shocking experience, I had to pay R10 for Mr Ebrahimi's services.



93 9/13/80
Sundays

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UJET

Rail fund rejects Indian doctor

By G R NAIDOO

WHITE Railways workers are incensed at an instruction that they should consult a white doctor 30 km to 40 km away from their homes instead of an Indian doctor who has served them for several years.

The Indian doctor in Verulam, Natal, had been on the panel of the Railways sick fund for 12 years and had been treating both white and black railmen who lived in the Ottawa, Verulam and Mount Edgecombe complex.

Last year the sick fund advertised for a doctor to look after white railmen in the district. The Indian doctor applied, but was later told that his application was not successful.

He was advised that he could treat white Railways workers in his district, but the sick fund would not pay his fees. He is allowed to treat black railmen.

The sick fund board appointed a white doctor at Umhlali to look after the health of white railmen.

Understanding

One of them told the Sunday Times yesterday:

"He's a very good doctor and we built up a wonderful relationship with him. He was always kind and understanding and gave us the best possible treatment.

"He is virtually on our doorstep and is available at any time of night or day. He has become our family doctor."

The worker said that apart from the inconvenience of travelling to Umhlali to consult the white doctor on the panel, he would have to travel by car, spending about R5 on petrol.

A spokesman for the sick fund confirmed complaints had been received from the workers and a committee had been appointed to visit the protesting workers on Tuesday to explain the policy of the board

UCT

STUD NO	SURNAME	FIRST NAMES	COURSE	DESCRIPTION	SYMBOL
135656C	RAJES	EDUARD STEPHANUS	116120	DRAMA I	F
154249M	COMPION	MATTHYS CHRISTOFFEL	116120	DRAMA I	F
156762U	KRUSKAL	MEGAN	116120	DRAMA I	UP
162343K	MILITZ	NICOLA ANDREA	116120	DRAMA I	UP (50)
154826P	SAMUELS	ANDRE CURPIDO	116120	DRAMA I	UP

* TOTAL NUMBER OF STUDENTS 5

DEAN

REGISTRAR (ACADEMIC)

EXAMINATION RESULTS IN FACULTY ARTS

AS AT 29 02 80

PAGE 1

13110

56 54 52 50 48 46 44 42 40 38 36 34 32 30 28 26 24 22

W / Argus 15/3/80

93

BARNARD RESIGNS

'I want to go gracefully'

By LUCILLE BELL, Medical Reporter

WORLD-FAMOUS heart transplant surgeon, Professor Marius Barnard, is to resign from Groote Schuur Hospital.

This was confirmed by the medical superintendent of the hospital, Dr H Reeve-Sanders, who said she had received a letter from Professor Barnard in which he announced his intention to resign and asked her to accept his resignation.

'However, he has given no date on which he intends to terminate his employment, so I cannot regard this as an official letter of resignation,' she said.

Dr Reeve-Sanders declined to comment on Professor Barnard's reasons for resigning. 'I feel that is a matter he should talk about personally,' she said.

When approached by Weekend Argus, Professor Barnard would not discuss his reasons 'because at present I am still working here and want to go out gracefully.'

Never again

A source said the professor was determined never again to work for the Cape Provincial Department of Hospital Services. But it is understood he does not plan to leave the country.

lished in morning newspapers in which he expounded his views on a variety of subjects.

Second home

His fame as a heart surgeon took him travelling to many overseas countries, notably Rumania, where he performed a number of operations in a Bucharest hospital. He was once quoted as saying Rumania was his 'second home.'

One of his most recent triumphs was transplanting the heart of a 24-year-old man into the chest of Paul Thesen, 14, of Knysna — the hospital's youngest ever heart transplant patient.

snared world acclaim with his brother, Professor Chris Barnard, since the first heart transplant was performed at the hospital in 1967.

Initially he worked under the direction of his brother on the hospital's heart team, but in January 1972 performed his own first transplant.

EXAMINATION RESULTS IN FACULTY ARTS

YEAR : 1

EXAMINATION (SPEECH & DRAMA)

COURSE

Outspoken

Professor Barnard has been outspoken on political issues. In June 1972 he was threatened with dismissal from the hospital when he addressed a protest meeting about discrimination in black education.

In January 1973 he entered the political arena when he was proposed as United Party candidate for Sea Point. He later declined to accept the nomination for personal reasons.

He has been well known for his campaigns for legalised euthanasia and abortion.

In 1975 he began a literary career, writing the prose for a book of Karoo photographs.

This was followed by a series of columns pub-

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STUD NO

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PE campaign

in wake of anthrax death

DD 17/3/80 (93)

PORT ELIZABETH — A hygiene campaign has been initiated at hides and skins firms here following two cases of anthrax — one of them fatal — among employees of one firm.

But the medical officer of health, Dr J. N. Sher, said no link could be found between the two cases.

One employee died in the Livingstone Hospital within 24 hours of reporting that he felt ill. Dr Sher said the man died on February 28, after returning from a holiday in Zululand.

He said a man from Kuruman, who worked for the same firm, was being treated in the Elizabeth Donkin Hospital here, for allergies manifested as a result of treatment for

anthrax which he contracted five weeks ago.

A spokesman for the hide and skin firm said the employee had told his foreman that he was feeling off colour and was isolated off immediately and told to report to the doctor. The next day Livingstone Hospital telephoned to say the man had died.

"It was a great shock," said the spokesman. Arrangements were being made to provide for the employee's family.

The spokesman said the employee at Kuruman went to his doctor because he had a sore on his face. He said all other employees the man was alert to the possibility of contracting anthrax and he drove to Kimberley where

he was admitted to hospital and treated.

He was making good progress and is expected to be discharged shortly, the spokesman said.

Dr Sher said hide and skin firms in the city had been visited by the city health department and the state veterinarians because of the anthrax death.

All the firms had been asked to implement basic housekeeping and hygiene rules for their staff such as washing hands before eating, wearing protective overgarments which were steamed, and ensuring that ventilation and extraction of dusts on factory premises was up to standard. DUC.

UJET

REGISTRAR (ACADEMIC)

DEAN

* TOTAL NUMBER OF STUDENTS 1

STUD NO	SURNAME	FIRST NAMES	COURSE	DESCRIPTION	SYMBOL
100060L	HOGG	HENRY CAMERON	110317	DRAMA III	ASG
STUI3-9					
13130	PERFORMERS DIPLOMA IN SPEECH & DRAMA				
		YEAR : 3			
					AS AT 29 02 80
					PAGE 1
					13130
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Trouble came after intern's 48-hour stint

93 RDM 18/9/80

CAPE TOWN. — A disciplinary hearing of the Medical and Dental Council was told yesterday that an intern at Grootte Schuur Hospital had worked more than two consecutive days and nights with only an hour's sleep before committing a fraud.

Dr Michael Jonathan Levy, 24, of Sea Point, appearing on a charge of improper and disgraceful conduct, told the hearing that working long hours without sleep was "not unusual" at the hospital on weekends.

Dr Levy's appearance before the council followed his conviction of fraud in the Cape Town Magistrate's Court last year.

He had pleaded guilty to the charge.

He admitted to the court that he had bought an electric guitar with a forged cheque for R600 on May 14 last year. He was fined R300 or 150 days' jail.

Speaking before the passing

of sentence by the disciplinary committee, Mr K L Simons, for Dr Levy, said that prior to the incident his client had worked from early Friday morning until Sunday afternoon in the cardiac unit at Grootte Schuur.

During this period he had not had more than an hour's sleep.

When he came off duty, Dr Levy had inadvertently put on a white coat belonging to Dr D Novitzky. He had found Dr Novitzky's cheque book in one of the pockets, and later used one of the cheques to buy the guitar.

"I have no explanation for my action," Dr Levy told the committee.

"I was extremely tired and would not have dreamt of doing it under normal circumstances."

Dr Levy said he already owned four guitars and had money in the bank.

The Chief Medical Superintendent of Grootte Schuur, Dr H Reeve Sanders, told the com-

mittee Dr Levy had been a good student and was considered diligent and dedicated to his work.

She said this was the first time she had been notified of interns working such long hours. Such lengthy spells of duty were not advisable, but sometimes unavoidable, she said.

Prof Basil Bloch, deputy head of the department of obstetrics and gynaecology, said Dr Levy had worked in his department after his conviction, and was conscientious and hard-working.

The committee recommended Dr Levy be suspended from practice for six months, but that the execution of this sentence be suspended for two years, provided he did not commit any other transgressions.

This recommendation will be forwarded for confirmation to the next meeting of the SA Medical and Dental Council in April. — Sapa.

1	ST 113-9	EXAMINATION RESULTS IN FACULTY ARTS	AS AT	29 02 80	PAGE	1
2	13100	PERFORMERS DIPLOMA IN SPEECH & DRAMA	YEAR :	N/A		
3	STUD NO	SURNAME	FIRST NAMES	COURSE	DESCRIPTION	SYMBOL
4	1623214	STEFAN	JOCELYN-NEILA	110113	PRACT SH I AFRIKAANS LOWE	1623214
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REGISTRAR (ACADEMIC)

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18/3/80 CT: FF 2418 93 527

Marius: The other Professor Barnard

By ROGER WILLIAMS
Chief Reporter

AT ONE TIME he was widely known as 'Chris Barnard's brother', and in a bold headline in an Afrikaans newspaper in 1972 Marius Barnard was even referred to as 'The Poor Man's Chris Barnard'.

With his unruly hair and often untidy-casual appearance, Marius Barnard fitted the description. What is more, he came through as the archetypal back-room boy, keeping out of the limelight and deploring all the ballyhoo that, he complained, was interfering with the heart-team's work.

But in the very year that he was labelled as the poor man's Chris Barnard, Professor Marius Barnard dramatically stepped out of the shadow of his world-famous brother and attained recognition in his own right when he led the Cape Town cardiac team for the first time in a heart-transplant operation.

Surgical techniques

Marius had spent some time in the animal laboratory at the University of Cape Town Medical School with brother Chris, working on surgical techniques that provided the groundwork for the world's first human heart transplantation at Groote Schuur Hospital, in 1967.

In other words, he had been part of the heart-transplant scene from the outset, so that this fame that came to him as an individual was belated rather than ill-placed.

Now, after working together for some 20 years, the Barnard brothers have apparently come to the parting of their professional ways. Marius Barnard has given notice to the Groote Schuur Hospital authorities of his intention to resign, and it appears he might be striking out on his own after years of frustration.

The irony of the situation is that the brothers, who for so



Professor Marius Barnard

long have shared a close professional relationship, have been daggers-drawn on many issues, and have had more quarrels than either would care to remember. Both have strong, independent personalities and occasional clashes of temperament have been inevitable.

But there have been occasions when the deep mutual respect and sense of loyalty shared by the Barnard brothers has come

to the fore, such as in 1972 when Marius risked his job by addressing a capacity crowd in Cape Town City Hall at a public meeting to protest against race discrimination in education.

He had been officially warned that he might be dismissed if he addressed the meeting, which was organized by students.

Professor Chris Barnard said at the time: 'If they sack my brother Marius, I'll close up shop and leave with him.'

His brother, he added, was indispensable to the Groote Schuur heart team, and he would be unable to continue his work at the hospital without Marius's help and support.

Marius Barnard, a Dutch Reformed missionary's son from Beaufort West, followed his elder brother first into medicine and then into the specialist field of cardiac surgery.

In the 1960s he spent some time in the United States studying at the feet of two of the world's leading heart surgeons, Dr Denton Cooley and Dr Michael DeBakey. He learnt much from them — but in his own estimation not enough.

Made a name

On his return to Cape Town he joined his brother who was already making a name for himself in open-heart surgery, and it was not long before Chris Barnard decided to apply the knowledge and techniques that had been developed at the UCT Medical School by his brother and himself, and by their colleagues.

Marius Barnard is now 52. He has always been a strong home-and-family man and he and his wife Inez have great pride in their three children — two daughters and a son, Adam, who, as a University of Stellenbosch student, is making a name for himself in inter-varsity and provincial rugby — and in their three grandchildren.

To those who know him, he comes through as man of warmth, compassion and of deep sensitivity, and it is probably these qualities that have on occasion put him on a collision course with the authorities. He has spoken out strongly against racial discrimination wherever he has seen it, and has always

taken the part of the underdog — as he did during the squatt crisis in 1976/77.

As a provincial employee, he has been rapped on a number of occasions for his entry into polemics on political issues, as he has also been questioned about his wide-ranging travels during periods of leave — including his trips to Rumania behind the Iron Curtain.

Answer to critics

His answer to critics who have said Professor Barnard should rather concentrate on helping people in his own country has been: 'There are other doctors in Cape Town who can do the operations I do each day, as well as I can.'

'When I operate here I am saving only one life. But when go with my team to a country such as Rumania I am teaching those people how to save lives — and surely by doing so achieve far more than by remaining here.'

In 1972, during a period of unrest in the country, he said: 'I want my fellow Afrikaners to think, and to think carefully about what has happened in our country this week.'

Also in that year, the Marius Group came into existence in Cape Town. A non-political body, it was an eight-man 'think tank' of young professional men dedicated to attacking socioeconomic and technological problems. The group was backed by Marius Barnard, who became its patron and consented to the use of his name in its title.

Measure of esteem

A measure, surely, of the esteem in which he is held in professional circles.

● Marius Barnard's compassion; his love of children and of people generally; and his abiding love of Cape Town and its way of life came through strongly in his weekly column in the Cape Times, that ended last August.

A colleague at the Medical School summed it all up yesterday when he commented: 'Marius is a fantastic person to work with; a great human being. We're going to miss him tremendously.'

CT (93) 18/2/80

Resignation takes brother by surprise

Chief Reporter

PROFESSOR Chris Barnard said yesterday that his brother Marius's stated intention to resign from his post at Groote Schuur Hospital had taken him by surprise and that this would be a blow to the heart team, which last year had achieved its best results yet.

Professor Marius Barnard, who last week gave notice of his intention to resign, without giving a date or his reasons for doing so, is number two in the heart team, and he takes charge of it when his brother is out of Cape Town.

Professor Chris Barnard said yesterday it was going to be extremely difficult to replace his brother and that it might be necessary to offer the post to a leading heart surgeon overseas.

"Marius has always taken on the burdens that otherwise devolve on me, when I have been on overseas trips, and his resignation is going to make it very difficult to maintain not only the volume of cardiac surgery at Groote Schuur Hospital but also the standard."

Professor Barnard said that in spite of the differences on a number of issues between himself and his brother, they had always worked well professionally — "and I greatly appreciate the support he has for so long given me."

"It could be that Marius has wanted for some time to strike out on his own, and that he has remained at Groote Schuur out



Professor Marius Barnard



Professor Chris Barnard

of a sense of loyalty to myself and to the team.

"If he feels he can achieve more elsewhere, then I think he has done the right thing — but his loss to the team will be irreplaceable."

"Should he ever want to come back, I would personally be only too glad to have him in the team again."

1	STUD NO	152327Y	VAN DER MERWE	SURNAME	BARBARA LOUISE	COURSE	911101	DESCRIPTION	MATHEMATICS I M102	SYMBOL	F	(37)	152327Y
2	STU13-9												
3	10000	MISCELLANEOUS ARTS		EXAMINATION RESULTS IN FACULTY ARTS									
4	YEAR :	N/A		AS AT 29 02 80									
5	* TOTAL NUMBER OF STUDENTS	1		PAGE		1							
6				REGISTRAR (ACADEMIC)									

UOST

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
EXAMINATION RESULTS IN FACULTY ARTS											AS AT 29 02 80											PAGE 1																																					
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BACHELOR OF ARTS/HIGH.DIP.LIBSARIAN. YEAR : 4											FIRST NAMES											COURSE																																					
SURNAME											JENNIFER ANNE											1-14202 1-11706																																					
1138601											1138601											SYMBOL																																					
HAMILLEY											ARCHAEOLOGY II											(41)																																					
1138601											PRINCIPLES OF LIBRARIANSHIP3											(50)																																					
TOTAL NUMBER OF STUDENTS											1											REGISTRAR (ACADEMIC)																																					
DEAN																																																											

* Cannot graduate H Dip Lib as she has failed B.A.

Doctor guilty of improper conduct

93
18/3/80

Medical Reporter

PRESSURE of work and long hours worked by an intern at Groote Schuur Hospital were factors given in mitigation of sentence at a disciplinary hearing of the South African Medical and Dental Council in Cape Town yesterday.

The hearing, under the president of the council, Professor H V Snyman, was called to examine the conduct of Dr M J Levy, of Sea Point, who was convicted last year of fraud after forging a cheque.

At the hearing Dr Levy pleaded guilty to a charge of improper and disgraceful conduct. He was found guilty as charged.

Mr K L Simons, who appeared for Dr Levy, told the committee that at the time of the fraud Dr Levy had been an intern in the department of cardiac surgery at Groote Schuur Hospital and had worked from Friday morning till Sunday afternoon with not more than two hours sleep.

After coming off duty he had mistakenly put on a white coat belonging to another doctor and had found a cheque book in the pocket.

He had later used one of the cheques to buy a guitar for R600. Evidence was led that extreme tiredness could affect a person's normal powers of judgment.

Full sitting

The committee recommended Dr Levy be suspended from practice for six months but that execution be suspended for two years provided he was not found guilty of a further offence. The recommendation will go before a full sitting of the council in Pretoria next month.

At a second hearing on the medical condition of a Transvaal doctor, Dr V P Joubert, the committee found Dr Joubert medically unfit to practice and recommended his name be removed from the medical register.

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EXAMINATION RESULTS IN FACULTY ARTS

PAGE 3

AS AT 29 02 80

STU13-9 BACHELOR OF ARTS YEAR : 1

STUD NO	SURNAME	FIRST NAMES	COURSE	DESCRIPTION	SYMBOL
160942M	FOLLETT	MARGARET JANE	103202	SOCIAL ANTHROPOLOGY I (PRE-1980)	(51) 160942M
157568V	FRIEDLANDER	RAE DEVORA	107101	ENGLISH I (PRE-1980)	3NX 157568V
1502960	GARISCH	SONYA IRENE	115102	FRENCH INTENSIVE	(43) 1502960
158290E	GARNETT	DIANNE SYBELLE	905101 911101	CHEMISTRY IA CH. 102 MATHEMATICS I MI02	ABS ABS 158290E
154026V	GEFFEN	BENITA	109102	HEBREW INTENSIVE	F 154026V
154362K	GIANNAKAKIS	ASPASIA	115101	FRENCH I	UP (55) 154362K
153981W	GILL	CHRISTEL KAROLA	117101	POLITICAL SCIENCE I	UP (55) 153981W
155173R	GILL	JUDITH MARY	107101	ENGLISH I (PRE-1980)	3NX 155173R
159186D	GUSS	JOANNE ATHERSTONE	115101	FRENCH I	UP (55) 159186D
158211U	GREEN	JANET FAY	004101	PSYCHOLOGY I	158211U
153855J	GRUSSE	KIRSTIN CHARLOTTE GERDA		ECONOMICS	153855J
162285X	HALLIER			FRENCH I	(48) 162285X
161662V	HANCOCK			FRENCH I	(37) 161662V
155148P	JERVIS	JOSEPHINE ALEXANDRA	115101	FRENCH I	ABS 155148P
155148P	JERVIS	JOSEPHINE ALEXANDRA	115101	PSYCHOLOGY I (PRE-1980)	3 (57) 155148P
155148P	JERVIS	JOSEPHINE ALEXANDRA	115101	ENGLISH I (PRE-1980)	3 (59) 155148P
155148P	JERVIS	JOSEPHINE ALEXANDRA	115101	FRENCH I	(56) 155148P

Medical secrecy: Doctors blamed

Staff Reporter

DOCTORS were "very greatly to blame" for surrounding their profession with a mediaeval mystique and an air of unapproachability, the president of the World Healing Federation, Dr Ian Pearce, said yesterday.

Addressing the Medical Students Council at Groote Schuur Hospital, Dr Pearce said true communication between doctor and patient was distressing in its rarity.

The prime need was to convince the general public that self-healing was an inherent property of the human being. This should be believed in, strengthened and trusted.

Dr Pearce, who is visiting South Africa from England, said that the present generation of orthodox doctors was handicapped by the barriers of their own training, which was heavily over-biased towards drugs and surgery.

The health establishment itself also emphasized acute, high-cost, hospital-orientated and drug-orientated medicine.

This "interventionist" concept of therapy was further strengthened by the influence of the pharmaceutical industry which was more concerned with selling its drugs than keeping people healthy.

'Disease service'

Three quarters of the physical disease which he himself had seen was due to faulty patterns of emotion and wrong attitudes of mind.

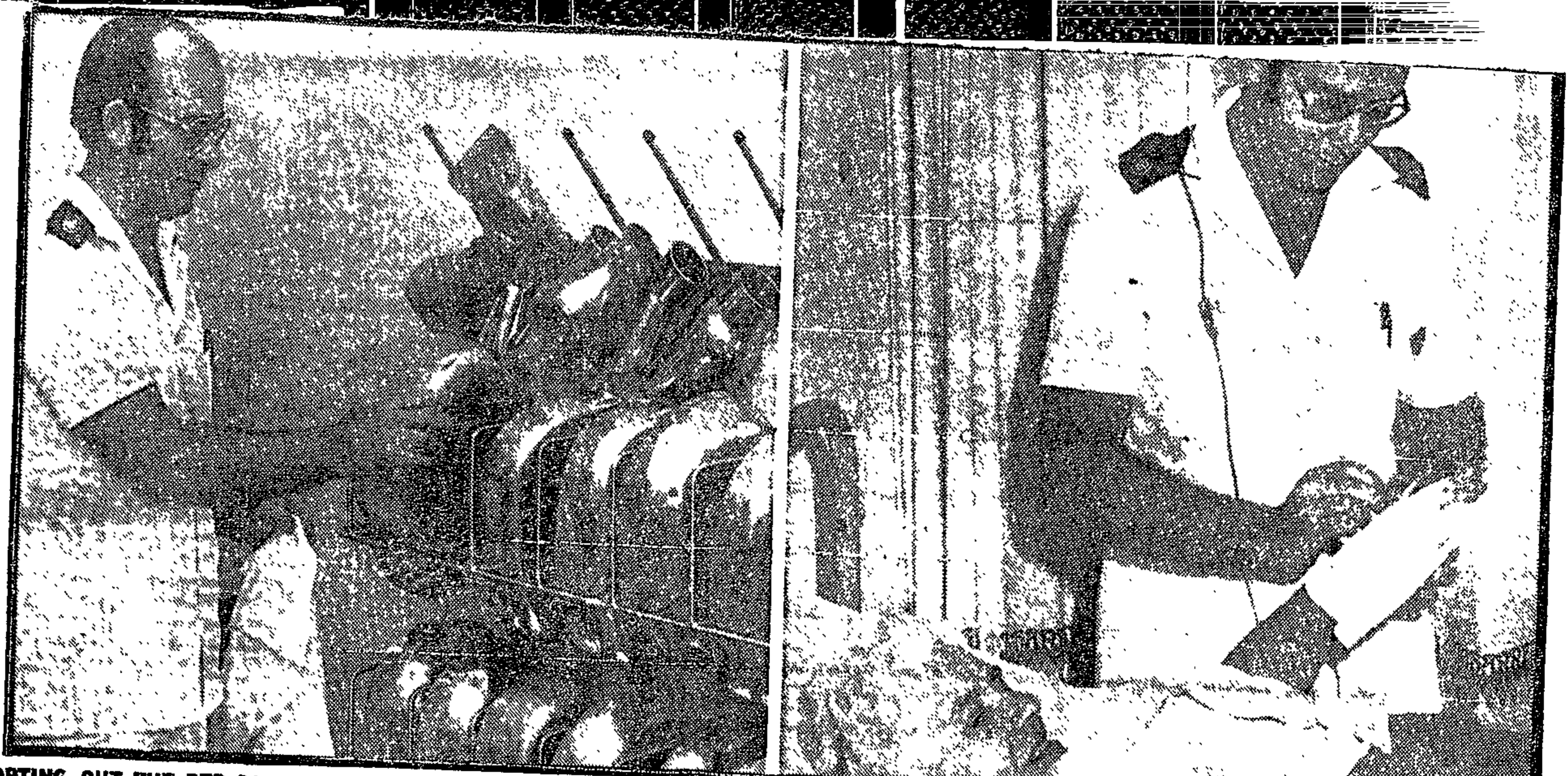
Not recognizing this, the Western medical system was dealing only with a fraction of health and its problems, and becoming less and less effective. The system itself frequently produced disease.

The whole system — research, education, medical schools and universities, and the way hospitals were run — was in fact not a health system at all, but a "disease service".

Not only did the system only recognize a few of the physiological factors influencing health and ignore the rest, but it used destructive techniques such as drugs, surgery and radiation as its main methods.

UJET

85 93 18/3/80



SORTING OUT THE BED PANS IN THE SLUCE ROOM — one of the duties of all nurses.

SENIOR CHARGE NURSE PIETER BEZUIDENHOUT checking Mrs Muriel Stiff's drip.

STAR 18/3/80 (95) 98
 Pictures by Graham Gainsford.

Male nurses are in demand...

In most cases it's a feminine hand that strokes fevered brows in South African hospitals — but there are some men who can, and do perform the same task equally well.

Men who decide to be some nurses are a rarity.

Poor salaries that are not comparable with those in commerce, the wrong image of male nurses (some people see them as "cissies") and ignorance of the fact that the nursing profession is open to men, are the reasons given for the lack of male nurses.

But they are much in need in the hospitals, as any matron of a general, psychiatric or mining hospital will tell you.

The shortage is so great in the psychiatric field that the Department of Health has instituted a special three-year diploma in psychiatric nursing at the Orange Hospital in Bloemfontein and Westhills Hospital near Pretoria.

The course is open to

matriculants who will be given theoretical and practical training at the hospitals. No basic nursing experience will be needed beforehand.

According to the latest report on nursing services by the South African Nursing Association, 185 registered general and psychiatric male nurses were admitted to the South African Nursing Council in 1976.

At the same time 134 male nurses were removed from the register mainly because they had retired or resigned.

The recent sudden shortage of male nurses has been attributed to the fact that many older male nurses are retiring, having joined the profession during the Depression.

Numbers of men joining the profession since, have declined.

In the provincially run Johannesburg Hospital there are 12 male nurses and at Tara Psychiatric Hospital run by the Department of State Health, there are two male nurses

Hospitals are suffering an acute shortage of male nurses. What sort of men go in for this profession and why are so many leaving it? Women's Page investigates.

and both are in administrative positions.

In both hospitals it was difficult to define the shortage, as posts are not specified for either sex but matrons at the hospitals said they would welcome male nurses.

What kind of men become nurses? I spoke to four from the Johannesburg Hospital and the two at Tara Hospital and found they had all come into nursing in different ways — but what they had in common was a love of helping people and immense job satisfaction.

Malcolm Napier is a pipe-smoking, blue-eyed, 30-year-old.

I've had a diverse his-



By JENNY DYER

tory of jobs. For eight years I did geological exploration. Then I was put into uranium exploration.

"I didn't want to spend my life looking for uranium because it is being used for nuclear warfare. I began nursing in 1978.

"Now I have job satisfaction for the first time in my life."

Malcolm hopes to do a course in psychiatric nursing and eventually to lecture.

Malcolm's father is still not happy with him being a nurse. "I suppose it's seen to be a cissy's job," but his mother has accepted her son's career choice.

Peter Kimble is a mous-

tached 21-year-old who started studying to be a nurse seven months ago.

"In the army I worked as a medic and when I came out I realised that I wanted to do something for society and tried nursing."

His friends and girlfriend haven't accepted his career and say "It's a woman's job."

White safari-suited Pieter Bezuidenhout is a senior charge nurse in the urology department. He followed his two sisters into nursing.

When he trained at Ad-dington Hospital in Durban he had to find his own accommodation because there were no facilities in the nurse's home for men then.

At the Johannesburg Hospital the men now have a floor to themselves in the nurses' home.

"I think female patients prefer male nurses — they seem to respond to us better," he said.

These men have found they seem to have more authority on the wards, and patients and families tend to refer to them

rather than to female nurses.

They are frequently mistaken for doctors.

"There is no embarrassment once you have shown the patient your professionalism. Our approach is completely clinical," they said.

"All you see is a sick person and you are there to make them well."

Salary-wise they are paid the same as women but feel there is discrimination against them in that they must apply to provincial authorities to do the midwifery course (an optional post basic training course). Women apply only to the hospital to do the course.

Surprisingly, none of these men are frustrated doctors.

"Doctors are there when the patient has a complaint or complication. The nurse is there 24 hours a day and the patient turns to us rather than the doctor," they said proudly.

Matron Summers at the Johannesburg Hospital said she would employ all the male nurses she could.

"We like having male nurses. They are different and very useful especially in certain units."

Male nurses are particularly valuable in the psychiatric services, said Miss A. Bruwer, deputy chief organising officer of psy-

STU13-9
 14340 NAC
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 1138601

21 23 25 27 29 31 33 35 37 39 41 43 45 47 49 51 53

Department of Health.

"We need them in all areas of psychiatric nursing. There are more males in the psychiatric services because we feel the male gets more recognition and chances of promotion than in other hospitals," she said.

Although male nurses were needed especially when patients became violent, the incidence of this was being phased out with the use of chemotherapy.

"We need and want male nurses. It's a worthwhile career with great job satisfaction if a man likes to be in a caring profession," she said.

And caring is what psychiatric nursing is all about. At Tara and all psychiatric hospitals the barred windows and strait-jackets associated with mental institutions have gone.

In their place are beautiful gardens, potted plants and sunny courtyards.

The hospital needs men to assist in therapy for the mentally ill patients.

Mrs. J. van Rooyen and Mrs. M. Zurschmiede, Senior Sisters in the family therapy unit, said therapy required a lot of role playing — sometimes by the patients and sometimes by the nurses.

"Often it's necessary to have male and female co-therapists to help define the roles in family therapy.

"It would be ideal to have males in the adolescent unit. The male nurse would be a father figure for the girls and give them more security.

"Sometimes when the patients are acting out certain behaviour patterns the presence of a male acts as a deterrent.

"Patients often say they cannot relate to female therapists," they said.

An old hand at psychiatric nursing who worked at Tara when it first opened and is now the head male nurse (or principal matron) there, Mr. J. le Roux said: "It's a very worthwhile profession and I'd like to see more men come into it."

Doctors welcome criticism on healing methods

Staff Reporter

DOCTORS yesterday welcomed criticism of their profession voiced by the president of the World Healing Federation, Dr Jan Pearce, when he addressed medical students at Groote Schuur Hospital this week.

The Western Cape chairman of the South African Medical Association, Dr Norman Levy, said he was "unfortunately in full agreement" with most of Dr Pearce's thoughts on the medical profession's shortcomings.

Dr Pearce, who is on a lecture tour of South Africa, told a meeting of the Medical Students Council on Monday that doctors' training was over-biased toward drugs and surgery.

Far too few doctors emphasized the importance of self-healing and the medical profession over-emphasized surgery, drugs and radiation in its treatments.

Emotional and mental factors were also largely overlooked and only the physiological aspects of illness were usually recognized.

Dr Levy said in an interview yesterday that he agreed with these criticisms of medical prac-

tice.

He said doctors should do more to get patients to realize the importance of natural healing. A number of diseases and illnesses would be naturally cured by the body if left alone. Too many people ran to their doctors for pills.

It would be dangerous, however, to leave patients with the idea that they should stay away from their doctors. A balance was necessary.

Another prominent Cape Town medical practitioner, who asked that his name be withheld, said he was impressed that a doctor "had the cour-

age to say these things".

"We have become over-specialized and many of today's doctors seem to think that pills and drugs are the be-all of medicine. They forget all the other aspects of the human being apart from their bodies and often forget that disease is seldom purely a physical problem", he said.

Dr Pearce is due to address a seminar at a Constantia hotel on Saturday and the public and the medical profession have been invited to attend. Inquiries may be directed to Dr Jan McCallum at 66 6622.

25	157722	COHEN	DANIEL	911101	MATHEMATICS I (M102)	UP	{ 59 }	1	156503M	789K
27	156503M	COLLIER	LINDSEY JEANNE	916103	ANIMAL BIOLOGY (HALF COURSE)	UP	{ 54 }	1	156503M	
29	153999D	COLLINS	BEVERLEY RYMOND	116120	DRAWING I	F		1	153999D	
31	153621E	COUCHEK	ROBERT GEORGE RENESON	004101	PSYCHOLOGY I	UP	{ 56 }	1	153621E	
33	158572X	COUBTENAY	COLLETTE	107101	ENGLISH I (PRE-1980)	3MX		1	158572X	
35	153796V	DAVIS	CASSANDRA ELAINE	107101	ENGLISH I (PRE-1980)	3MX		1	153796V	
37	140457W	DELAHUNTY	ANNA TERESA	904101	GEOGRAPHY I	ABS		1	140457W	
38	162384E	DOMAN	MICHAEL EDWARD	106102	ECONOMIC HISTORY I	F	{ 8 }	1	162384E	
41	155931D	DU PLESSIS	MARGIA ELIZABETH	107101	ENGLISH I (PRE-1980)	3	{ 57 }	1	155931D	
43	158919N	DUNCAN	ANDREW SYMON	003101	SOCIOLOGY I	F	{ 49 }	7	158919N	
45	156415R	ERASMUS	ARNO JACQUES ERASMUS	004101	PSYCHOLOGY I	F	{ 49 }	1	156415R	
47	162310Z	EVANIS	GAVIN MARK READ	910101	COMMERCIAL LAW A	F	{ 35 }	1	162310Z	
51	161480X	FAFAK	GIULIETTA	101103	STATISTICS I (HALF CRSE)	F	{ 48 }	1	161480X	
53	153863I	FARUHHAR	SILLIAN DEURAH	107101	ENGLISH I (PRE-1980)	3MX		1	153863I	
55	152866J	FARRELL	MICHAEL BRUCE	115101	ENGLISH I	UP	{ 57 }	1	152866J	
57	157359T	FINLAY	PAWELA JUAN	004101	PSYCHOLOGY I	UP	{ 55 }	1	157359T	
59	159744K	FIUKAVANTI	LUCIGINA	104104	ECONOMICS I	UP	{ 52 }	1	159744K	
61				115102	FRENCH INTENSIVE	UP	{ 54 }	1		
63				115103	ITALIAN INTENSIVE	UP	{ 54 }	1		
65				914102	PHYSICS I	UP	{ 58 }	1		

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RDM 20/3/80
Doctors admit to bias toward drugs, surgery

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EXAMINATION RESULTS IN FACULTY ARTS

YEAR : 1

STUD NO	SURNAME	FIRST NAMES	COURSE	DESCRIPTION	AS AT
162004R	BURNE	SUZANNE ELIZABETH	106103	ECONOMICS IA	2
158955C	CARD	SALLY-ANN	107101 116120 110101	ENGLISH I (PRE-1) DRAMA I CULTURAL HISTORY	
162195Z	CHAIT	CHERYL	102101	AFRIKAANS	
153965D	CLARKE	PEVELOPE JILL	103202	SOCIAL ANTHROPOLOGY I	
157789K	COHEN	DAVID	104101 110101	ARCHAEOLOGY I HISTORY I	
156503M	COLLIER	LINDSEY JEANNE	911101 916103	MATHEMATICS I (M) ANIMAL BIOLOGY I	
153999D	COLLINS	BEVERLEY RAYMON	116120	DRAMA I	
153621E	COUCHER	ROBERT GEORGE RENESON	004101	PSYCHOLOGY I	
158572X	COURTNEY	COLETTE	107101	ENGLISH I (PRE-1)	
153796V	DAVIS	CASSANDRA ELAINE	107101	ENGLISH I (PRE-1)	
140457W	DELAHUNTY	ANNA TERESA	904101	GEOGRAPHY I	
162384E	DOMAN	MICHAEL EDWARD	106102	ECONOMIC HISTORY	
155931Q	DUFLESSIS	MARGIA ELIZABETH	107101	ENGLISH I (PRE-1980)	
158919N	DUNCAN	ANDREW SYMON	003101 004101	SOCIOLOGY I PSYCHOLOGY I	7
156415R	ERASMUS	ARNO JACQUES ERASMUS	601101 910106	COMMERCIAL LAW A STATISTICS I (HALF CRSE)	1
162310Z	EVANS	GAVIN MARK READ	101103	AFR LANG INTENSIVE (XHO8A)	1
161480X	FAFAK	GIULIETTA	107101	ENGLISH I (PRE-1980)	1
153863T	FARUHHAR	GILLIAN DEURAH	115101	FR-FRENCH I	1
152866J	FARRELL	MICHAEL BRUCE	004101	PSYCHOLOGY I	1
157359T	FINLAY	RAMELA JGAN	104104 115102 115103	ECONOMICS I (6) FRENCH INTENSIVE ITALIAN INTENSIVE	1
159744K	FIORAVANTI	LUCIGINA	914102	PHYSICS I (6)	1

UJET

44 158919N
46 (49)
48 156415R
50 (35)
52 161480X
54 (48)
56 (57)
58 (55)
60 (52)
62 (54)
64 (54)
66 (58)

RDM 20/3/80.
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EXAMINATION RESULTS IN FACULTY ARTS

AS AT 29

13010 BACHELOR OF ARTS YEAR : 1

STUD NO	SURNAME	FIRST NAMES	COURSE	DESCRIPTION
1620048	BURNE	SUZANNE ELIZABETH	106103	ECONOMICS IA
158955C	CAHO	SALLY-ANN	107101 116120 111101	ENGLISH I (PRE-19) DRAMA I CULTURAL HISTORY
162195Z	CHAIT	CHERYL	102101	AFRIKAANS
1539650	CLARKE	PENELOPE JILL	105202	SOCIAL ANTHROPOLOGY
157789K	COHEN	DAVID	104101 110101	ARCHAEOLOGY I HISTORY I
156503M	COLLIER	LINDSEY JEANNE	911101 916103	MATHEMATICS I M10 ANIMAL BIOLOGY (H)
1539990	COLLINS	BEVERLEY RAYMON	116120	DRAMA I
153621E	COUCHER	ROBERT GEORGE RENESON	004101	PSYCHOLOGY I
158572X	COURIENAY	COLETTE	107101	ENGLISH I (PRE-19)
155796V	DAVIS	CASSANDRA ELAINE	107101	ENGLISH I (PRE-19)
140457W	DELAHUNTY	ANNA TERESA	004101	GEOGRAPHY I
162384E	DOMAN	MICHAEL EDWARD	106102	ECONOMIC HISTORY
1559310	DU PLESSIS	MARGIA ELIZABETH	107101	ENGLISH I (PRE-19)
158919N	DUNCAN	ANDREW SYMON	003101 004101	SOCIOLOGY I PSYCHOLOGY I
156415R	ERASMUS	ARNO JACQUES ERASMUS	601101 910106	COMMERCIAL LAW A STATISTICS IC (HALF CRSE)
162310Z	EVANS	GAVIN MARK READ	101103	AFR-LANG-INTENSIVE (XHOSA)
161480X	FAFAK	GIULIETTA	107101	ENGLISH I (PRE-1980)
153863T	FANQUIHAR	GILLIAN DEBORAH	115101	FRENCH I
152866J	FARRELL	MICHAEL BRUCE	004101	PSYCHOLOGY I
157359T	FINLAY	RAMELA JUAN	105104 115102 115103	ECONOMICS IA FRENCH INTENSIVE ITALIAN INTENSIVE
159744K	FIORAVANTI	LUIGINA	214102	PHYSICS IA

STUD NO	MARKS	GRADE	REMARKS
158919N	(49)	F	7
156415R	(33)	F	1
162310Z	(57)	3	
161480X	(57)	3NX	
153863T	(55)	UP	
152866J	(52)	UP	
157359T	(54)	UP	
159744K	(58)	UP	

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GP calls for trade union of doctors

Medical Reporter

A WORCESTER doctor has called on his colleagues in private practice to form a trade union, outside the Medical Association of South Africa (Masa), to negotiate acceptable terms and conditions of employment and remuneration.

In a letter in the latest South African Medical Journal, the doctor said since most private patients were covered by medical aid, the medical schemes could be regarded as 'employing' doctors in private practice.

To negotiate successfully, the 'employees' (the doctors) should be organised into a trade union.

BRITAIN

The British Medical Association had been officially registered as a trade union since 1971 and in Australia full-time doctors had formed a trade union.

'There are therefore well-established precedents,' he said.

The articles of Masa had not been altered to adapt to a changed social environment and did not provide for trade union status.

However, if doctors in private practice — about 50 percent of Masa's membership — formed a union outside the association, they would fall under the laws governing labour and industrial relationships.

HOSTILITY

'Any hostility they might attract from the media would not spill over on to the association as representing all doctors at ethical, scientific and professional levels,' said the doctor.

The time had come for the private practise of medicine 'to be allowed to sink or swim on its own merits.'

He invited private practitioners to write to him giving their views on the formation of a trade union so he could seek channels of debate.

ARGUS
24/3/80
93

STUD NO	SURNAME	FIRST NAMES	COURSE	DESCRIPTION	SYMBOL	PAGE
15026	B.A./LL.B.					15026
STU13-9						
EXAMINATION RESULTS IN FACULTY ARTS						
YEAR : 2						
AS AT 29 02 80						
111062V	BARKER	MARY ANN	105104	LATIN I	3	(52)
116983F	DAMERELL	DAVID ASHLEY	604201	ROMAN DUTCH LAW I	ABS	
137001P	FINE	DEWICK NISSEL	105201	ROMAN AFRICAN GOVT AND LAW I	2	(68)
			605202	ROMAN LAW & JURISPRUDENCE I	3	(55)
			604201	ROMAN DUTCH LAW I	2	(65)
137345N	GARD	DIANA ALICIA	105104	LATIN I	3	(36)
133987N	GORE	DAVID GEORGE	105104	LATIN I	AHS	
110635F	GRIESEL	PAUL PRINIGH	105104	LATIN I	AHS	
132210G	BRUSS	MARK ALAIN	107101	ENGLISH I (PRE-1980)	3	(59)
119010J	HALLGUR	PETER BRIAN	603202	ROMAN LAW & JURISPRUDENCE I	2	(62)
139814X	ISMAL	AVANAR	105201	AFRIKAANS EN NEDERLANDS II	ABS	
			604201	ROMAN DUTCH LAW I	ABS	
110281W	JANSEN	COLLEEN GENITA	602101	PUBLIC INTERNATIONAL LAW	3	(53)
			604201	ROMAN DUTCH LAW I	2	(60)
139830A	JAY	EDWIN ANDREW	604201	ROMAN DUTCH LAW I	2	(62)
130539Q	KIRKPAIRICK	JOHN RUCOE	105201	ROMAN AFRICAN GOVT AND LAW I	3	(51)
			605202	ROMAN LAW & JURISPRUDENCE I	3	(52)
			604201	ROMAN DUTCH LAW I	3	(56)
137806P	KOEN	STEPHEN JOHN	603202	ROMAN LAW & JURISPRUDENCE I	UP	(54)
137245C	MAKAI	HELANIE	105104	LATIN I	AHS	
			604201	ROMAN DUTCH LAW I	3	(52)
			604201	ROMAN DUTCH LAW I	3	(52)
			603202	ROMAN LAW & JURISPRUDENCE I	UP	(54)

Union (93)
for RDM
25/3/80
doctors?

CAPE TOWN. — A doctor has called on his colleagues in private practice to form a union outside the Medical Association of South Africa to negotiate acceptable terms and conditions of employment and remuneration.

In a letter in the latest South African Medical Journal, he said since most private patients were now covered by medical aid, the medical schemes could be regarded as "employing" doctors in private practice.

To negotiate successfully, "employees" (the doctors) should be organised into a trade union.

The British Medical Association had been officially registered as a trade union since 1971, and in Australia, full-time doctors had formed a trade union. "There are, therefore, well-established precedents," he said.

About half the doctors in private practice in South Africa are members of Masa. — Sapa.

EXAMINATION RESULTS IN FACULTY ARTS

YEAR : 1

STU13-9
 13010 BACHELOR OF ARTS

STUD NO	SURNAME	FIRST NAMES	COURSE
152163V	VAN NIEKERK	MURIEL DIANNE	107101
159757Z	VAN WAGENINGEN	ANNEMARIE	107101
155815P	VISSER	ANNELEIZE	107101
153767N	WACHER	GUY STEVEN	115102
160780L	WESSELS	CHARLENE	107101
158400Z	WHITAKER	ANDREW	909105
115228Y	WHITING	ROBERT GEORGE CURZON	107101
157399L	WILLSHER	MELANIE GABRIELLE ROSANNE	115101
154408K	WOLFE	ANGELA KILWARDEN	909101 009101 105202 107101
159697J	WOOD	NICHOLAS	107101
155858L	WYNGAARD	GAVIN WILLIAM ERIC	103202 115101

* TOTAL NUMBER OF STUDENTS 137

DEAN

REGISTRAR (ACADEMIC)

UCT

Vertical scale on the left side of the page with numbers 1, 3, 5, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 31, 33, 35, 37, 39, 41, 43, 45, 47, 49, 51, 53, 55, 57, 59, 61, 63, 65.

Don't quit, urges Van Rensburg

THE ASSEMBLY. — Mr Horace van Rensburg (PFP Bryanston) yesterday called on doctors who contemplated leaving South Africa to reconsider.

The medical profession had a far greater opportunity in the Republic to serve humanity than in countries such as the United States of America, he said.

Mr Van Rensburg was speaking in the second reading debate of the Medical, Dental and

Supplementary Health Service Professions Amendment Bill.

The legislation provides, among other things, that medical fees determined by the South African Medical and Dental Council have to be approved by the Minister of Health.

Mr Van Rensburg said there had been numerous but unsuccessful attempts to find a system where medical tariffs could be determined to the satisfaction of both doctors and patients.

Confrontation in public was more often than not characteristic of those systems.

The Official Opposition would support the Bill on the understanding that it would closely monitor the situation to ensure that medical personnel received adequate remuneration at all times and maintained their standard of living.

The status of doctors in society and their remuneration had been steadily eroded over the years, which resulted in a drain

on South Africa's medical talents.

Mr Van Rensburg appealed to doctors not to leave the country despite the difficulties they had to endure.

Taxpayers of all income groups, even the poor, had contributed to the training costs of doctors.

"They have a responsibility to South Africa and the opportunity to serve humanity here is far greater," Mr Van Rensburg said. — Sapa.

STUD NO	SURNAME	FIRST NAMES	COURSE	DESCRIPTION	SYMBOL
152337J	MAGODLA	DUMILE	116120	DRAIN-I	APS
1523660	POGRUND	JENNIFER SOLANGE	115101	FRENCH I	F
* TOTAL NUMBER OF STUDENTS					2
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No help for victims of 'Valley of Death'

YOUNG Dr Mamphela Ramphele lives in the Northern Transvaal district that used to be known as the "Valley of Death".

She is confined there by a Government banning order — but the Government will also not let her use her healing skills to fight the deadly diseases that rage all around her.

Knowledge of tropical diseases is absolutely essential for doctors practising in the Tzaneen area to which Dr Ramphele is restricted, the Sunday Express was told this week.

Dr Ramphele lacks such knowledge. Not surprisingly so, since until she was restricted to the area she was superintendent of the Zanempilo Clinic at King William's Town where such knowledge was not needed. The Zanempilo Clinic was run by

the Black Community Programmes, one of the 18 organisations banned in October 1977. Dr Ramphele was a close associate of Steve Biko. Twice since being forced to live in the Northern Transvaal she has applied for permission to study for a special diploma in tropical medicine and hygiene at the University of the Witwatersrand Medical School. Both times her applications were turned down by the Minister of Justice. Dr Frank Hansford, chief medical officer of the National Institute for Tropical Diseases at Tzaneen, told the Sunday Express this week that he did not know Dr Ramphele personally and had not heard of her application. However it was essential that doctors practising in the Tzaneen area had knowledge of tropical diseases, he said.

Dr Ramphele, an attractive young woman of 30, lives with her mother, her brother Tommy and her small son Hlumelo in a small brick house in the village to which she is restricted.

The countryside where she now lives is breathtakingly beautiful, with the blue ramparts of the Transvaal Drakensberg towering over the village. But Dr Ramphele cannot leave Lenvenye even to take a patient to hospital or to fetch medical supplies without getting permission from the magistrate in Tzaneen.

She runs a clinic in the village, which has never before had a resident doctor, and is said by the local people to work a 12-hour day there.

"She helps her people so much, although she is still so young," a neighbour said. Dr Ramphele discussed the medical

problems of the village with me, but she is banned and cannot be quoted. And when Sunday Express chief photographer Doug Lee went into her consulting room to take photographs, I left because in terms of her banning order she cannot be with more than one person at a time.

The Wits diploma course in tropical medicine and hygiene which Dr Ramphele wanted to attend is a one-year course. However attendance is necessary at lectures and demonstrations only during four separate periods of one week each, and a one-week examination.

The course is taken mostly by private practitioners who cannot leave their practices for long periods. Ironically, the field trip during the course is to Dr Ramphele's own Tzaneen area.



Dr Mamphela Ramphele Govt 'No' to studies

7 A

A blinding possibility?

DB
DD
7/4/80

"No thank you," she said, "looking!," me straight in the eye. I thought she had misunderstood me and went through the explanation again.

She stopped me in the middle: "Yes, I know what you mean doctor, but I don't think I want to see. It would make things different."

She said a lot more than that. It all added up to the fact that the world I knew wasn't necessarily better than the one she knew. She had adapted to her world and wasn't bothered by the thought that she might be missing out on the life led by sighted persons.

Eileen didn't say so, but I realised with a bump that I was bringing her no gift, rather the opposite—the news I carried was a threat to her stable lifestyle. And by implication, perhaps, I and not she, was the handicapped person. Perhaps I was seeing "men like trees, walking."

No, wonder I had suggested pruning and grating.

rejection factors come directly from the bloodstream, this very lack of blood vessels permits most corneal grafts to survive indefinitely without rejection.

It looked as if my patient had everything in her favour. I asked if I could arrange an eye examination. She agreed.

The ophthalmologist reported a straight-forward condition which could be corrected by removing the damaged cornea and replacing of the optic nerve. As the patient had been blind from birth, it was possible the nerve had atrophied or become defective in some way through lack of use. But he agreed that something could be done for Eileen.

Whatever the outcome, she could not have less sight than she had at pre-

ly normal apart from the opacity of the front window of cornea, as appeared to be the case in this instance. The opacity may be the result of injury or disease, but if the clouded cornea is removed and replaced by a corneal transplant, there is a chance of normal vision.

Since cells of the cornea remain viable for some 12 hours after death, a cornea can be grafted on to a recipient if it is removed from the donor within that period. The process of deterioration can be slowed by cooling, but in normal circumstances that 12-hour limit is more than adequate for the surgeon.

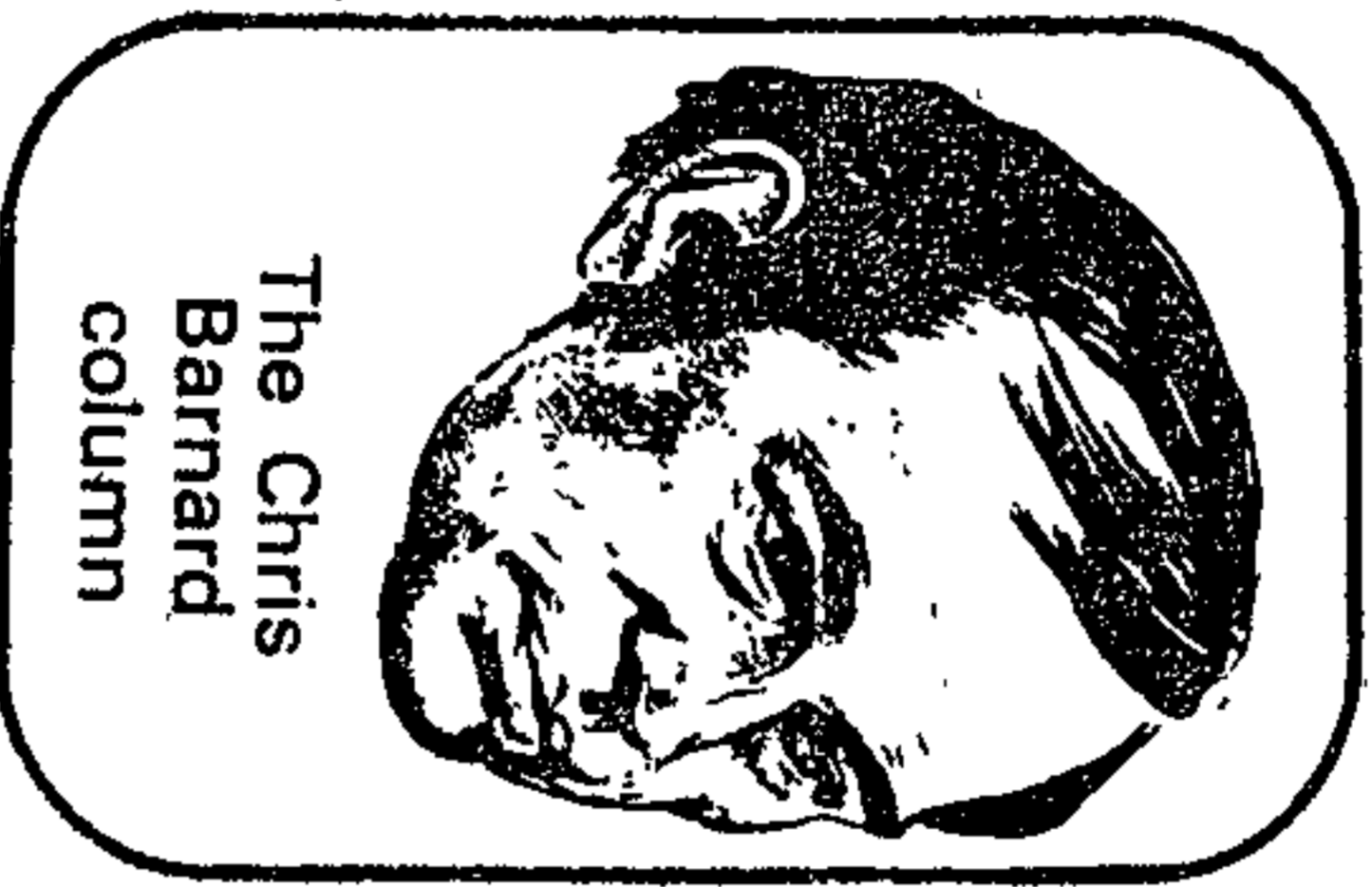
The graft bed to which the cornea is transplanted has no blood supply and nourishment comes directly by diffusion from the tissues. Because most

gentle lady with the quiet stillness of the life-long blind person. Her life on the Cape Flats had left no bitterness, but rather a warm philosophy of sharing with others.

Her case history and other tests spelt out mitral valve trouble. Given normal health in the patient, replacement would mean a routine open-heart operation without complications, and a quick return to normal life.

And that's the way it turned out. In what seemed like no time, she was sitting up in bed, and chatting easily. Onward rounds her blind eyes, clouded by corneal sclerosis, followed every movement almost as if she were a sighted person.

Corneal sclerosis? The thought nagged at me. Surely the condition was treatable? Cornea



The Chris Barnard column

transplants and the techniques required to carry them out were no longer experimental.

In some forms of blindness the eye is entire-

The practice of medicine is a strange business—the more you learn, the less ready you are to voice an opinion. Which parallels the definition of a specialist—a person who knows more and more about less and less until eventually he knows everything about nothing.

Fortunately for doctors, we aren't reminded too often of our fragile understanding of the human conditions, otherwise we'd probably all have gone into car repairs, or some other such trade, where at least we could blame our ignorance on the change of model.

Sometimes the sudden shock of having long-cherished notions demolished can be as traumatic as a blow on the head or as painful as walking face first into an open door.

It happened to me not so long ago when I made the mistake of thinking I knew what was best for a patient.

Her name was Eileen. She was about 45 years old when I first saw her. A

The body's capacity to heal itself

93

8/4/80
DD

In the last few weeks the medical profession in this country has been under fire for its "unapproachability and secrecy" and for its "overbearing emphasis on surgery and drugs" from the president of the World Healing Federation, Dr Ian Pearce, at present visiting South Africa.

While in East London, he said the Federation was trying to bridge the gulf which unfortunately existed between the various forms of therapy and the orthodox medical profession.

"There is a balance," said Dr Pearce, who practised in England for 45 years as a "family doctor," "but this balance will be attained only when there is the awareness by doctors and patients of the self-healing capacity of each and every human body."

The Western medical approach, he said, saw the human body as a "whole" made up of the sum of its parts. Each part needed to "function properly."

The "wholistic" approach of the homoeopath, on the other hand, looked at the patient's body as merely a part of the whole person. "A part of the whole person just as that person's mind and emotions are parts, which all interact one with the other," said Dr Pearce.

The gap between the two fields had been widened by the mistrust which existed between them. There had been accusations of "drugs which poison one" or "faith-healing charlatans."

Dr Pearce himself does not like the term "faith-

Dr Ian Pearce was a family doctor in Britain for 45 years. Now as President of the World Healing Federation he emphasises the ability of the body to heal itself — as reported by LUCA MENATO after Dr Pearce's visit to East London.

healing." He said it had come to distort what was for the patient "a natural attitude of trustful expectancy" when going to see any sort of doctor.



Dr Ian Pearce

"Seventy-five per cent of the cases I had to treat during my career as a family doctor could be described as psychosomatic and quite adequately treated without the use of drugs. The other 25 per cent seemed caused by the mere abuse of basic rules of healthy living — like over-drinking or over-eating."

Most seemed to be rooted in the stress the patient experienced, said Dr Pearce.

"When a person is faced with a challenge he does not think he can overcome, then stress builds up causing discomfort and can often result in physical illness," said Dr Pearce.

To look at only the physical symptoms of that stress might lead a doctor to a standard physical diagnosis. But by relieving the symptoms one would be overlooking the real cause of the stress, said Dr Pearce.

"You might look at it as a 'dis-ease' rather than a 'disease'," says Dr Pearce.

"The doctor is not there to 'cure' the patient. The body can in most cases do that adequately itself. What the doctor is there for is to identify the area which requires healing and then provide the optimum conditions for that healing to occur."

And there are many cases where surgery and drugs are essential, not to be seen as cures but as facilities for providing optimum healing conditions.

Dr Pearce suggests that even the world's most feared "dis-ease," cancer, will be able to be healed with this awareness. Studies of cancer patients in Britain had revealed the prevalence of a dis-

tinct "cancer personality." Often this occurred in a person who had suffered the loss of an important emotional relationship in youth.

"Of course there are genetic and dietary factors which also induce the growth of cancer, but to work with the patient to overcome the 'cancer personality' would get the job well on its way," said Dr Pearce.

Dr Pearce told the medical students council of the University of Cape Town that their course was overbiased towards drugs and surgery. He also told a meeting of the South African Medical Association in Cape Town that doctors should "demystify" their profession, which he said, was hidden away behind veils of secrecy.

And the response he has received, he said, has been marvellous and extremely encouraging.

The President of the SA Medical Association's Western Cape chairman, Dr Norman Levy told the meeting he was "unfortunately in full agreement" with what Dr Pearce had told them.

Dr Levy said doctors should do more to get their patients to realize the importance of self-healing. But a balance too was necessary for in many cases the use of modern medical facilities were properly needed in the treatment of patients.

"This is a young country and the audiences have been more receptive than those in Britain," said Dr Pearce. "Much can be done."

Dr Pearce will be answering listeners' questions on an SABC radio programme tonight.

Doctors refusing house calls could face action

93
15/4/80 Argus

Argus Correspondent

PRETORIA. — Doctors who refuse to make house visits will be answerable to the South African Medical and Dental Council if their patients die or suffer unnecessarily.

The council resolved at a meeting yesterday that it be left to each doctor's discretion whether to make visits.

It is unacceptable to the council for any doctor to make it his strict policy never to visit patients at home. Rather, bearing in mind his professional duty to patients, he must decide in each individual case whether or not a house visit is merited.

'He must remember that in emergency cases he has a duty to provide all possible help.

'If his decision not to make a house visit results in unnecessary suffering or the death of a patient, the doctor must be able to justify this decision,' the council said.

In another resolution, the council reaffirmed that doctors were not allowed to charge for telephonic consultations.

ACCOUNTANT

A Johannesburg accountant had asked whether doctors could charge for this.

The accountant felt that a doctor earned his in-

come by selling his time, and if he spent time on a telephone consultation he was entitled to a monetary reward.

He also felt that a fee would discourage patients from abusing the telephone by jumping the queue and receiving free advice.

Nepal amnesty

KATMANDU. — King Birendra of Nepal granted a general amnesty to several hundred political prisoners and exiles for the Nepalese New Year. Sapa-AP.



MR ROELOFSE . . . set-
fous allegations.

Biko doctors: Council delaying says Roelofse

JOHANNESBURG — The South African Medical and Dental Council's slowness in dealing with the two so-called "Biko doctors" was destroying its international credibility, Mr Eugene Roelofse, of the South African Council of Churches, said yesterday.

This could lead to South African medical qualifications no longer being recognised abroad and the South African medical profession being ridiculed by the international community.

Mr Roelofse was commenting on yesterday's decision by the council at its annual meeting to instruct a committee of preliminary inquiry to investigate whether Dr J. W. Lang and Dr B. Tucker should appear before a disciplinary committee.

The two district surgeons had been requested to give an explanation and their sides of the story to the council, but had declined to do so.

The president of the council, Professor H. W. Snyman, said the two-and-a-half-year delay in dealing with the doctors was because of their Supreme Court appearance.

Mr Roelofse, who originally laid the charges against the doctors with the medical council, said it seemed the council was deliberately delaying action.

"Are they always so tardy in dealing with serious allegations against members for whose conduct they are directly responsible, or is it because the matter involves the Security Police?"

"The Supreme Court judgment by Justice Coetzee showed that in his opinion there was a case for the doctors to answer."

"The South African medical profession must not be surprised if there is an international outcry against what seems to be deliberate tardiness."

"Whenever I have gone overseas medical people have been aghast at the way the council has dealt with the matter," he said. — DDC.

93 227

15/14 810

of 14 fish is divided will be important, as we shall see.

On a social maximum output (no-waste) criterion the optimal number of fishermen on the boat is four or five. (There could be five, since the marginal product, four fish, with a fifth crew-member on the boat would exactly offset the lost marginal product, four fish, from the shore. For arithmetic convenience we shall arbitrarily take the larger crew size whenever there is this equivalent double possibility.) The no-waste social-maximum output rule is to enlarge the boat crew until the marginal product on board decreases to that on shore. (When people aren't fishing, they sleep, eat, rest, and bask in the sun. Only fish are produced and consumed.) In Figure 9-1 the marginal social gains are the areas of plus signs in the first four marginal-product bars.

Control, Property Rights, and Incentives

Now we come to the point of interest: How many people will be allowed on the boat and who gets the increased output?

Share and Share Alike with Controlled Entry

In our first scene of this fishing saga, assume the boat discoverer is entitled to decide how many persons can be on board, and all those on board will share alike in the total catch. Our discoverer will allow only one or two other people, for then the average catch on board, which he and each other person gets, is at the maximum:

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4 doctors struck off register

93
16/4/80
A. S. J.

Argus Correspondent

PRETORIA — Four doctors have been struck off the professional register by the South African Medical and Dental Council.

Dr Venard Pierre Joubert, of Cape Town, was found mentally unfit to practise as a doctor, and struck off the roll.

Dr Morris Norman Gnesin, of Johannesburg, was found guilty of disgraceful conduct and struck from the roll for performing four abortions.

Dr Lance Human, of Port Elizabeth, was found guilty of disgraceful conduct and erased from the register for illicit dealing in diamonds and attempting to murder his former wife's husband.

Dr Shadrack Selebogo Ditira, of Benoni, was found guilty of disgraceful conduct and struck off the register for examining three patients when he was not physically fit to do so.

NEUROSURGEON

A Pretoria neurosurgeon, Dr Christiaan Mauritz Lombaard, was found guilty of disgraceful conduct for operating on the wrong side of the face of one of his patients. The council ruled his name be suspended from the register for six months, but suspended this sentence for a year.

The council found that another Pretoria doctor, Dr Bartholomeus Saayman, was unfit to practice without supervision. It ordered that, for six months, Dr Saayman must work in an institution approved by the council president. He must work under the supervision of the superintendent of the institution, and receive regular psychiatric treatment. He is also not allowed to sell, use, possess, handle or prescribe schedule 5, 6 or 7 drugs.

DRUGS

Dr Simon Maseko, of Newcastle, was found guilty of addiction to habit-forming drugs, and not keeping his register of schedule 5, 6 or 7 drugs correctly.

His name has been suspended from the register

sentence has been suspended for three years. Dr Maseko also has to work in an institution approved by the council president, receive psychiatric treatment, and not prescribe, use or possess any schedule 6 and 7 medicines.

Doctors' dilemma

Municipal Reporter

DOCTORS' salaries at Durban's City Health Department were so bad that seven of its 16 full-time staff were 'superannuated', according to Medical Officer of Health Dr Colin Mackenzie.

And even with nine GPs working part-time and three part-time specialists, he had 6300 hours of doctors' working time set aside each year which he could not use.

The situation for other professionals and for technical staff throughout the city's municipality was not much better, an investigation yesterday revealed.

Durban, Natal's biggest single employer with about 18,000 staff, was paying its senior medical officer R7385 a year, its medical officers between R40 320 and R16 800 — lower than provincial or State salaries, and much lower than private prac-

Salaries blamed for city manpower shortage

tice.

Electrical and civil engineers earned between R7743 and R14460 a year working for the Electricity Department or the City Engineer's Department, as opposed to one estimate of about R18 000 for top jobs in the private sector.

The salaries themselves were perhaps not the most aggravating factor for hard-pressed officials, City Engineer Don Macleod said.

The grading system, whereby the Town Clerk's and departmental heads' salaries were fixed and no one else could earn more, put an effective ceiling on earnings.

Further, because an em-

ployee could not advance to the next grade if there were no vacancy, careers could be stilled.

And yet another problem was that incentive within a grade could not be rewarded with the same flexibility as was possible in the private sector.

But the City Council's decision to review the Town Clerk's and departmental heads' salaries — provided the Administrator of Natal agreed — may ease the situation.

Technicians such as the Electricity Department's engineering technical assistants earned between R6339 and R9366 a year. 'Technicians are among

the first to go during an economic upswing,' the director of the Corporation's Personnel Services, Mr David Phillips, said.

'We're just training people to be snapped up by private firms. We can't attract anyone from outside.'

For the 800 artisans, wages added up to between R492 and R581 a month — and about 75 vacancies spoke for themselves.

Some of the worst-hit positions in the City Engineer's Department were civil engineers. 16 vacancies in a complement of 61, professional chemical officer, one vacancy out of three, civil engineering

technicians, six short out of 69, engineering surveyor, five out of 35, quantity surveyor's assistant, three out of six.

Dr Mackenzie was short six health inspectors and nine community nurses, where the numbers should have been 57 and 58 respectively.

And the Electricity Department, as reported yesterday, was understaffed by 14 professional and 18 semi-professional members.

The training and the jobs themselves were highly regarded, Mr Phillips said, but the departments were overstretched, with technicians doing engineers' jobs and artisans filling in for technicians.

Surrounding

The position in surrounding municipalities apparently was not serious at the moment, though Amanzimtoti's Town Clerk, Mr D Magennis, said a staff drain could be expected if the economy picked up.

Pinetown did not have a shortage, said Town Clerk Andrew Ferguson, but salaries had been reviewed over the past two years with an eye on outside salaries.

913 NM 16/4/80

2/80

City interns draw up list of grievances

Approved 1/14/50

(93)
18

Medical Reporter
INTERNS at Groote Schuur Hospital, who have 'had enough' of poor working conditions, have compiled a list of grievances which they intend to present to the hospital authorities.

According to one intern, the main grievances were long hours and too much bureaucracy.

'We are too tired to take a proper interest in patients and their conditions, and too tired to learn,' he said.

Interns worked an average of between 80 and 95 hours a week. Those in surgery worked between 90 and 110 hours a week and in some surgical specialties up to 120 hours a week.

Interns have not had a full day or a full weekend off since the beginning of the year.

'One comes to despise the job, instead of loving it as we should. It all leads to poor patient care,' said the intern.

The interns will ask the hospital

authorities to improve conditions by:

- ⊙ Employing more interns;
- ⊙ Organising working hours to allow for full days off;
- ⊙ Ruling that interns never work more than 24 hours at a stretch — preferably not more than 12 hours;
- ⊙ Employing lobotomy teams to extract blood samples, relieving interns of the task so they can spend more time with patients;

⊙ Passing on the filling in of forms and other bureaucratic tasks to ward secretaries;

⊙ Including more formal teaching, based on common illness, in the curriculum.

Dr H Reeve-Sanders, principal medical superintendent of Groote Schuur Hospital, said she had not been approached by interns.

'I would be delighted to see them and hear their grievances. I always give my staff a sympathetic ear,' she said.

Four doctors struck off roll

93
12/4/80

PRETORIA — Four doctors have been struck off the medical register by the South African Medical and Dental Council.

Dr Morris Norman Gnesin, of Johannesburg, was found guilty of disgraceful conduct and struck from the roll for performing four abortions.

Dr Lance Human, of Port Elizabeth, was found guilty of disgraceful conduct and erased from the register for illicit dealing in diamonds and attempting to murder his former wife's husband.

Dr Venard Pierre Joubert, of Cape Town, was found mentally unfit to practice as a doctor.

Dr Shadrack Selebogo

Ditira of Benoni, was found guilty of disgraceful conduct and struck off for examining three patients when he was not physically fit to do so.

A Pretoria neurosurgeon, Dr Christiaan Mauritz Lombaard, was found guilty of disgraceful conduct for operating on the wrong side of the face of one of his patients. The council ruled his name be removed from the register for six months, suspended for one year.

Dr John Frederick King of Florida, was cautioned and reprimanded by the council for performing a breast reduction operation unsatisfactorily. — SAPA.

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resources. The third ar-
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common stocks) regard-

For example, some employees make longer-
term contracts (formal or tacit) at agreed wages.
Most resources (and people are resources) face
fluctuating demands for their services. Transient,
imperfectly predictable fluctuations in demand
will create either (1) instant changes in wage
rates if employment is not changed, or (2) instant
change in wage rate if the wage rate is not

The so-called owners of the firm borrow or hire
resources as well as use their own. They buy
equipment; they lease it; they hire (rent) labor. In
each contract the risk-bearing depends on differ-
ences in attitudes toward risks, beliefs about the
prospects of success, and the ability to usefully
direct and to monitor performance of the re-
sources.

Risk Allocation by
Contracts within a Firm: Wage
and Employment Security

termine the uses of resources are more likely to
bear the (upward or downward) capitalized value
effects of future events.

Attitudes toward property rights and their ex-
changeability by contracts are, in part, based on
how the rights and contracts permit *distribution*
of risky consequences—profits and losses. Since
profits and losses occur regardless of the form of
property rights, the issue is whether one is for or
against a given system of: (a) distributing the
risks of profits and losses (and the profits and
losses themselves) over

in some countries (Mexico, for example) some
farmers (called *ejidos* in Mexico) cannot sell the
land they farm and occupy. They can use it and
sell the crop, but they cannot sell or borrow
against the land. (If they could borrow against
the land, they could borrow and then default, let-
ting the lender take the land—circumventing the
ban on sale of the land.) They have only *usufruct*
rights. These restricted rights to resources do not
permit as much discretionary risk-sharing and re-
allocation. Furthermore, the incentive to improve
or invest in the farmland is weakened, since the
prospects of value increases cannot be trans-
ferred to those most optimistic or willing to bear
them. These *ejidos* invest in more children as a
source of future income—not a surprising sub-
stitute!

losses themselves) over
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Ciskei health officials appointed

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DD
17/4/80

By IAN WYNNE
Daily Dispatch News Editor



DR PISTORIUS



DR BIKITSHA

KING WILLIAM'S TOWN
The medical superintendent at the Cecilia Makiwane Hospital in Mdantsane, Dr P. E. Pistorius, has been appointed acting secretary for health in the Ciskei.

Announcing the appointment yesterday, the Chief Minister of the Ciskei, Chief L. L. Sebe, said Dr Pistorius had been approached to take over the post in an acting capacity but the appointment may become permanent at a later stage.

Chief Sebe also announced that the former secretary for health in Transkei, Dr C. Bikitsha, has been appointed to the staff of the Ciskei Department of Health as a consultant on health services.

Dr Bikitsha, an authority on preventive medicine, is on a three-month contract to look into Ciskei health services and, together with the Minister of Health, Dr B. Maku, will form a strategy for future planning, Chief Sebe said.

The appointment of Dr Pistorius follows the withdrawal from the Ciskei civil service of the former secretary for

health, Dr J. M. Klopper, who had held the post since 1977.

Dr Pistorius, 54, qualified at Wits University in 1952 and did his internship at Johannesburg General Hospital.

Much of his career was spent in the medical section of the mining industry, with an appointment at the Duff Scott Memorial Hospital in Stilfontein following a medical assistantship at the Silicosis Bureau (now known as the National Research Institute for Occupational Diseases).

In 1970 he joined the Department of Health and was appointed medical superintendent at the Cullinan Hospital outside Pretoria.

He was appointed senior medical superintendent at what was then known as the Mdantsane Hospital in April 1973.

In addition to his administrative role he has taken an interest in general medicine and has been more specifically involved in the field of tuberculosis.

Dr Bikitsha trained in Edinburgh and later prac-

tised in Ireland and in Birmingham, where he spent 30 years.

He moved to Transkei in 1973, first as medical officer of health at the Butterworth Hospital and then as assistant secretary in the Department of Health in Umtata.

He was appointed secretary for health in Transkei in 1976 and served in that position until his retirement in July last year. — DDR

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ing enough (or the boon of catching more than enough) fish to pay for the day's rent and have at least four fish. If the boat owner hires the fishermen, he (the employer) bears the risk for the day on which he has guaranteed the fishermen at least four fish. Why do we emphasize "day"? To see, look again at the rental case: The rent set the following day for use of the boat will be adjusted to match the expected net catch. If the rent is set per day, the fishermen lose only one day's error in estimated catch. But the boat owner will suffer or enjoy the entire future projected changes in catch, as profits or losses in the value of his boat. The boat owner cannot escape projected future change—not even by selling off his ownership, because the new buyer

The same situation could be described differently. Instead of saying fishermen rent the boat, we could say the boat owner hires the fishermen. In the latter case, he must pay them four plus a surdagon of fish each to fish on his boat while he keeps the total catch, minus those wages. Of

is used, that is, how many are allowed on board, and (c) he is allowed to charge a price for access to the boat, and (c) keep the receipts. A private-property scenario permits those conditions. Private ownership of firms is dominant in most non-socialist countries and will be examined in more detail later.

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The constant larger fluctuation in returns to the firm's owners is not some necessary, natural, consequence of the world. It reflects voluntary, contractual risk-sharing by the contracting parties—given that future demands and economic conditions are not perfectly and costlessly predictable. For example, a lender of money to a business firm can make a very short-term loan for a fixed interest rate. Normally he will be repaid on time and bears little risk of any interim events that might affect the security of that loan. Others may lend for a 20-year period and expose themselves more to longer-term risks and greater changes in the sale value of that bond in the interim. Others may choose to invest in some firm as an owner rather than as a lender, and expect once a wider range of potential values of his investment depending upon how well the firm does.

...ly, employees—collectors of their services to—can make contracts on a shorter- or longer-term basis for a fixed wage or an adjustment that depends on business conditions. Asked to comment, the president of the South African Nursing Association, Professor Charlotte Searle, said she could not do so till she had more facts on the increases. — DDC.

Nursing sisters would receive 18.2 per cent (whites) 24 per cent (Coloured) and 34 per cent (blacks)

work, another source of increased output independent production, requires team organization, supervision, and monitoring. The newspaper said that white student nurses would receive 13 per cent, Coloureds 17 per cent, and blacks more than 19 per cent.

Dr Munnik was commenting on a report published in an Eastern Cape afternoon newspaper. The newspaper said that white student nurses would receive 13 per cent, Coloureds 17 per cent, and blacks more than 19 per cent in salary increases.

Nurses to receive pay hike

18/4/80

93

PORT ELIZABETH — The Minister of Health, Dr L.A.P.A. Munnik, said last night it would be safe to assume South African nurses would soon receive between 17 and 19 per cent in salary increases.

Those who are self-insuring provide lower. Hence the likelihood of such contracts is less than for "proven" employees to remain employees of a given employer's ability to judge their future needs. Younger people just entering higher wages during transition, still searching out career features, likely to remain employees of a given employer's ability to judge their future needs. Younger people just entering higher wages during transition, still searching out career features, likely to remain employees of a given employer's ability to judge their future needs. Younger people just entering higher wages during transition, still searching out career features, likely to remain employees of a given employer's ability to judge their future needs.

firm longer will have more job security maintained. People who have worked for a firm and whose replacement would involve new costs of familiarization are also more likely to be retained transiently elsewhere.

Employees who are more steadily valuable to employers over intervals of business fluctuations—for example, administrative, nonproduction, security, and maintenance staffs—are more likely to have job stability. Employees who have acquired special knowledge about this particular firm and whose replacement would involve new costs of familiarization are also more likely to be retained transiently elsewhere.

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Doctors warned on further increases

HOUSE OF ASSEMBLY. — Any request for a further increase in medical tariffs would be turned down, the Minister of Health, Dr L. A. P. A. Munnik, said during the committee stage of the Medical, Dental and Supplementary Health Service Professions Amendment Bill.

Earlier, two members of the New Republic Party — Mr Nigel Wood (Berea) and Mr Ron Miller (Durban North) — said the bill, read with the provisions of the next bill on the order paper, the Medical Schemes Amendment Bill, would lead to a socialized medical service.

They said the bill before the House provided for the control of tariffs by the minister and the following measure would give him powers to stop doctors

from contracting out of medical-aid schemes.

The minister said he wanted to protect the public, the government and the doctors. If he succeeded in doing so, he would have done his duty.

He still thought the 52.2 percent increase doctors had demanded was excessive. He wanted to make it clear that he would not tolerate any further increases in the near future as the public could not shoulder any further burdens.

"I want to assure doctors that while I am here I will ensure that they have a proper income. I have never let the doctor down," Dr Munnik said after referring to his record in this respect as Administrator of the Cape.

The NRP members said they accepted his personal guar-

antees, but what about his successors?

"I have no reason to believe that my successors will be less reasonable than I am," the minister said. No minister would be so stupid as to, in the words of the NRP, "put the crunch" on doctors year after year, knowing that he had to answer to Parliament.

He thanked the Official Opposition for their support of the bill as expressed by Mr Horace van Rensburg (Bryanston).

Mr Van Rensburg said that consensus between the minister and the profession had been reached and that implied a compromise on both sides. It there had not been one, the opposition would have gone against the bill.

There was a principle being applied that every profession

which was governed by statute also had a statutory measure controlling tariffs in one form or another.

The NRP was grabbing at every piece of legislation and sought to make political capital out of it, no matter what its merits.

Mr Nigel Wood said the Official Opposition had missed the whole point of the tariff clause. The minister was assuming powers without which the profession's council and association had functioned well in the past. It was a vote of no confidence in those bodies.

Tariff-binding along with a measure to stop contracting-out would result in a mass exodus of doctors to where they could get realistic payment for their skills and time worked.

Patients will then have no option but to go to provincial

hospitals," Mr Wood said.

Dr Munnik said there was in effect no difference in the situation as doctors could still decide on their tariffs. All that was now required was that before publication in the Medical Journal, "they have to make a detour to my desk."

"In future the public cannot bear this type of increase. The more the tariffs increase, the greater the danger of socialized medical services."

At the time of the last increase it was intended to review the tariff again this month, probably with the view to another increase. "If they come with another increase in the next few months they can be sure that I will turn it down," Dr Munnik said.

The bill was adopted in committee and read a third time, the NRP recording its objection. — Sapa

14 fish when the crew size is four (or five) people. Thus the potential gain (formerly obtained and received as profits by the owners) is entirely dissipated by overcrowding the boat.

Overcongestion can be shown graphically in Figure 9-1. The social gain is indicated by the plus-marked area, representing the "marginal products on board" in excess of the "marginal products sacrificed on shore," maximized (at 14 fish) with five people on board. With more people, the marginal product on board will not match that on shore. That potential loss is represented by the shaded area below the marginal product on shore and above the "marginal product on board." Unrestricted communal access is common for highways, beaches, sidewalks, parks, air, rivers, lakes, oceans. The reason for the overcongestion should be obvious—inappropriate property rights. With communal or public property, no one has adequate incentive to head those overcongestion effects. They are left "external" to each person's interests, and are called "externalities." As long as everyone is entitled to, or gets, the average catch—on a share alike basis—everyone will respond to the average, not the total (or the marginal).

If, somehow, on board fishing could be limited to five people, all could share in the potential gain of 14 fish, formerly collected by the boat owners. So, in the absence of private-property rights, a government agent is appointed to control the number of fishermen.

Government Control for Profits?

Scene Four opens with the new government agent being told to maximize profit from renting the

Organization and Coordination of Joint Production

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Inquiry into Biko doctors this week

RDH 21/4/80

(93)

By WILLIAM SAUNDERSON-MEYER
Pretoria Bureau

THE South African Medical and Dental Council will hold a preliminary investigation this week into the conduct of the three doctors who attended to black consciousness leader Steve Biko before his death in detention in 1977.

The preliminary investigation — which will last about one day and which comes two-and-a-half years after Mr Biko's death — will decide whether the doctors should face disciplinary action.

A council source said last night that if the committee of preliminary investigation decided on a disciplinary hearing it could take two or more months before such an inquiry would be held.

The source said any decision then made by the formal inquiry would have to be ratified by the full council — which will only meet again in about eight months' time.

A doctor, who cannot be named, said the long delay between Mr Biko's death and the hearing could count as a mitigating factor in the doctors' favour.

The doctors concerned are two Port Elizabeth district surgeons, Dr J W Lang and Dr B Tucker, and a specialist physician Dr Colin Hersch.

The decision to hold a preliminary investigation was made last week.

The hearing will be held in Pretoria on Thursday.

Professor H W Snyman, the president of the Medical and Dental Council, said the delay in dealing with the doctors was caused by a Supreme Court case in which the doctors applied to have the charges laid against them declared invalid.

The application failed.

The charges against Dr Lang and Dr Tucker were originally laid by Mr Eugene Roelofse, Ombudsman for the South African Council of Churches.

Mr Roelofse said the council's tardiness in dealing with the so-called "Biko doctors" was destroying its international credibility.

He said it could lead to the international community refusing to recognise South African medical qualifications and to South African doctors being pilloried overseas.

"Are the council always so tardy when most serious allegations are made against members for whose conduct they are directly responsible, or is the delay because the Security Police are involved?"

"Wherever I have gone overseas, medical people have been aghast at the way in which the council has dealt with the matter."

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Probe on Biko doctors

MEDICAL COUNCIL TO HEAR COMPLAINT ON CONDUCT BY SA C C

A PRELIMINARY hearing into complaints about the conduct of doctors in the Biko case will be held in Pretoria tomorrow by a committee of the South African Medical and Dental Council.

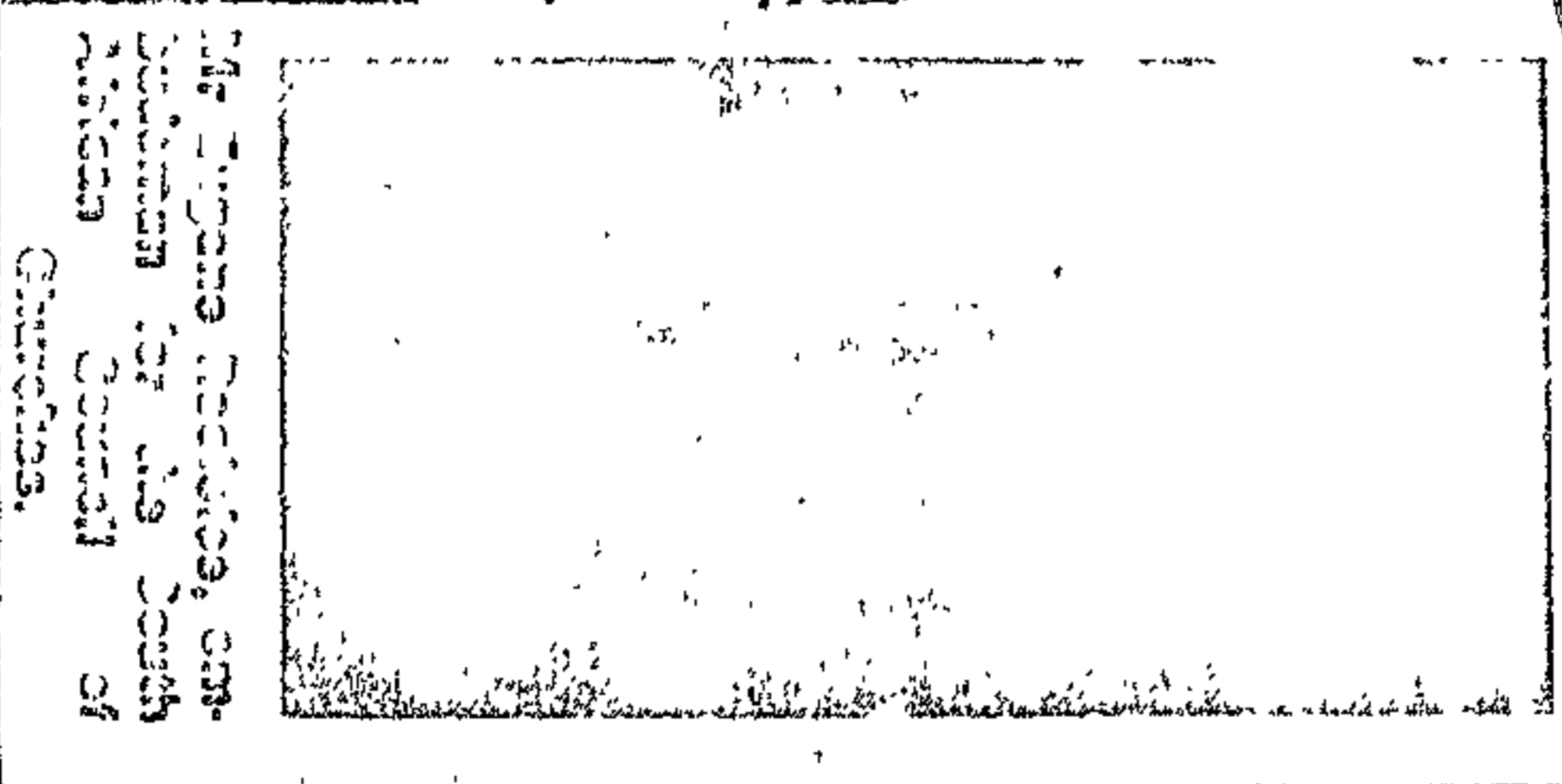
The doctors concerned are Dr B Tucker and Dr J W Lang of Port Elizabeth.

One of the complaints examined will be that by Mr Eugene Roelofse, ombudsman of the South African Council of Churches, against the two concerning their conduct at the time of Steve Biko's death in 1977.

A statement by Dr Colin Herch, a specialist neurologist who was also involved in the case, will also be laid before the committee.

Professor H W Snyman, the medical council's chairman, said the committee would determine from the documents laid before it whether the conduct of the three doctors was of such a nature that they would have to appear before a disciplinary committee of the council.

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975



Mr Eugene Roelofse, ombudsman for the South African Council of Churches.

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claim for the Commissioner of Health - South African Medical and Dental Council

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*Senior Lecturer in Geriatrics
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BY 17/2/78

Biko doctors hearing

The preliminary hearing into whether the Steve Biko doctors will face action or not continued into the night yesterday when members of the South African Medical and Dental Council were said to be still in a meeting.

The meeting was to decide if Doctors J W Laing and B Tucker, both district surgeons, should have charges preferred against them. The third is Dr Colin Herch, a specialist physician.

The move against the doctors was brought by Mr. Eugene Roelofse, South African Council of Churches ombudsman. A court attempt to halt the Medical Council action failed.

Handwritten notes on the left side of the page, including the word 'Biko' and 'doctors hearing'. The notes are written in a cursive, somewhat illegible style and appear to be a transcription or commentary on the printed text.

Extensive handwritten notes on the right side of the page, continuing the commentary or transcription. The text is dense and covers most of the lower half of the page.

Free Mandela — doctors

TWO top Natal academics have called for the immediate release of Mr Nelson Mandela, the former leader of the African National Congress who is imprisoned on Robben Island.

Professor T L Sarkin, dean of the Faculty of Medicine at the Durban Black Medical College and Professor Allie Moosa, head of the department of paediatrics at the college made the call at a Free Mandela Campaign meeting.

The meeting, called by the Medical School SPC, was attended by more than 100 students and some lecturers and hospital doctors.

The chairman of Natal's Free Mandela Committee, Mr A J Gumede, called on the students to do everything possible to support campaign.

He said Mandela was the only leader who could secure the just rights of the oppressed peoples of South Africa.

Professor Moosa told

the students they should compare the harsh conditions that existed in black hospitals with the affluent conditions at white hospitals and then ask themselves whether Mandela had gone to prison for nothing.

Professor Sarkin said no dialogue in South Africa could be complete without the participation of Mandela.

It is reported from Um-tata that another Mandela portrait has been

confiscated by the security police — this time from the offices of a local attorney and former president of the banned Transkei Youth League, Mr Prince Madikizela.

Mr Madikizela, who is a son-in-law of State President K D Matanzima, said two security cops visited his office and removed the Mandela portrait he was keeping for "sentimental reasons and because of my personal admiration for Mandela and his political principles."

Biko's Solas

By ZWELAKHE SISULU

disciplinary action is to be taken against three Port Elizabeth doctors who attended Biko after his death in detention in 1977. The South African Medical and Dental Council's committee for preliminary enquiry, meeting in Pretoria on Friday, found there was no obvious evidence of improper or disgraceful conduct on the part of Dr Benjamin Tucker, Dr Ivor Lang and Dr Colin Hersch.

Its recommendation that no action be taken against the doctors will be submitted to the full council at its next meeting in October for ratification.

In a Press statement released after its meeting the committee said it came to its conclusion after a "thorough and in-depth analysis" of the Biko inquest records and expert opinions.

Biko was detained outside Grahamstown in August 1977 and died on September 22 in Pretoria after he had been driven in a police van naked from Port Elizabeth to Pretoria.

The founder president of the South African Student Organisation (SASO) and honorary president of the Black Peoples Convention (BPC) at the time of his death, he was banned to King William's Town.

Some of the facts which emerged during the inquest at the end of 1977 into the death of Biko were:

1. He had been driven from Port Elizabeth to Pretoria in a Land Rover — naked.

2. He had been kept naked in a prison cell for 5 days.

3. He was handcuffed and chained in leg irons for 48 hours.

4. During interrogation he was handcuffed and chained to an iron grille on the wall.

5. He had not eaten or drunk for a week.

6. Various doctors who attended him before he died said they had not seen the bruise on his forehead.

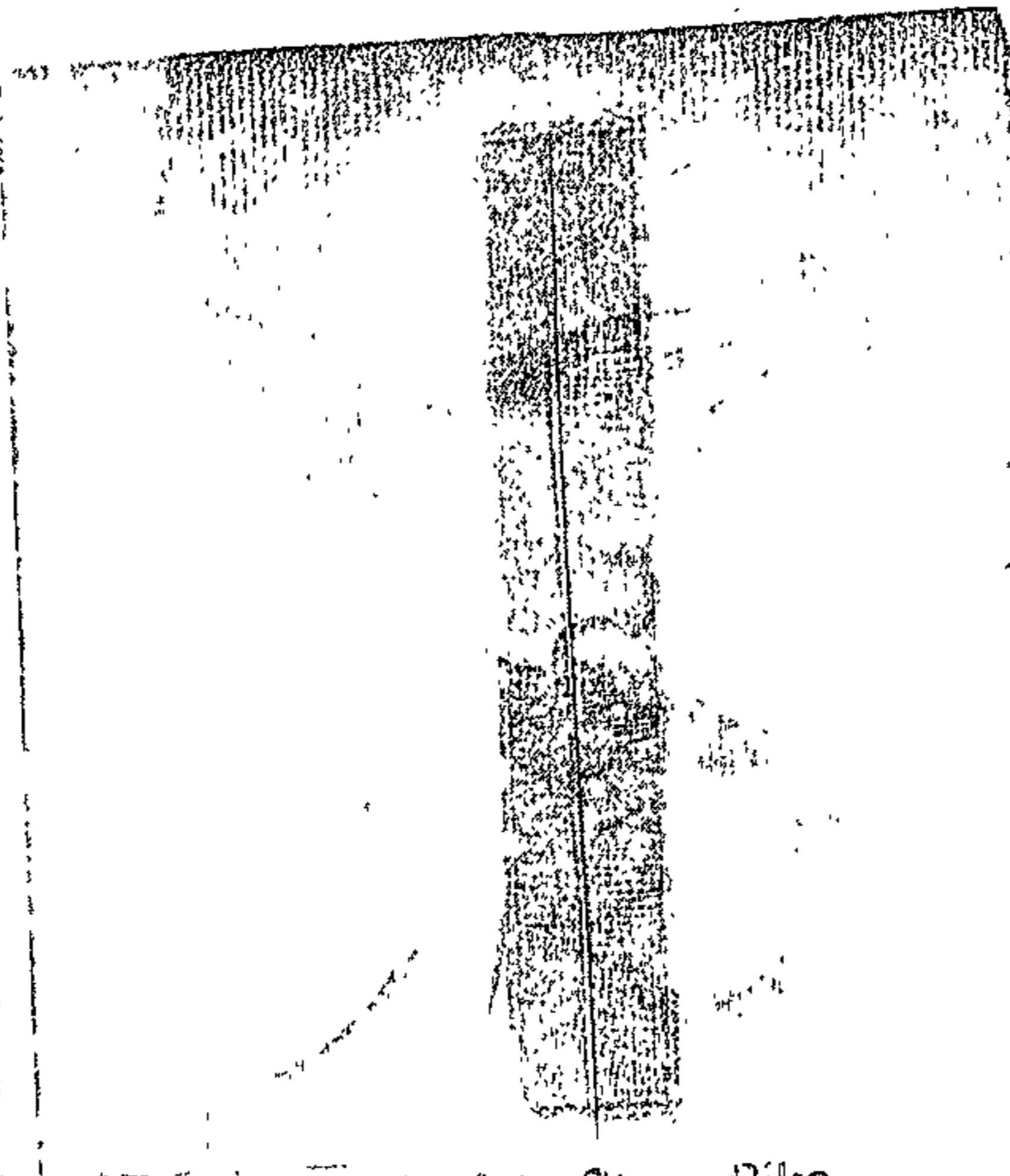
According to police evidence in court, Biko sustained an injury on the morning of September 7 at Sanlam building in Port Elizabeth, while in security police detention.

DOCTORS: 'NO BLAME'

He sustained the injury, the court was told, when he attacked his interrogators.

Warrant Officer Jacobus Beneke, who was in the team which interrogated Biko, told the court that Biko had answered questions contemptuously, had shouted and screamed at the police and had been aggressive.

Biko, it was said, rushed at WO Beneke, pinned him against a steel cabinet and a wild scuffle followed. More policemen came into the room and helped restrain Biko, and handcuffed and shackled him to an iron grille on



The late Steve Biko

the wall.

After the alleged scuffle, Biko's face was swollen and there was blood on it. Police also claimed that Biko could have bumped his forehead during the scuffle, resulting in the knock that was to end his life.

Police evidence was that on September 3 another attempt to interrogate him was made, but was stopped when Biko would not respond to their questions. That evening, Biko was taken to hospital.

The complaint against the doctors who attended to Steve Biko was compiled by the South African Council of Churches' ombudsman, Mr Eugene Roelofse, at the beginning of 1978.

The fateful days for the leader of the Black Consciousness Movement were September 7 to 11 when

the three doctors examined him individually or together at different times.

Dr Ivor Lang was the first doctor to examine Biko, at 9.30 am on September 7.

Referring to the examination, Dr Lang said: "He (Biko) was able to give me a good account of himself and did not complain of any symptoms other than weakness of his limbs and that he lacked the desire to eat."

On the afternoon of September 8, Dr Lang, in consultation with Dr Tucker, examined Biko again after Col Goosen had told them that Biko had not passed urine in the previous 24 hours.

When the two doctors conducted the examination, Biko was still lying on the mat chained by one foot, and his blanket was wet with urine.

In his evidence Dr Tucker said he had not thought of the possibility that the patient had been assaulted in custody: "If I am called to see a patient and he has a cut on his head then I am interested in treating him and not knowing how he got the cut."

COUNCIL DECISION ON BIKO DOCTORS 'STUNNING'

SUNDAY POST Reporter

THE man who lodged the complaint against the three doctors who attended Steve Biko before his death yesterday said he was stunned by the decision of the Medical and Dental Council clearing them.

Mr Eugene Roelofse, the ombudsman for the South African Council of Churches, said he was surprised the Medical Council's committee of preliminary investigation had decided not to take any disciplinary action against the three doctors.

The three doctors concerned are Port Elizabeth district surgeons Dr Ivor Lang and Dr Benjamin Tucker and a specialist Dr Colin Hersch.

On Friday the committee decided there was no evidence of improper or disgraceful conduct on the part of the doctors. The decision still has to

be ratified by the full council which meets in October.

Mr Roelofse compiled a complaint regarding the conduct of the doctors which was submitted to the Medical Council in January 1978.

Mr Roelofse urged that evidence given at the hearing be made public.

He continued: "I do not consider the matter closed. There is a lot more work to be done and we will leave no stone unturned to get answers to the many questions outstanding."

He would not say what steps he would take to pursue the matter.

"There has been a jinx on this whole case since it started — we seem to be making medical history as we go along."

Mrs Ntsiki Biko was not available for comment, but a source close to the family said the decision had come as a surprise.

● See Page 7.

What doctors said at Biko's inquest

Staff Reporter

A REVIEW of medical evidence which emerged during the inquest on black consciousness leader Steve Biko in 1977 adds weight to the astonishment which has followed the weekend decision by the South African Medical and Dental Council not to take disciplinary action against three doctors involved.

During the inquest — which began on November 14 1977 — the three, Dr Benjamin Tucker and Dr Ivor R Lang, Port Elizabeth district surgeons, and Dr Colin Hersch, a specialist physician, admitted to oversights and incorrect interpretations.

Mr Biko died in detention on September 12 1977, after being taken from Port Elizabeth to Pretoria in a Land-Rover.

CAUSE

According to Professor J D Loubser, who led the autopsy team, he died as a result of a head injury.

Police evidence suggested that Mr Biko sustained the injury during a struggle at Port Elizabeth's security police headquarters.

During the inquest Dr Tucker admitted to having 'incorrectly' stated that Mr Biko showed no signs of organic disease shortly before he died.

Dr Tucker told the court that on September 11 1977, he found Mr Biko on the floor of a cell at the Walmer police station in Port Elizabeth, foaming at the mouth, hyperventilating and glassy-eyed.

NOT SEEN

He made a 'rapid' examination, and decided Mr

Biko could have been shamming. He noticed no head injury.

He told police that Mr Biko was in a satisfactory condition, and did not contest the police decision to transport him to Pretoria.

Dr Tucker admitted to the court that, in spite of having taken the Hippocratic oath he 'subordinated the interests of his patient for those of police security.'

Dr Lang told the court he had been worried when he heard Mr Biko was to be moved to Pretoria, but

also noticed no head injury — just a whitish mark on the head which he thought was saliva.

INDICATION

One of his tests — an extensor plantar reflex test — indicated likely brain damage, thus he performed a lumbar puncture.

The Biko family alleged that the lumbar fluid was sent to a laboratory under a false name. When questioned, Dr Hersch said he could not recall filling in the forms and did not

All three doctors expressed the view that Mr Biko might have been shamming or feigning illness.

Dr Lang said prison medicine differed from ordinary medicine in that prisoners often shammed illness.

Dr Tucker said he had described Mr Biko's condition before he was taken to Pretoria as satisfactory because he thought there was a possibility of shamming.

Dr Hersch said some of his tests yielded 'bizarre' results, which were possibly a form of shamming.

DECISION

After considering the inquest record, also a letter of complaint from Mr Eugene Roelofse (ombudsman of the SA Council of Churches) and unnamed expert opinions, the SA Medical and Dental Council's preliminary investigation committee decided there was no evidence of improper or disgraceful conduct on the part of the three doctors and no need for a disciplinary hearing.

The decision was greeted with astonishment by Mr Roelofse and Mrs Helen Suzman, Opposition spokesman on justice.

Action ruled out by medical committee

it was 'out of my authority' to prevent the 1 100 km journey.

PROBLEM

He thought Mr Biko might have had a 'functional disorder', and had tried to convey this to the police. However, they had probably misunderstood him because there was 'a language problem'.

He had examined Mr Biko's head 'very thoroughly' but noticed no injury. Mr Biko's speech was slurred and he had a staggering gait, but he thought this was a result of a lip injury and the fact that he had been wearing leg-irons and his feet were swollen.

Dr Lang admitted to the court it was 'quite obvious' that he had missed something in the examination.

Dr Colin Hersch, who also examined Mr Biko in Port Elizabeth, said he

know if this had been done to conceal the patient's identity.

OBSERVATION

He told the court that in spite of the result of the reflex test he did not feel the case was urgent and 'observation was all that was indicated at the time.'

Biko finding

'disturbs' (93)

28/4/80

329

doctors

Argus Correspondent

JOHANNESBURG. — Johannesburg doctors are 'gravely disturbed' about a finding that three doctors who treated Steve Biko before his death are not guilty of improper and disgraceful conduct.

The finding will be submitted to the full council for its confirmation or refusal at its next meeting in October.

Medical men are angry because a committee of preliminary inquiry disclosed its finding before the full council of the SA Medical and Dental Council had an opportunity to consider it.

FOAMING

A medical source said today: 'Doctors at three hospitals were foaming at the mouth about the finding today. They just cannot believe it.'

'They are gravely disturbed about the finding and fear that it could lead to South Africa's banishment from international medical circles.'

Doctors said in a weekend report that as the findings were released, they felt the evidence should also have been released.

Another view was that the early release of the findings could prejudice the case when it came before the council.

STAGGERED

The committee of preliminary inquiry, in announcing its finding, did not indicate whether it was a unanimous vote or whether there were dissenters.

Dr Jonathan Gluckman, spokesman for the Southern Transvaal branch of the Medical Association and the pathologist appointed by the Biko family, said he was staggered that the finding had been made public.

'I find it surprising that the finding of the committee of preliminary inquiry, which as far as I am aware is always held in camera, should be made public.'

Accus 28/4/80 (324) (93)

Biko: Astonishing decision

IT is nearly two and a half years since the Chief Magistrate of Pretoria asked the SA Medical Council to investigate the conduct of three State doctors who attended Mr Steve Biko before he died in detention in 1977.

Last December the way was cleared for such an investigation when two of the doctors failed in a Supreme Court action to block the council's inquiries. The judge found that there was clearly a

complaint which the council was obliged to investigate.

The decision at the weekend by the council's preliminary inquiry committee that there is no need for a disciplinary hearing because of lack of evidence, is astonishing. Steve Biko's death, in deplorable circumstances, became an international issue. There will be much public disquiet if such a matter is hushed up by the Medical Council

Finding on 3 doctors 'disturbing'

Doctors in Johannesburg are "gravely disturbed" about a finding that three doctors who treated Mr Steve Biko before his death are not guilty of improper and disgraceful conduct.

Medical men are angry because a committee of the preliminary inquiry disclosed its findings before the full council of the SA Medical and Dental Council had a chance to consider it.

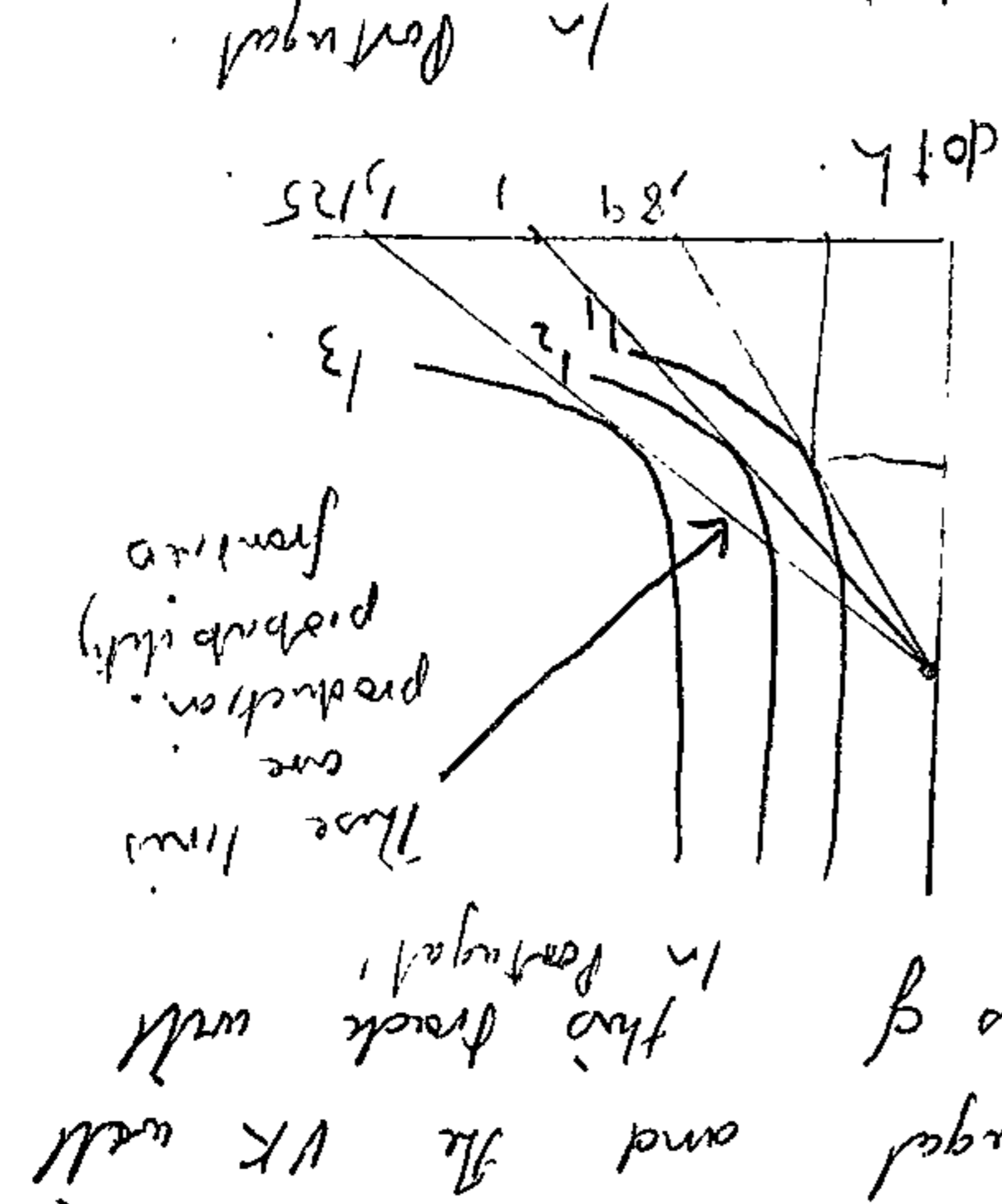
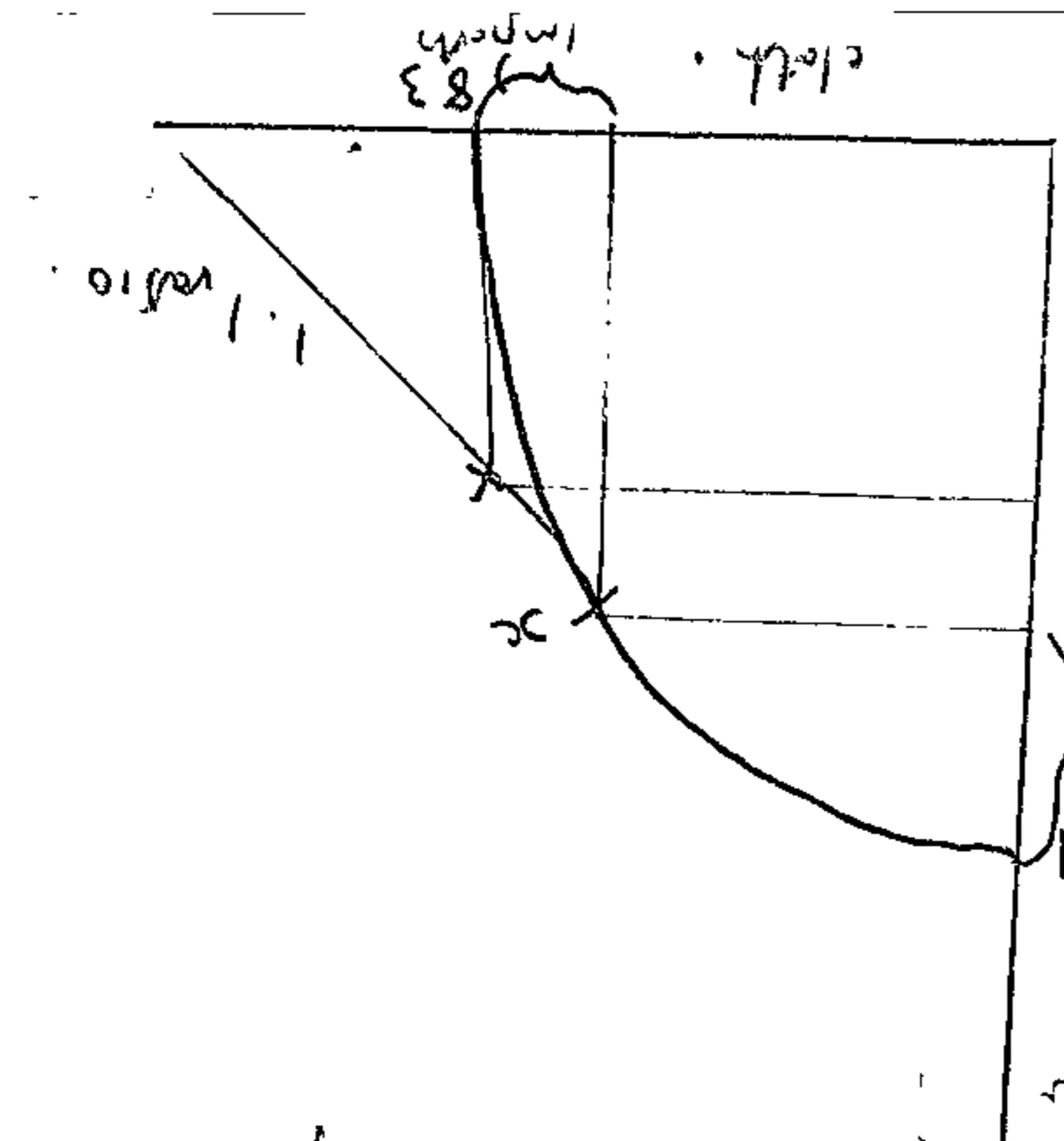
The finding will be submitted to the council for its confirmation or refusal at its next meeting in October.

The Star was told by a medical source today: "Doctors at three hospitals were angry about the finding. They just cannot believe it."

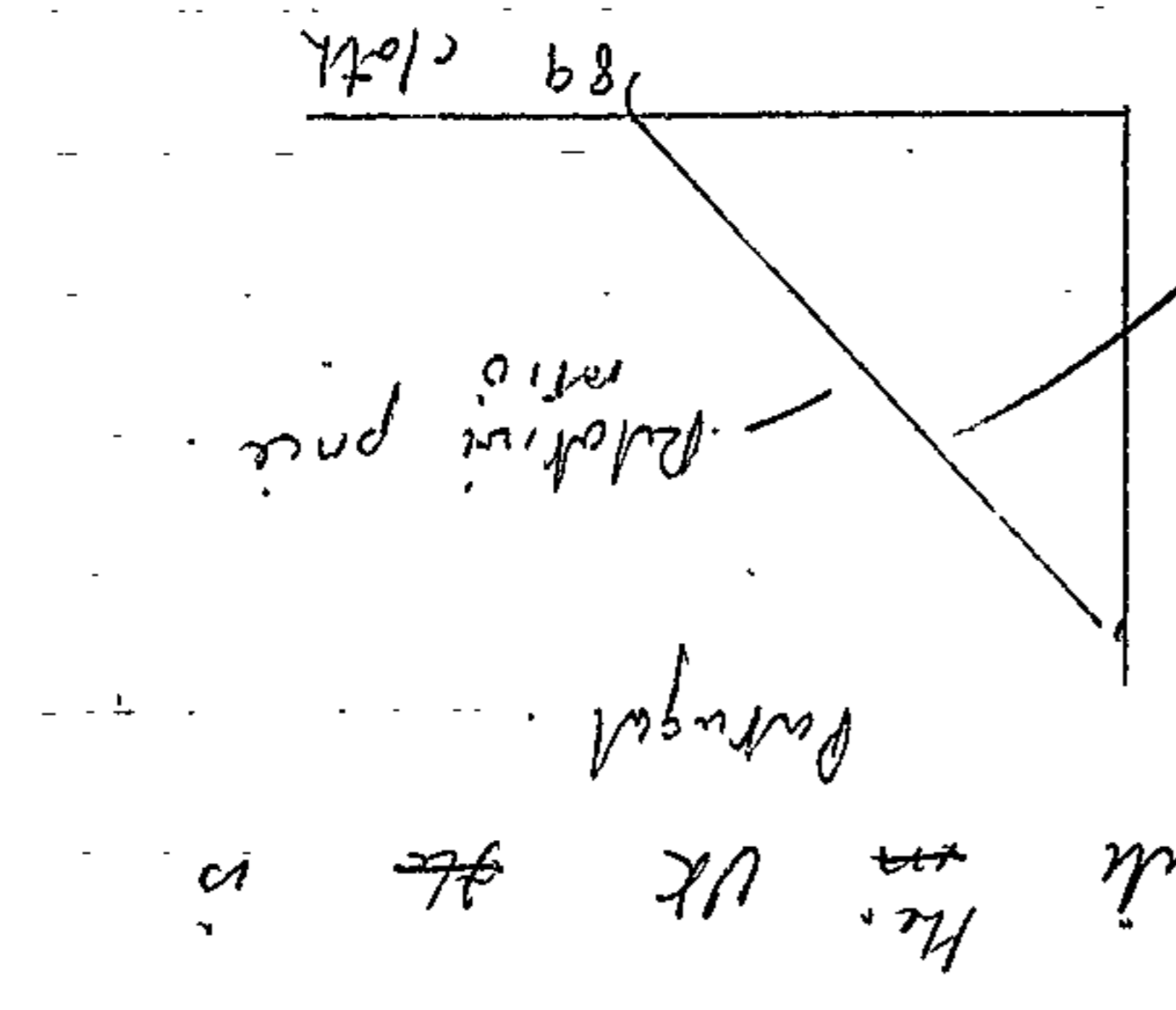
"They are gravely disturbed about the finding and fear that it could lead to South Africa's banishment from international medical circles."

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there wine can only by 0.89 worth of cloth, whereas
in the UK they could obtain 1.125 units of cloth. Similarly
the producer of cloth in the UK will find that although
they can only obtain 0.89 units of wine in the UK, they
can obtain 1.125 units of wine for every unit of
cloth if they traded with Portugal.

~~300~~
RDM 28/4/80
93
**The Biko doctors:
A shocking decision**

THERE is good reason for the reactions of astonishment and shock being expressed at the decision not to take any disciplinary action against the Port Elizabeth doctors who attended Mr Steve Biko in September, 1977.

The delay on the part of the South African Medical and Dental Council in getting to grips with the matter has in itself been cause for concern. Even allowing for the unsuccessful Supreme Court action brought by the doctors, the lack of vigour displayed by the council has been noteworthy. Was it really necessary, for example, to await the outcome of the civil action for damages brought by the Biko family and which was resolved last July?

The months have dragged by, and now we are two and a half years after the event.

And then, as a climax, if it can be called that, the council's Committee of Preliminary Investigation has decided that there was no evidence of improper or disgraceful conduct on the part of the doctors concerned, and that there was, thus no need for a disciplinary hearing.

So, as matters now stand, Dr Benjamin Tucker and Dr Ivor Lang (and Dr Colin Hersch, who features to a lesser extent) are to go on practising as though nothing has happened.

The manner in which the decision has been taken is already being hotly challenged, and rightly so. For it turns out, according to reports, that four out of the five who constitute the committee are Government-appointed members of the Medical and Dental Council. The publication of their conclusions before a final decision by the full council is described as unprecedented, particularly as they have failed to set out the evidence on which they reached their decision.

But overriding even these

strange and disturbing events are the simple facts concerning the behaviour of the doctors. They are well known facts. They were widely publicised during the inquest, in December 1977, into Mr Biko's death. Much of what became known came from the mouths of the doctors themselves.

What those facts spell out is that at least two of the practitioners, Drs Tucker and Lang, had a doctor-patient relationship with Mr Biko; they saw their patient lying naked on a mat on the floor, manacled to a radiator grille; Dr Lang gave a false certificate to the police that there was nothing wrong with Mr Biko; they allowed the Security Police to dictate the treatment administered, or the lack of it; they connived in Mr Biko being driven 1 000 km through the night, still naked, to Pretoria; they failed to send any semblance of medical information about his condition with him.

How is it conceivable that doctors who admitted to such behaviour do not even have to appear before a formal disciplinary inquiry?

Still more is involved: for the role of the Medical and Dental Council is to uphold the honour, dignity and professional standing of the medical profession. That has hardly been done in the present case: which not only detracts from the honour of the medical profession within South Africa, but can only have wide and serious repercussions abroad in accelerating moves to eject South African doctors from international forums and to deny recognition of their qualifications.

The South African Medical and Dental Council cannot wait until its next scheduled meeting in October to review the matter. It must meet urgently. The maintenance of its professed ethical standards is at stake.

EDITORIAL OPINION

93

The Biko doctors

Another strange chapter has been written into the events leading to the death of black consciousness leader Steve Biko with the decision of the South African Medical and Dental Council committee not to take action against three Port Elizabeth doctors who attended Mr Biko before he died in detention in September 1977.

The council's committee of preliminary investigation decided there was no evidence of improper or disgraceful conduct on the part of the doctors and there was no need for a disciplinary hearing.

Immediate reaction of Mrs Helen Suzman, the PFP spokesman on justice, was one of "utter astonishment."

The South African Council of Churches ombudsman, Mr Eugene Roelofse, who has been pressing for a medical inquiry, described the decision as "utterly inconceivable".

These comments, to say the least, are putting it mildly.

At the inquest into the death of Mr Biko, the chief magistrate of Pretoria, Mr M Prins, found that death was not caused by any act or omission amounting to a criminal offence.

The inquest verdict was that the cause of death was brain injury which led to renal failure and other complications.

The head injuries it was said were probably sustained in a scuffle in the Security Police offices in Port Elizabeth on September 7, 1977. Mr Biko died five days later.

In giving his findings, Mr Prins decided to refer portion of the evidence presented by the three doctors, Drs Ivor Lang, Benjamin Tucker and Colin Hersch, to the SA Medical and Dental Council. "I have re-read the evidence and as a matter of duty refer it to the council for their consideration", Mr Prins said.

In March 1978 the council asked the doctors for an explanation of their actions. An explanation was received from Dr Hersch.

The State Attorney, acting on behalf of Drs Lang and Tucker, lodged certain objections and the matter was taken to the supreme court where the doctors' application failed. The doctors again refused to provide any explanations.

And now the same council's committee has exonerated the doctors.

Another strange chapter, indeed, and one which is hardly likely to boost the credibility abroad of South Africa's medical standards.

In fairness to the doctors alone, a full inquiry is the least that could have been expected.

DD: 29/4/80 (93)
~~328~~
**Ramphele plea
refused again**

JOHANNESBURG — A further attempt by a banned former King William's Town doctor to have her banning order relaxed so that she can study at the University of the Witwatersrand in a branch of medicine relevant to the area to which she is restricted has failed.

The Medical Association of South Africa, which had taken up the matter on behalf of Dr Mamphela Ramphele with the Ministry of Justice, told her in a letter recently: "We regret that the Medical Association cannot be of any further assistance to you in this matter and can only express the hope that your case will be reconsidered in the not too distant future."

The association, of which Dr Ramphele is a member, had received a letter from the Secretary

for Justice which said:

"I wish to inform you that the Minister of Justice has on two occasions personally considered Dr Ramphele's request for permission to attend a diploma course in tropical medicine and hygiene at the Medical School of the University of the Witwatersrand.

"But after careful consideration of all the relevant information he decided not to accede to her request."

Mr Alwyn Schlegelbusch refused Dr Ramphele's application when she applied to the Minister through the chief magistrate of Tzaneen. The second request was made by Mrs Helen Suzman.

Dr Ramphele, 39, who is restricted to Leyebye township near Tzaneen, has been accepted by Wits' University Medical School. — S.A.P.A.

Punishing the patients

378/93

DISEASES like malaria, typhoid and sleeping sickness are rife in the Napumo district of the north-eastern Transvaal. One of the few doctors in the area is Dr Mamphela Ramphele. RDM 30/4/80

Three times, Dr Ramphele has applied for permission to take a post-graduate course in tropical medicine at Wits University. Three times, without saying why, the Government has refused her that permission. But the reason is plain. The doctor is a banned person. So her patients will suffer with her.

93

HEALTH & DISEASE -
Doctors

1-5-80 - 31-12-80

25/3/80

Hansard 8 Ques. Col. 440

93

MARCH 1980

Medical doctors who left the Republic permanently

8(440) 93

502. Dr. A. L. BORAINÉ asked

Minister of Statistics:

How many medical doctors left the Republic permanently during 1978?

The MINISTER OF STATISTICS:

217

Jansend

8

Quest 4. 473

93

25/3/80

Faculty of medicine: University of Natal
93 34

345. Mr. G. N. OLDFIELD asked the Minister of National Education:
5(473) 25/3/80

How many (a) Coloured, (b) Indian and (c) Black students were registered in each year of study in the faculty of medicine at the University of Natal during 1979?

The MINISTER OF NATIONAL EDUCATION:

Year	(a) Coloureds	(b) Indians	(c) Blacks
1	5	44	31
2	9	81	48
3	1	72	45
4	6	63	31
5	0	49	51
6	7	59	38

12. Income elasticity of demand is defined as

(1) $\frac{Y}{Q} \times \frac{\Delta Q}{\Delta Y}$

(2) $\frac{\Delta Q}{Y} \times \frac{\Delta Y}{Q}$

(3) $\frac{Q}{\Delta Q} \times \frac{Y}{\Delta Y}$

(4) $\frac{Q}{Y} \times \frac{\Delta Q}{\Delta Y}$

(5) $\frac{\Delta Q}{\Delta P} \times P$

Hangard
8(491) 25/3/80
93

13. If you were a price of barley

(1) Take barley open market

(2) Encourage growing 1

(3) Try to lo

(4) Try to lo

(5) Encourage farmers to grow less barley ...

Medical schools: cost to State per student
8(491) 25/3/80
Dr. A. L. BORAINÉ asked the Minister of National Education:
What is the present estimated cost to the State of the training per student for the M.B. Ch.B. degree at each of the medical schools in the Republic?
THE MINISTER OF NATIONAL EDUCATION
U.W. R3 322

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heir barley-
n production).

14. If the equilibrium market was 10 cents per s control that laid be to:

(1) Help alleviate

(2) Increase the r

(3) Increase the chances of newly married couples finding a flat in Sea Point.

(4) Make it more difficult for newcomers to find a flat.

(5) All three possibilities 1, 2 and 3 above.

MARCH 1980
492
U.P. R3
U.C.T. R3
U.O.F.S. R3
U.S. R3
U.N. R5.60

ous Sea Point flats the effect of rent a square foot would
Cape Town.

15. If the income elasticity of demand for maize was known to be exactly 0,6 and if South Africans consume 80 million bags of maize per annum then the effect of South African real incomes rising by an average of 20% would be to:

(1) Reduce the demand for maize by 8%.

(2) Create a surplus of 16 m. bags of maize.

(3) Increase South African consumption of maize by an indeterminate amount.

12 (697) 5/5/80 **Students qualified as doctors** 9B

567. Dr. A. L. BORAINÉ asked the Minister of National Education:

How many students in each race group qualified as doctors at each medical school in the Republic at the end of 1978 and 1979, respectively?

The MINISTER OF NATIONAL EDUCATION:

	1978			
	White	Coloured	Asian	Black
U.O.F.S.	44	—	—	—
U.P.	182	—	—	—
U.S.	96	—	—	—
U.C.T.	143	5	6	—
U.W.	175	—	31	—
U.N.	—	4	58	39

5 MAY 1980

698

	1979			
	White	Coloured	Asian	Black
U.O.F.S.	109	—	—	—
U.P.	186	—	—	—
U.S.	112	—	—	—
U.C.T.	152	7	6	—
U.W.	165	1	14	—
U.N.	—	7	57	35

Que. 141 896 (3271)
Biko case: assistance to doctors (B29)
Kransand 17
706. Mr. H. E. J. VAN RENSBURG
asked the Minister of Justice: 13/6/50

Whether the State has given any financial or other assistance to any of the doctors involved in the Biko case; if so, (a) what assistance and (b) what is the name of each doctor to whom assistance has been rendered?

The MINISTER OF JUSTICE:

As far as the Department of Justice is concerned the reply is as follows:

- (a) At the request of the Department of Health, the State Attorney instructed counsel to appear on the doctors' behalf at the inquest proceedings.
- (b) Drs. I. R. Lang, B. Tucker and C. Hersch.

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'Most doctors are for whites'

STAR
3/5/80
93

The shortage of doctors in Southern Africa has reached such proportions that there is one doctor to every 600 whites and one to every 40 000 blacks in certain rural areas.

This claim is made in a survey "Perspectives on the Health System," prepared by the Southern Africa Labour and Development Research Unit, University of Cape Town, and by the Southern African Medical Scholarship Trust.

The survey is published by Ravan Press.

It found that out of a registered 17 374 doctors in South Africa, only 2,8 percent worked in the homelands and overall figures estimated that 81 percent of all doctors lived in urban areas.

Only slightly more than a third of the country's population lived in urban areas.

Most of the doctors, said the survey, primarily served the needs of the white population.

MIRROR

"This maldistribution of doctors is a mirror of the maldistribution of resources in South African society," said the researchers.

The survey found there was a need for suitably qualified black students to attend medical school and undertake graduate work in rural areas or among the black population for a specific period of time.

A spokesman for Medunsa admitted there was a shortage of doctors in both the homelands and rural areas in South Africa.

White rural areas also needed more doctors.

the ratio of doctors to the number of people in homelands and rural areas.

Lady Frere in Transkei, for example, had a ratio of 1:40 000 but in Durban the number of white doctors was excessive (1:400).

White rural areas had a shortage of doctors. The Northern Cape, for example, had a ratio of 1:10 000.

HOMELANDS

He said Medunsa had been trying for some time to encourage black doctors to live in the homelands — but without success.

The spokesman added he had no objection to opening medical schools to suitably qualified people of all races.

The first black doctors are to graduate from the Medical University of South Africa in two years.

An "open universities" call was made last week at a Natal University graduation ceremony by Professor Phillip Tobias, dean of the faculty of medicine at the University of the Witwatersrand.

He said the eradication of university apartheid was an imperative development in South Africa in

SENTRUM VIR INTERGROE
(Geregistreer as / Registered)

p/a UNIVERSITEIT VAN KAAPSTAD
RONDEBOSCH
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Memo: PC/1/80.

The Centre for Int
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and disenfranchised;

to initiate, encourage and support self-help and growth in black
communities as part of the programme towards a more balanced and
open society.

To assist us in establishing this Community Resource Agency and in
attracting community participation, we shall be obliged if you will
help us as follows:

- a) Provide us with a detailed description of your organisation
(as set out in the enclosed form.)
- b) Provide us with your expectations of such a service.
- c) Describe how you see your organisation fitting in and what
assistance you can render.

We would be pleased if you could channel any resource or information
about resources to us.

We hope that through the combined co-operation of organisations in this
project we may be able to render a worthwhile service.

We enclose a copy of Intergroup, our bulletin, and our annual report.

Board of Governors/Read van Behaar: SIR RICHARD LUYT (CHAIRMAN), PROF. W.H.B. DEAN, Dr. J.P. DUMINY, PROF. G.F.R. ELLIS,
BISHOP A.W. HABELGAARN, PROF. M.F. KAPLAN, DS. W.A. LANDMAN, MR G.K. LINDSAY, PROF. H.W. V.D. MERWE (DIRECTOR), Dr. D.J. WELSH

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Only the mayor's driv.

Doctors attacks

Biko decision

TWO leading British doc-
tors have sharply criti-
cised the recommendation
by a committee of the
SA Medical Council that
no action be taken against
the doctors who treated
Steve Biko before his
death.

The British doctors,
both consultants at Lon-
don teaching hospitals,
are Dr Jack Fielding,
FRCP and surgeon Miss
Elizabeth Gordon, MS,
FRCS.

They said this week
they were profoundly dis-
turbed at the implications
for medical practice of
the recommendation "to
exonerate the three doc-
tors who attended to
Steve Biko in the period
immediately before his
death in the custody of
the Security Police."

Their statement conti-
nues: "It is perhaps signi-
ficant that four or five
members of the investi-
gating committee were
government nominees to



Steve Biko

the SA Medical and Den-
tal Council, which calls
into question their inde-
pendence and objectivity."

The news of the com-
mittee's recommendation
has caused a stir in Bri-
tish medical circles.

A spokesman for the
British Medical Associa-
tion said that if enough
doctors felt strongly
about the issue, it could
be referred to the World
Medical Association
(WMA). — SUNDAY
POST Correspondent.

INTERGROUP STUDIES
(limited by Guarantee))

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93 DM 6/5/80
SA has acute shortage of black doctors

By **ARNOLD GEYER**

THERE is one doctor to every 400 whites in South Africa and one to every 40 000 blacks in rural areas.

White rural areas also had a shortage of doctors, and there was an overall acute shortage in South Africa.

This discrepancy in medical care for blacks and whites emerged from a survey of the South African health system conducted by the Southern Africa Labour and Development Research Unit of the University of Cape Town and the Southern African Medical Scholarship Trust.

To remedy this situation, an immediate "radical" programme of educational equalisation would have to be introduced, Professor Phillip Tobias, dean of the faculty of medicine at the University of the Witwatersrand, said.

This could include the "accelerated admissions" of blacks through modified selection procedures, bridging courses and "catch-up" programmes for all who have come "ill-prepared from weaker high schools".

The survey found that the overwhelming majority of South African doctors served the needs of the white population. Out of a registered 17 374 registered doctors, only 2.8% worked in the "homelands". Overall figures showed that

81% of all doctors lived in urban areas.

"This maldistribution of doctors is a mirror of the maldistribution of resources in South African society," it said.

To illustrate the difference between "black" and "white" areas, the survey said Lady Frere in Transkei, for example, had a doctor-patient ratio of 1:40 000 but in "white" Durban the ratio was 1:400.

Prof Tobias said it was not surprising that on average only 3% of doctors graduating in South Africa between 1968 and 1977 were black, because white students had access to five medical schools and blacks only to two — Durban and Medunsa.

The shortage and discrepancy could be solved by:

- Opening all medical schools to all races — in fact, it should become "illegal" for universities to refuse students on grounds of race;
- Abolishing "Bantu education", which had set back black education by half a century;
- Introducing a programme of "affirmative action" which would accelerate the admission of black to universities;
- Adapting medical courses to the needs of the majority of the people in the country;
- Bringing an "African flavour" to medical courses to cater for regional and cultural adaptations.

AD 7/5/80
**Doctors
protest
against
detention**

JOHANNESBURG — More than 150 doctors and nurses gathered yesterday at Coronation Hospital near here to protest against the detention of Dr Yusuf Variava, a senior member of the hospital staff and an official of the Azanian People's Organisation.

Dr Variava was detained by Security Police last Friday. It is not known under which law he is being held.

Yesterday more than 150 staff members gathered on a lawn outside one of the dining rooms where they sang hymns, prayed and chanted: "We want Joe (Dr Variava). We want justice".

After an hour they were addressed by a matron who asked them to return to work, saying that was what Dr Variava would have done had he been in their position.

After moving once around the hospital, the gathering dispersed.

One sister said they had made sure all the wards had sufficient staff before proceeding with the "extended prayer meeting" and none of the services had been disrupted.

Last Thursday Dr Variava shared a platform with Bishop Desmond Tutu, General-Secretary of the South African Council of Churches, at a gathering in Lenasia. — SAPA

Shortage of doctors

DD 8/5/80
93
105
175

KING WILLIAM'S TOWN
— The Ciskei Government was experiencing difficulty in recruiting sufficient doctors to work at the homeland's hospitals, the Minister of Health said yesterday.

He said the Ciskei had one government doctor and one army doctor at the St Matthew's Hospital, while two government doctors served Nom-pumelelo Hospital at Peddie, with Mount Coke Hospital being served by the medical superintendent, two young Ciskelan doctors who had recently completed their internship and an army doctor.

"I want to take this opportunity to express my appreciation for the services rendered by army doctors."

Dr Maku said his department had placed advertisements in the media for doctors but the response had been disappointing.

"We have recently lost three seconded officials in the laboratories at Cecilia Makiwane Hospital at Mdantsane." He said there was also a shortage of pharmacists, radiographers, physiotherapists and occupational therapists.

"Advertisements have appeared in the national newspapers and in journals and I have also gone on the air in radio broadcasts to try and recruit people into the Ciskei," he said.

The government had also used about R700 on advertisements in overseas media in a bid to

attract candidates for posts in the Ciskei hospitals.

He said the Ciskei had two registered dentists and five therapists at Cecilia Makiwane (3), Mount Coke (1) and St Matthew's (1).

Dr Maku said there were also problems in recruiting sufficient health inspectors to take care of the environmental health services, but two senior health inspectors were recruited in 1979 and one health inspector was appointed to make a total of five health inspectors.

"The environmental services division, consequently, was, for the first time, able to carry out inspections of trading premises in the rural areas," Dr Maku said.

Detainees' doctor: I was negligent

329
331 73
RDM
4/5/80

By MONTSHIWA MOROKE

A DISTRICT surgeon told the Johannesburg Regional Court yesterday that he had been negligent when examining detainees.

Dr Norman Jacobson was giving evidence in the trial of Mr Archibald Monty Mzinyathi, 24, of Soweto, and Mr Bingo Bentley, 43, of Eldorado Park.

The State alleges that Mr Mzinyathi left South Africa to undergo military training in Russia between March and July, 1977, in order to endanger the maintenance of law and order in South Africa.

Mr Bentley is alleged to have

harboured Mr Mzinyathi at his home between October 1978 and April last year after he returned.

Both have pleaded not guilty to Terrorism Act charges.

Dr Jacobson said in a trial-within-a-trial that he made medical reports concerning the accused on April 10 and 11 last year.

He said he made sure that police left his consulting room while he examined detainees and, to win the confidence of the patients, would tell them he was a doctor, not a policeman.

Dr Jacobson said Mr Mzinyathi claimed to have been assaulted by Security Police at John Vorster Square, and also to have hit his head against a table — but there were no signs of fresh assaults.

Under cross-examination by Mr C R Mailer (for Mr Mzinyathi), Dr Jacobson said he had treated many detainees in the past five years and was familiar with the methods used by Security Police.

Dr Jacobson said that Mr Mzinyathi told him he had been a patient at the Sterkfontein Mental Hospital. He asked the Security Police to check this.

He said he had been negligent in making his report, because he had not again asked the police for the Sterkfontein report. He had not made a report of specific areas of alleged injuries, and had not recommended X-rays for Mr Mzinyathi because he did not deem them necessary.

He said that if the detainees did not understand either English or Afrikaans, he would call for the assistance of a black Security Policeman to interpret.

Mr Mailer told Dr Jacobson that he chose to be aggressive towards him because he had cross-examined him in the case of the State against Solomon Mahlangu. He said he was very critical of Dr Jacobson's report in that case, because he had been the only doctor who had not seen a head injury sustained by Mahlangu.

The hearing continues today.

Cape ⁽⁹³⁾
nurses ^{DM}
bitter ^{10/6/80}
over pay

Own Correspondent.

CAPE TOWN. — New salary scales for nurses had caused such "disillusionment and bitterness" at Cape Town's Groote Schuur Hospital that more than 80% of the finalist student nurses had resigned.

This was said in a statement issued by the Groote Schuur nurses in reply to comments made by Professor Charlotte Searle, president of the South African Nursing Association, in a TV interview last month. Prof Searle said she was satisfied with the increases.

The nurses said: "The salary increase was good as a percentage increase but the basic salaries are still very inadequate.

"There is much disillusionment and bitterness in the nursing ranks; the wage gap (between whites and blacks) has not been narrowed, and large numbers of staff are still resigning."

They requested that:

- The result of a survey of nurses' salaries and working conditions, undertaken by the Bureau of Economic Research and suppressed last year, be published;
- Salary discrimination on a race or sex basis be removed, and
- Salary adjustments be considered separately from general Public Service increases.

A Groote Schuur hospital spokesman said yesterday the 80% resignation rate claim was "not correct".

Call on

#3/ 12/05/80 ARGUS

93

Munnik

~~22/09~~

for inquiry

on Biko

doctors

Political Staff

PRESSURE is growing on the Minister of Health, Dr L A P A Munnik, to convene a special meeting of the SA Medical and Dental Council to probe the conduct of three doctors who treated Mr Steve Biko shortly before he died.

Confidence

Mr Wood said today that the sub-committee's finding would regrettably lead to a tarnishing of the image of the council.

'I would not like to see an issue like this harm the medical profession. Justice must be done and it must be seen to be done,' he said.

Mr van Rensburg said the council should decide whether the sub-committee's finding was valid and take further action if necessary. He emphasised the importance of confidence being established in the medical profession.

Mr Eugene Roelofse, the SA Council of Churches ombudsman, who has already made several calls for a special council meeting, believes the Biko case affects the prestige of the medical profession because two of the doctors involved were district surgeons.

The Progressive Federal Party and New Republic Party spokesmen on health, Mr Horace van Rensburg and Mr Nigel Wood, have expressed great concern over a council sub-committee decision clearing the three doctors of blame.

been tabled in Parliament by Mr Wood is due to be replied to by Dr Munnik on Wednesday.

Both believe that Dr Munnik should convene a special meeting of the council to discuss the matter. Mr van Rensburg pointed out today that there is legislation which grants the Minister of Health the power to convene a meeting of the council to discuss an urgent matter.

Mr van Rensburg called for such a meeting about a week ago and a question

Minister to be asked to call Biko meeting

CAPE TOWN. — The Minister of Health, Dr L A P A Munnik, will be asked this week to convene a special meeting of the South African Medical and Dental Council to investigate the conduct of the three doctors who treated black leader Mr Steve Biko shortly before he died.

The New Republic Party spokesman on health and MF for Berea, Mr Nigel Wood, said last night he would ask Dr Munnik tomorrow to convene an extraordinary SAMDC meeting.

Mr Wood said the subcommittee's decision clearing the three doctors of blame had tarnished the image of the SAMDC and the South African medical profession in general.

"I would not like to see an issue like this harm the profession. Justice must be done and it must be seen to be done," he said.

"Of course, if the full council ratifies the decision, we will have to accept its decision as final.

"While I do not want to prejudge the issue, I do not think the full council will

ratify the subcommittee's decision," Mr Wood said.

The man who has led the campaign for the issue to be raised before the SAMDC, SA Council of Churches ombudsman, Mr Eugene Roelofse, said: "It is the best news I have heard in a long time.

"At least society is going to do something."

Mr Roelofse said Dr Munnik should have convened a special meeting of the SAMDC immediately after the subcommittee's decision and should not have waited for other parties to raise the issue.

Mr Roelofse said he did not want to destroy anyone, but he felt the Biko case affected the prestige of the medical profession in South Africa, because two of the three doctors were district surgeons.

"South Africa has one of the biggest prison populations in the world and prisoners are dependent on the quality of medical service given by district surgeons and the way they interpret the Hippocratic Oath," Mr Roelofse said.

Mrs Helen Suzman, PFP Member of Parliament for Houghton said she fully supported the idea of "bringing the issue to the attention of Dr Munnik". — Sapa.

Overseas doctors reply to job ads

KING WILLIAM'S TOWN
— Four doctors in Belgium and Holland and a pharmacist in England had responded to advertisements for employment opportunities offered in the Ciskei, Dr B. R. Maku, Minister of Health, told the CLA yesterday.

He also announced that a Zwelitsha doctor, Dr V. Peteni, who was a medical officer at Mount Coke, would undergo registrar training next year to qualify as a physician specialist.

Dr Peteni would do his first year at Cecilia Makiwane Hospital, Mdantsane, and the other three years at Groote Schuur, Cape Town.

Dr Maku said his department had forged links with the Regional Health Organisation of Southern Africa and investigations of serious illnesses would, as a result of the links, be referred to the organisation in future.

He said his department

was continually monitoring the threat of diseases in the Ciskei "but unfortunately the present distribution of health facilities no longer matches that of the Ciskei's population and has also been disturbed by continual resettlement of people."

People who were resettled at times brought with them diseases, like the outbreak of measles in the Hewu district, when the affected children had contracted the disease

outside the Ciskei.

Dr Maku said two wards at the Cecilia Makiwane Hospital would be used to treat psychiatric patients.

Social workers in his department had initiated a community self-help nutrition project in schools and depressed areas "and my department is looking to communities to assist it in combating malnutrition which is becoming rife as a result of the prevailing drought."

The Biko doctors: action needed

324
93

A disciplinary committee of the SA Medical and Dental Council this week found a doctor guilty of disgraceful conduct: he had changed the date on an account so that a patient could claim from medical aid. The committee recommended to the council that the doctor be suspended from practising for one year if he was found guilty of a similar offence within two years.

In a second case, a doctor was found guilty of improper conduct: he had overcharged. He was cautioned and reprimanded. It was said during the hearing that the doctor had been in practice for only seven days at the time of the offence, and had decided on the fee after consulting a surgeon.

The committee's vigilance on behalf of the public is praiseworthy. Its handling of these cases, and the public chastisement of the doctors, shows it is not prepared to tolerate any breach of ethical standards.

This attitude of rectitude is,

however, nothing short of bizarre in light of the decision taken by a council subcommittee declining to have the three doctors concerned in the death of Mr Steve Biko investigated by the disciplinary committee.

Yet, according to the testimony made public during the inquest into Mr Biko's death, at least two of the doctors — Benjamin Tucker and Ivor Lang — allowed the Security Policy to dictate the treatment, or the lack of it, which they administered to their patient. They connived in Mr Biko being driven 1 000 km through the night to Pretoria when, as events soon proved, he was a dying man.

Ugly as all this is, it is still only part of the fuller story that exists in the official records.

Yet they are not facing disciplinary charges. We suggest that the honour and standards of the medical profession would be better served by action on the Biko doctors than by punishing someone for falsifying the date on a medical aid claim.

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the maximum price
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a shortage, because

(Quantity) Q_2 housing at a
equivalent to Q_1

In order to remove
can push the ~~and~~

At the rent of P_3
housing. ~~However~~

~~is not going to fill~~
our demand curve

demand for house
rent does. Thus ~~the~~

reverse he is Q_2
 P_3 . This will result

housing because people aren't prepared to pay the rent
asked for the housing.

One can see therefore unless the rent ceiling is set at
the equilibrium there is either going to be a shortage of
housing or ~~and~~ a surplus of housing. Thus in order to solve
a housing shortage the govt. must raise the rent ceiling
to P_1 rent P_1 .

If there is no rent control then the landlords will demand
the maximum price they can get and there will be surplus housing
as was discussed above. I feel that if left to the forces of
supply and demand, the price would be ^{set} above equilibrium with
a fairly inelastic demand curve because ~~they~~ ^{the landlords} can get a
greater revenue.

WHO may look into the Biko finding

Pretoria Bureau

THE World Health Organisa-
tion in Geneva was yesterday
asked to investigate the alleg-
edly unethical conduct of the
Biko doctors.

The doctors are two Port
Elizabeth district surgeons, Dr
Benjamin Tucker and Dr Ivor
Lang, and a specialist physi-
cian, Dr Colin Hersch.

A medical doctor, represent-
ing the ANC, said at the 33rd
World Health Assembly that
the doctors had been let off
"scot free" by the SA Medical
and Dental Council.

"This is despite overwhelm-
ing evidence that Biko did not
receive adequate medical care
before his death in detention."

The ANC is one of three so-
called "liberation organisa-
tions" which are invited to the
World Health Assembly and
may address it in its capacity
as an observer.

The others are the PAC and
the Palestinian Liberation Or-
ganisation.

are demanding rent control
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ing up to P_3 .

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Ethical questions ~~2~~ 93

NDM 22/5/80
NEARLY four weeks have passed since a sub-committee of the SA Medical and Dental Council decided not to take any disciplinary action against the Port Elizabeth doctors who attended Mr Steve Biko in September 1977. Since then, the Minister of Health, Dr L A P A Munnik, has rejected pleas that he convene a special meeting of the full council to consider the matter. Nor, from what this newspaper has been able to ascertain, is there to be a special meeting because six elected members of the council call for it.

Instead, the matter is now to stand over until the council's scheduled meeting in October, when the sub-committee's decision will be up for ratification or rejection.

Perhaps it could be argued that so much time has already elapsed — the inquest into Mr Biko's death was held in December 1977 when the details of the doctor's behaviour became fully known — that a few more months are neither here nor there. As against this, however, the record of how Dr Benjamin Tucker and Dr Ivor Lang, and to a

lesser extent Dr Colin Hersch, behaved towards their patient is so clear that each day's delay in taking action is extraordinary.

Take one simple point: Dr Lang gave a false certificate to the police that there was nothing wrong with Mr Biko. Despite this, he is not being brought before a disciplinary hearing.

Yet last week, the Medical and Dental Council's disciplinary committee passed judgment on another doctor who had changed the date on an account so that a patient could claim from medical aid. The recommended sentence was that the doctor be suspended from practising for one year if he was found guilty of a similar offence within two years.

How on earth does the council explain the punitive approach towards this doctor's misdemeanour compared with the handling of Dr Lang issuing a false certificate?

And the false certificate, it must be noted, is almost the least of it: by their own testimony, Drs Lang and Tucker surely raise questions about medical ethics which require full explanation to their peers and the public.

120 M 27/5/80

Call for review on Biko doctors

(93)

THE ASSEMBLY. — The Government should take steps to review with the Medical And Dental Council a finding on the Biko doctors which has left an impression that the medical profession was involved in a "conspiracy of silence", Mr Horace van Rensburg (PFP Bryanston) said yesterday.

Opening the Committee Stage debate on the Health, Welfare and Pensions Vote, he said the evidence at the inquest on the death of black consciousness leader Steve Biko could in no way be reconciled with the finding of the Medical and Dental Council, which absolved the doctors who saw Mr Biko shortly before his death, of improper or unethical conduct.

"If the evidence of the inquest is true, then there has been a miscarriage of justice," Mr Van Rensburg said.

The committee of the Medical and Dental Council had found that there was no evidence of improper conduct on the part of Biko's doctors, but the vast majority of South Africa's population was under the impression that there was a miscarriage of justice and "that the profession has taken part in a conspiracy of silence".

It was in the interest of South Africa that the matter be investigated, in camera if necessary, "so that a finding can be made that can stand up to the light of day".

If the doctors concerned were innocent it should be found so, in order that confidence in the medical profession could be restored. — Sapa.

Black doctor shortage 'critical'

Argue 27/5/80

(13)

(43)

Parliamentary Staff
THE chief Opposition spokesman on health, Mr H E J van Rensburg, yesterday called for Government action to relieve a 'critical' shortage of black doctors in South Africa.

Speaking in the budget debate on the Health Vote, Mr van Rensburg (PFP, Bryanston) said the shortage was partly due to restrictions on the admission of black students to medical faculties.

They could gain admission to only two of the five medical faculties in

South Africa. The restrictions were applied while more than 70 percent of South Africa's total population consisted of black people.

Another reason for the critical shortage of black doctors was the inferior education which black children received under the present education system, compared with white education.

Reacting to angry interjections from the Government side, Mr van Rensburg said black education was inferior when viewed in terms of teachers' qualifications

and the lack of amenities at black schools.

Mr van Rensburg urged the Government to take immediate steps to identify promising black children who had the talent and the ability to benefit from education for the professions.

These children should be given opportunities to receive school education equal to that of white children.

This should be done now, because the need for black professional people was so urgent that South Africa could not wait for black education to catch up with

white education. At present, black education was at a 'tremendous disadvantage'.

The Government should also help to open the other medical faculties to black students.

Mr van Rensburg called on the Government to establish a new black hospital with a medical school in Soweto, South Africa's largest black city.

Soweto with its dense population was probably the best place in South Africa for a medical school.

Replying, the Minister of Health, Dr L A P A Munnik said the training

of black doctors had nothing to do with him or with his department. He could therefore not reply to Mr van Rensburg's proposals on this issue but suggested that he should approach the Minister concerned.

Dr Munnik rejected the suggestion for a new hospital and medical faculty in Soweto. He said it would take up to 15 years to plan such a hospital. It would be more effective to establish community health centres in Soweto.

About 20 or 30 such centres could be established within a year.

'Conspiracy' on Biko silence'

Argus 27/5/80

329

93



Mr H E J van Rensburg

Parliamentary Staff

AN impression had been created that South Africa's medical profession was involved in a 'conspiracy of silence' which favoured the actions of the security police in the Steve Biko affair, the Assembly was told yesterday.

Mr H E J van Rensburg (PFP, Bryanston) called on the Minister of Health, Dr L A P A Munnik, to convene a special meeting of the Medical and Dental Council for a thorough investigation into the role of the Biko doctors.

Dr Munnik rejected the Opposition call and said it was entirely a matter for the council.

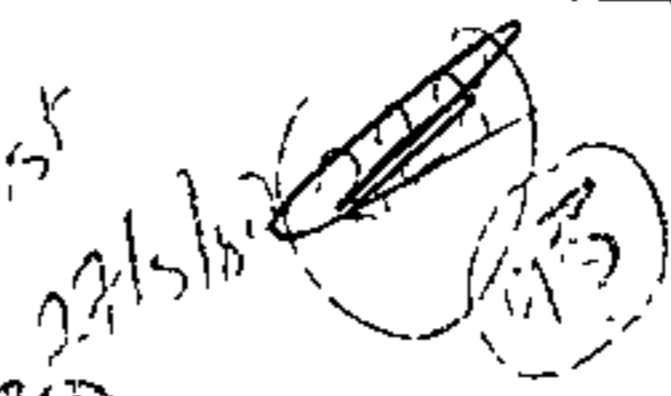
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Speaking during the budget debate on the Health Vote, Mr van Rensburg said the evidence at the inquest on the death of the black consciousness leader could in no way be

PFP calls for special medical council meeting



Munnik on Bilko doctors



THE Minister of Health, Social Welfare and Pensions, Dr Lena Munnik, said yesterday he would not interfere in the proceedings of the Panel of Inquiry into the ethical conduct of a finding by a committee of the Council of the Medical Association.

of the Inquest court's records.

Dr Munnik said the committee's findings were about the doctor's ethical conduct.

The findings would be discussed, in terms of the council's regulations, at its general meeting in October.

The Council was a statutory body and he was not prepared to interfere in its work.

The Council's regulations provided that six members could request an extraordinary general meeting. If there was no such request, the matter must take its course.

Dr Munnik rejected suggestions in Parliament that any of the five members of the panel could be a member of the council. The Government's intention was to have a panel of five members.

The committee members had stated that they made an independent study of the evidence, from the death of the doctor's acquaintance, Steve Bilko, before commencing their work. Dr Munnik said the committee had a budget of £100,000.

The committee's findings would be discussed at the council's general meeting in October.

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327 (93) RDM 27/5/80

Munnik rejects call on the Biko findings

By HELEN ZILLE
Political Correspondent

CAPE TOWN. — The Minister of Health, Dr L A P A Munnik, yesterday dismissed an Opposition call for the Government to force an immediate review of the finding by the committee of the South African Medical and Dental Council on the Biko doctors.

The committee's findings — that there was no evidence of improper conduct on the part of the doctors that attended Mr Biko before his death in detention — caused a major row in Parliament yesterday during the vote of the Department of Health, Welfare and Pensions.

Mr Horace van Rensburg, chief Opposition spokesman on health, said the evidence at the inquest on the death of the black consciousness leader could in no way be reconciled with the findings of the Medical and Dental Council, which absolved Dr Lyor Lang and Dr Benjamin Tucker of improper or unethical conduct.

"If the evidence of the inquest is true, then there has been a miscarriage of justice," Mr Van Rensburg said.

The committee of the council had found that there was no evidence of improper conduct on the part of the doctors — but the vast majority of South Africans believed that the profession

had taken part "in a conspiracy of silence," he said.

It was in the interest of South Africa that the matter be investigated, in camera if necessary, "so that a finding can be made that can stand up to the light of day".

In reply, Dr Munnik said the committee's findings revolved around the doctors' ethical conduct. The findings would be discussed in terms of the council's regulations at its general meeting in October.

Dr Munnik rejected suggestions in Press reports that any of the five members of the special committee of the council were Government nominees.

Leave nurses alone, doctors warned

93

95

Political Staff

WDM 28/5/80

THE ASSEMBLY. — The Minister of Health has claimed that certain doctors — who he did not name — were involved in the agitation about nurses salaries.

"There are a few doctors involved, but we know who they are, and I want to very seriously warn them to leave the nurses alone and practise their own profession," Dr Munnik said.

The Minister said the head of the South African Nursing Association, Professor Charlotte Searle, knew more about the "scandal mongers than I know myself".

In his speech, Dr Munnik quoted a letter from Prof Searle, written on April 28, this year, in which she thanked the Government for the nurses' salary increases.

Prof Searle said: "The management is of the opinion that it is an important step, although members of the profession were told by agitators that the Government was not prepared to talk to members of the profession and that it was therefore necessary to stir the public to exercise pressure on the Government because the Government does not respect the nursing profession."

"There will always be scandal mongers," Prof Searle wrote to the Minister.

Dr Munnik said he did not want to involve nurses in the debate — "but I just want to say that it is not now the time to believe these stories that there are so many dissatisfied nurses and that there are empty nursing posts."

"At a certain stage of the year there were indeed vacant posts, but in the course of time these posts were filled," Dr Munnik said.

The Minister was replying to the chief Opposition spokesman on health, Mr Horace van Rensburg, who told Dr Munnik that nurses were talking of striking.

He said because their conditions of employment were so unsatisfactory, "there is discontent and disillusionment resulting in an ever-increasing number of resignations, fewer people applying or entering the nursing profession and a loss of faith by the nursing profession in the nursing association and its leadership."

"So they are talking in terms of striking and withdrawing." Dr Munnik: You know they cannot strike.

Clash ^(a3) ~~over~~ ^(388F) delay ^{RDH} on ^{28/5/80} Biko doctors decision

By BARRY STREEK

CAPE TOWN. — The differences of opinion on the lengthy delays in resolving the issue of the doctors who treated Mr Steve Biko, the black consciousness leader who died in detention, were underlined this week in a clash in the Assembly between the Minister of Health, Dr Lapa Munnik, and Mr Alf Widman (FRP Hillbrow).

Whatever the arguments about what the Medical and Dental Council should or should not have done about the Biko doctors, the clash summed up the matter clearly.

Mr Widman, who was speaking during the Health Vote, said: "Let me just tell the Minister that the question of Biko and the district surgeons involved is of such national and international concern, and so important to this country and abroad, that I want to make a strong appeal to him."

Dr Munnik: Why 'national'?
Mr Widman: Because ev-

everybody in the country is concerned about it, as are people overseas.

Dr Munnik: That is a new definition of 'national' Mr Widman: It has such deep-rooted implications for the whole system of Government in South Africa that I make this appeal . . .

Mr Widman's appeal — which was for the publication of the full report of the Medical and Dental Council findings on the doctors' conduct — was not the critical point. It was rather whether there was any urgency in settling the matter or whether it should rather wait until the next routine meeting of the council, which will have to decide whether or not to ratify the findings of the preliminary committee which exonerated the three doctors.

For both the FRP and the NRP the preliminary committee's decision was astonishing.

The FRP's Mrs Helen Suzman commented: "It is highly likely that the credibility and acceptability of South Af-

rica's medical standards will be affected when their colleagues abroad get news of the council's findings."

The party's chief spokesman on health, Mr Horace van Rensburg, said: "The finding of that committee, and the evidence which is available, are totally contradictory and no reasonable person can reconcile the evidence with that particular finding."

"Either the doctors involved acted improperly, acted against the ethics of their profession, or are in fact innocent."

"If, however, they are not innocent, it is in interests of the medical profession and in the interests of South Africa that this matter be thoroughly investigated and that a finding be made which can stand up to the light of day."

The NRP's Mr Nigel Wood said the decision clearing the three doctors of blame had tarnished the image of both the Council and the medical profession in South Africa. "I would not like to see an



MRS HELEN SUZMAN
... credibility crisis



DR LAPA MUNNIK
... no meeting



MR ALF WIDMAN
... national concern



MR NIGEL WOOD
... justice must be done

issue like this harm the profession. Justice must be done, and it must be seen to be done," Mr Wood said.

Dr Munnik, on the other hand, explained why in procedural terms the matter had taken so long to reach the council, and why he refused to call a special meeting of the council, as he is entitled to by law.

The Minister said the investigation had taken place in

terms of the council's own regulations, and its procedures would be followed.

"Out of the 30 members only six can request a special meeting. The MP for Houghton (Mrs Suzman) has more than six friends in that council."

"Why does she not ask them to call a special meeting? Why must I do it?" Mrs Suzman: Perhaps I have.

Dr Munnik: Perhaps she has a few.

The Minister: As far as I am concerned, it is totally a matter for the Medical Council . . . It is up to council members for a special meeting, otherwise the council must proceed on its course.

That response underlined his whole approach. It reflected a lack of urgency and a determination to leave it to the medical profession to sort

the matter out.

In a sense, the Government's response to the issue is understandable; ever since Mr Biko died of brain damage following a naked ride in the back of a police Landrover from Port Elizabeth to Pretoria on September 12, 1977, the Government has tried to play down the issue.

After the inquest, which found that no-one was responsible for his death, it settled

out of court for R65 000 to Mrs Ntsiki Biko and her two sons.

The Government then virtually washed its hands of the affair — except for a bizarre allegation by the head of the police public relations directorate, Lieutenant-Colonel Leon Meller, that Mr Biko and two of his colleagues had been paid R750 000 into their personal accounts.

Dr Munnik has now lost a golden opportunity of taking the initiative and calling a special meeting of the Medical and Dental Council, probably because it would appear to be giving in to Government opponents.

The basic facts about Mr Biko's treatment, as they emerged from the inquest, are that a healthy, young man of 30 was detained in Port Elizabeth from August 19 to September 6, kept naked and in leg irons and that, in spite of the activities of the three doctors, came out a physical and mental wreck on September 7.

After this, he was put naked into a police Landrover and driven 1200km to Pretoria without a medical attendant or medical facilities.

The broad charge against the three doctors was that they subjected their professional obligations to the interests of the Security Police.

Counsel for the Biko family alleged that the relationship between the doctors and the Security Police was one of subservience bordering on collusion.

One of the doctors, Dr Benjamin Trucker, actually admitted in court that in spite of having taken the Hippocratic Oath, he "subordinated the interests of his patient for those of police security".

Another, Dr Ivor Lang, told the Inquest Court that he had been worried when he heard Mr Biko was to be moved to Pretoria but it was "out of my authority" to prevent the journey.

Like the other two doctors, Dr Colin Hersh, a specialist physician, told the court that he thought Mr Biko was shamming.

2/1/80 AK 945
Biko: Doctors to meet

Medical Reporter ⁽⁹³⁾

A CAPE TOWN group of concerned medical practitioners, known as the Association of Social Awareness in Medicine, will hold a meeting tomorrow to 'examine the issue of the Biko doctors.'

The group has objected to a decision by the Medical and Dental Council not to take disciplinary action against two doctors — Dr Benjamin Tucker and Dr

Ivor Lang — who treated black consciousness leader Steve Biko before his death in detention in 1977.

A spokesman said three speakers would address a meeting to be held tomorrow at the Faculty Lecture Theatre, Anatomy Block, at the University of Cape Town Medical School. It will start at 1 pm and is open to the public and all members of the medical profession.

Political Staff

THE ASSEMBLY. — The Minister of Health, Dr Lapa Munnik, yesterday estimated that it would cost over R51-million to equalise nurses' pay.

Dr Munnik said another R45 500 000 would have to be paid during the 1980/81 financial year to raise the salaries of black nurses to the scales applicable to white nurses.

It would cost an additional R5 700 000 to raise the salaries for coloured and Asian nurses to the same level.

The Minister was replying to a question by Mr Horace van Rensburg (PFP Bryanston). Asked when parity in salary scales would be achieved, Dr Munnik said: "As no fixed time-table for the narrowing and elimination of the wage-gap has been accepted by the Government, no indication can be given when parity will be achieved, and it will inevitably depend upon the pace against which further stages of the accepted programme for parity in wages is implemented."

R51m to
 93 RDM
 equalise
 3/6/80
 nurses'
 salaries

Dr Munnik refused to disclose the salaries paid to white, coloured, Asian and black nurses of various ranks.

He said the latest salary scales had been included in a circular issued by the Commission for Administration on April 1, 1980.

"Copies of the circular concerned were made available, on a confidential basis, to the leaders of opposition parties and the required information can be obtained from the Leader of the Opposition," he said.

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SAMDC not representative — doctor's claim

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Medical Reporter
THE South African Medical and Dental Council was not directly representative of the country's medical practitioners, according to Professor Frances Ames, head of Groote Schuur Hospital's department of neurology.

Professor Ames drew attention to this fact when she addressed a meeting on the issue of the Biko doctors at the University of Cape Town Medical School yesterday.

The meeting was called as a result of the Medical Council's preliminary investigation committee decision not to take disciplinary action against the three doctors who attended black consciousness leader, Mr Steve Biko, before his death in detention in 1977.

ONLY 10

Professor Ames said the Medical Council consisted of 34 members, of whom only 10 were elected by medical doctors.

She said the council would soon call an urgent meeting to discuss the preliminary investigation committee's decision on the Biko doctors.

Professor Ames alleged that the Medical Council was not representative of the profession. According to the Medical, Dental and Supplementary Health Service Professions Act of 1974, which lays down the constitution of the council, the first required member of the council is the Secretary for Health.

Ten members have to be appointed by the Minister of Health — four to be medical practitioners; one a dentist; one attached to a faculty of medicine at a university; three not registered as a medical practitioner; and one who is the chairman of a professional board.

As far as the elected members are concerned, the council is in for a 'new look' in August.

Elections will be held on June 24 and 18 distinguished doctors have been nominated for the 10 seats. Those elected will take up office in August for the next five years.

Among the nominees there are only four who have served on the council before. They are Dr Louis Babrow, an executive member of the council of the University of Cape Town; Professor F G Geldenhuys, professor of obstetrics and gynaecology at the University of Pretoria; Professor H A Shapiro, professor of forensic medicine at the University of South Africa; and Dr E W Turton, who is in private practice in the Transvaal.

MEMBERS

According to the registrar of the SA Medical and Dental Council, Mr N M Prinsloo, the present elected and nominated members are:

Doctors: L Babrow, J K Bremner, J N de Klerk, B de Villiers, F G Geldenhuys, I Gordon, D McKenzie, B T Naidoo, S V Potgieter and H A Shapiro.

The dentists holding office are: Drs L H Becker, L Blum, L S Maresky, J H J van Rensburg.

The Secretary for Health, the first required member, is Dr J de Beer.

The Minister of Health's 10 appointments are: Dr

A P Baard, Dr H P Botha, Dr C R Cockcroft, Dr E W Turton (all medical practitioners), Dr J D L Stegmann (dentist), Professor F B Retief (medical fund representative).

The three laymen who are members are Messrs J de Villiers, P Fourie and W S Pretorius.

The choice of the Administrators of the four provinces, is Dr H A Groye, Transvaal Director of Hospital Services.

The four doctors and a dentist, appointed by the university principals, are Professors A J Brink, R W Charlton, J W O Reid and H W Snyman (all medical doctors) and Professor P C Snyman (dentist).

The Medical Council of South Africa's nominee is Dr P A H Knocker.

The member appointed by the SA Nursing Council is Professor C Searle and the Pharmacy Board nominee is Mrs J D Van Zyl.

The member who is chairman of a professional board, is Professor J H Robbertse (Psychology Council).

REFUSED

From Pretoria, the Argus Correspondent reports that the chairman of the South African Medical and Dental Council, Professor H W Snyman, today refused to comment on reports that the Biko death would again be discussed by his council.

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APPOINTED

The 12th member of the council has to be a director of Hospital Services from one of the provinces, appointed by the four Administrators.

Next there must be four medical practitioners and one dentist from medical and dental faculties at universities, appointed by the principals or rectors.

The College of Medicine of South Africa must also appoint a doctor or dentist to the council.

Another is appointed by the South African Nursing Council, and one by the South African Pharmacy Board.

Then come the elected members. Medical practitioners elect 10 members to the council every five years; and dentists may elect four members.

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Biko 916180 *AKMUS*
doctors:
Petition 93
in city

A RESOLUTION passed at a meeting on the issue of the Biko doctors has been turned into a petition by the Association of Social Awareness in Medicine.

The petition calls on the South African Medical and Dental Council, to consider the Biko matter urgently;

● To examine publicly and in detail the conduct of the doctors concerned; and

● To consider in full the implications of the Biko case to the medical profession as a whole.

Mr Ajay Bhoopschand, president of the Association of Social Awareness in Medicine at the University of Cape Town, said the petition would be sent to the council on Friday.

DISTRIBUTION

Petitions would be distributed nationally with UCT Medical School as co-ordinators.

Anyone involved in the medical profession who wished to sign the petition could do so at the union on the medical campus any day between noon and 2 pm until Thursday, said Mr Bhoopschand.

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Did I hear a door slam somewhere?

RDM 9/6/80.

LAST week, a respected academic, internationally known for his work in the administration of medical research in South Africa, reported proudly that "medicine is still an open door" for South African doctors travelling abroad.

I immediately thought of a file of letters I have, going back almost three years; some from political cranks, one or two from doctors and several from quite ordinary people.

The one thing they have in common is a single query: when will the South African Medical and Dental Council consider the treatment of Steve Biko just before his death in detention?

My replies to all of them were more or less in the same vein.

I explained that the Council was a statutory body of 34 members, of whom 10 were elected by ordinary members of the medical profession and the remainder were appointed either by the Government or other statutory bodies.

Its job, among other things, was to uphold the ethical standards of the profession and to ensure that patients got a fair deal. To do this they maintained a fairly heavy annual load of administrative work which monitored a wide range of medical and paramedical standards.

And, of course, this included disciplinary inquiries, the hearing of complaints against doctors, dentists, psychologists, nurses, physiotherapists and other paramedical personnel.

"I am writing to you because you are the only doctor I know of in South Africa," one person said.

She added that she didn't normally write to anyone she didn't know personally but was so concerned about the evidence which came out at the Biko inquest that she felt she had to find out "what South African doctors intend to do about it".

Steve Biko, she had been told, had been kept naked and shackled in a room during the last week of his detention. At that time three doctors had seen him, lying on a urine-soaked mat, showing signs of head and body bruises, eating no food and paying no attention to anyone except to echo words and questions in a rather stupid way.

She had read, among other

things, that the doctors had made no objection to the manner of his detention; that they had discussed the possibility he was shamming; that one of the doctors had issued a false certificate; at least two had allowed the police to influence the treatment; and they had not objected to the police driving Mr Biko 1 000km through the night in the back of a Landrover.

Steve Biko died of brain damage shortly after his arrival. The inquest found no-one responsible for his death.

She also said she had read evidence that at least one doctor had admitted that he would have treated Biko differently "if he had been an ordinary patient".

"What are you going to do about it?" she wanted to know.

I had to tell her that, personally, I was going to do nothing about it.

I then explained that I fully supported the aims and objects of the South African Medical and Dental Council as an ethical body and had full confidence in its ability to reach the truth amid the welter of accusations and counter-accusations that have clouded the issue since Biko's death.

"But why the delay?" she asked, six months after a public-spirited South African had formally laid a charge with the Council against the doctors concerned. "And why was it a non-medical person who laid the charge? Why didn't the Council act on its own?"

The delay, I told her, was because a further case was pending in which the relatives were claiming compensation from the Minister of Police. And, because the inquest had found no case to answer, there was no legal compulsion on the Council to take the matter further.

A year later, she wrote to me again, pointed out that the relatives had received an out-of-court settlement of their claim against the Minister and asked why no further move had been made against the doctors.

I explained that the Council had already acted, by sending the complaints to the doctors concerned and asking them for an explanation — the normal way in which such matters are conducted. Two of the doctors had promptly sought a court order to set aside Council's request, hence the extra delay.

Three months later, the

court hearing dismissed the doctors' case and the way was clear for Council to go ahead. Three months after that I received another letter, asking for an explanation of the new delay.

I didn't have one. But I was sure, I said, that Council business was taking its normal course and the matter would eventually come before them. Then I held thumbs.

Two months later the Council announced that it would hold a preliminary investigation into the conduct of the doctors. A five-man committee met in camera, two and half years after Biko's death, considered the evidence — and ruled that there was no need to take any disciplinary action.

This meant that the Medical and Dental Council need not meet to discuss the case at all. And, in any case, if it held to due procedure, it was not scheduled to meet again until October this year.

All hell broke loose, predictably, mainly from Opposition politicians but also from the original complainant, a respected public figure who is the South African Council of Churches' public ombudsman.

But, when the furore died down, one thing was starkly evident — the deafening silence from the ordinary members of the medical profession, the rank and file doctors and average guys.

This week, a group of medical students at the University of Cape Town, an institution of which I am very proud to be a member, decided that they had had enough. They held a mass meeting and spelt out their view — loud and clear.

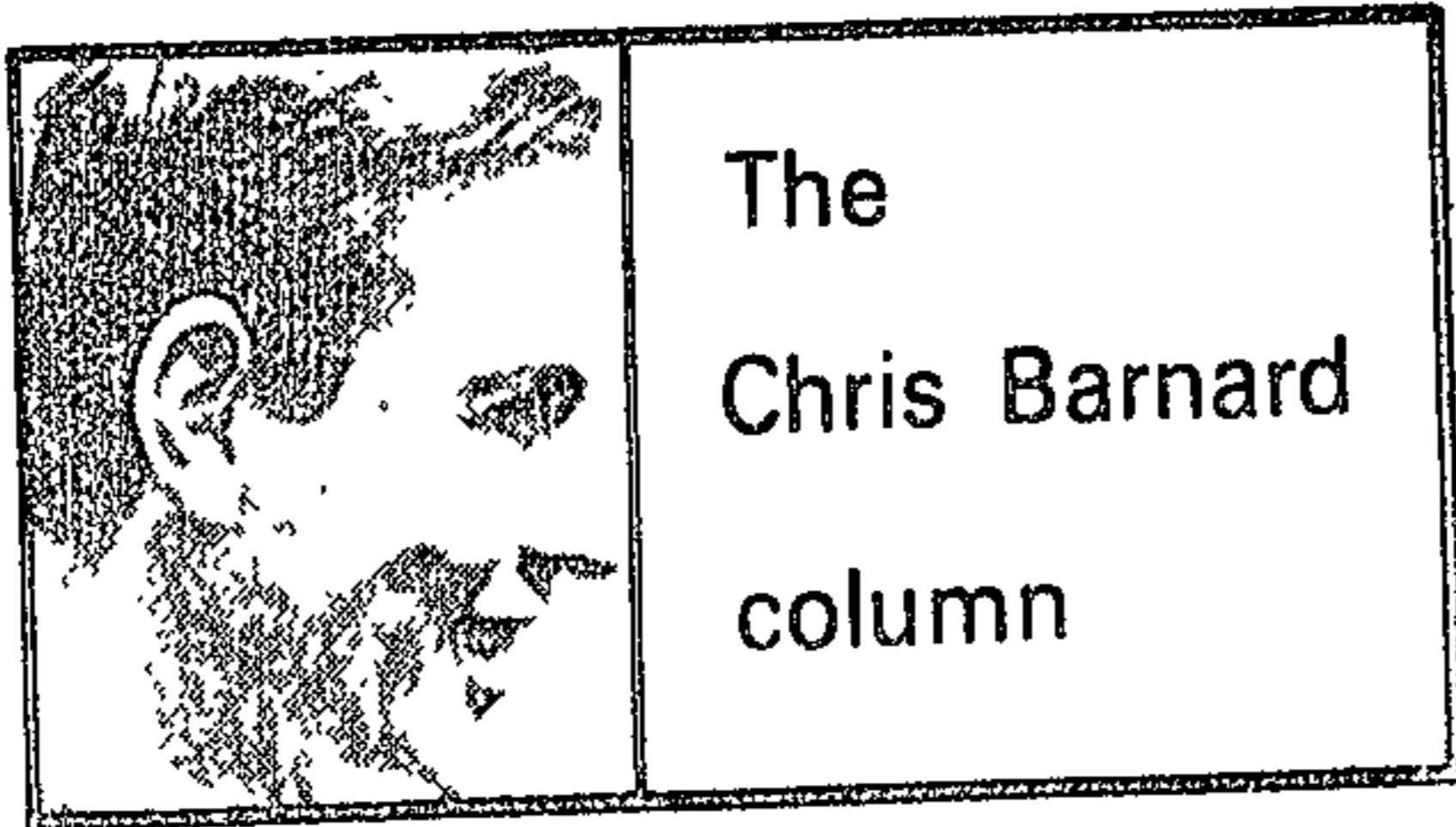
Junk the protocol, they told Council. Forget the traditional approach. Call an emergency meeting as a matter of urgency and then sit down for a full and frank discussion of all the implications which the whole unhappy affair held for the medical profession.

And, to ensure that justice was seen to be done, the discussion should be open to the public.

What happened?

The president of the Council made a short public statement. "This is a purely domestic matter. I have no comment to make," he told a newspaper.

Did I hear a door slam somewhere?



The Chris Barnard column

EDUCATION
CITIZENSHIP
CONTROL?

Timid hawk and the
iron-fisted dove

93 201 RDM 10/6/80
Petition on Biko doctors

Own Correspondent

CAPE TOWN. — A medical students group has drawn up a petition for concerned doctors, calling on the South African Medical and Dental Council to meet urgently on the conduct of the three doctors who treated Mr Steve Biko immediately before his death in detention.

The petition, organised by the Association for Social Awareness in Medicine (Asam), has been distributed in all major centres.

It is based on a proposal accepted unanimously at a mass meeting at the University of Cape Town medical school last week.

The proposal asked the council to examine the conduct of the doctors concerned "urgently, publicly and in detail, and to consider the full implications of the case to the medical profession as a whole".

Mr Ajay Bhoopchand, president of Asam, said in an interview that copies of the petition had

been rushed to various centres where they would be available until Friday for signature by any registered doctor.

The petition will then be handed to the registrar of the council.

A committee of preliminary inquiry established by the council to examine a complaint that the Biko doctors had admitted, at the inquest, to oversights and incorrect interpretations, found in April that the doctors were not guilty of disgraceful conduct and that they had no case to answer.

This means that the council, scheduled to meet again in October, need not call a disciplinary hearing at all.

In his weekly column for the Rand Daily Mail yesterday, Professor Chris Barnard warned that the council's response to the Biko affair could well "slam the door" overseas on the South African medical profession.

Urgent meeting to argue Biko finding

Staff Reporter

THE University of the Witwatersrand Medical Faculty has criticised the Medical Council for a committee finding that the Biko doctors did not need to face a disciplinary inquiry.

A preliminary investigation by a council committee recently found that Drs J W Lang, B Tucker and C Hersch did not have to face a disciplinary inquiry on their conduct while treating Mr Steve Biko before his death in detention.

Concerned council members have now forced the holding of an urgent council meeting to discuss the preliminary committee's finding.

Professor Phillip Tobias, Dean of the Wits Medical Faculty, said the faculty executive was especially concerned over the revelations made by the doctors under cross-examination at the inquest.

"The executive expressed deep concern and disquiet at the finding that there was no evidence of improper or disgraceful conduct on the part of these medical practitioners and that there was no need for a disciplinary hearing.

"The finding of the preliminary committee and the wide publicity given to it may have most harmful effects on the status of South African doctors in the outside world.

"Already rumblings of this kind have reached our ears.

"We note with concern that it is already two and three-quarter years since the death of Mr Biko," Prof Tobias said.

He said the executive was gratified that a special meeting had been called, but was very unhappy at the premature release to the media of the preliminary committee's finding.

"Normally the findings of a committee of preliminary inquiry are not released until the full council has considered them, or until the council's disciplinary committee has met on the matter," he said.

Prof Tobias said the executive was also deeply distressed at the human aspects involved.

The University of the Witwatersrand Medical Faculty is the first in the country to comment publicly on the Biko matter, although some students and staff at the University of Cape Town have made a call on the council to examine the matter

A member of the council, who cannot be named, said that the statement by the Wits Medical Faculty was important in that it indicated there were important organisations in the country which would not allow the matter to be swept under the carpet.

"It is to be hoped that other medical schools, including those on the Afrikaans campuses, will break their unfortunate silence on this matter."

The special meeting of the council will be held on June 17 in Johannesburg. It is believed that the meeting will be held behind closed doors.

Rethink on Biko doctors

THE Medical and Dental Council will review its preliminary finding that the three doctors who saw Steve Biko before his death were not guilty of disgraceful conduct.

The full council will decide this week whether or not a full inquiry into the conduct of three Port Elizabeth doctors — district surgeons Dr Benjamin Tucker and Dr Ivor Lang and specialist physician Dr Colin Hersch — will be held.

The meeting will be held on Tuesday at the request of members of the council who have pressed for the decision to be reconsidered.

The meeting comes as pressure in medical circles grows to reject the findings of the committee that made the preliminary finding.

This week, for the first time, rumblings of discontent were heard from general practitioners.

In Durban the Natal coastal branch of the Medical Association adopted a resolution on the Biko issue that was "forwarded to the relevant authorities", according to branch chairman Dr Walter Loening.

Dr Loening said: "The feeling in the branch was that we sincerely hope the full Medical Council will institute further investigation into the case and reject the findings of the committee of preliminary investigation."

Chairmen of other branches of the Medical Association were reluctant to discuss the issues after an earlier statement released after a federal council meeting. The statement said the case was sub judice because it had not yet been confirmed by

By CHRIS
WHITEFIELD
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a full meeting of the council.

But several chairmen said they had heard of widespread discontent at the preliminary finding.

"Doctors feel the whole thing should be aired and put out in the open," a spokesman for the Cape Western branch said. "People should be allowed to see why this decision was made, particularly now that it comes in a time when South Africa is breaking back into world medical circles."

In Cape Town a nationwide petition organised by the Association of Social Awareness in Medicine is drawing a favourable response, according to the organisations president, Mr Ajay Bhoopchand.

Conduct

The petition calls on the Medical and Dental Council to consider the Biko matter urgently and:

- To examine publicly and in detail the conduct of the doctors concerned.

- To consider in full the implications of the Biko case to the medical profession.

Senior members of the council refused to comment on the meeting.

The president of the council Professor Hendrik Snyman said it was a domestic matter.

"I can't talk about it — ask the president," was the comment of the council's registrar, Mr Nico Prinsloo.

But the meeting was confirmed by Professor Johan de Klerk, a member of the council and chairman of the Federal Council of the Medical Associa-

tion.

Professor de Klerk refused to speak on the Biko issue in his capacity as chairman of the federal council, but he said he would "wait and see what the council decides this week".

He said the council would study all the evidence related to the case and review the decision of the preliminary investigation committee.

Two other council members in Natal also confirmed the meeting was being held on Tuesday. One of the doctors, who asked not to be named, read the notice of the meeting.

During the inquest into Mr Biko's death, the behaviour of the three Port Elizabeth doctors was strongly criticised by counsel representing the Biko family.

The presiding magistrate, Mr Marthinus Prins, directed that some of the evidence about the doctors be drawn to the attention of the Medical and Dental Council, which has disciplinary powers over all doctors registered in South Africa.

Steve Biko's name first resounded around the world on September 14, 1977, when the then Minister of Police, Mr Jimmy Kruger, announced that he had died in detention two days before.

The 30-year-old founder of the Black Consciousness Movement had become the 19th person to die in detention in 18 months — and his death triggered off a world wide attack on South Africa's security police and their methods.

Two months later a three-week inquest was held. Mr Prins found that no one could be found criminally responsible for Mr Biko's death.

Sanlam chairman accuses Minister of 'Ultra-Socialism'

Sun Times 15/10/60

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DR ANDREAS Wassenaar, chairman of Sanlam, has slammed the Minister of Health's recent Bill to control medical fees and has warned that it will "undoubtedly" cause another exodus of South African doctors.

BY BEVIS FAIRBROTHER

economic initiative, the "Minister in question" — Dr Lapa Munnik — was not aware of the ultra socialistic nature of his Bill.

It also suggested that if the Prime Minister's initiative was to succeed, he would need a Cabinet consisting of Ministers who were able to discriminate between free enterprise on the one hand and socialism on the other.

He praised the Prime Minister's initiative "to foreshadow a new and brighter future for a free economy in the RSA".

But he questioned whether the Prime Minister had a Cabinet which could follow him and who were able to mobilise the entire bureaucratic machine behind them.

"There are already signs that he is experiencing problems in this field."

He referred to the recent Medical, Dental and Supplementary Health Services Provisions Amendment Bill in which the Minister of Health

must approve of any tariff of fees before they become effective.

"In looking at the trend of this Bill one must remember a good, old basic economic law.

"If, in a free economy, price control is imposed, and if the controlled price determined under the law for any product is lower than the price which would have prevailed in a free market, a shortage for that product is bound to arise."

Dr Wassenaar gave an example where the price of crude oil in the United States was kept low for many years by price control.

This acted as a restraint on oil prospecting and the United States had to import refined oil products from the Arab States and elsewhere.

"As a result of this the US is now in the middle of an unprecedented energy crisis."

"By the rule stated, a shortage in medical services is bound to result if the fees determined by the Minister

should be lower than the fees which would be dictated by the interactions of all the factors in a free economy.

"And the fees determined by the Minister will be lower since the purpose of the entire exercise is to prevent fees from rising to levels unacceptable to the Minister.

"The result of such a free-fixing practice will undoubtedly be that more medical practitioners will leave the country to settle in the United States or elsewhere.

"It will also act as a discouragement to students who might have been inclined to make medicine their profession.

"Any influx of doctors, if there was any influx, would probably be from the highly socialised countries. This might prove to become a political problem.

"The determination of medical fees by the Minister is a socialistic move that does not fit into the Prime Minister's plan for a more effective free economy."

Dr Wassenaar has referred to the Bill as "ultra-socialistic" in a leading article he wrote in the SA Director, journal of the Institute of Directors.

In an interview with the Sunday Times last week, he predicted that the Bill would have a serious effect on the number of doctors in South Africa within 10 years.

In his article he said the Bill suggested that, on the heels of the Prime Minister's recent



DR WASSENAAR
Exodus warning

UDM 17/6/80 231 93

'Secret' meeting on Biko doctors

By WILLIAM
SAUNDERSON-MEYER
Pretoria Bureau

THE South African Medical and Dental Council meets today to discuss a committee finding that the Biko doctors should not have to face a disciplinary inquiry.

The council, a public body, still refuses to say where the meeting is to be held, or even confirm that it is being held.

But a member of the council, who cannot be named, has revealed that it will be held at the new Johannesburg Hospital at 9.30am.

The meeting was called at the request of council members who were concerned about the finding of the committee which made the preliminary investigation into the actions of the three doctors who attended Steve Biko before his death in

detention.

The committee decided that the three doctors, Dr J W Lang, Dr B Tucker and Dr C Hersh need not face a council disciplinary committee on whether they were guilty of improper or unprofessional conduct. Any such decision must be ratified by the full council.

In terms of the constitution of the council, all meetings are

open to the public, but it is believed that a move will be made to have a closed meeting.

A member of the council, who cannot be named, said that such a move was sure to be hotly contested.

"The SA medical profession cannot afford the growing suspicion overseas that the council is engaged in a cover-up," he said.

Final say on Biko doctors

By WILLIAM SAUNDERSON-MEYER
Pretoria Bureau

A SPECIAL meeting of the Medical and Dental Council yesterday confirmed that the three district surgeons who treated Mr Steve Biko before his death in detention would not face disciplinary action.

At a closed meeting in Johannesburg the council voted 18-9 to accept a committee of preliminary investigation's decision taken earlier this year. The committee had decided there was no evidence that the three Port Elizabeth district surgeons — Drs Ivor Lang, Benjamin Tucker and Colin Hersch — were guilty of improper or disgraceful conduct in their treatment of Mr Biko.

The Dean of the University of Cape Town's medical faculty, Professor D McKenzie, did not vote. The council's president, Professor H W Snyman, said this was "because he had to leave early to catch his plane home".

Dr L Blum of Johannesburg also left early without voting. There was one unknown abstention.

It is believed that the debate was heated and bitter. Instead of finishing in a few hours as originally planned, the meeting lasted until after 5pm.

The motion calling for the doctors to face disciplinary action was proposed by Drs I Shapiro and R W Chariton, both of Johannesburg.

Prof Snyman said the matter

was thoroughly debated and was now closed.

Mrs Helen Suzman, MP for Houghton, said it was a "most unbelievable decision" in view of the evidence produced at the inquest.

"It reflects very badly on the council and the medical profession as a whole in South Africa," she said.

"And since these three doctors were heavily involved in the matter, the decision is all the more extraordinary.

"I express my utter astonishment at the decision and would not be surprised if medical circles abroad react very negatively to it."

Mr Eugene Roelofse, the South African Council of Churches ombudsman who formally complained to the council about the doctors, said the decision would echo around the world.

"It is an incredible decision even for a country noted for its incredibility," he said.

"If this is the way the conduct of the medical profession in South Africa will be in the future, then the sooner the public starts showing confidence in sangomas, herbalists, and rain dancers, the better. At least none of these has, to the best of my knowledge been involved in a Biko-type affair."

Professor I Gordon, one of the medical assessors at the original inquest, recused himself from yesterday's council proceedings. When approached in Durban he declined to comment.

IT IS almost three years since black consciousness leader Steve Biko died in the custody of the Security Police.

Like Banquo's ghost, the matter of the so-called "Biko doctors" — the three Port Elizabeth district surgeons who attended Mr Biko — continues to haunt the South African Medical and Dental Council.

At the inquest, the Chief Magistrate of Pretoria, Mr Marthinus Prins, found that nobody was criminally responsible for the death.

The cause of death, he ruled, was brain injury which led to renal (kidney) failure and other complications. The head injuries were probably sustained in an alleged scuffle with the Security Police on September 7, 1977. Mr Biko died five days later.

Evidence presented by the three doctors, Dr Ivor Lang, Dr Benjamin Tucker and Dr Colin Hersch, was referred by Mr Prins to the Medical and Dental Council for possible disciplinary action on the grounds of improper or disgraceful conduct.

The council displayed little alacrity in dealing with the matter.

Only in March, 1978, did it ask the doctors for an explanation of their actions. Dr Hersch complied, but the State Attorney lodged objections to the council request on behalf of Drs Lang and Tucker.

This Supreme Court action failed, but the doctors remained adamant in their refusals to explain their actions.

In April this year, the council's committee of preliminary investigation decided there was no evidence of improper or disgraceful conduct and that there was thus no need for a disciplinary hearing.

Astonishment and disbelief met their findings. People like Mrs Helen Suzman and Mr Eugene Roelofse, the SA Council of Churches ombudsman who

The Biko

ghost walks again

An extraordinary meeting of the SA Medical and Dental Council was held yesterday, following the growing public pressure, to consider possible disciplinary action against the three "Biko doctors".

WILLIAM SAUNDERSON-MEYER reports from Pretoria.

had also laid a complaint against the doctors, called for a special meeting of the council to discuss the findings.

There was an immediate resurgence of interest overseas, notably in a campaign to cut medical ties with South Africa.

Although the tendency in the countries with which South Africa has medical reciprocity agreements (Britain, Australia, New Zealand, the Netherlands and Belgium), has always been to accept the bona fides of the SA Medical and Dental Council, rethinking has started. The British Medical Association ethics committee is to examine the decision.

In Geneva, the World Health assembly called on member countries to review their medical ties in the light of it.

The committee of preliminary investigation's decision is suspect for a number of reasons:

• The president of the council, Prof Snyman, took the unprecedented action of releasing the committee's decision before it had been ratified by a full meeting of the council.

• Although the finding was released, the evidence on which it was reached remained secret.

Concerned council members invoked a clause in the constitution allowing for a special meeting if more than six members demanded it. Although the council's actions are supposed to be open to public scrutiny, the special meeting was convened in secret. All Press inquiries as to its date, venue, or its very existence were met with silence.

In spite of the evidence being withheld by the council, much of it is part of the public record from the evidence at the inquest.

These are the questionable medical judgements made:

• Drs Tucker and Lang both suspected that Mr Biko might have had a head injury. But they asked no questions about it, nor made any note of it in their medical reports.

• Although a person suspected of having such an injury should have hourly medical check-ups, Dr Lang left Mr Biko for a whole day without medical observation.

• Dr Lang issued a false medical certificate saying that he could find no evidence of abnormality or pathology in the Biko case. He had, in fact, found that Mr Biko had a swollen and cut lip, superficial chest bruising, swollen hands, feet and ankles, was covered with abrasions, had an ataxic (staggering) walk and slurred speech.

• A lumbar puncture (withdrawal of cerebral spinal fluid) showed signs of abnormality and possible brain injury, yet Dr Lang wrote a bed letter saying he and Dr Hersch found the test normal.

He did not do an extensor (muscle tone) test after the lumbar puncture, because "I did not want to disturb him too much".

• The spinal fluid was sent under a false name to the Institute of Medical Research. Such labelling is the responsibility of the doctor who did the test — in this case Dr Lang.

• Drs Lang and Tucker found a Plantar Reflex (when the sole of the foot is stroked, instead of the toes curling down, they curl up) — a serious indication of brain damage. This was ignored although such a reflex is almost impossible to feign.

There are also the bizarre aspects of the professional relationship that at least two of the doctors, Drs Lang and Tucker, had with their patient.

• They allowed him to be left naked, soaked in urine, on a mat on the floor, while manacled to a radiator grille.

• They allowed the Security Police to dictate the treatment administered to Mr Biko and accepted a refusal to allow him to be transferred to a provincial hospital.

• They allowed their dying patient to be driven 100km, through the night, still naked, in the back of a landrover to Pretoria.

• They sent no medical evidence or records with their patient.

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18/6/80

The vote

that

STAR
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vetoed

Biko

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inquiry

Government appointees and Afrikaans academics and elected members of the SA Medical and Dental Council cast most of the votes which vetoed proposals for an inquiry into the conduct of the three "Biko doctors."

This was learned today as disturbed members of the medical profession protested at the council's decision and as medical men discussed the possibility of taking the case to the Supreme Court for review.

The 34-member council this week confirmed a decision that the three Port Elizabeth district surgeons who treated black leader Mr Steve Biko before his death would not face a disciplinary inquiry.

REQUEST

This week's meeting followed a request by seven members of the council for an inquiry. Earlier, a committee of the council had ruled against an inquiry.

The Star has learned that those pressing for an inquiry believed that evidence led at the inquest on Mr Biko indicated that an inquiry was needed to elicit further information and secure "medical explanations for medical persons."

But those opposed to an inquiry believed that the level of performance of the three doctors was acceptable in the difficult circumstances with which they were faced.

LEFT EARLY

Twelve members of the council are appointed by the Government or provincial administrators. Five are appointed by both English and Afrikaans university faculties.

Ten are elected by medical practitioners and four by dentists. The College of Medicine of South Africa, the SA Nursing Council and the SA Pharmacy Board appoint one member each.

The proposal for an inquiry was defeated by 18 votes to nine. There were two abstentions and two members left this week's meeting early.

"IGNORED"

In Cape Town, the Association of Social Awareness in Medicine charged that the council had failed its responsibility.

Its action indicated a disregard of the views of council members, who had made strong calls for a formal inquiry.

The association called for the evidence on which the council had based its decision.

A council source stressed today that the issue the council dealt with was whether further inquiries needed to be made, not whether the three doctors were guilty.

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Challenging new questions on Biko

The S A Medical and Dental Council will consider a challenge issued by the influential Medical Association of South Africa on the medical care received by Mr Steve Biko.

A Medical and Dental Council spokesman said today the council's executive committee would discuss the Medical Association's statement at its next meeting on July 11.

The association made clear its concern at the council's refusal to hold an inquiry into the conduct of the three Port Elizabeth doctors who treated Mr Biko before his death in detention.

It added, however, that it was satisfied the integrity and motivation of council members were beyond question. It was also satisfied there was no cover-up.

The association asked four crucial questions:

● Whether the medical care received by Mr Biko conformed with the

guidelines determined by the world Medical Association on treatment of prisoners.

● Whether the nursing and clinical services available to the doctors in the Biko case met the desired standards.

● Whether under existing measures medical practitioners responsible for the treatment of prisoners were allowed complete clinical independence and unfettered access to their patients under optimal clinical and security conditions, and whether "the present state of affairs in this regard does not leave much to be desired."

● Whether, if the required intensive medical and nursing care had been made available to Mr Biko (with the necessary security provisions), the subsequent "unfortunate course of events could not have been avoided."

SA medics' urgent call on Biko case

EDM 20/6/80. 93

THE Medical Association of South Africa yesterday declared itself satisfied that there had been no attempt at a "cover-up" regarding the conduct of the doctors who saw Mr Steve Biko in detention.

But it posed four questions on aspects of the Biko case for the urgent attention of the Medical and Dental Council and the relevant authorities.

And the association registered its concern that the doctors had not been given the chance of an open inquiry into their conduct, in view of the possible effect of publicity about the case "on future medical services in South Africa".

The Masa executive committee said while the association was satisfied the decision of the council on the findings of the inquiry into the doctors' conduct was not subject to "extraneous influences", the urgent questions were

• Whether the medical care received by Mr Biko conformed with the guidelines determined by the World Medical Association with regard to treatment of prisoners, to which the medical profession in practically all civilised countries subscribed,
• Whether the nursing and clinical services available to the doctors in the Biko case met the desired standards.

• Whether, under existing laws and regulations, medical practitioners responsible for the treatment of prisoners were allowed complete clinical independence and unfettered access to their patients under optimum clinical and security conditions — and whether the present state of affairs in this regard did not leave much to be desired;

• Whether, if the required intensive medical and nursing care had been made available to Mr Biko — with the necessary security provisions — the subsequent unfortunate course of events could not have been avoided.

In the light of ethical, legal and procedural considerations, the association was satisfied the council had reached its decision on the ethical behaviour of the doctors only after a "prolonged and responsible debate", the statement noted.

Registering its concern about the consequences of the lack of a public inquiry, the association added however that it was fully aware it was normal practice to hold such inquiries in camera.

It was satisfied "that there has been no attempt at a cover-up with regard to the conduct of the practitioners concerned". — Sapa

S. Post • 22/6/80

Decision shocks Mrs Biko

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~~92~~

SUNDAY POST Reporter

THE WIDOW of Steve Biko, Mrs Ntsike Biko, this week said she was shocked by the decision of the Medical and Dental Council on the three doctors who attended her husband before his death.

This week the 34-member council confirmed an earlier decision that the three doctors would not face a disciplinary enquiry.

"I was really shocked by the decision because it was obvious to anybody who followed the inquest into my husband's death that there was something wrong with the conduct of the doctors," she said.

She said she was going to consult the Biko family to see what action could be taken to challenge the council's decision.

"I fully support whatever action is being taken by other people," Mrs Biko said.

Mr Eugene Roelofse, ombudsman for the South African Council of Churches, said he had had discussions with lawyers and was going to pursue the matter.

Mr Roelofse lodged the complaint with the council against the three doctors who attended Mr Biko before his death.

"I find the decision by the council totally unacceptable. If the council thinks it has done its best to safeguard the international reputation of the medical profession in this country then it is time that such responsibility was removed from them and given to other people," he said.

He said he was working in consultation with a group of Cape Town doctors who plan to take the matter to the Supreme Court.

"I am astounded that Afrikaans medical faculties are silent on this matter. I am particularly angered that Professor Chris Barnard, who has so much to say about South Africa, has been as quiet as a mouse on this matter. I challenge him to state publicly



Steve Biko . . . died in police custody.

where he stands," Mr Roelofse said.

He would not say what action he was going to take except to add: "I am planning a few little surprises."

Meanwhile, banned editor Donald Woods, author of a book about the death in police custody of Mr Biko, this week received a public apology over a newspaper's allegation that he had taken no interest in the wel-

I will
take it
further,
she says

fare of Mr Biko's widow.

The High Court in London was told that an article in the weekly London Sunday Express had claimed that Mr Woods made a great deal of money from the sale of the book, but had not replied to a request from Mrs Biko for a share in the proceeds.

In fact, Mrs Biko had made no such request, said Mr David Eady, counsel for Mr Woods.

22/11 80 SUN 7:11 PM

Shocked medics protest at conditions

(93)

By KEVIN STOCKS

HORRIFIED members of the Medical and Dental Council may protest to the Government about the poor conditions under which district surgeons sometimes have to treat prisoners and the lack of medical facilities in some areas.

Council members, who this week considered the case of the Biko doctors, expressed shock at the conditions under which the doctors concerned had to work and said this feeling was instrumental in arousing sympathy for them.

The Sunday Times has been told that the Director-General of the Department of Health, Dr Johan de Beer, was particularly outspoken and would probably make the representations to the Government.

The council is also to consider this week's statement by the South African Medical Association about the Biko case.

The association asked whether the nursing and clinical fa-

ilities available to the doctors in this particular case met the desired standard.

They also wanted to know whether the medical care received by Mr Biko conformed to the World Medical Association's Declaration of Tokyo on treatment of prisoners.

The Sunday Times understands the association was referring particularly to Article Four of the declaration which

reads:

"A doctor must have complete clinical independence in deciding upon the care of a person for whom he or she is medically responsible.

"The doctor's fundamental role is to alleviate the distress of his or her fellow men and no motive, whether personal, collective or political shall prevail against this higher purpose."

The association raised this matter, it is understood, in view of allegations that the doctors who treated Mr Biko deferred to the opinions and interests of the Security Branch in deciding on their handling of the case.

Top doctors on Biko

By KEVIN STOCKS

TOP medical men in Johannesburg and Cape Town plan to seek a new investigation by the Medical Association into the actions of the doctors who treated Steve Biko shortly before his death.

This move follows the tense six-hour meeting of the Medical and Dental Council which this week decided not to take action against Doctors Ivor Lang, Benjamin Tucker and Colin Hersch.

The meeting pitted English medical men, plus one Indian, against Afrikaners in a sometimes bitter confrontation.

Only one Afrikaner broke ranks to support calls for action in the case.

Payment medical men who are dissatisfied with the council's decision emphasised that they were not finding the men guilty of anything, but that they felt there was a case to be investigated.

"It must be remembered that the Biko inquest magistrates sitting with two medical assessors who were both professors of forensic medicine, referred the case to the Medical and Dental Council," the Sunday Times was told.

"In terms of the Act he could only do this if he felt there was a prima facie case of misconduct," said one of South Africa's best-known doctors.

"Yet the council refuses to investigate further."

The Medical Association can expel doctors but cannot prevent them from practising.

Unlike the Medical Council, it does not have the power to discipline doctors, but it can speak for the profession.

Doctors said it was unfortunate that the council hearing had tactically pitted English



Steve Biko... seen by doctors while chained to a wall

Split over Council decision

There were three unidentified absentees and one unidentified abstention from the meeting, which means that the 18 votes for taking no action were drawn from the following:

Dr J de Beer, Director-General of the Department of Health; Dr H A Grove, director of Hospital Services in the Transvaal, Professor H Snyman, President of the Council, General C R Cockroft, the former Surgeon General, Dr A B Baard, Dr H B Botha, Dr J T L Stegman, Dr F B Reiter, Dr E W Turton, Dr D J de Villiers, Mr P Fourie, Dr W S Pretorius, Dr J H Robbertse, Dr H A Cronje, Professor H A Brink, Professor P C Shyman, Dr J K Bremner, Dr B de Villiers, Dr F G Geldenhuys, Dr S P Potgieter, Dr L H Becker, Dr J H J van Rensburg and Dr J T van Zyl.

The meeting itself was tense

with occasional implications that some people might be motivated by outside interests, according to the Sunday Times information.

At one stage a member asked whether any council member at the meeting had advised the Biko family or its lawyers during the inquest into Mr Steve Biko's death.

Advice

Another member immediately replied that he had certainly been involved in the Biko inquest but not as an advisor to the Biko family — he had in fact advised the lawyers representing the Security Police.

Council members who favoured a disciplinary hearing kept hammering at the fact that they were not finding the three doctors involved guilty

without a hearing, but they felt an inquiry should be held.

They pointed out that a magistrate sitting with two medical assessors had felt there was a prima facie case of misconduct, and that the evidence about the doctors given at the inquest was widely known.

This included an admission from one of the doctors that he had signed a "false" certificate.

Other admissions were:

- That a letter written by a doctor when Mr Biko was in hospital was "incorrect".
- That Mr Biko had been seen by doctors while chained to a wall and with his clothing and blankets wet with urine, yet the doctors had taken no action.
- That doctors had failed to inquire into the cause of an injury to Mr Biko's lip or even

to see an injury on his forehead.

Dr Tucker had also admitted he would have treated a non-detainee differently and would have insisted on his being hospitalised.

The majority of members replied that the two district surgeons involved were general practitioners and not specialists and could not be expected to recognise the symptoms displayed by Mr Biko.

One member raised the matter of whether it was advisable to carry the matter further in view of the "communist" menace, but received no support for this approach.

Opposed

The Sunday Times was told that the council made its decision without calling for evidence from the three doctors involved.

The evidence before the members consisted of more than 700 pages of transcribed evidence from the Biko inquest plus two assessments of the evidence drawn up by medical experts briefed by the preliminary disciplinary committee that first considered the case and recommended that no action be taken.

The members who convened the meeting, with the support of two others, opposed the hearing being held in committee (which means in secret) but without success.

"I still don't know why they insisted on a secret hearing," one member said this week. "The discussion was very full and with no holds barred. It should have been held in public."



DR BENJAMIN TUCKER Biko doctor

The meeting was faced with a recommendation that no action be taken. Dr I Shapiro moved an amendment that a disciplinary hearing be held which was seconded by Professor R W Charlton.

The amendment was defeated by 18 votes to nine.

members against members nominated by the Government and particularly against their Afrikaans colleagues — with the English speakers pressing for a disciplinary hearing and the Afrikaners blocking it.

Emergency

The Sunday Times has established that the seven council members who convened the emergency meeting, to consider a preliminary disciplinary committee's recommendation that no action be taken, were all representatives of English language universities or English-speaking elected members; plus the one Indian council member.

They were: Professor R. W. Charlton, Dr J. V. O. Reid, Dr P. A. H. Knocker, Professor D. McKenzie, Dr P. T. Naido, Dr H. A. Shapiro and Dr L. S. Maresky.

At the meeting itself only one prominent Afrikaans member broke ranks and supported their call for a disciplinary hearing.

He was Professor Guy de Klerk, the President of the Medical Association of South Africa.

Even before the emergency meeting was called, a member of the council's executive committee moved that the committee treat the Biko case as a matter of urgency. But his motion was defeated by the full committee.

Beyond announcing the result and the voting figures, officials of the Medical and Dental Council are treating proceedings of this week's meeting as top secret and even refused to identify the three council members who were absent from the hearing.

Names

However, the Sunday Times has established the names of eight of the nine members who voted for a disciplinary hearing on the Biko doctors.

They were six of the seven members who called the meeting (Professor McKenzie left early to attend a regimental reunion and did not vote) plus Professor Guy de Klerk and Dr Louis Babrow.

Dr L. Blum also left early while Professor I. Gordon, who was one of the medical assessors at the Biko inquest, recused himself.

43 54 229 22/1/80 SUN TIM

'Biko' dean angers students

Sunday Times Reporter

MEDICAL students at the University of Cape Town are planning a meeting to discuss the fact that the dean of their medical school, Professor David McKenzie, left the Medical and Dental Council hearing on the Biko doctors early and did not stay to vote.

that motions of censure or of no confidence might be introduced at the meeting.

However, Mr Charles Helm, chairman of the Students' Medical Council, yesterday refused to comment on the possibility of a meeting being called or on the fact that Professor McKenzie did not stay for the vote.

council meeting at the lunch break to catch a plane back to Cape Town to attend a regimental reunion. The meeting continued until after five.

"He was one of the members who convened the meeting and I find it unbelievable that he did not stay for a vote of this importance — particularly as he had been instrumental in calling the meeting," one Cape Town faculty member said.

The Sunday Times was told

Professor McKenzie left the

BIKO DOC'S PLEA: PROBE HIS DEATH

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By CHRIS WHITFIELD

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DR COLIN Hersch, one of the three Port Elizabeth doctors who saw Steve Biko before his death and who has become the centre of a national row, has called for an open inquiry into the issue.

"I would welcome it. It should be aired as soon as possible," the Port Elizabeth specialist physician said.

Dr Hersch's surprise call comes as South Africa's medical ranks are being thrown into unprecedented uproar by the South African Medical and Dental Council's decision not to take any disciplinary action against the three doctors who saw Mr Biko before his death.

Fears that the finding will seriously damage South Africa's standing in the medical world seem certain to ensure that the case will not be forgotten.

The other doctors who saw Mr Biko before his death — district surgeons Dr Benjamin Tucker and Dr Ivor Lang — refused to comment.

Dr Tucker and Dr Lang had previously tried in a court application to stop the SAMDC from investigating their conduct. The action was dismissed with costs.

Now doctors across the country are investigating new ways of getting the three Port Elizabeth doctors before an inquiry. "We don't intend to let the matter rest," was the comment of Professor Frances Ames of the University of Cape Town's medical school.

The SAMDC called a special full council meeting on Tuesday after pressure from its members to review the finding of

the council's preliminary investigation committee.

The SAMDC endorsed the findings after a long and heated debate.

Dr Marius Barnard, doctor turned politician, was one of the first to react to the decision: "My personal feeling is that it is a great pity," he said.

"Doubts about the handling of Steve Biko before his death have been raised and these should either be upheld or dismissed in an open independent inquiry of the SAMDC," he said.

Dr Selma Browde, Johannesburg city councillor and branch counsellor of the Medical Association of South Africa, said she was "absolutely stunned at this horrendous decision."

She said she had listened to the Biko court inquiry in 1977 specifically to hear the medical evidence.

"I was sickened," she said. "Now the SAMDC decision makes one lose all faith in them — it is their blackest day."

Another critic of the decision was the Medical Association.

"While the MASA is satisfied that the decision of the council was in no way subject to extraneous influences and that the integrity and motivation of the members of council are beyond question, it remains a matter of concern that — in view of the widespread publicity received by this case both locally and abroad and its possible effect on the future of medical services in this country — the practitioners concerned were not afforded the opportunity for an open in-

quiry into their conduct," a statement released by the association read.

The association said however that it was satisfied there had been no attempt at a "cover-up" with regard to the doctors' conduct.

A council spokesman said the executive committee of the SAMDC would discuss the statement issued by MASA, the representative body of most of the country's general practitioners, at its next meeting on July 11.

In Durban, Dr Walter Loening, chairman of the Natal Coastal branch of the Medical Association, said his initial reaction had been one of "disbelief".

"It is bound to have international repercussions," he said.

Prof Ted Sarkin, dean of the faculty of medicine at the University of Durban-Westville, said a special meeting of medical staff would be held to discuss the case.

"Most of us are very unhappy," he said.

In Cape Town, Prof Ames is consulting with legal experts to determine the possibility of getting the affair before the Supreme Court.

Prof Hendrik Snyman, president of the SAMDC, said the council considered and judged the person about whom a complaint had been submitted on the basis of the principle of "reasonableness (redeliksheidsbeginsel)" which was also applied in law.

Steve Biko's name first resounded around the world on September 14, 1977, when the then Minister of Police, Mr Jimmy Kruger, announced that he had died in detention two days before.

22/6/80 SUN 7:10 PM

Biko vote split on language lines

Sunday Times Reporter

THE South African Medical Council split mainly on language lines — English against Afrikaans — when it met this week to decide whether to pursue the inquiry into the conduct of three doctors who treated Steve Biko.

In a meeting that lasted six hours and at times grew acrimonious, one doctor raised the question of the "communist menace".

Seven council members, all English, joined one Indian to demand a further inquiry.

A single Afrikaner, Professor Guy de Klerk who is head of the Medical Association of South Africa, broke ranks to support them.

For the rest, the Afrikaans members appointed by the Government or from the Afrikaans universities, voted almost solidly to quash further inquiry. Now moves are afoot to launch a fresh inquiry through the Medical Association.

How they voted and how the arguments went are spelled out in full detail on Page 5.



UNIVERSITY OF CAPE TOWN
EXAMINATION ANSWER BOOK

MACRO

EVERY CANDIDATE MUST enter in column (1) the number of each question answered (in the order in which it has been answered); leave columns (2) and (3) blank.

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Controversy on Biko doctors to continue

Post 23/4/80

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By THAMI MAZWAI

THE Biko doctors controversy continued to rage at the weekend and the Transvaal Medical Society, an association of black doctors, also came out in support of action against Doctors Ivor Lang and Benjamin Tucker.

And Mrs Ntsiko Biko, Steve Biko's widow, also expressed shock at the decision by the South African Medical and Dental Council (SAMDC) on the issue when it refused to initiate a disciplinary action against the two doctors.

The 34-member

council of the SAMDC last week upheld a decision that no action be taken against the two doctors. Since the first decision some weeks ago the controversy has been at feverish point with many doctors demanding strong action against the two.

The next action will now, it seems come from individual doctors still fuming at the decision, and from the South African Council of Churches ombudsman, Mr Eugene Roelofse, who initially laid complaints against the two doctors.

SURPRISES

Mr Roelofse said the matter was far from being over, and some more surprises were in store for the two doctors. There has been little or no pressure on the third doctor.

In its statement the medical society, whose chairman is Dr D Mzama, and whose vice chairman Dr Yusuf Variava is detained under Section 10 of the Internal Security Act, called for a completely independent medical council.

This council would protect society against bad medical practice, against dangerous trends including genocide, maintain high medical training and ethical standards, and inform the community of their right to proper medical care.

The society has also

pointed out that proper medical care was denied to Biko, a renowned black leader known throughout the world. The society asked what was happening to the bulk of unknown, voiceless individuals in this country who are un-

aware of their rights?

All Sunday papers focused on the Biko issue yesterday and described how the 34-member council voted, with most Afrikaners and Government appointees voting against action on the two doctors.

	Examiners' Initials		

NO

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- Names must be printed on (e.g. graph paper) where examination book(s) are used.
- Do not write in the left hand margin.

Any dishonesty will render the candidate ineligible for the qualification and to possible exclusion from the university.

WARNING

- No books, notes, pieces of paper or other material may be brought into the examination room unless candidates are so instructed.
- Candidates are not to communicate with other candidates or with any person except the invigilator.
- No part of an answer book is to be torn out.
- All answer books must be handed to the commissioner or to an invigilator before leaving the examination.

24/6/80 ARGUS

Biko: New medic protest

Argus Correspondent

DURBAN. — A former president of the Natal Coastal branch of the Medical Association has protested about 'political' appointments to the South African Medical and Dental Association.

And, one of the two medical assessors at the inquest on black-consciousness leader Mr Steve Biko recused himself from voting at a special meeting of the Medical and Dental Council in Johannesburg last week because he had associated himself with the findings of the magistrate.

Both these facts emerged this week after the announcement that no further investigations into the actions of the Biko doctors would be undertaken by the council — following one of the most bitter confrontations in South African medical history.

NEWSLETTER

Dr Fred Clarke, a member of the Natal Provincial Council and a former president of the Natal

Coast branch of the Medical Association, said he had made his feelings known in an association newsletter.

'It seemed shameful to me that there were people standing on the council who were not elected by the members,' he said.

'On the present basis of two Government-appointed members to one freely elected member, there is no way that the council can make an honest stand on any issue that is in conflict with Nationalist Party thinking.'

OUSTED

It has also emerged that one of the Government-appointed members, Dr E W Turton, who voted against a further inquiry into the conduct of Dr Ivor Lang and Dr Benjamin Tucker, two of the

doctors attending to Biko before he died in detention was originally ousted from the council.

He and another nominee, who has since died, Dr Chris Troskie, were defeated in a national ballot but were later elevated to the council as Government appointees.

DISGRACEFUL

The council member who recused himself from voting at last week's special meeting was Dr I Gordon, a former dean of the university of Natal's medical school, who was one of the assessors at the Biko inquest.

Dr Gordon said today that as one of the assessors he associated himself with the findings of the magistrate that there was prima facie evidence of 'improper' or 'disgraceful' conduct on the part of the two doctors.

'Accordingly, as I had committed myself to this viewpoint, I considered that on ethical and moral grounds I should not attend the special meeting of the council last week,' said Dr Gordon.

'I am satisfied that the view expressed by the Chief Magistrate of Pretoria, Mr M J Prins, was correct.'

'EXPLORATORY'

At a special meeting to be called this week by the dean of the medicine faculty at the University of Natal, Professor Ted Sarkin, senior members of the faculty will be asked to discuss the Biko issue.

'It will be an exploratory meeting,' said professor Sarkin. 'We will decide if any further action is needed.'

There was little doubt that a question mark had been placed over the medical profession after the decisions taken at the council meeting.

Another Durban member of the council, Professor J H J van Rensburg, of the University of Durban-Westville, was reported to have stayed away from the vital afternoon session when voting took place.

He was alleged to have commented that 'there was no point' in staying.

Professor van Rensburg could not be contacted today for comment.

24/6/80 ARGUS

Doctors plan to challenge inquiry ruling

Medical Reporter

A GROUP of Cape Town doctors will decide this week on a course of action — probably in the Supreme Court — to open an inquiry into the conduct of the three doctors who attended Mr Steve Biko before his death in detention.

The group includes many professors on the staff of the University of Cape Town Medical School.

A spokesman, Professor Frances Ames, said a preliminary meeting had been held yesterday, and by the end of the week tactics should be worked out.

Professor Ames, head of the UCT neurology department, said the main problem was lack of legal knowledge.

'We are babes in the wood when it comes to the legal ramifications.'

Lawyers were offering assistance. It appeared that for the matter to be reopened, it would need someone 'in locus standi' such as Dr Colin Hersch.

Dr Hersch, one of the Biko doctors, has called for the public inquiry to be reopened.

Professor Ames said she had terrific faith in South African justice.

There was a problem of financing any legal action, but she felt strongly that it should be collectively financed by the medical profession for moral and ethical reasons.

The group aims to challenge the Medical and Dental Council who last week decided that the conduct of the three doctors did not warrant further inquiry.

CONFIDENTIAL - FOR INFORMATION OF MEMBERS OF COUNCIL ONLY
VERBOODIK - SLEGS VIR INLEIDING VAN LEDE VAN DIE RAAD

OPGESTEL DEUR:
DR. M.V.J. VAN VUUREN
DEPT. VAN HUISAPSKONDE
U.O.V.S.

REVEALED Secret Reports TODAY

On the Biko doctors

THE Sunday Express can today reveal two astonishing documents used by the Medical and Dental Council committee which made a preliminary investigation into — and cleared — the three doctors who treated Black consciousness leader Steve Biko before he died.

The documents are confidential reports made by two doctors commissioned by the council to give their opinion on the behaviour of district surgeons Dr Ivor Lang and Dr Benjamin Tucker, and specialist Dr Colin Hersh. The reports conflict in their opinions of the behaviour of Dr Lang and Dr Tucker.

The two doctors were:
● Dr M V J van Vuuren, a general practitioner with a diploma in forensic medicine attached to the Department of Family Medicine at the University of the OFS in Bloemfontein.
Dr Van Vuuren became a member of the Broederbond in 1976, according to the book "The Super Afrikaners".
● Dr W M Guldenpfennig, a Pretoria neurologist and part-time Army neurologist.

Although the two doctors, who were chosen by the council, do not agree on the standards of the behaviour of the district surgeons and Dr Hersh, the five members of the preliminary investigation committee cleared the three doctors of disgraceful behaviour without a full inquiry.

**By DESMOND BLOW
Chief Reporter**

And although Dr Guldenpfennig does not find that any of the three doctors was negligent, he seriously questions their abilities to treat severely ill people.

He is particularly harsh on Dr Colin Hersh, a specialist physician, and concludes: "Dr Hersh did not adequately conduct himself as could be expected of a specialist physician."

Dr Van Vuuren says Dr Lang and Dr Tucker acted in a manner which could reasonably be expected of them. He also concludes that the complaints lodged against the doctors by Mr Eugene Roelofse, South African Council of Churches ombudsman, were based on newspaper reports and were therefore not accurate.

The registrar of the Medical and Dental Council, Mr N Prinsloo, this week refused to say how Dr Guldenpfennig and Dr Van Vuuren were chosen. He also refused to say whether this was the only evidence laid before the five-man preliminary investigation committee.

However, the Sunday Express has ascertained that the five-man preliminary committee used only the two doctors' reports, the complaint lodged by Mr Roelofse, and the magistrate's judgment.

Dr Guldenpfennig says Dr Lang did not give Steve Biko a "full" examination, as he claimed, and that he made important omissions.

He says: "Dr Lang should have questioned the patient about getting into the bath with his clothes on. This is an omission on his part. It seems that lack of experience in such matters is Dr Lang's short-coming."

In his conclusion on the behaviour of Dr Lang, Dr Guldenpfennig says: "Dr Lang clearly omitted to investigate adequately certain symptoms and occurrences. It might have helped him in arriving at a definite diagnosis and treatment had these matters been investigated."

"The diagnosis was obviously not easy. He was not negligent in that he requested further help and was prepared to do what seemed reasonable at the time. He cannot be blamed for not having the experience or expertise of a trained neurological specialist."

"It seems a little strange that no blood tests were performed and no blood tests were given to the patient's metabolic status.

"Dr Lang appears not to have acted as would be expected of an experienced general practitioner."

Dr Guldenpfennig's opinion of Dr Tucker was: "Dr Tucker showed conspicuous lack of appreciation of symptoms and signs of severe metabolic disturbance. He did not exhibit sufficient medical curiosity in examining the patient, and he did not show adequate care in obtaining full relevant information when last he saw the patient."

clear and adequate background to the patient, and did not show adequate care in obtaining full relevant information when last he saw the patient."

Dr Guldenpfennig's conclusion on Dr Hersh: "As Dr Hersh had not been able to arrive at a definite diagnosis yet, having clear indications of cerebral involvement, he should have referred the patient to a neurological-ly trained specialist and not just discussed the case on the telephone."

"As he did not refer him, Dr Hersh assumed full responsibility for the patient's immediate further handling or treatment, but in fact failed to give definite guidance to the doctors who had referred him. Dr Hersh did not adequately conduct himself as could be expected of a specialist physician."

He also says: "More detailed questioning concerning events during the patient's period of detention would have been expected. An essential part of the history was thus omitted, and Dr Hersh could not have obtained a

clear and adequate background to the patient's condition when he examined him.
"Such an omission would not be expected from a specialist."

In his conclusion, Dr Van Vuuren says the handling of Steve Biko should be seen in the light of the following facts:

- The prisoner was a security risk.
 - He had previously acted like someone who was not making contact.
 - The possibility that he was shamming had always to be considered.
 - The doctors were always prepared to visit the patient immediately.
 - When they were uncertain over the diagnosis and their further action, they immediately referred the patient to another doctor.
 - When there was a change in the patient's condition, they decided he should be sent to hospital.
- He concluded: "In my opinion both district surgeons acted as rationally as could be expected of them."

CONCLUSIONS

Dr Tucker showed conspicuous lack of appreciation of symptoms and signs of severe metabolic disturbance. He did not exhibit sufficient medical curiosity in examining the patient, and he did not show adequate care in obtaining full relevant information when last he saw the patient.

Plea for nursing staff at the 'Gen'

By ZWELAKHE SISULU

THE director of Transvaal Hospital Services, Dr Hennie Grove, has made an urgent plea for black nurses to apply for posts at the Johannesburg General Hospital.

As soon as the vacancies had been filled, Dr Grove said, patients could be transferred from the old Non-European Hospital to the General Hospital.

Dr Grove's department has launched a campaign to recruit black nursing staff, but the posts advertised still show a wide disparity between salaries for black, coloured and white staff. *S. Post*

Dr Grove declined to discuss the question of salaries and said only the Minister of the Interior or the Civil Service Commission could comment. *13/7/50*

The salary of a white senior radiographer is between R5 970 and R10 200 a year, while that

of a black is between R4 395 and R7 410 a year.

A white senior physiotherapist is paid between R5 970 and R10 200 and a black between R4 395 and R7 410.

A senior black sister tutor receives between R6 195 and R8 070 while her coloured or Indian counterpart earns between R7 410 and R9 750.

There are more than 1 200 vacancies for professional, para-medical and administrative staff at the General Hospital.

The superintendent of the General Hospital, Dr L Kalmyn, said there was also a shortage of X-ray equipment. "The Department of Hospital Services has consented to the equipment being flown in from overseas," he said.

The Non-European Hospital will serve Indian patients once all the blacks have been transferred to the General Hospital.

Silence
on Biko
protest

REC'D 12/1/80

93

THE SA Medical and Dental Council remains silent over doctors' protests on its handling of the Steve Biko investigation.

The executive committee of the council met in Pretoria last Friday and was expected to discuss the council's decision not to act against doctors who treated Mr Biko before his death, and a petition by more than 70 doctors at Baragwanath Hospital, Soweto, against overcrowding.

RESIGNATION

Dr B T Naidoo, a Durban child specialist and the first black to be elected to the council, has resigned over the Biko issue.

Today, a spokesman for the council would disclose no details about Friday's executive meeting.

15/7/80
Biko ARGUS
protests
93 377
discussed

Argus Correspondent

JOHANNESBURG.
Widespread protests by doctors on the Medical Council's handling of the Steve Biko investigation were discussed at an executive committee meeting of the council last week but no details have been disclosed.

It was learnt today that the executive committee discussed criticism by doctors of the council's decision not to act against doctors who treated Mr Biko before his death.

Also on the agenda was a petition by more than 70 doctors at Baragwanath Hospital about conditions there.

White patients can reject black doctors

STAR
16/7/80
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Own Correspondent

DURBAN — Patients at Natal provincial hospitals who object to being operated on by black surgeons have "freedom of choice" and may specify that they have a white surgeon.

This was said by Dr Margaret Barlow after a

newspaper received a telephone call from an irate New Zealand woman whose husband was admitted to Addington Hospital by his urologist.

He was told he had signed a form which agreed to him being operated on by a "non-white."

His wife said: "My husband immediately discharged himself.

"Where I come from there is no apartheid. I am not a racist and my feelings are nowhere near as extreme as my husband's — but even I would refuse to have a

non-white touch me," she said.

Although assured that black, white, coloured and Indian doctors had the same qualifications, she said that she was sure they were highly competent, but "all the same. . ."

Her husband was "a professional man — an accountant — with ethics." Irrespective of the racial overtones, he should have the freedom of choice.

Said Dr Barlow: "For the past 18 months we have had Indians on our staff. If there are not white doctors available, we use them."

DISCHARGED

"However, this is only if the patient agrees. The gentleman concerned did not ask us to clarify the situation," she said. "After his wife had telephoned my assistant we went to see him immediately, but he had already discharged himself."

Dr Fred Clarke, MPC, said that people who had an aversion to surgeons other than whites operating on them had to have their views respected. "However, doctors at provincial hospitals are employed on merit. If an Indian doctor is better than a white, he is employed."

Heads of cardiology, pediatrics and chemical pathology, at various Durban hospitals are Indians.

Docs' reply to protest in October

THE decisions of the SA Medical and Dental Council on doctors' protests on its handling of the Steve Biko affair and a petition by Baragwanath doctors will only be made public in October.

A spokesman for the council said yesterday that SAMDC executive committee met and discussed the two issues last Friday but, decisions taken on the matters could not be made public until

they have been discussed by the full council. This means that the two controversial matters will now be decided upon — finally — by the full Medical and Dental

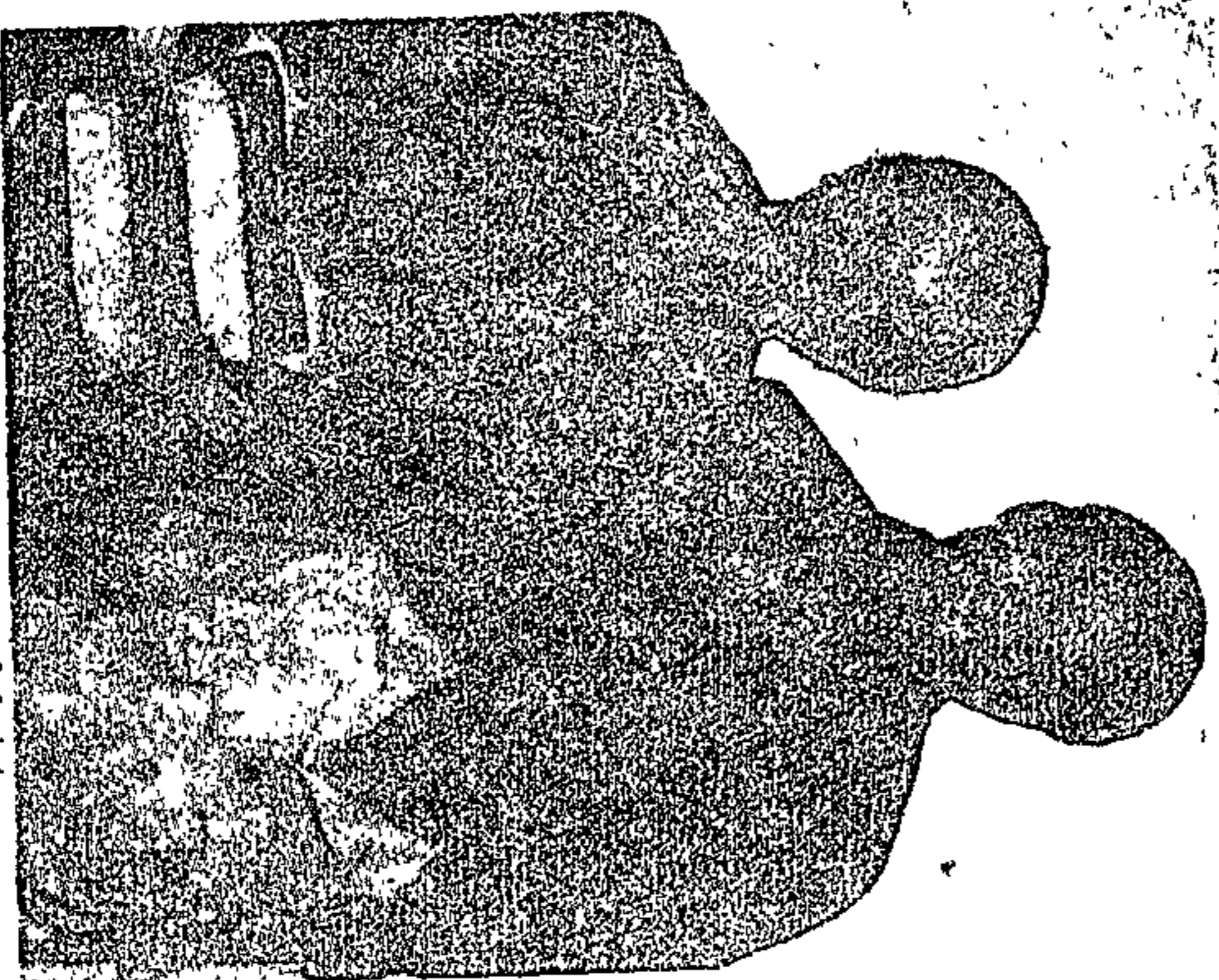
Council and not its executive. The two issues were sparked off by the council's decision to act against doctors who treated Mr Steve Biko, black

consciousness leader who died in police detention in 1977, and a petition by more than 70 doctors at Baragwanath Hospital who called the council to investigate conditions at

the hospital. The Bara doctors are complaining they cannot do their work properly because of overcrowding. They claim gross overcrowding is forcing a situation where medical practice cannot be carried out according to the most basic standards.

STAN CHEVIE WOOD FOODS MAYNARD OF MAINTENANCE KINGSTON

Says Aquafresh mum Mrs. Zouka Mahlangu of Orlando West



Aquafresh mum Mrs. Mahlangu and her family.

"I'm a receptionist and a housewife and I'm glad a friend told me about Aquafresh, because it's the one toothpaste that does every-

Ban racism

STAR 17/7/80

or ⁹³ we quit,

say Natal's

black doctors

Own Correspondent

DURBAN — The Medical Graduates Association (MGA), which represents the majority of black doctors in Natal, has said that its members will withdraw their services from white hospitals unless all forms of racism are eliminated.

This will include cancellation of the contentious provision that non-private patients may choose the colour of the doctor appointed to attend them.

Dr. Hoosen Coovadia, an official of the MGA, pointed out that nowhere else in the world did a patient who did not have a private doctor attending him have this choice.

In the light of a report this week that a white man at Addington Hospital discharged himself after finding that he was to be operated on by an Indian doctor, the MGA said:

"Black doctors are appointed on merit and not simply as poor substitutes for white doctors.

"The surgeon concerned is a Fellow of the Royal College of Surgeons, and was not only competent, but also best qualified, for the procedure.

"It is a fundamental stand by black doctors that they will not consider working in white hospitals unless members of all black groups — African, coloured and Indian — have the freedom to care for all patients at those hospitals."

DEDICATED

The association believes that black doctors are dedicated to maintaining and promoting the health of all people.

"We are offended and angered by the insulting attitudes of racist patients and the thoughtless statements of supposedly responsible medical administrators," the statement said.

Dr. Margaret Barlow, superintendent of Addington Hospital said that, in the view of the person who discharged himself, patients who objected had "the right to choose the colour of the doctor."

Dr. Barlow said: "For the past 18 months we have had Indian doctors on our staff.

"If no white doctors are available, we use them."

She added that this was "only if the patient agrees."

Dr. Fred Clarke, MEC, felt that a patient's feelings should be respected and drew the comparison with a Jehovah's Witness having the right to decide that he or his relative should die rather than accept a blood transfusion.

~~2/9~~
93
Biko
queries
will be
RDM 11/1/80
made
public

Pretoria Bureau

THE SA Medical and Dental Council's replies to questions probing the circumstances surrounding the death in detention of black consciousness leader, Mr Steve Biko, will be made public in October, the council's registrar, Mr N M Prinsloo, said in Pretoria yesterday.

The response to the questions, which were considered by the executive of the council last week, will be submitted to the full council at its next scheduled session.

The session will be open to the public, the registrar said.

The questions, submitted by the Medical Association of South Africa, were formulated to determine whether:

• The treatment of Mr Biko by three Port Elizabeth doctors conformed to the standards laid down by the World Medical Association for the treatment of prisoners;

• Nursing and clinical services available in the Biko case were of the desired standards, and

• If the required intensive medical and nursing care had been available to Mr Biko, the subsequent unfortunate course of events could have been avoided.

The decision of the council not to summon the three doctors to a disciplinary committee meeting of the council has been condemned by the medical faculties at the Universities of the Witwatersrand and of Cape Town.

Doctors claim, and they are supported by the Wits medical faculty, that there was prima facie evidence of improper or disgraceful conduct in the treatment of Mr Biko, and that this should have been the subject of an inquiry by a council disciplinary committee.

The controversy has been given international attention by the British Medical Association's ethics committee, which has stated it will review the council's decision not to proceed against the three doctors, and by the World Health Organisation, which has called on member countries to review their association with South Africa.

Doctors are particularly concerned that the issue, if not satisfactorily resolved, could make South Africa an outcast in world medicine.

(93) (98)
EDM 18/7/80

Black doctors' quit threat over hospital racism

DURBAN. — The Medical Graduates Association, which represents the majority of black doctors in Natal, has declared that its members will withdraw their services from white hospitals unless all forms of racism in hospitals are wiped out.

The association says in a statement that action must include doing away with the provision in operation at State hospitals that State-assisted patients may specify the race of the doctor attending them.

Dr Hoosen Coovadia, an official of the MGA, pointed out that nowhere else in the world did a patient without a private doctor attending him have this choice.

"In particular, considerations of race, sex or creed never dictate this."

Reacting to a Press report in Natal this week about a white man who discharged himself from Addington Hospital on finding that he was to be operated on by an Indian doctor, the MGA says: "Black doctors are appointed on merit alone — and not simply as poor substitutes for white doctors."

"In fact, the black surgeon concerned is a fellow of the Royal College of Surgeons, and is not only competent but also best qualified for the procedure."

"It is a fundamental stand by black doctors that they will not even consider working in white hospitals unless members of all black groups — African, coloured and Indian — have the freedom to care for all patients at those hospitals."

The MGA believed black doctors were dedicated to maintaining and promoting the health of all people and was offended and angered by "the insulting attitudes of racist patients and the thoughtless statements of supposedly responsible medical administrators".

Dr Y K Seedat, head of the department of medicine at Addington — and therefore having authority over white doctors at the hospital — agreed with the stand taken by the MGA.

"This is what we are working towards — the elimination of racism in hospitals. Doctors do not have to be insulted and the surgeon concerned should not have been humiliated," he said.

In a resolution, the association said black doctors would continue to work at Addington only on condition that:

- The staffing and patient care at King Edward VIII Hospital in Durban did not suffer as a result;
- Doctors of all race groups were allowed to work at Addington;
- All Addington doctors were allowed to care for all patients without restriction;
- All doctors benefited from all facilities at the hospital and that no-one was restricted on grounds of race;
- Non-private patients were not given an official choice of doctors; and
- No doctor was forced to rotate to Addington, or was victimised if he chose not to work there. — Sapa.

Medical fees may go up — again

93
RDM
19/7/80

Staff Reporter

DOCTORS' fees could be increased again later this year, according to medical sources in Pretoria.

The chairman of the Federal Council of the Medical Association of South Africa, Professor Guy de Klerk, said an investigation was under way into the effects of the current inflation rate of more than 14% on doctors' earnings.

Depending on the result of the investigation, representations could be made to the tariff committee of the South African Medical and Dental Council.

Last October fees were raised by a massive 52,45%.

The increases caused a public outcry. The Minister of Health tried to intervene. He asked the council to review the big increase but had no success, and the increase came into operation on November 9 last year.

Doctors claimed that the increases merely compensated them for the backlog which had

built up over a number of years' inadequate compensation for costs of running practices and in general living costs.

Later a request from the Medical Council to be relieved of the responsibility of fixing fees was turned down. Legislation, however, was amended to give the Minister the final say in any rise in doctors' fees.

Earlier this year a commission was appointed to inquire into health matters. One of its terms of reference is to determine where the responsibility for fee fixing should lie.

The vice-president of the Representative Association of Medical Aid Schemes (RAMS), Mr J Ernstzen, said yesterday that RAMS still considered the 52,45% increase to be greatly excessive.

The forecast made by RAMS that the increase would mean an additional average income for doctors of R12 000 a year had been borne out by claims on medical aid funds since last November, he added.

South Rand Hospital just battles valiantly along

IT'S SHORT OF 99 NURSES, BUT DEDICATION WINS THE DAY

THIS WEEK the Sunday Express probed the anatomy of Johannesburg's South Rand Hospital — the one with little but guts to keep it going.

While other hospitals on the Reef say flu has cut their staff by up to 40%, South Rand struggles along — even without the flu — with only half the staff it should have.

I visited the hospital after reports that others throughout the Reef, already battling to cope with staff shortages, had been hit even harder as nurses and doctors went down with flu.

The Reef's biggest White hospital, the Johannesburg Hospital which has space for 2 000 beds, is using only 1 300 because of staff shortages according to Chief Superintendent Dr Neville Howes.

Other hospitals said their staff shortages — up to 40% — were reaching crisis proportions. By that logic, South Rand is already deep in crisis.

When the Sunday Express visited the hospital this week, it found:

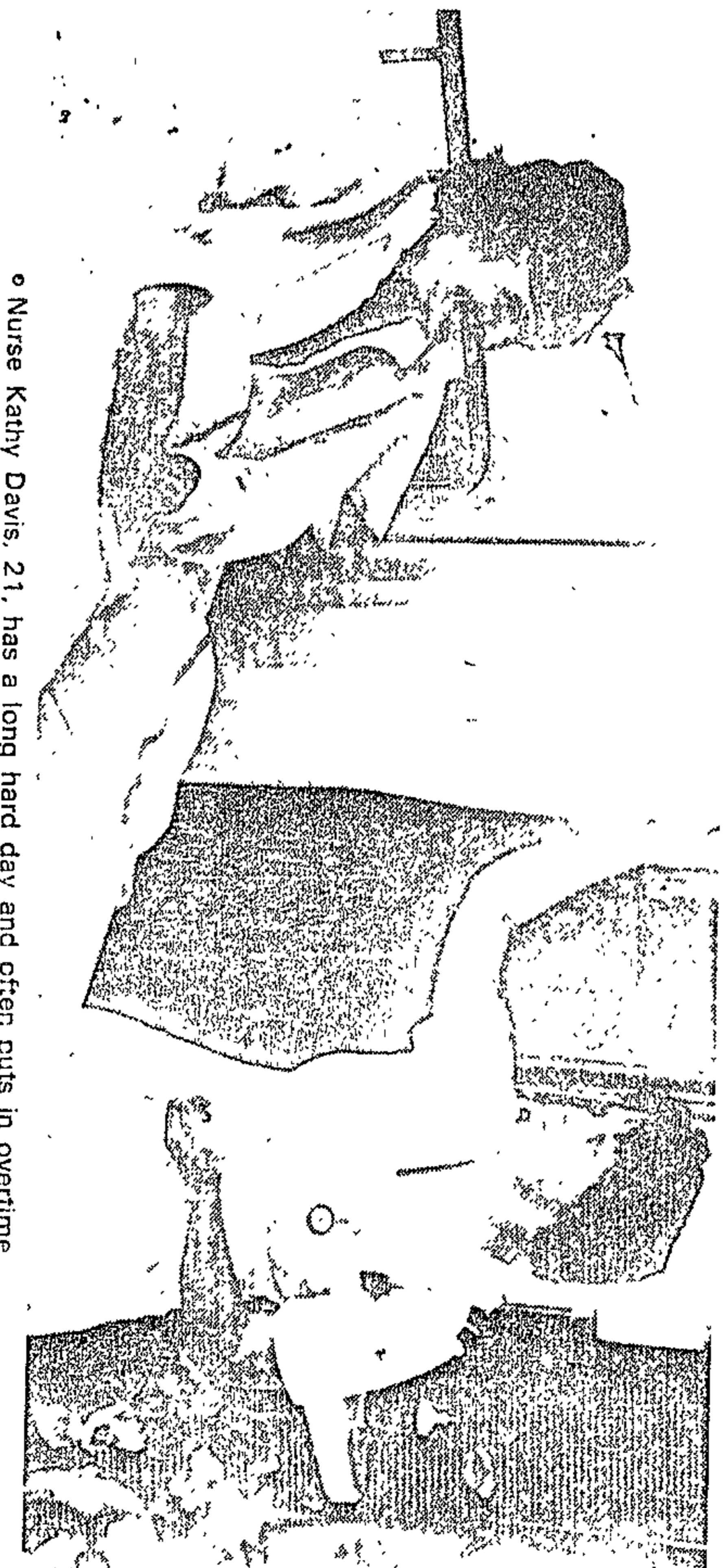
● Only 28 of the 127 staff nursing posts filled — a shortfall of 99.

● There are only 38 qualified sisters to fill 68 posts — and 20 of the 38 sisters are working part-time.

● Sisters work at least 12 hours overtime a week, and student nurses not much less. Other posts are nearly full.

● This week only half the beds are occupied, the hospital's Matron, Mrs G Bredenkamp, told me, "but hospitals are considered full when they have between a 60% and 70% occupancy."

● Last week 230 of our 395



● Nurse Kathy Davis, 21, has a long hard day and often puts in overtime.

BY DAVID NIDDRIE

beds were occupied," she said.

Three of the hospital's 15 wards are closed "but because of the number of patients, not the staff shortage", she added.

Fortunately for the hospital, the flu sweeping the Reef has not taken a heavy toll among its nursing staff. This week only four staff members were off sick.

How does the hospital manage?

"We have a very dedicated

staff," said Superintendent Dr H A Broekman. There was no question of patients not getting the attention they needed.

"They work long and hard — but that's what nursing is all about," Matron Bredenkamp added.

"We miss our teas and our lunch, but it's OK if you enjoy nursing," said 21-year-old Kathy Davis, who will complete her training as a sister next month.

Nurse Davis began her nursing training at South Rand in

1977, and has been there ever since. "We work about 12 hours overtime a week," she told us after handing out medicines in an almost empty ward.

Other nurses and sisters worked during one of their two days, but this was always voluntary. Matron Bredenkamp told me.

The eight scholars working at South Rand during their holidays had helped a lot, she said. They relieved nurses of "domestic" work, such as making beds, serving tea and meals, and feeding patients.

"We easily work 12 hours a week extra," said Nurse Ria

Prélorus, who has just completed her second year of training at the hospital. "That's nursing — I've no complaints."

Why is the hospital so short of staff?

"We just can't get people to train. One of the reasons is the picture of unremitting gloom painted on nurses' poor salaries seems to have scared people off," Dr Broekman said.

Mr Sam Moss, FRP spokesman on health in the Transvaal Provincial Council, told the Sunday Express the situation throughout the hospital service would get worse until the province began paying nurses enough to keep them in the profession.

"A straight 20% rise on top of the increase nurses have just received would both attract school-leavers into training as nurses and attract back in the private sector," he said.

"But the economy is booming at the moment, and private sector salaries will get higher and higher and more jobs will become available, while the salaries of nurses — and doctors — working for the province will remain where they are — too low."

members of the organization, even if one with the management and workers.

In most industrial organizations nowadays from the fields of business administration and management engineering and research have replaced their colleagues' field of organization. New quantitative have been developed to serve these expectations that they could not only describe the actions, but also *measure* them.

The purpose of studying the actions framework of the study of the organization is to establish the effectiveness of each the organization and all of them together say the economic effectiveness of the organization as a whole. For this purpose, one establishes for measuring the effectiveness of members of the organization and/or of organization as a whole. The actions and the reactions of members of the organization with these standards and on the basis of comparisons one can establish the effect of the individual and of the whole.

STUDYING THE RELATIONSHIPS BETWEEN MEMBERS OF THE ORGANIZATION

The second factor of organization is the relationships existing among members of the organization. When one deals with a relationship between two members of the organization, one considers a *required relationship* between them, facilitating the execution of operations, the carrying out of the organizational functions, producing or supplying products or services. On the other hand, when one deals with two members connected with each other, one usually considers an *actual relationship* existing between them because of work requirements or because of other reasons (e.g. because of historical reasons, because of conditions created as a result, not necessarily conducive to the purposes, and, mainly, because the two people are personally attracted to each other).

The semantics of the organizational structure distinguishes between these two types of relationship

Ciskei faces shortage of doctors

By OWEN VANQA
THE CISKEI Health Department is facing an acute shortage of doctors. It has now embarked on a recruiting drive for doctors and pharmacists from South Africa and overseas.

The Director of Health Services, and former Transkei Secretary of Health, Dr Charles Bikitsha and a senior health official, Mr D J Michau, are at present in Great Britain conducting interviews with prospective recruits.

The Ciskei Chief Minister, Chief L L Sebe, will also meet doctors in Britain next week.

The Minister of Health and Welfare, Dr B Maku, told the last session of the Ciskei Legislative Assembly that advertisements were constantly and regularly placed in journals and newspapers.

The Ciskei was also faced with the shortage of pharmacists, radiographers, physiotherapists and occupational therapists.

names. The relationships execution of the organizational maintenance of a functional process are called *formal relationships* actually existing among are congruent with the formal are called *informal relationships*. between the *formal structure*, *formally desired structure*, and the which is the *existing structure*.

and state that there exist those which are congruent with formal there are other *informal relationships* congruent with the formal relationships, the informal structure of the formal structure and not structure is covered by the informal

structure is *hierarchical*, meaning that the number or scale of hierarchy levels. In the hierarchy of the formal structure one would usually do it in a form in which every level of subordinates is connected to the level of superiors above it. In the hierarchy levels we reach the head of the organization where we find the chief executive of the organization who is usually by himself at this level. We say that he is not only alone, but also

has under them subordinates. These structures are called "managers" or in other language, "formal leaders" (see

structure has no hierarchy, and therefore, has no superiors or subordinates. These relationships in the informal structure are between subordinates and their superiors or peers (subordinates to the superiors and peers). As we have already mentioned, in the informal structure, though there are no managers in the

informal structure, one can identify in it persons who are centres of informal relationships, i.e. with whom several people have established relationships. These

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Black and looking for a dentist...

By Maud Motanyane

What would you do if your child came home from school with swollen, bleeding gums and a throbbing headache? My reaction was that she had to be seen by a dentist immediately.

Having no family dentist, I consulted the telephone book then dialled about 10 numbers. The reply I got was the same each time.

"Sorry, we do not make appointments for you people. You can come in anytime, the doctor will see you when he is free."

The receptionists tried to be nice, but it hurt.

Being a working mother, I did not have the time to wait in doctors' consulting rooms, not knowing when they would be free to see me. Besides, I thought it unfair.

The next day I tried more numbers and got the same reply. I tried getting one of my white friends to introduce me to their doctor. He was fully booked.

It was the third day since my daughter took ill. Her condition had deteriorated and she was suffering. I tried more doctors — in Germiston, Johannesburg and Alberton. The same reply.

Faced with a miserable child whose gums were aching, I was forced to find a dentist.

EXTRACTIONS

I chose one at random from the telephone book. He was in Germiston, the nearest town to where I live.

The first mistake I made when I got to his surgery was to go through the white section.

"No, not this side my girl. Go to number 10" said a middleaged woman firmly.

There were other black people waiting in room 10 so I joined the queue. A black nurse showed up after a while. Presuming we had all come for extractions, she wanted to know whether we had had our injections.

She was rather taken aback when I told her I did not think my daughter needed an injection. I would explain my problem to the doctor, I told her.

The doctor came in after fifteen minutes and I described my daughter's symptoms. He examined her mouth and immediately wrote out a prescription. Hardly three minutes, and the consultation was over.

According to the doctor my daughter was getting her pre-molars. Rather strange that she should get them at six, I thought.

To get a chance to talk to him, I told him I needed a filling.

"You'd have to come on a Saturday for that," he told me.

"Can't I make an appointment?" I asked.

He said he did not make appointments for blacks because they did not keep them. He had time set aside for them on Saturday mornings.

I asked him whether it was not common practice that people who did not keep appointments be made to pay.

"No man, it's difficult enough to get money from your people for treatment. How do you get them to pay for an appointment that has not been kept?"

"Look, I have been in this business for more than 20 years and you can't tell me I don't know what I am talking about. I won't take the risk."

REASONABLE

At that point his partner walked in. He was much younger and tried to be more reasonable.

"We understand that you people have trouble with transport and that sometimes your employers won't let you off work. It's a pity that all of you should suffer, but appointments can't work with blacks."

I hated asking the two doctors, but I wanted to find out whether a new kind of black had not emerged since they started practising.

"Not in my 20 years. I've not come across them," the older dentist replied.

My daughter, who understands a fair amount of English, took it all in.

I produced my medical aid card and told the doctor that his money would be paid in full.

He scrutinised the card mumbling "what medical aid is this" and muttered how difficult it was to get money out of "these medical aids."

He finally agreed to fill my teeth and charged me the normal medical aid rate.

I walked out of his consulting room asking myself, "why the hell did I have to go through this?"

My daughter and I did not speak for most of the journey home.

Call to disband Medical Council over Biko affair

Political Staff

DURBAN — Dr Fred Clarke, NRP MPC for Umhlanga and former president of the Natal Medical Association, last night called for the disbanding of the South African Medical and Dental Council because of its handling of the Biko affair.

Speaking at a meeting of a debating society, Durban Parliament, Dr Clarke condemned the SAMDC's decision not to hold a public inquiry into the conduct of doctors who attended Mr Steve Biko.

Criticising the present composition of the council with two-thirds of its members directly or indirectly nominated by the Government, Dr Clarke said the "principles of democracy must be reinstated in medical affairs so that the code of conduct as contained in the

Geneva Declaration should be the only consideration."

The law should be altered so that the South African Medical Association could take over from the council.

Questions were being raised as to whether Nationalist Government could manipulate the medical profession through its stronghold on the body.

The Biko inquest magistrate had said there was a "prima facie case of medical neglect" and referred parts of the record to the SAMDC for action.

Despite medical evidence and the statements of the inquest court, the Council's preliminary screening committee made its own investigations after a two-year delay and concluded that there was no case against the doctors.

ANGER

"During this time the State, after a civil case, made a payment of R65 000 to the Biko family.

"When a later attempt was made with the SAMDC to reopen the Biko inquiry, the democratically elected members of the Council as well as one nominated member voted for it, while all the nominated members apart from one voted against re-opening the inquiry," Dr Clarke said.

29/7/80 ARGUS

Biko: Call to disband Medical Council

93



Argus Correspondent

DURBAN. — Dr Fred Clarke, MPC (NRP, Umhlanga) and former president of the Natal Medical Association, last night called for the disbanding of the South African Medical and Dental Council for its handling of the Biko affair.

Speaking at a meeting of a debating society — Durban Parliament — Dr Clarke said that following the SAMDC's decision not to hold a public inquiry into the doctors who had attended Mr Steve Biko 'never again will this body be held in high esteem.'

Condemning the present composition of the council with two-thirds of its members either directly or indirectly nominated by the Government, Dr Clarke said the 'principles of democracy must be reinstated in medical affairs so that the code of conduct as contained in the Geneva Declaration should be the only consideration.'

He said that the law should be altered so that the South African Medical Association could take over the functions of the council.

MINORITY

At present, he said, the doctors did not control their own affairs. The elected members of the council were a minority group.

Questions were being asked whether it was possible for the Nationalist Government to manipulate the medical profession through its stranglehold on the body.

Outlining the history of the Biko case, Dr Clarke said the inquest magistrate had stated that there was a 'prima facie case of medical neglect' and referred parts of the record to the SAMDC for appropriate action.

In spite of all the medical evidence available and the statements of the inquest court, the preliminary screening committee of the council made its own investigations after a two-year delay and concluded that there was no case against the doctors.

During this time the State, after a civil case, made a payment of

MILY...

'When a later attempt was made with the SAMDC to reopen the Biko inquiry, the democratically-elected members of the council as well as one nominated member voted for it while all the nominated members apart from one voted against re-opening the inquiry.'

~~24~~ ab NM 30/7/80

Support for Clarke's call to replace medical body

Mercury Reporter

DURBAN doctors have been telephoning Dr Fred Clarke, MPC for Umhlanga, in support of his call for the scrapping of the South African Medical and Dental Council because of its handling of the Steve Biko affair.

Dr Clarke said this week that the council should be replaced by the South African Medical Association, an existing voluntary body of medical men who are voted in by their colleagues.

Two-thirds of the members of the Medical and Dental Council were appointed by the Government and elected members were in the minority.

Dr Clarke said doctors did not control their own affairs because of the Government appointees to the council.

Doctors and dentists have to be registered with the council to practise. The council consists of the Secretary for Health, 10 members appointed by the

Minister of Health, including four doctors, one dentist, one doctor or dentist from a university, three laymen and one chairman of a professional board.

The Director of Hospital Services, appointed by the Administrators of the four provinces is a member of the council, as are four doctors appointed by the principals of universities and one doctor from the College of Medicine of South Africa.

Allowed

Doctors are allowed to elect only 10 of their colleagues to the council and dentists four of their colleagues. One person elected by the South African Nursing Council may sit on the council and one member elected by the South African Pharmacy Board.

Members are elected or appointed for a five-year term. They are not barred from re-election. The full council meets twice a year but various standing committees meet at intervals throughout the year.

The Natal Mercury

WEDNESDAY, JULY 30, 1980

(a3) ~~2/28~~

UNWANTED BODY

IN THE Declaration of the Geneva Convention are clauses which spell out the duties of a doctor. One is that he should do all in his power to save life, regardless of politics or race.

This reminder was given by MPC Dr Fred Clarke in Durban two days ago when he threw the Steve Biko debate wide open again by proposing that the South African Medical and Dental Council be replaced by the South African Medical Association, a voluntary body whose members are voted into their position by other medical men on a basis of merit.

The proposal is excellent, and deserves to be followed up with a view to ensuring that the medical profession retains its humanitarian and independent image, for the Dental Council is a statutory body which has only a third of its members voted in while the rest are technically appointed by the Minister of Health.

Such a representational imbalance is unhealthy for the profession as a whole, as was demonstrated by the council's decision to confirm the findings of its standing committee which said there was no *prima facie* evidence of disgraceful or improper conduct on the part of the

doctors — a physician specialist and two district surgeons — who attended the black consciousness leader before his death in detention.

Six weeks ago this newspaper posed several questions in the hope that any replies would bring to light the reasoning behind this shocking decision and possibly erase any stigma that might unjustifiably have become attached to the profession after the council's announcement that the three doctors would not face disciplinary action and that the case had been closed.

The public is still waiting for elaboration, especially as the nature of the evidence presented by the two district surgeons induced the inquest magistrate to refer it to the council for possible action.

Meanwhile, we endorse Dr Clarke's call for the disbanding of the council.

We shall be surprised if the whole matter is not vigorously pursued by the Medical Association with the intention of amending the relative statute, and by breaking the Government's stranglehold ensuring that future decisions are truly representative of the profession.

CAPE TIMES
31/7/80
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Prof rejects call to disband medical council

PROFESSOR J N de Klerk, chairman of the federal council of the Medical Association of South Africa (Masa), said yesterday recent calls for disbandment of the South African Medical and Dental Council (SAMDC) were "uninformed and misdirected".

Commenting on a report that a former president of the Natal Medical Association had criticized the council for its failure to probe the conduct of the Biko doctors and called for a change in the law to allow Masa to take over its function, Professor De Klerk said this was "a simple confusion of roles".

He said: "Both are completely separate bodies, one a statutory body appointed in terms of legislation to administer and control all aspects of medical and paramedical practice, and the other a professional association of doctors. It makes no sense to assume that one could simply take over the duties of the other."

On the question of advertising, recently accepted by the American Medical Association, Professor De Klerk said "it would never happen here".

"The American situation includes a number of quasi-medical bodies which have their own interests. There is no comparison with the local situation and no question that advertising of fees and services or other facilities would ever be accepted by the profession here."

American delegation of doctors for SA

NDM
5/8/88

84 93 324
THE American Medical Association has accepted an invitation from the Medical Association of South Africa to send a delegation to the Republic in February to examine medical practice in South Africa.

It will be the second Ama team to visit South Africa, where US doctors will examine the structure of medical practice.

The invitation was issued to the American Medical Association (Ama) by Dr Marais Viljoen, secretary-general of Masa, during the recent annual meeting of the Ama in Chicago.

The delegation will include senior Ama members, Dr Lowell Steen, chairman of the

American Medical Association's board of trustees, and the president of the American Medical Association Dr Robert Hunter.

"Throughout the recent Ama meeting, which was attended by delegates from many other overseas medical associations, Masa received a warm welcome and, at no stage was reference made to alleged discriminatory practices in South Africa or the Steve Biko case," the statement said.

"Masa was undoubtedly as heartily welcomed as any of the other overseas associations and it is clear the South African medical profession is still highly regarded by the world

medical community.

"The only false note sounded during the meeting, as far as South Africa was concerned, took place during a meeting of the American Medical Association's board of trustees which had been requested by the secretary of the Nigerian Medical Association, Dr Beko Ransome-Kuti. During this meeting he criticised South Africa for its alleged policies of discrimination against blacks in general and black doctors in particular.

"The criticism, however, was short-lived when the Ama trustees pointed out to him that many of them had been to South Africa and that his facts were incorrect," the statement added. — Sapa.

MDM 5/8/80

Close care gap, doctors urged

815
93

By MARILYN ELLIOTT

SOUTH African doctors were urged yesterday to insist on quality care for everyone, to remedy the present imbalance of high-quality care in some fields and disturbing neglect in others.

The call came from Professor D J du Plessis, vice-chancellor and principal of the University of the Witwatersrand, in the opening address at an international cardiology congress in Johannesburg.

Prof Du Plessis said although South African doctors were highly skilled in the most modern treatment of coronary artery disease, the country's incidence of rheumatic heart disease equalled that of most undeveloped countries.

"There is, therefore, evidence of great advances — concern for the welfare of some people — and also of distressing neglect and a disturbing lack of interest in a disorder

which is producing immense disabilities in another section of the population.

"It seems that individuals under certain circumstances cannot expect the same concern from our medical profession

"While it is easy to blame the authorities, the profession must accept part of the blame for what has taken place."

Dr Du Plessis said it was time the medical profession in South Africa demonstrated it was aware that it operated in an unique society.

A new era of medical investigation and endeavour was required to fulfil the increasing expectations of many people who did not yet benefit

In a paper delivered yesterday, Dr M E Edginton, of the Department of Community Medicine at Wits, drew attention to the high incidence of rheumatic heart disease in Soweto.

7/8/80

Decision on Biko doctors rapped

DURBAN. — The Faculty of Medicine at the University of Natal has criticised the South African Medical and Dental Council's decision not to hold an inquiry into the conduct of two doctors who treated Mr Steve Biko before he died in detention three years ago.

In a letter sent to the Minister of Health, Dr L A P A

Munnik, yesterday the dean of the faculty, Professor T L Sarkin, said the faculty wished to "record their concern" that the Medical and Dental Council had decided not to hold an inquiry into the conduct of Dr I R Lang and Dr B Tucker, both of Port Elizabeth.

"We express this concern in view of the findings of the

Chief Magistrate of Pretoria, Mr M J Prins, who was presiding judicial officer at the inquest into the circumstances surrounding the death of Mr Biko."

Mr Prins found there was no prima facie proof of improper or disgraceful conduct on the part of Drs Lang and Tucker.

"The concern of this faculty is the greater because one third of the members of the South African Medical and Dental Council who voted were of the view that an inquiry should be held into the conduct of the two doctors concerned," the letter said. — Sapa.

8/8/80
C. 6
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Govt medical publication 'misleading'

Science Reporter

TWO medical scientists at the University of the Witwatersrand, writing in one of the Republic's leading scientific journals, have slammed a government publication as "misleading" in commenting favourably on the distribution of doctors in South Africa.

The publication, a newsletter known as *Scientific Progress* and circulated internationally by the Prime Minister's Scientific Advisory Council, went on record late last year with the claim that "satisfactory medical services are available for the majority of the country's population". The claim was made after comparison of the average ratio of doctors to population for South Africa with equivalent ratios published by the United Nations for other countries.

Professor D Mitchell, department of physiology, and Professor C H Wyndham, honorary professor environmental physiology in the same department, writing in the latest issue of the *South African Journal of Science*, said that "even if one accepts as a crude index of the quality of medical services, the ratio of doctors to population, the conclusion drawn by *Scientific Progress* is unjustified and misleading."

They added that "the urban population of South Africa, which includes the vast majority of whites, enjoys a complement of doctors similar to the national averages in North America, Western Europe, Australia and Japan."

Increasing drift of doctors to urban areas

In their view, the rural areas of South Africa, and in particular the homelands, had a complement of doctors "which, even if estimated optimistically, is typical of Zambia, Ghana and other Third World countries; few would consider such a complement satisfactory."

Analysing two surveys on the subject, the writers found that while 11 percent of the population lived in the metropolitan areas of Johannesburg and Cape Town, they were served by 39 percent of the country's doctors. More than 90 percent of medical graduates of Wits and the University of Cape Town and over 80 percent of those of Pretoria and Stellenbosch were situated in urban areas.

Since 1946, there had been an increasing drift of doctors to urban areas and an associated increase of doctors who specialise.

Surveys had indicated that doctors per head of population in the rural areas were nowhere near as favourable as the national average of one for every 1 900 persons in 1975. Figures varied from a pessimistic one per 49 200 to one per 12 800, but even in the homelands there was a wide variation.

Qwaqwa in 1980, with a population of 250 000, had only two doctors. "Whatever source one accepts, the number of doctors serving these citizens is unlikely to be more than one per 15 000 persons," the writers said.

Medical services were "virtually dependent" on white doctors in that 93 percent of all registered doctors were white while only 17 percent of the population was white. The latest figures for black doctors showed that in 1975 they numbered only 150 out of 13 000 economically active doctors.

Other points made were that only 12 percent of economically active doctors were female, while a survey of medical schools showed that up to 30 percent of current medical students were female. This, the authors said, indicated "either a changing trend in the sex distribution of medical students in recent years or an appreciable attrition amongst women medical students after graduation."

About 1 600 or 12 percent of South Africa's listed doctors were past the age of 65.

They added that the conclusion by *Scientific Progress* that satisfactory medical services were available for the majority of the country's population "undermines the publication's credibility".

"As *Scientific Progress* is circulated internationally from the Prime Minister's Scientific Advisory Council, the publication has a special obligation to be both circumspect and credible."

Biko—Barnard hits at colleagues

8/8/80 ARUUS

324 93

Political Staff

DR MARIUS BARNARD, the new Progressive Federal Party MP for Parktown, took a swipe at the medical profession last night for 'doing nothing' about the issue of the Biko doctors.

Replying to a question at a PFP report-back meeting in Pinelands, he said he was disappointed in his medical colleagues but hoped to raise certain matters in Parliament.

Dr Barnard, who was the guest speaker, had been asked by a questioner how his fellow doctors felt about the Biko doctors of Port Elizabeth.

Dr Barnard said he was still a doctor and fell under the Medical Council.

'I think the medical profession reacted in the way you can expect — doing nothing.'

While they drove in Mercedes Benzes they were 'scared to death of losing their jobs.'

Only a few 'committed and devoted people' were trying to do something about the issue of the Biko doctors.

'But for the rest you won't hear anything,' Dr Barnard said.

He also said discrimination in nurses' salaries was 'unbelievable'.

Dr Barnard said South Africa was sick. It suffered from the 'disease' of racial discrimination and apartheid.

The Government's policy was 'to change the name of the disease all the time', but the malady remained the same.

In medicine the first principle in treating a disease was to remove its cause.



Dr Marius Barnard

This was what had to be done in South Africa. The Government had to be removed, because it was the cause of South Africa's 'disease'.

Dr Barnard said he had learnt during his childhood at Beaufort West

what race discrimination was.

His father, a missionary of the Ned Geref Kerk, had fought against it.

'This identifying of people in compartments and judging them on the colour of their skin was something I could not accept. This is something I believe is a sin before God,' Dr Barnard said.

He said one of his reasons for leaving the service of the Cape Provincial Administration was that the province was being starved of funds, and there were great difficulties in finding staff.

'You want to operate and they say there is not enough staff. I as a doctor who cherishes the life of my patients was no longer prepared to work under such conditions.'

(News by F S Esterhuysen, 122 St George's Street, Cape Town.)

SUNDAY POST
Reporter

LAWYERS for the office of the South African Council of Churches ombudsman, Mr Eugene Roelofse, are still considering what action to take against the three doctors who treated Steve Biko before his death.

"The whole matter has to be re-opened," Mr Roelofse said this week.

The decision by the Medical and Dental Council in June not to take any disciplinary action against the three doctors who attended Biko before his death had caused a furore. "The matter is still

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**Lawyers
ponder
Biko
action**



Biko

S. POST 10/5/80
under consideration by our attorneys and we will continue pursuing it," Mr Roelofse said.

He would not say what the next step would be. "We are waiting for a definite opinion before we take the next step. We are determined not to let the matter die," he said.

"We are not alone in this. The way in which the Biko affair was handled stirred the consciences of many people," said Mr Roelofse. He has consulted with a group in Cape Town headed by Professor Frances Ames, head of the Department of Neurology at the University of Cape Town, which is also considering certain action against the doctors.

Doctors prefer urban areas

Staff Reporter

THERE IS a great need for a redistribution of manpower in medical care, the incoming vice-chancellor and principal of the University of Cape Town, Dr S J Saunders, told the annual meeting of the South African Red Cross Society, Cape Region, this week.

As guest speaker, Dr Saunders said: "Throughout the world doctors tend to concentrate in the urban sprawls, particularly in the developed world, and are very thin on the ground in the country areas."

Although societies had tried various remedies for this problem, none had yet achieved full success.

Barefoot doctor

In Red China, the barefoot doctor, man or woman with little formal education but some rudimentary training, practised a simple health care based on Western and traditional Chinese concepts.

When the barefoot doctor could not cope with a problem, he referred the patient to the next person in line in the health-care chain. Ultimately, the patient would hope to see a doctor.

Quality

Although this method proved a breakthrough, especially in preventive medicine, the quality of treatment and accessibility of doctors had caused the Chinese to query their system.

Another well-established alternative health care programme was used in Malawi.

The backbone of the health-delivery system is the medical assistant who is given a full training programme and staffs the clinics throughout the country.

"They are able to undertake rudimentary diagnosis and to treat diseases which are so common in that area like malaria, leprosy and malnutrition. They immunize the population and give advice on sanitation and such matters."

In the United States, paramedics were being used more and more.

Dr Saunders said the ethic underlying the Red Cross was a deep and abiding respect for the dignity and worth of the individual irrespective of who he was, free man or prisoner, black or white, rich or poor.

Why blacks don't nurse whites

Mercury Reporter

BLACK nurses employed in white hospitals would amount to blatant exploitation because the two race groups were paid according to different salary scales, Mr Frank Martin, MEC for hospitals, said last night.

Until the scales were brought into line it was not a satisfactory solution to the nursing crisis.

Mr Martin was commenting on a threat by sisters in Wentworth Hospital's cardiac-thoracic ward to resign unless their working conditions were improved. The nurses said they were working under such pressure that patients' lives were in danger.

'We are extremely worried about the country-wide shortage of white nurses, particularly highly qualified people such as the Wentworth sisters,' Mr Martin said.

The chief nursing office of the Natal Provincial Administration, Miss J M Maguire, will investigate the situation at Durban hospitals today.

18/8/80 ARCMS

Doctors urged to act over Biko case

(93) (12/29)

TWO Durban doctors have called on all doctors in South Africa to dissociate themselves from, and to protest against, the actions of the South African Medical and Dental Council in its handling of the Steve Biko case.

In a letter to this week's South African Medical Journal, Dr L I Robertson and Dr E M Barker associate themselves with the resignation from the council of Dr B T Naidoo in protest against its decision not to investigate the conduct of the doctors who attended

to Mr Biko while he was in detention.

The doctors write that evidence led during the inquest into Mr Biko's death indicated that 'some or all of the doctors who attended Mr Biko were guilty of conduct which was flagrantly in conflict with the ethical and humanitarian standards which guide the conduct of doctors in South Africa.'

Those who did not publicly dissociate themselves from, and protest against, the decisions of the council in the affair would be seen to associate themselves with the council's 'apparent condonation of (as yet unrefuted) allegations of the issuance of

false medical certificates at the instance of officers of the State and subordination of the clinical welfare of a patient to the interests of the State.

'We believe it is essential for the preservation of the integrity and self-respect of every doctor in this country that the council make it unequivocally clear that there are no circumstances that allow a doctor to depart from accepted standards of ethical and humane behaviour.'

The doctors call on other doctors to dissociate themselves from the decision of the council personally in writing, and to make their dissociation public.

This is referred to in an editorial in the journal as a call for a 'massive vote of no-confidence in the SAMDC.'

Issues raised in the letter from Dr Robertson and Dr Barker were firmly stated and debated at length during the council session, says the editorial.

'We are convinced that council's decision was not taken on a racial, political or language basis, but entirely on the evidence placed before it.'

Dr C Lawrence, of Johannesburg, writes in the journal that the council's decision was incomprehensible.

Journal backs Biko funding

(93) (12/4)
STP

20/8/80

Much harm could be done to the medical profession and medical care in South Africa if doctors did not temper their concern with "unemotional savvy," says an editorial on the Steve Biko controversy in the SA Medical Journal.

It is in reply to two Durban doctors who called all doctors in the country

to associate themselves with a protest against the SA Medical and Dental Council's handling of the Biko case.

In the latest issue of the journal Dr L I Robertson and Dr E M Barker associate themselves with the resignation from the SAMDC of Dr B T Naidoo in protest against its decision not to investigate

the doctors who attended Mr Biko while in detention.

The editorial said: "We are convinced the council's decision was not taken on a racial, political or language basis (as has been suggested by some of the news media), but entirely on the evidence placed before it."

District surgeons come under fire

26/8/80
ARMS

93

Staff Reporter

THERE is a growing frustration among Cape Town social workers over their dealings with district surgeons.

A number of social workers interviewed described their working relationships with district surgeons as extremely unsatisfactory.

For professional reasons the social workers spoken to cannot be named.

Uncivil

Complaints range from not being civilly greeted by a district surgeon to the impersonal and dehumanising medical examinations given once inside the surgery.

Many social workers said they felt surgeons devoted insufficient time to 'medicals.'

A doctor who is not a district surgeon was shown one of the medical forms used by welfare agencies and asked how long it would take to complete.

He estimated 10 minutes if working under pressure.

A social worker interviewed after taking two girls to a district surgeon said he completed the form for both of them in five minutes.

The social worker said the district surgeon did

for a medical examination prior to being returned to the school, all the surgeon did was ask, if she had missed a period.

The girl was given no physical examination at all.

The Cape Town organisation, Rape Crisis, has sent a list of recommendations to the office of the Minister of Health, Dr L A P A Munnik.

In the recommendations, Rape Crisis claims that district surgeons see their role as one of collecting medico-legal evidence and not one of treating the victim.

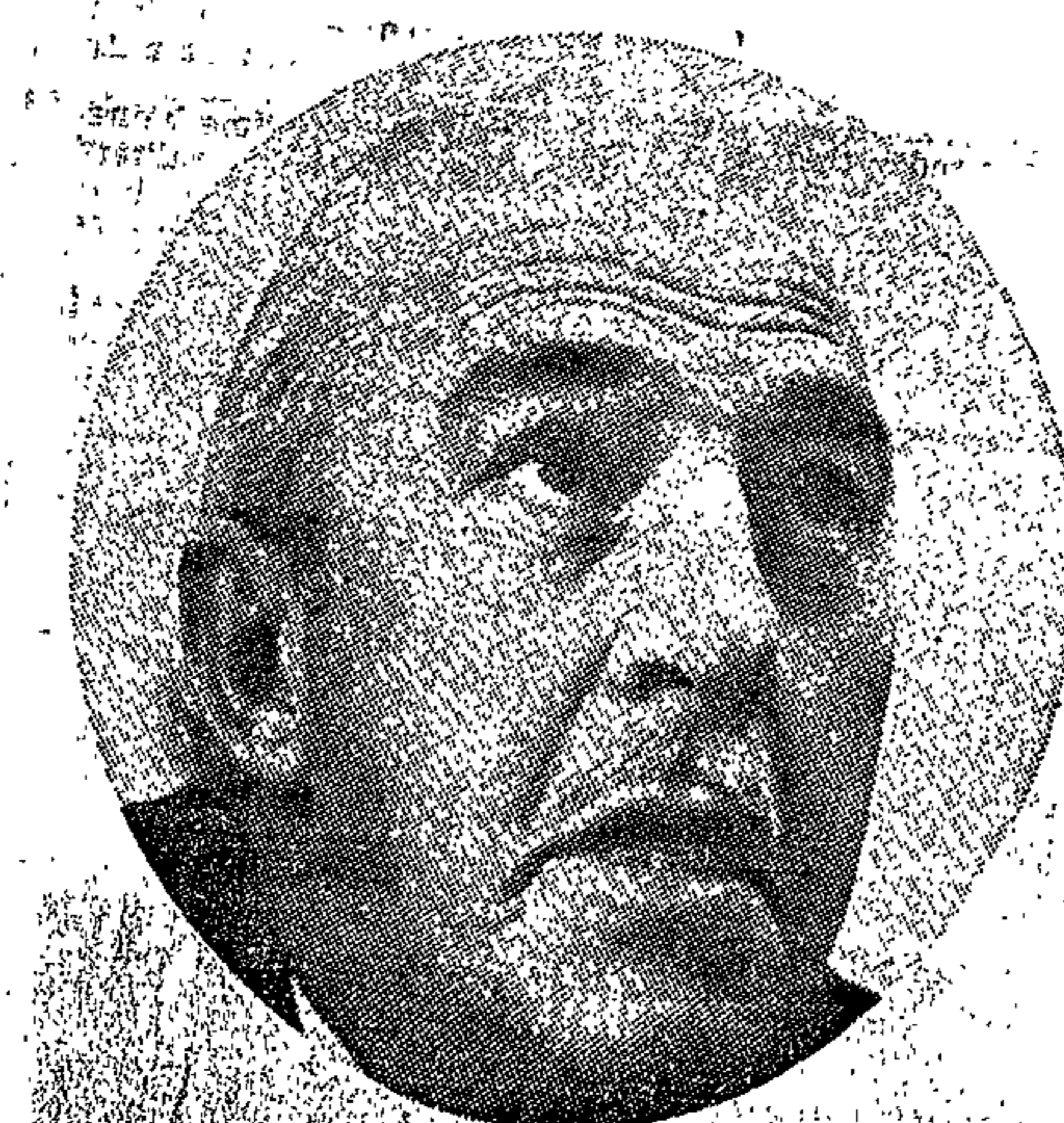
The approach is a dangerous one, the organisation says, because, especially with poorer people, the district surgeon may be the only doctor they see.

Rape Crisis feels the district surgeon should be made responsible for the total care of the victim, or at least refer her to an appropriate medical facility.

The problem seemed to be not one of inept doctors but rather of an unsatisfactory system, the social workers said.

The district surgeon system destroyed the all-important personal doctor-patient relationship.

Dr William Slater, chairman of the Cape Peninsula Welfare Organisation for the Aged, empha-



Dr L A P A Munnik

not detect that one of the girls had head lice.

She said he further noted normal physical development for their age without either weighing the children or asking their ages.

To discover if their speech was normal the district surgeon asked each of them their names.

The case is not an isolated one. One social worker explained how she had tried to tell a surgeon that her client was a compulsive liar and could not be admitted to a normal home.

Attitude

His attitude was that I was trying to tell him his job. He then noted the person was mentally normal, she said.

But an extensive psychiatric assessment at Valkenberg later proved me right. The woman did have brain damage, she said.

The social workers said there were other examples.

An 18-month-old baby who was covered with scabies which a surgeon did not detect.

A 14-year-old girl who did not answer when questioned about her sight but was nevertheless given a normal rating.

The tactlessness of telling a social worker in her client's presence, that the client was retarded.

Absconded

They said there was the case of the 15-year-old girl who absconded from a reform school and earned a living for two months as a prostitute in Cape Town's red-light district.

When finally found and taken to a district surgeon

sised he had never had complaints about the work of district surgeons.

However, he did feel the system was an unsatisfactory one. 'We need people who are associated with and part of our organisation.'

In practice the system lacks the close co-operation and liaison which should exist in a welfare organisation, he said.

Dr N J le Roux, regional director of State Health Services in the Western Cape, said he was personally very proud of the district surgeon service in the Peninsula.

The service offered to children requiring admittance to children's homes was, however, only an advisory service, he said.

Impersonal

'It is not a clinical patient-doctor relationship and the district surgeon does not actually treat the child and as such it is an impersonal sort of action,' Dr le Roux said.

Dr le Roux said: 'I think it is necessary to correct the impression held by some social workers that the district surgeon is the universal remedy for all problems.'

He is not and to treat everybody would not only be impossible but outside their function.

'In the case of children going to Government-controlled homes, the first examination is only an initial screening. The children are given a more detailed medical examination by another district surgeon once they are admitted to the home,' he said.

'But one could never run a health service without problems and people with complaints are always welcome to come direct to my office,' Dr le Roux said. ●

Doctors, dentists back in schemes

STAR

26/6/80 (93)

Medical Correspondent

More than 250 doctors have contracted back into medical aid schemes since January this year, a trend that has been welcomed by the Medical Association.

Official figures show that there is a steady increase in the number of doctors and dentists who are contracting in since the 52 percent increase in medical fees last November.

Official figures show that 3 660 doctors and 983 dentists had contracted out in January this year. Comparative figures for July were 3 407 doctors and 934 dentists.

Thus, between January and July, 253 doctors and 49 dentists have contracted back into medical aid schemes.

Welcoming the trend, Dr Marais Viljoen, secretary general of the Medical Association, said today that the fact that doctors were contracting in showed they were not abusing their rights.

Some doctors had contracted out because they offered a special service or had long experience or other qualifications.

He added that the association was pleased with the figures but it was too early to make a final assessment.

● Medical aid schemes are to oppose further fee increases requested by doctors and dentists. The Dental Association is expected to submit its tariff requests to the SA Medical and Dental Council tomorrow.

The Medical Association is to make its tariff submissions on September 2.

The Star has been told that doctors and dentists will ask for fee increases "in line with the inflation rate."

PE doctor negligent,^{21/8/50} ^{KLW} court finds ⁽¹³⁾

Argus Bureau

PORT ELIZABETH. — A Port Elizabeth doctor was negligent in his treatment of an asthmatic girl of 14 who died within minutes in his surgery after he had given her an injection, an inquest court found here yesterday.

The court found that Jeanette Katherine Sylvester of College Drive, Mill Park, died of an anaphylactic shock induced by the injection in a course of vaccines for her asthma.

VENTILATION

Dr John Ludlam Edmondson acted negligently in that he continued treating the girl with the drug IHDM Ben-card, after she showed signs of a local reaction to an earlier injection of the drug.

The magistrate, Mr M van der Vyver, said Dr Edmondson failed to apply lung ventilation — such as mouth-to-mouth resuscitation and cardiac massage — when she became

cyanotic 80 seconds after being injected.

Questioned by Mr van der Vyver, Dr Edmondson said he was not unduly alarmed by a swelling around the site of an earlier injection because it was a recognised symptom of the drug which usually disappeared without treatment.

He had not thought a second opinion necessary because over the past 21 years he had given 10 000 desensitising injections without ill effect. Miss Sylvester had shown no untoward reaction to the drug except for the isolated swelling.

As soon as she complained about difficulty in breathing he gave her an injection of adrenalin, the correct and recommended treatment in the circumstances.

He did not try to inflate the lungs because there was an adequate airway, and his first priority was to inject the adrenalin.

SA medical schools 'accept mediocrity'

22/8/80
STAA 93
[Signature]

By Bob Kennaugh
Medical Correspondent
Fewer young doctors are interested in research as a career and research activities in South Africa are declining, says Professor A R Rabson.

He was giving his inaugural lecture in Johannesburg as professor of immunology and head of the department of immunology in the school of pathology, Witwatersrand University and SA Institute for Medical Research.

He said private practice was glorified and the clinical

teacher not the investigator had become the model for the young.

"Together with the serious medical manpower shortage and medical emigration problem, research activities in South Africa are declining," he added.

"This will adversely affect our ability to teach young medical students and we are already accepting mediocrity in many of our medical schools."

It had been suggested that South African medical

research work should stop and that it should be left to researchers in North America and other Western countries to make the discoveries. "I find this approach unacceptable," said Professor Rabson.

"We have unique opportunities for research in this country and these must be exploited.

"We need to encourage our young researchers and provide adequate funds not only for their training but also in order to maintain their interest in and

commitment to medical research."

There had been an explosion of knowledge in immunology in the past few years. About 25 000 immunological papers were published in English internationally each year and there were about 15 000 professional immunologists in the world.

"We are all involved in a scientific revolution in medicine that will ultimately yield the ability to prevent most diseases and effectively treat almost everything."



Professor Arthur Rabson
... inaugural lecture.

A NEW LEGAL BOOK WILL TELL YOU EVERYTHING YOU EVER WANTED TO KNOW ABOUT THE BREATHALYSER, ABORTIONS, AND Suing YOUR DOCTOR

Drivers can't be forced to take breath test

POLICE cannot force motorists to blow into breathalysers as a random test for drunken driving.

This is revealed in a new book "Doctor, Patient and the Law" by top legal academic Professor S A Strauss, of the University of South Africa.

He says that a suspect can be compelled to breathe into a breathalyser only after he has been arrested as a potential drunken driver.

But even then there are problems.

"Blowing into a breathalyser is a deliberate and positive act — and how do you compel a man, even if he is under arrest, to blow into the apparatus if he does not want to blow?" he asks.

"If a motorist refuses to blow into the breathalyser, that in itself can surely not constitute a ground on which a policeman may form a reasonable suspicion that the motorist is under the influence, or even

Sunday Times Reporter

that the motorist has consumed any alcohol.

"There are a number of reasons, apart from a guilty conscience, which may impel a man to refuse to blow.

"The breathalyser can accordingly be of limited use only in the apprehension of potential drunken drivers.

"The experience so far has nevertheless been that many motorists who are stopped at roadblocks do in fact voluntarily blow into the apparatus

when requested to do so by the police, and in this manner a number of drivers who had in fact consumed liquor were arrested and subsequently subjected to the taking of blood samples, which after analysis produced a positive result."

Professor Strauss says, "Dealing with the value of the

results of breathalyser tests, he adds:

"Considering the present state of development of this type of apparatus, it seems to be highly improbable that it would be possible by means of a breathalyser reading of blood-alcohol to render proof beyond a reasonable doubt that the accused's blood alcohol level reached or exceeded the prescribed limit of 0.08."

Professor Strauss says that, unlike the blood-sample test, no provision has been made for penalising motorists merely on the basis of the alcohol content of their breath.

Referring to the recent spat of police roadblocks where the breathalyser-type of equipment has been used, Dr Strauss says:

"Notwithstanding the fact

that we apply a blood-alcohol criterion, there is from a practical point of view no possibility of mass-testing of motorists for blood-alcohol by traffic authorities.

"True the statutory provisions which are in force today are more strict than ever before, but it is simply not practicable to stop motorists en masse and to subject them to blood tests.

"Apart from any other consideration, such a practice would offend against basic democratic notions which are still respected in our society."

He points out that a police or traffic officer is specifically prohibited from taking blood samples, and that while individual motorists might agree to submitting to blood tests, "it may be assumed that if motorists were stopped en masse, very few of them would be willing to submit to the taking of a blood sample."



PROFESSOR STRAUSS Book out this week

Doctors who refuse to treat can face lawsuits

DOCTORS can be sued if they "arbitrarily and unreasonably" refuse to treat a seriously ill patient, says Professor S A Strauss, of the University of South Africa.

In his book "Doctor, Patient and the Law", published this week, Professor Strauss says that to date there has been no court decision on a doctor's refusal to treat a patient.

But he says: "It is my considered opinion that a court may now well hold a doctor liable for damage suffered by an injured or ailing person, where the doctor was aware of his condition and unreasonably refused to attend."

Professor Strauss says the word "unreasonably" must be emphasised.

"As our law stands today, a doctor who arbitrarily and unreasonably refuses or fails to respond to a request to attend a seriously ill or injured person, may be held legally lia-

BY NEIL HOOPER

ble for damage suffered by the patient.

"Should the patient die and it transpires that the doctor could have saved his life, the doctor might be held accountable to his dependants," he adds.

Professor Strauss has done extensive research into medical law and was elected to the board of governors of the

World Association of Medical Law in 1970.

Eight years later he was elected president of the South African Medical-Legal Association.

Dealing with cases of negligence, he quotes from a letter written to him by a doctor: "Recently I treated a child who was allergic to penicillin for a lung abscess by an oral

antibiotic. The child was brought in by his mother, who was careful to mention the allergy.

"One Saturday afternoon, the child was brought in by a relative of the child when no nursing staff was present. I was in a hurry to catch a plane and in the rush I completely forgot that the child was allergic and gave him an injection.

"Only when I was sitting in the plane did I realise that I had administered penicillin to

a patient who was allergic.

"Since the patient's address was unknown to me, I had a most troubled weekend.

"Fortunately however, there was no reaction, and the patient was brought to me by the mother on the Monday and she told me that the injection had done him a world of good.

"My question is this: will a doctor, acting in a harassed situation, with no records available, and not being cautioned by the patient (or by the adult bringing the juvenile patient) be considered to be negligent, and in the event of death arising from such a situation, be held responsible for the patient's death?"

Professor Strauss says it raises a number of aspects, the first being whether the doctor should have attended the child at all on that Saturday afternoon.

He adds that unless the patient is seriously ill or undergoing a form of treatment over a period, there is generally no legal duty for the doctor to attend the patient.

"If another doctor was available, it would have

wiser to refer the relative who brought in the child to such a doctor. (From the facts provided to me it is not clear whether another doctor was available — the address given indicates that the doctor practises in a country town.)

Negligent

"Assuming that another doctor was not available, the doctor consulted ought at least to have taken the precaution of ascertaining whether or not the child was allergic to penicillin.

"This he had to do either by checking his records or inquiring from the person who brought the patient.

"Although I am mindful of the circumstances, in particular that the doctor was in a hurry to catch a plane — it must nevertheless be stated that the use of penicillin will today, prima facie, be considered negligent unless the doctor first makes a reasonable inquiry to check concerning allergy.

"What is more, if the doctor does in fact administer penicillin, he should make sure he would be in a position to take remedial action should an adverse reaction set in.

"Legally his position would be untenable if he rushed off beyond reach immediately upon administering the drug," he concludes.

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Doctors warned on names register

S. Tribune
93

31/8/80

By WANDA EDKINS

THE Medical Association has slammed an unauthorised medical register published by a Durban man and warned doctors they could face disciplinary action if they allow their names to appear in it.

Captain John Trickey, head of the Durban Commercial Branch, said the man behind the register, Doug Devine, had recently paid admission-of-guilt fines to the regional court for not conforming with the Business Names Act and the Trade Practices Act.

Visited at his 18-roomed Durban North home this week, Mr Devine confirmed the fines. "That was because I didn't have the director's name — that was myself — on top of letter heads I'd sent out," he said.

The Trade Practices Act and Business Names Act provide for control of advertisements and prohibition of specified trade practices and the correct and detailed naming of people involved in trade practices.

A letter in the August 9 issue of the Medical Journal warns doctors not to confuse forms sent out by Mr Devine for inclusion in his publication with those used by South African Medical and Dental Council, which issues the official register of all practising medical and dental practitioners.

The journal says Mr Devine's publication is a commercial venture and warns doctors of the possible risk of disciplinary action if they allow their names to appear.

Mr Devine said he was not going to alter his register on the strength of the journal article. He operated as a company: "This is a (Pty) Ltd thing. The Government granted me that status."

He said he had advertised in all papers throughout South Africa in 1978 that he was in no way attached to the official Medical Council.



Mr Doug Devine Entrepreneur

This week the Sunday Tribune obtained a copy of the 1979 edition of the South African Medical Register and Diary and listed in it are the names of several thousand South African doctors and dentists, including the secretary general of the Medical Association, Dr Charles Viljoen, and the editor of the Medical Journal, Dr Stanley Gilder.

Dr Gilder expressed amazement when told his name was in the publication. "I can't be in it," he said. "I gave no permission for my name to be used."

Mr Devine said doctors were requested to send a cheque for R8 for inclusion in the diary.

"But what they are doing is actually buying the diary."

Those who did not send the money were included but did not receive a copy

Mr Devine, who said he is retired but calls himself an entrepreneur who buys and sells Cadillacs and puts out the Medical Register and Diary as a sideline, described the official register of the Medical and Dental Council as outdated, with names of doctors who have been dead for up to 15 years.

Mr Nico Prinsloo, registrar of the Medical and Dental Council, said that as far as he knew the official register, published on July 1 each year and updated monthly, was the only complete publication of that kind available.

Dr Walter Loening, president of the Natal Coastal branch of the Medical Association, said the forms sent out by Mr Devine bore a remarkable similarity to those used by Medical and Dental Council to remind practitioners that subscriptions were due.

Medical

93

reins held by dean

S TRB
2/1/80

For the first time one man is to hold the presidencies of both the SA Medical and Dental Council and the Medical Association of SA (MASA).

Professor Frans Geldenhuys, who is dean of the medical faculty at Pretoria University, has the experience, dedication and drive necessary for both important jobs.

"I admit it is going to be a big challenge. I will try to improve on the good relations that already exist between the public and the medical profession," he says.

Professor Geldenhuys is also head of the obstetrics and gynaecology department at Pretoria University, and vice-president of both the National Cancer Association and the College of Medicine of SA.

Born in Bloemfontein, the professor was educated in Pretoria, Rome and Geneva before graduating MB ChB from Witwatersrand University in 1945.

He achieved his MD with distinction from Pretoria University in 1951, became a Fellow of the Royal College of Obstetricians and Gynaecologists in 1958 and obtained a PhD (University of Pretoria) in 1960.

In 1970 he received MASA's bronze medal and has been an examiner for post-graduate examinations in Britain, Australia and Singapore.

But his first love remains obstetrics and gynaecology. "There is nothing more wonderful than attending a birth," he says.

Indian MD in city STAR 4/9/80 935 'a breakthrough'

Medical Correspondent

The granting of permission to an Indian doctor to open consulting rooms in Johannesburg's central business district is seen as accelerating a move towards an integrated economy in the city.

This was said today by Mr Nigel Mandy, chairman of the Johannesburg Central Business District Association (CBDA), and by Mr S I Matus, president of the Johannesburg Chamber of Commerce.

They were commenting on the granting of a per-

mit to an Indian specialist from Lenasia to practise in the city's "white" CBD.

The specialist was granted permission by the Department of Community Development, following an application backed by the CBDA and the Johannesburg Chamber of Commerce.

Mr Mandy and Mr Matus view the success of the doctor as a breakthrough.

A spokesman for the Medical Association said the policy of the association was that there should be no racial discrimination in medical practice.

GENERAL NEWS

Indian doctor to hang up his shingle in city

DOM 4/9/80

By SEAN O'CONNOR
City Editor

AN INDIAN doctor has been given permission by the Department of Community Development to open consulting rooms in Johannesburg's central business district.

The specialist from Lenasia is understood to be the first black doctor granted a permit to practise in the city's "white" central business area.

His application was submitted to the department at the end of July, accompanied by representations from the Johannesburg Central Business District Association (CBDA) and the Johannesburg Chamber of Commerce.

The chairman of the CBDA, Mr Nigel Mandy, yesterday described the granting of the permit to the doctor as a breakthrough.

The ear, nose and throat specialist, who is highly qualified — he has attained degrees in England, India and South Africa — is to open his rooms in Lister Buildings, Jeppe Street.

He may not be named, in terms of Medical Council ethical rules on advertising.

In his application, he said his prospective patients came from all over the Transvaal and from even further afield.

Mr Mandy said he understood the specialist was the first black doctor to be given the go-ahead to practise in the city's CBD. He would be free to treat people of all races.

"There have been a few permits granted to black attorneys and advocates to practise in the CBD, so they can be close to the Supreme Court, nearer to their clients, and close to their professional colleagues," Mr Mandy said.

Last month, the Department of Community Development rejected an application by a black business financial institution to lease offices in the centre of Johannesburg.

Last month, the Department of Community Development rejected an application by a black business financial institution to lease offices in the centre of Johannesburg.

At the time, Mr Ebrahim Kharsany, chairman of the firm — Corporate Financial and Investment Services Ltd — described the department's decision as "disgusting".

The department gave no reasons for turning down the company's application, which was made on July 3, for prestige premises at Glen Cairn in Market Street.

However, Mr Mandy said yesterday the leasing agents for the premises had contacted the CBDA and he had asked the agents to send him the necessary documents to "see if we can improve the motivation".

Meanwhile, the association would be happy to help black people in business and industry with "well-motivated" applications to operate in the city's central business area, Mr Mandy said.

The CBDA and the Chamber of Commerce hoped the entire CBD, including Braamfontein, would be opened to businessmen of all races.

Outlining the background to mixed business and industry in specific group areas, Mr Mandy pointed out that the Rieker Commission had recommended that local municipal authorities be permitted to declare their CBDs open to mixed trade, industry and the professions, providing there was no residential mixing.

"However, the Government said the matter should still be handled by the Group Areas boards, but that the wishes of the local municipality should be carefully considered," Mr Mandy said.

In terms of a Group Areas proclamation, a permit was necessary for black people to occupy premises, manage a business or conduct a profession in a "white" group area.

Emigrant doctors ^{STAN} are returning to ^{10/9/80} (93) SA - colleagues ^(27/8)

Medical Correspondent

South African doctors who emigrated to Israel, the United States and elsewhere, are starting to return home, according to Johannesburg medical men.

Dr Jonathan Gluckman, spokesman for the Southern Transvaal branch of the Medical Association, said: "Far fewer doctors are leaving the country; the emigration has stopped."

He said a glut of medical doctors in the United States was predicted and Australia had sufficient.

"It is difficult to find positions in all medical fields in America, but of course there will always be room for people at the top of their profession."

Dr Gluckman and a spokesman for the SA Medical and Dental Council agreed it was difficult to discover how many doctors had left South

Africa and how many had returned.

Johannesburg doctors said a leading surgeon and a physician who had emigrated to Israel had returned home. There are also reports of South African-born doctors leaving America.

Said a city doctor: "There is a definite return of doctors. More and more coming home than we thought."

FACILITIES

Commented another doctor: "Some of the returning doctors did not get what they were promised and others did not have the medical facilities they expected."

● Earlier this year Professor P E Cleaton-Jones, a council member of the Medical Research Council, said many more young medical graduates would leave South Africa unless more money was set aside for medical research.

Medical association clears Biko doctors

Staff Reporter

THE three doctors who treated black consciousness leader Mr Steve Biko before his death in detention have been cleared of any charges of negligence or improper and disgraceful conduct by the executive committee of the Medical Association of South Africa (Masa).

The executive has adopted unanimously the recommendation of the ethical committee of the Cape Midlands Branch of Masa that a charge of unethical conduct against one of the doctors should not be upheld, and that the case should be closed.

The medical practitioners concerned are Dr B Tucker, Dr I Lang and Dr C Hersch.

The decisions are published as a statement in the latest edition of the South African Medical Journal.

The executive also expressed concern that there had been a tendency to "judgment by newspaper".

Its report said that it felt that the concern expressed by some Masa members over the investigation into the conduct of the doctors responsible for

treating Mr Biko was often based solely on newspaper reports and hearsay, rather than the "comprehensive and voluminous evidence" which had been considered by the South African Medical and Dental Council.

The executive said that on the evidence available, it felt that the doctors who treated Mr Biko had exercised "reasonable skill and care" and were not guilty of negligence — and no proof of improper or disgraceful conduct had been submitted.

The statement said that Masa was satisfied the decisions had not been subject to outside influence, nor had there been any attempt at a "cover-up" regarding the doctors.

The executive, however, expressed concern that the doctors concerned had not been given the chance to clear their good names at an open inquiry — "thereby protecting not only their own reputations, but those of all other South African practitioners".

The executive also let rest Masa's earlier questions, which

were sent to the Department of Health and the SA Medical and Dental Council, and are now being considered.

They were:

○ Whether the medical care received by Mr Biko conformed with the guidelines determined by the World Medical Association regarding treatment of prisoners;

○ Whether the nursing and clinical services available to the doctors in the Biko case met the desired standards;

○ Whether, under existing laws and regulations, medical practitioners responsible for the treatment of prisoners are allowed complete clinical independence and unfettered access to their patients under optimal clinical and security conditions, and whether the present state of affairs in this regard does not leave much to be desired;

○ Whether, if the required intensive medical and nursing care (referred to above) had been made available to Mr Biko — with the necessary security provisions — the subsequent unfortunate course of events could not have been avoided.

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Biko case doctors 'not guilty'

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JOHANNESBURG. — The Medical Association of South Africa has found that the doctors who treated the black consciousness leader, Mr Steve Biko, who died in detention three years ago, exercised reasonable skill and care and were not guilty of negligence.

Masa said in a statement, published in the Medical Journal that there was no proof of improper or disgraceful conduct on the part of the doctors concerned.

The statement says the ethical committee of the Cape Midlands branch of Masa and the ethical committee of the Federal Council of the Association undertook an intensive study of the case.

Their findings coincided with those of the SA Medical and Dental Council.

The investigation by the ethical committee of the Cape Midlands branch was conducted after a request by 38 members of Masa for an inquiry into the conduct of one of the doctors concerned in the 'Biko case.'

EVIDENCE

The group of doctors submitted that on the basis of the evidence at the inquest into Mr Biko's death there was prima facie

proof of improper or disgraceful conduct on the part of the doctor in question.

The committee investigated the matter extensively and came to the conclusion that a charge of unethical conduct against the doctors concerned should not be sustained and in the circumstances advise that the case now be closed. — Sapa.

● All meetings in Port Elizabeth to commemorate the death of Mr Steve Biko have been banned in terms of the Riotous Assemblies Act. The ban, which came into effect at 6 am today, is in force until 6 am on Monday.

In Cape Town, an inter-denominational service to commemorate the death of Mr Biko will be held at the Guguletu Roman Catholic Church at 2 pm tomorrow.

Various similar services are due to be held in the Transvaal.

Council urged to reopen inquiry as thousands remember Biko

STUDENTS of the University of Natal Medical School have launched a petition urging the South African Medical and Dental Council to re-open its investigations into the Biko case.

The call from the students of the Medical School, where Steve Biko was once a student, comes on the third anniversary of the death in detention of the black consciousness leader.

The petition by the students is the latest in a series of moves by various medical people to force the Medical and Dental Council to investigate the conduct of three Port Elizabeth doctors who treated the black consciousness leader while he was in detention.

The council absolved the three doctors — Ivor Laing, Benjamin Tucker and Colin Hersch — of negligent or disgraceful conduct in spite of the findings of the presiding magistrate at the inquest, Mr M J Prins, that there was prima facie evidence of improper and disgraceful conduct on the part of the three doctors.

A Biko memorial service will be held in the Roman Catholic Church in Guguletu at 2 pm today.

The service has been organised by a group of clergymen in Guguletu, Nyanga and Langa at the request of members of the community.

The clergymen said they wanted to stress that it was a memorial service. They appealed to the community not to distract from its solemnity, dignity and worship.

"The black community deems it fit and proper to recall the dynamic leadership and impact this son of Africa gave to the nation in leading the way to justice and righteousness," the clergymen said.

Female students at the Thembu Labantu High School in Zwelitsha, near King William's Town, claimed police had arrested all male students who had "peacefully" observed the anniversary of Biko's death.

The head of the Ciskei Intelligence Services, Colonel Charles Sebe, could not be contacted for comment.

The Gibson Kente show, "Lobola", scheduled to be staged at the Zwelitsha Community Hall on Thursday and Friday, was cancelled. The actors told SUNDAY

POST they had been asked to do so by youths who said they were commemorating Biko's death.

In the Port Elizabeth magisterial district a ban has been issued on all meetings commemorating the death of Biko.

The prohibition is in terms of the Riotous Assemblies Act and will be in force until 6 am tomorrow.

On Friday night more than 3 000 people attended a commemoration service in Mankweng township, Pietersburg.

Speaker after speaker praised Biko as a martyr of the liberation struggle and a true son of Africa.

Mr S F Mala, chairman of the Black Academic Staff Association, said Biko's commitment to the liberation struggle in South Africa was unwavering and even in the face of death he had chosen to die rather than sell his principles and his nation.

"One would say without fear of contradiction that Steve's death is our victory as a black nation. His death has galvanised us as a black nation, and once unity prevails in a nation then victory is ensured. — SUNDAY POST Correspondent.



Biko

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14/9/80

'No negligence' by the Biko doctors

14/9/80

SUN TIM

THE Medical Association of South Africa has found that the doctors who treated the black consciousness leader Mr Steve Biko, who died in detention three years ago, exercised reasonable skill and care and were not guilty of negligence.

Masa announced in the South African Medical Journal that

there was no proof of improper or disgraceful conduct on the part of the doctors concerned.

They were Dr Benjamin Tucker, Dr Ivor Lang and Dr Colin Hersch.

The statement said the ethical committee of the Cape Midlands branch of Masa and the ethical committee of the federal council

of the association undertook an intensive study of the case.

Despite clearing the doctors Masa was concerned that the doctors involved could not be afforded the opportunity of clearing their names in an open inquiry as medical ethical standards of South Africa were being questioned by their colleagues locally

and abroad.

The investigation by the ethical committee of the Cape Midlands branch of Masa was conducted after a request by 38 members of Masa that an inquiry be held into the conduct of Dr Benjamin Tucker, one of the doctors concerned in the "Biko case". — Sapa.

Biko finding: 'reveal the reasoning'

Medical Correspondent

Doctors have called on the Medical Association (Masa) and the SA Medical and Dental Council to reveal the facts and reasoning on which they based their decision that the doctors who treated Steve Biko were not guilty of negligence.

Masa announced at the weekend that there was no proof of improper or disgraceful conduct on the part of the doctors.

Professor Phillip Tobias, dean of the Medical Faculty at Witwatersrand University, said: "The medical faculty at the university remains concerned about the matter and would like the facts and reasoning on which both the Medical Council and the Medical Association based their decisions regarding the Biko doctors to be made public."

So worried was the faculty's executive committee about the decisions that a proposal to establish a professional standards and ethical committee at the university was being discussed.

Several Cape Town doctors yesterday expressed outrage at the Masa statement, reports Sapa.

One doctor — who did not want to be named — said he could not agree with the Masa statement. "I think it's pretty disgraceful," he said.

Other doctors questioned the evidence Masa used in its findings.

A neurologist and associate founder of the College of Physicians of South Africa, Dr Jack Thorne, said the Masa statement forced one to the conclusion that there was evidence other than that at the inquest.

"The decision of the SAMDC, judged in the light of evidence made public, is an indictment of our standards, with inescapable overtones of political influence. If material hitherto undisclosed to those not members of the SAMDC does exist then it is mandatory that it now be made known publically."

Biko: (a3)
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DOCS
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shocked

SEVERAL Cape Town doctors expressed outrage at a statement released at the weekend by the Medical Association of South Africa supporting the findings of the SA Medical and Dental Council on the late black consciousness leader Mr Steve Biko.

In the statement MASA found there had been no negligence displayed by doctors who treated Biko and there was no proof of improper and disgraceful conduct.

It added that the concern expressed by some MASA members concerning the investigation into the conduct of the doctors responsible for treatment of Mr Biko was often based solely on newspaper reports and hearsay.

DISGRACEFUL

One doctor — who wished not to be named — said he couldn't agree with his association's statement. "I think it's pretty disgraceful," he said.

Other doctors questioned the evidence the association used to arrive at its findings.

A neurologist and associate founder of the College of Physicians of South Africa, Dr Jack Thorne, said the statement released by MASA forces one to the conclusion that evidence exists other than that made available at the inquest or contained in subsequent newspaper reports.

STAR 16/9/80
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Doctors might resign over Biko

Medical Correspondent

Increasing numbers of white and black doctors in South Africa are threatening to resign from the Medical Association over its decision that the doctors who treated black consciousness leader Steve Biko were not guilty of negligence.

Dr Nthato Mollana, founder of the SA Medical Discussion Group which represents 80 black Transvaal doctors, has called on members to resign from the Medical Association.

And at Cape Town University a call for a mass resignation from Masa has been mooted by academics of the university's medical school.

This is to be considered by an emergency meeting of the professional standards committee of the medical school, which is to meet soon.

It is also possible that some Durban doctors will

resign from Masa.

Dr Mollana said it was "scandalous" that Masa found there was no proof of improper or disgraceful conduct on the part of doctors who treated Mr Biko.

"Where is the evidence on which they have based their decision

"If they have secret information let this be disclosed to the public and to members of the association," he said.

The Transvaal Medical Association, which represents about 120 black doctors, has accused Masa of helping to "cover up" the Biko affair.

A spokesman for the University of Cape Town said the professional standards committee of the medical faculty had been formed at the university "because the Medical Council and the Medical Association are not directly representative of our medical school."

Biko—threat by doctors to resign

16/9/80 MRENW

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Argus Correspondent

JOHANNESBURG. — Increasing numbers of white and black doctors in South Africa are threatening to resign from the Medical Association over the association's decision that the doctors who treated Mr Steve Biko were not guilty of negligence.

Dr Nthato Motlana founder of the SA Medical Discussion Group, which represents 80 black Transvaal doctors, has called on members to resign from the Medical Association.

EVIDENCE?

Dr Motlana said it was scandalous that Masa found that there was no proof of improper or disgraceful conduct on the part of the Biko doctors.

Where is the evidence on which they have based their decision? If they

have secret information let this be disclosed to the public and to members of the association.

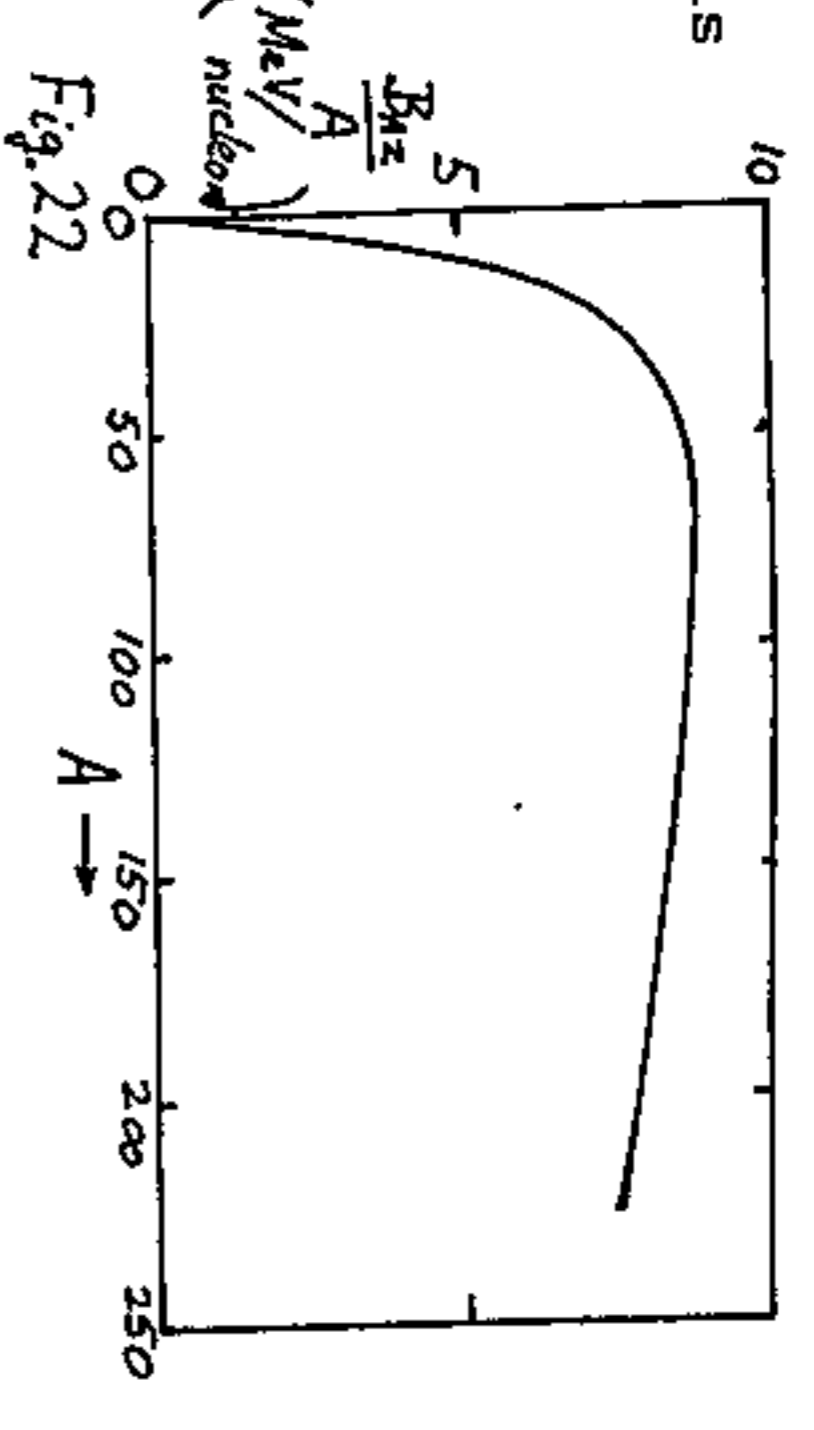
The Transvaal Medical Association, which represents about 20 black doctors, has accused Masa of helping to cover up the Biko affair.

A black physician at a leading Rand hospital said: 'The Medical Association cannot be objective. It is part and parcel of the Government's status quo system. The Biko decision has convinced many black doctors that they should not be members of the association.'

He added the Medical Association's decision was a 'total whitewash of a great wrong.' Black doctors, he said, had reservations about the association and questioned whether it worked in the interests of all doctors of all races.

4.8 Fission and Fusion

In the stable nuclei the nuclear binding energy B_{nz} increases as the nucleon number A increases. To show the rate of increase we plot the ratio (B_{nz}/A) versus A in fig. 22. The ratio is approximately constant and reaches a maximum of ~ 8 MeV nucleon⁻¹ for "medium" nuclei ($A \approx 40-120$). The lower values for light nuclei can be attributed to enhanced 'nuclear surface tension'. The lower values for heavy nuclei ($A \approx 120$) can be attributed to the enhanced Coulomb repulsion of the protons in these nuclei.



Doctors to meet on Bilk's 'quit' call

Staff Reporter
 The doctors of the Bilk Hospital have called for a 'quit' call on the part of the Government regarding the issue of the Bilk Hospital. The doctors are of the opinion that the Government should stop the expansion of the Bilk Hospital as it is a waste of money and should be used for other purposes. They also call for the resignation of the Minister in charge of the Bilk Hospital.

are also released in the production of self-sustaining fission chain. Most of the energy released in each fission (~ 200 MeV) appears as the kinetic energy of the fission fragments.

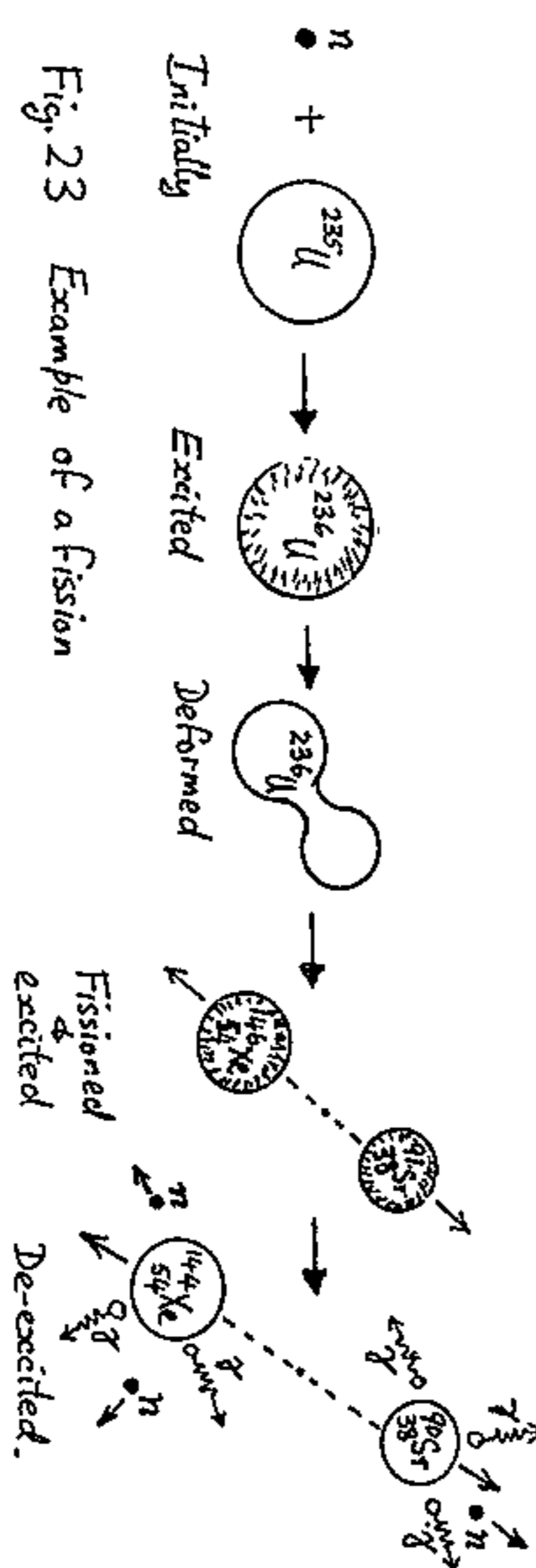


Fig. 23 Example of a fission

5. Interactions and Measurements of Nuclear Radiations

We consider only radiations (particles) having kinetic energies in the energy range (between ~ 0.1 MeV and a few $\times 10$ MeV) typical of nuclear physics. The interactions of these radiations with matter are basic to many phenomena and to many aspects of nuclear technology. Examples are the detection of nuclear radiation, the design of radiation shielding and the assessment of radiation dose.

5.1 Interaction of radiation with matter

As a representative group of particles (radiations) we will consider the electron, proton, alpha particle, neutron and gamma photon (e, p, α, n, γ). Within these the charged particles form a natural group or subset which it is convenient to consider together.

(a) Charged particles (e.g. e, p and α) interact predominantly with the atomic electrons in matter. Their interactions with nuclei are extremely rare, in comparison, at the energies we are considering. The interactions lead to the ionization of atoms in matter in a process known as the 'ionization process'. The electrons of the atoms in matter in these collisions are given kinetic energy until it is absorbed by the medium (e.g. the particle to rest is called a 'thermal electron' at particular medium) at

Therefore depends on the rate of path of travel, that is the path length $(-dE/dx)$ along this depends on the density of the medium and the charge and the velocity of the particle. It is higher for a higher charge or a lower velocity. If we compare alphas and protons at the same energy, for example, the alphas have a higher charge and (owing to their larger mass) a lower velocity. Therefore, in a given medium, $(-dE/dx)$ is larger for alphas than for protons of the same energy and the alpha range is less than the proton range for the same incident energy (see tables below and fig. 24(a)). Furthermore, for either particle, the velocity decreases, and hence $(-dE/dx)$

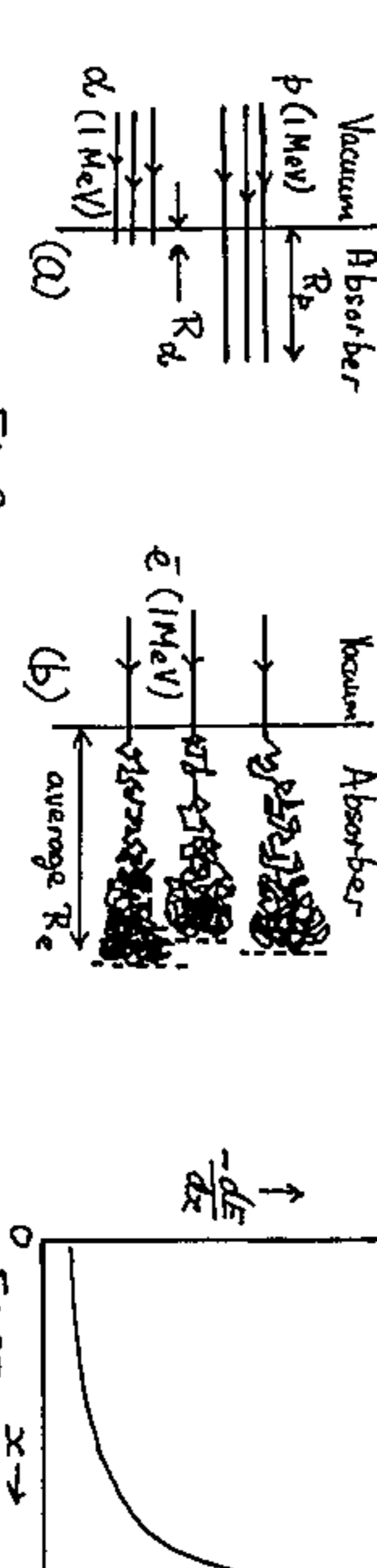


Fig. 24

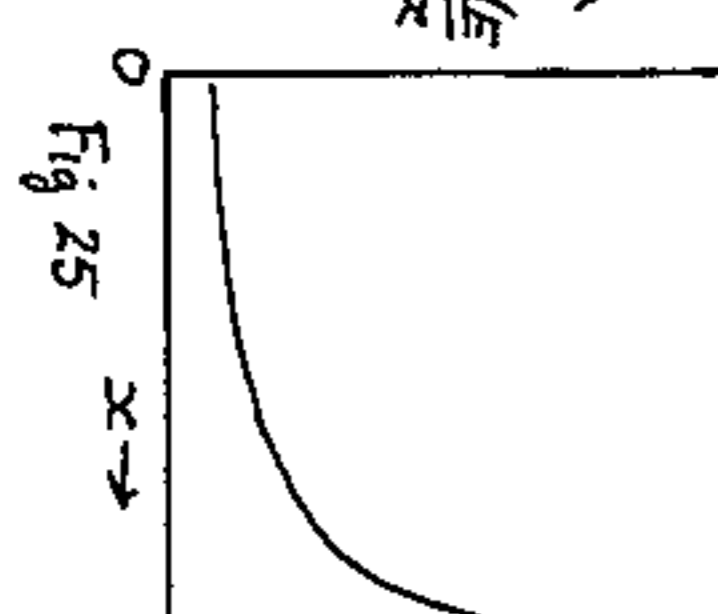


Fig. 25

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Tell all on Biko — Barnard call

Argus Correspondent

JOHANNESBURG. — Professor Marius Barnard today called on the Medical Association and the Medical Council to disclose to the world the evidence on which they based their decisions to clear the Biko doctors of improper or disgraceful conduct.

Professor Barnard, who is PFP MP for Parktown, and Mr Horace van Rensburg, PFP spokesman on health, are supporting

the appeal for the full exposure of evidence and submissions on which the two medical bodies based their findings.

The call has the backing of the medical faculty at the University of the Witwatersrand.

Professor Barnard agreed with Mr van Rensburg, who said today, that the public should have the opportunity to decide on the merits of the case.

'It is vital for the credibility of the medical profession as well as the image of South Africa's legal processes that the matter be cleared up finally and satisfactorily,' he said.

This could only be achieved with an open and detailed investigation.

Professor Barnard said so much damage had been done that the council and the association owed it to

(Continued on Page 3, col 5)



Professor Marius Barnard

(Continued from Page 1)

Barnard call

the medical profession to disclose full details about the reasons for their findings.

Controversy about the Biko case had caused such suspicion and had been so damaging that it was essential to clear up the matter.

'If the medical bodies have found the Biko doctors are not guilty of improper or disgraceful conduct they must disclose the facts and reasoning on which they based their

decision to the rest of the world.'

Black and white doctors in the Transvaal and the Cape are threatening to resign from the association over the Biko issue.

A mass resignation has been suggested by academics at the Cape Town medical school. This is to be discussed at an emergency meeting in the city on Friday.

4.8 Fission and Fusion

In the stable nuclei the nuclear binding energy B_{AZ} increases as the nucleon number A increases. To show the rate of increase we plot the ratio (B_{AZ}/A)

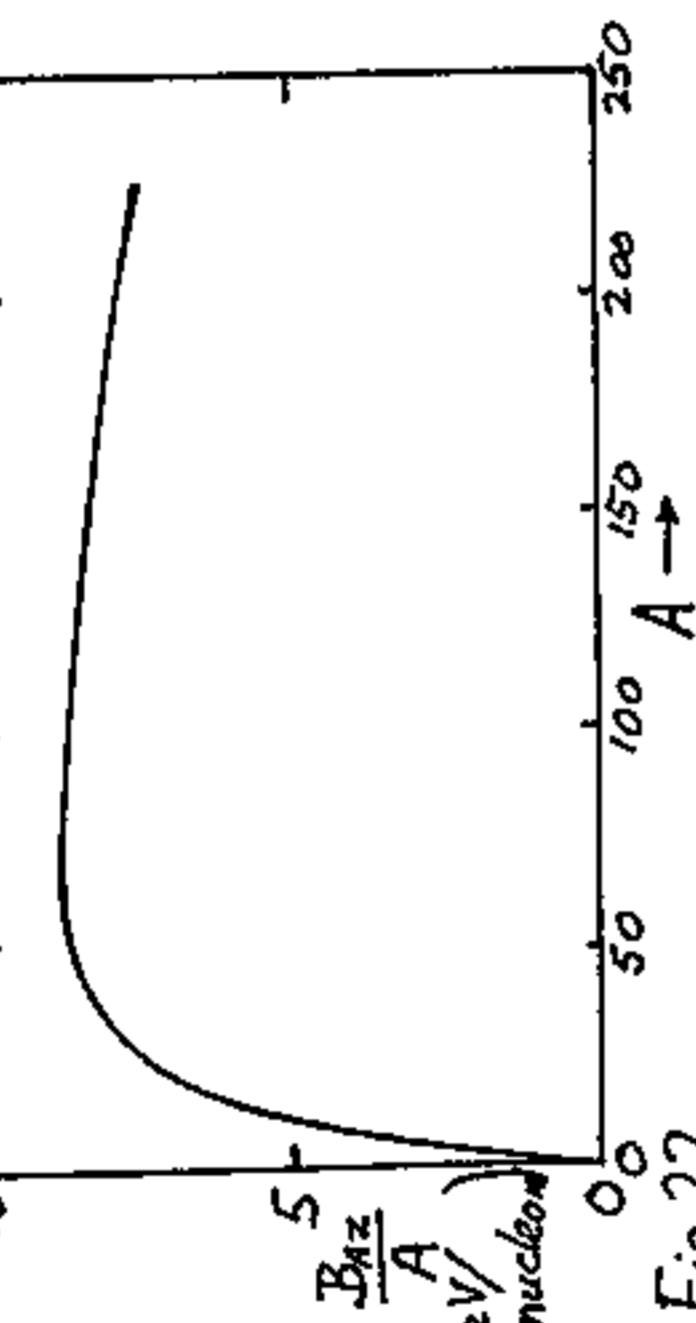


Fig. 22

versus A in fig. 22. The ratio is approximately constant and reaches a maximum of ~ 8 MeV nucleon⁻¹ for "medium" nuclei ($A \approx 40-120$). The lower values for light nuclei can be attributed to enhanced 'nuclear surface tension'. The lower values for heavy nuclei ($A \gtrsim 120$) can be attributed to the enhanced Coulomb repulsion of the protons in these nuclei.

If we fuse light ($A \lesssim 10$) nuclei into medium nuclei or if we split (fission) heavy ($A \gtrsim 200$) nuclei into medium nuclei our final system will therefore be more tightly bound than the initial system (fig. 22). In other words, there will be a further release of energy (like latent heat) which will be liberated as the kinetic energy of the reaction products. In order to produce fusion one or both of the initial nuclei must have sufficient energy to overcome their mutual Coulomb repulsion, so as to reduce the nuclear separation to within the range of the nuclear force. Fission occurs spontaneously in some very heavy nuclei and is thus a form of radioactivity in these cases. It may also be induced as a nuclear reaction, for example by bombarding a heavy nucleus such as ^{235}U with neutrons (fig. 23). The product nuclei (fission fragments) produced exhibit a range of A values, average $A \approx 117$, are initially highly excited and are usually unstable in their ground states and therefore radioactive. Two or three neutrons are also released in the fission process and these are important in the production of self-sustaining fission chain reactions. Most of the energy released in each fission (~ 200 MeV) appears as the kinetic energy of the fission fragments.

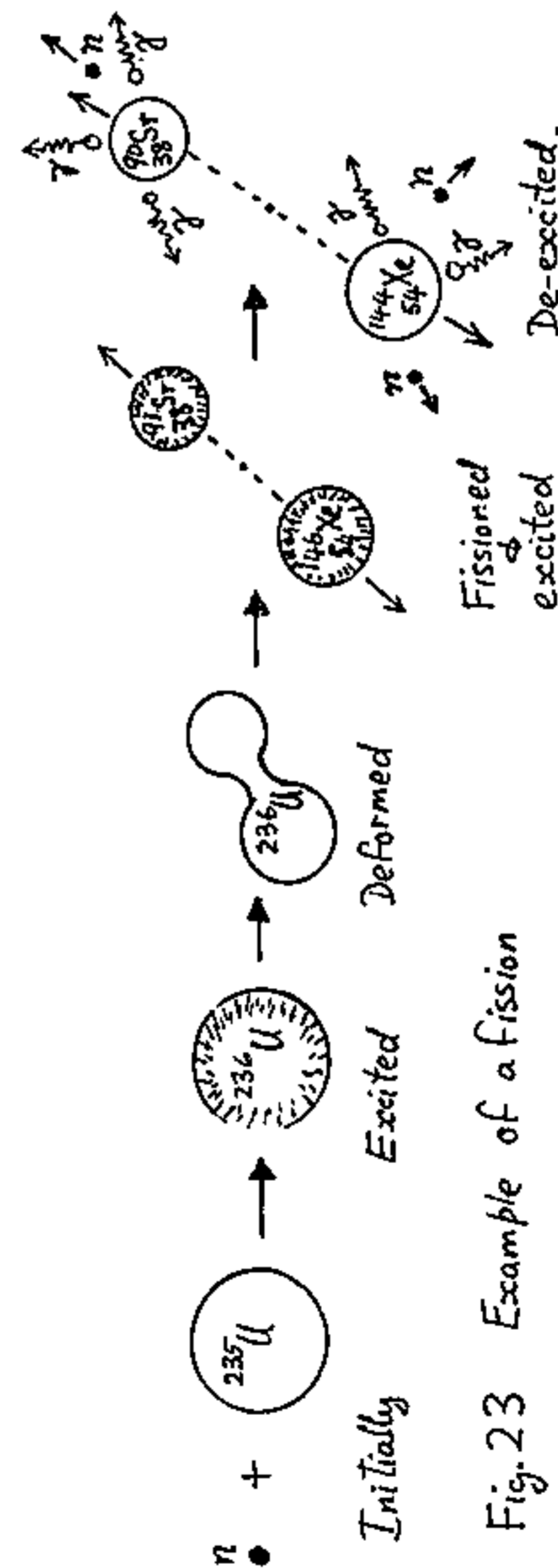


Fig. 23 Example of a fission

5. Interactions and Measurements of Nuclear Radiations

We consider only radiations (particles) having kinetic energies in the energy range (between ~ 0.1 MeV and a few $\times 10$ MeV) typical of nuclear physics. The interactions of these radiations with matter are basic to many phenomena and to many aspects of nuclear technology. Examples are the detection of nuclear radiation, the design of radiation shielding and the assessment of radiation dose.

5.1 Interaction of radiation with matter

JOHANNESBURG. — The Medical Association of South Africa has refused to disclose information about how they reached the decision last week clearing the Biko doctors of negligence, nor will they release the names of their Cape Midlands Ethical Committee which cleared one of the doctors of unethical conduct. This refusal comes in the wake of a storm of protest from members of the medical profession, politicians and civic leaders round the country, in which accusations have been levelled at Masa that it is biased and is assisting in covering up the death of black consciousness leader, Mr Steve Biko. Dr J J Geere, a Port Elizabeth radiologist, who is press liaison officer for the Cape Midlands branch of Masa, refused to divulge the names of the ethical committee. The SAMDC faced considerable criticism in June this year when a special closed meeting ratified a committee decision that the three doctors who treated Mr Biko before his death in police detention, would not face disciplinary action. One of the many contentious aspects of the SAMDC's handling of the matter was that it took them more than 2½ years after Mr Biko's death from brain damage after he was detained by the security police in September 1977, to come to a decision.

Doctors to meet on 'quit' call, page 2

Biko: Masa refuses to give reasons

Own Correspondent

Cape Times 17/9/80 93

larger for alphas than for protons of the same energy and the alpha range is less than the proton range for the same incident energy (see tables below and fig. 24(a)). Furthermore, for either particle, the velocity decreases, and hence $(-dE/dx)$

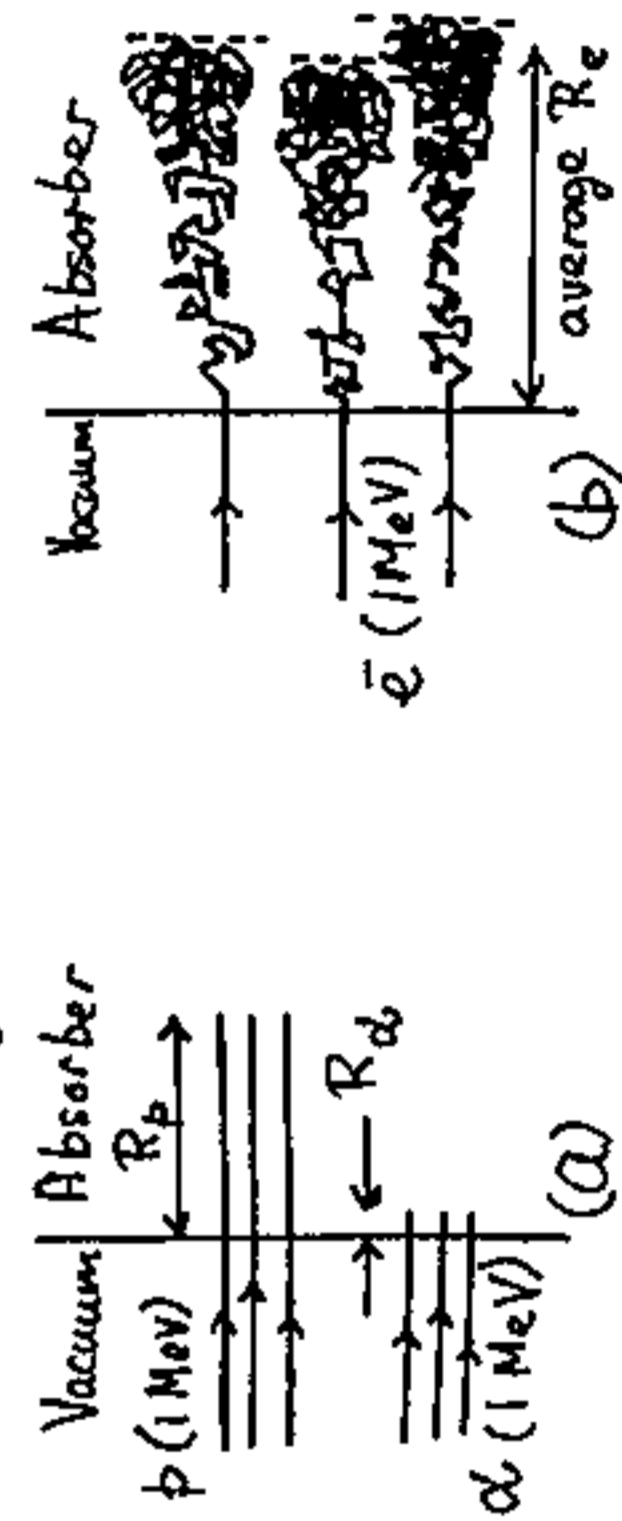


Fig. 24

Fig. 25

Interactions and Measurements of Nuclear Radiations

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5.

As a representative group of particles (radiations) we will consider the electron, proton, alpha particle, neutron and gamma photon (e, p, d, a, n, y).

particles form a natural group or subset which it is convenient to consider together. Their interactions with nuclei are extremely rare, in comparison, at the energies with which we are concerned. The interactions lead to the ionization of the atomic electrons in matter. Their interactions with nuclei are extremely rare, in comparison, at the energies with which we are concerned. The interactions lead to the ionization of the atomic electrons in matter. Their interactions with nuclei are extremely rare, in comparison, at the energies with which we are concerned.

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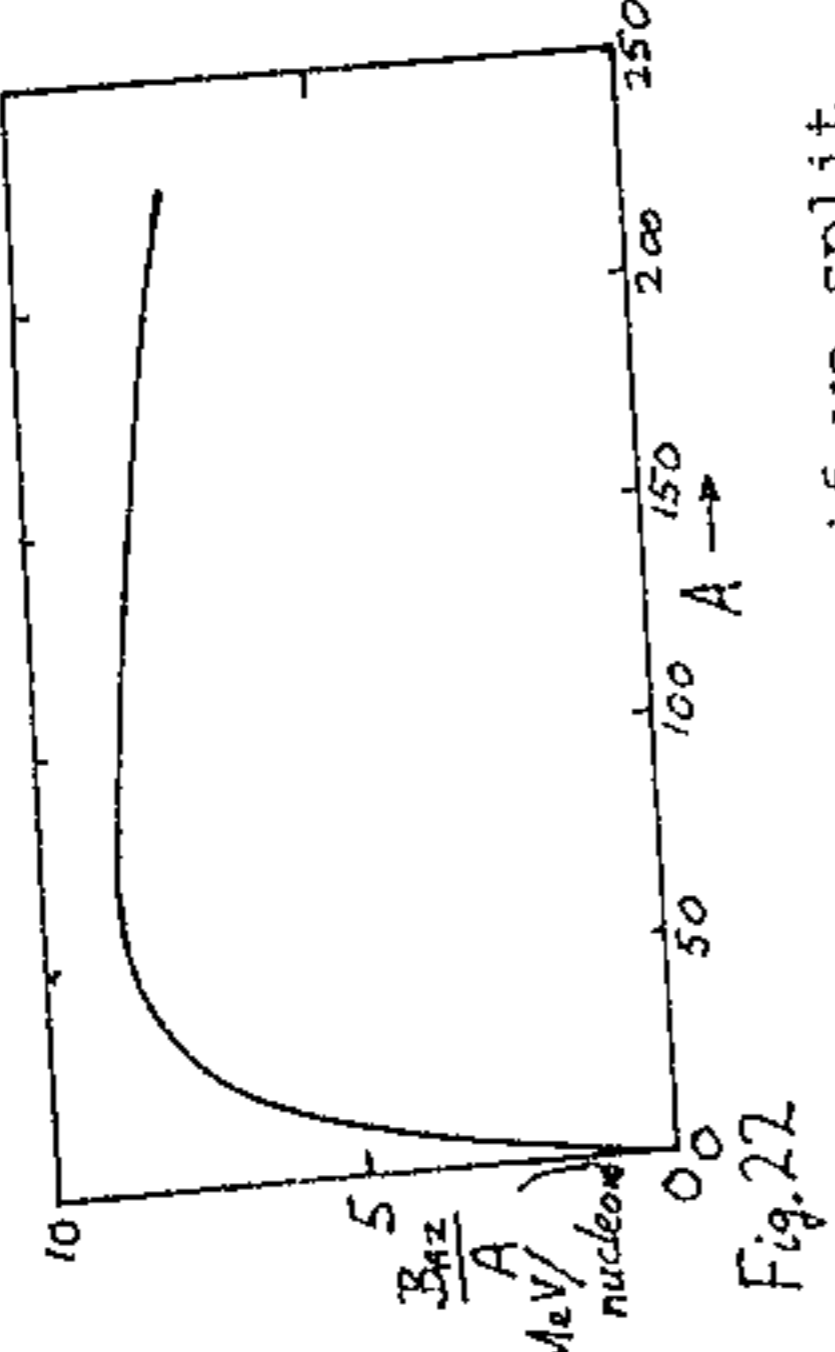


Fig. 22. To show the rate of increase of the nuclear binding energy B_{AZ} as the nucleon number A increases.

the enhanced Coulomb repulsion of the protons in these nuclei. The lower values for heavy nuclei can be attributed to the enhanced Coulomb repulsion of the protons in these nuclei. The lower values for heavy nuclei can be attributed to the enhanced Coulomb repulsion of the protons in these nuclei.

possible explanations they prefer. So the case of Steve Biko now rests. Biko went into an interrogation room a healthy young man of 30 and came out a mental and physical wreck. Pretoria and died there of brain and other injuries. It is now officially established that all this was in keeping with South African standards of public administration. The inquest magistrate found (without giving reasons) that the police had behaved lawfully. The medical organizations find (without giving reasons) that the doctors conducted themselves impeccably. The only hint of official doubt comes from the government, which paid R65 000 to the Biko family without waiting for the formality of a court case.

in which case the eminent practitioners in charge of the professional conscience should demonstrate where and how their version contradicts the published version. Or the version available to the public is substantially accurate, in which case it should be explicitly acknowledged as conforming to the standards South African doctors, who have to be satisfied. The public entrusts, the profession with the responsibility of disciplining itself. This trust implies that a prima facie case of improper, reckless, unethical or callous conduct will be rigorously and publicly investigated. We are not optimistic that the profession's spokesmen will indicate which of the two

The Cape Times - editorial comment

These are facts which haven't been challenged in any statement by any medical expert. There can be only one of two possible explanations. One is that this evidence is false,

without doing anything to ensure that he wouldn't be put naked into a vehicle and driven for 1200km without medical attendance or medical facilities.

The Biko doctors

bases its finding. Nor is there any hint of the reasoning leading to its conclusion. The logic also remains a professional secret. The information available to the public includes a number of facts that remain facts even though the association chooses to label them newspaper reports and hearsay. Steve Biko died of brain and other injuries inflicted while in custody. State doctors, in whose nominal medical care he was, failed to notice abnormal pathology, made a wrong diagnosis of ataxic gait, admitted that a certificate was "highly inaccurate", failed to notice a head injury, failed to follow up indications of brain damage, admitted that a non-prisoner would have been treated differently. And gave leave for the prisoner to be transported to Pretoria,

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Cape Times 17/9/80

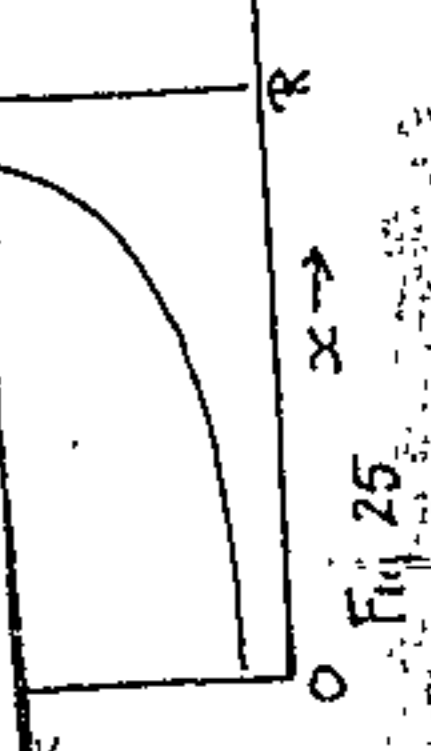


Fig. 25

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12)

Biko affair: Masa is mum on probe details

19/9/80 207 (93) 3/4/81

By MARIKA SBOROS

THE Medical Association of South Africa (Masa) has refused to disclose information about how it reached the decision to clear the Biko doctors of negligence or improper conduct.

Masa has also refused to release the names of its Cape Midlands ethical committee which cleared one of the doctors of unethical conduct.

The refusals come in the wake of a countrywide protest against Masa's decision by members of the medical profession, politicians and civic leaders, in which Masa has been accused of bias and of assisting in "covering up" the Biko affair.

Masa's weekend statement cleared the three Port Elizabeth doctors — Drs B Tucker, I Lang and C Hersch — who treated Mr Steve Biko before his death in Security Police custody in September, 1978.

A spokesman for Masa said yesterday the organisation would not release information

about the decisions.

And Dr J J Geere, a Port Elizabeth radiologist, who is the Press liaison officer for the Cape Midlands branch of Masa, refused to divulge the names of the ethical committee members.

Dr Geere told the "Mail" the names were "none of your business", and he could not see how the information would further "your blasted investigation".

He said the South African Medical and Dental Council and Masa were highly-respected bodies until "the newspapers started stirring trouble".

Professor Philip Tobias, dean of the faculty of medicine at the University of the Witwatersrand, yesterday added his voice to the protest.

He said the faculty had not yet taken a decision on the matter, as it had not seen Masa's full statement.

"We remain most deeply concerned about the decision. It is very difficult to see how these decisions can be reconciled with evidence elicited

during the inquest proceedings," he said.

It remained an open question whether the latest statement from Masa would be ratified by the full federal council, Prof Tobias said.

He said it was imperative that all such additional factors and reasoning be made public "to allay the widespread anxiety and suspicion felt by great numbers of South African doctors who have always cherished their impartial dedication to the highest professional standards".

Professor Theodore Sarkin, dean of the faculty of medicine at the University of Natal, said Masa's decision was "surprising" and the faculty was "most unhappy" about it.

FOOTNOTE: A "Mail" Cape Town correspondent reports that the emergency meeting of the professional standards' committee at the University of Cape Town's Medical School — to consider a proposal calling for a mass resignation from Masa — will be held on Friday.

Medical Correspondent
Heart surgeon Profes-
sor Marius Barnard
today called on the
Medical Association
and the Medical Coun-
cil to make public the
evidence on which
they based their deci-
sion to clear the Biko
doctors of improper or
disgraceful conduct.

Dr Barnard, PFP MP
for Parktown and Mr
Horace van Rensburg,
PFP spokesman on
health, are supporting
the appeal for full dis-
closure of the evidence
and submissions on
which the medical
bodies based their
findings.

The call has the

17/9/80 SLK
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Release full Biko evidence: Barnard

backing of the Medical
Faculty at the Univer-
sity of the Witwaters-
rand.

Mr van Rensburg
said today: "The
public should have the
opportunity of deci-
ding for itself the
merits of the case.

"It is vital for the
credibility of the med-
ical profession and the
image of South
Africa's legal process

that the matter be
cleared up finally and
satisfactorily."

This could only be
done by open and full
investigation.

Professor Barnard,
who agreed with Mr
van Rensburg, said so
much damage had
been done that the
Medical Council and
the Medical Associa-
tion owed it to the
medical profession to

disclose full details.

Controversy about
the Biko case had left
such a great deal of
suspicion and done so
much harm that it was
essential the matter
should be cleared up.

"If the medical
bodies have found the
Biko doctors are not
guilty of improper or
disgraceful conduct
they must disclose the
facts and the reasoning
on which they based
their decision."

Black and white doc-
tors in the Transvaal
and the Cape are
threatening to resign
from the Medical Asso-
ciation over the Biko
issue.

Call for
18/9/80 ARGUS
facts on
93
Biko case
~~200~~
supported

Argus Correspondent
JOHANNESBURG. — The SA Medical discussion group, representing 80 black Transvaal doctors, has supported the call for full disclosure of the evidence on which two South African medical bodies based their decision to clear the Biko doctors of improper or disgraceful conduct.

Dr C P N Mokhesi, president of the group, said today: 'We are disturbed about the matter.'

He agreed with the Transvaal Medical Association, representing 120 black doctors, which has accused the Medical Association (Masa) of helping to 'cover up' the Biko affair.

Dr Mokhesi said the decision of Masa and the SA Medical and Dental Council definitely affected South Africa's international medical standing.

The disclosure call was made by Professor Phillip Tobias, dean of the medical faculty at the University of Witwatersrand and supported by Professor Marius Barnard, PFP MP for Parktown.

Call for facts on Biko case Argus 18/9/80 supported

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Docs called on to quit Masa

19/9/80
POST
93

THE Transvaal Medical Society, which represents black medical and paramedical workers, is calling all responsible doctors to resign from the Medical Association of South Africa (MASA) following the finding on the Biko doctors.

Masa announced at the weekend that there was no proof of improper or disgraceful conduct of the doctors who treated the Black Consciousness leader, Steve Biko when he was in detention.

The Transvaal Medical Society, whose chairman is Dr D Mzamane and his vice is Dr Y Variava, has dissociated itself from the statement issued by MASA on their finding in respect of the doctors involved in the Biko case.

The Medical Society has also urged doctors to con-

sider a proposal that an independent Medical Committee of doctors be set up to look into the ethical conduct of the doctors involved in the Biko case.

If the death of Biko caused a stir, the decision of the Medical Association has created a worse stir which even overshadows the death.

FACTS

Doctors have called on the Medical Association and the South African Dental Council to reveal the facts and reasoning on which they based their decision that the doctors who treated Steve Biko were not guilty of negligence.

The South African Council of Churches' Ombudsman, Mr Eugene Roelofse who originally lodged a complaint against the doctors, has promised

that every single aspect of Steve's mysterious death is going to be ferreted out ruthlessly.

Mirror, mirror on the wall . . .

THAT tendency in some South African quarters, when driven into an embarrassing corner, to blame the mirror rather than the image, has again showed itself this week — in the sorry saga concerning the Steve Biko death. Dr J J Geere, Press liaison officer for the Cape Midlands branch of the Medical Association of South Africa (Masa), refused to divulge the names of the members of what is known as the ethical committee

which cleared the doctors who featured in Mr Biko's death.

The SA Medical and Dental Council and Masa were highly respected bodies "until the newspapers started stirring trouble," he said.

Is Dr Geere really unable to understand that it is the way the doctors behaved, multiplied by the failure of their colleagues to take disciplinary action, which bring the profession into disrepute?

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Biko: Move by doctors

THE professional standards committee of the medical school of the University of Cape Town decided at an emergency meeting yesterday to meet members of the Medical Association of South Africa (Masa) to discuss its statement on the Biko matter.

Masa in a statement cleared the doctors — Dr B Tucker, Dr I Lang and Dr C Hersch — who treated the black consciousness leader, Mr Steve Biko, while he was in custody.

The meeting was in the office of the dean of the medical school.

The committee said in a statement that it wished to be assured Masa's objective was to prevent a recurrence of the circum-

stances in which Mr Biko died.

The rules, regulations, practices and circumstances governing the treatment of prisoners must be such that doctors can treat patients to the best of their ability.

93 94
Another

hike in
PDM 20/9/80
medical

fees likely

By GERALD REILLY
Pretoria Bureau

DOCTORS and dentists fees are likely to be increased again later this year, according to Pretoria sources.

Last year amid a storm of protest the SA Medical and Dental Council recommended a huge 52,45% rise in doctors' fees.

And in spite of the public outcry, and a request from the Medical Association of South Africa that the higher tariffs be reviewed and reduced, they came into operation unaltered on November 9.

The chairman of the Federal Council of the Medical Association, Professor Guy de Klerk, said from Cape Town yesterday that the association was investigating the effects of the current high inflation rate on doctors' earnings.

"However, we will take all economic factors into account including the continued high rate of inflation as well as the patients' ability to pay."

Representations, he added, would be made to the Tariff Committee of the Medical Council. A senior official of the council said yesterday that the Tariff Committee would report to a full council meeting in October.

Doctors claimed last year that the big increase merely compensated them for the backlog which had built up over a number of years, inadequate compensation for costs of running practices and general living costs.

Later, against a background of the bitter public reaction, a request from the Medical Council to be relieved of the responsibility of fixing fees was turned down. Legislation, however, was amended to give the Minister the final say in any rise in doctors' fees.

Earlier this year a commission was appointed to inquire into health matters. One of its terms of reference is to determine where the responsibility for fee fixing should lie.

The Vice-President of the Representative Association of Medical Aid Schemes (RAMS), Mr J Ernstzen, said yesterday RAMS still considered the 52,45% increase to be greatly excessive.

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Proposal for independent hearing on Biko doctors

Staff Reporter

THE Transvaal Medical Society is considering a proposal that an independent medical committee of doctors be set up to look into the ethical conduct of the doctors involved in the Biko case.

The society, which represents black doctors, medical and paramedical workers, said in a statement: "The Society dissociates itself from the statement issued by the Medical Association of South Africa (Masa) on their findings in re-

spect of the doctors involved in the Biko case.

"It declares that their finding is totally incompatible with the available court evidence."

The statement added that the society wished to indicate that the Masa decision ran contrary to the aspirations of responsible doctors who, it urged, should resign from Masa.

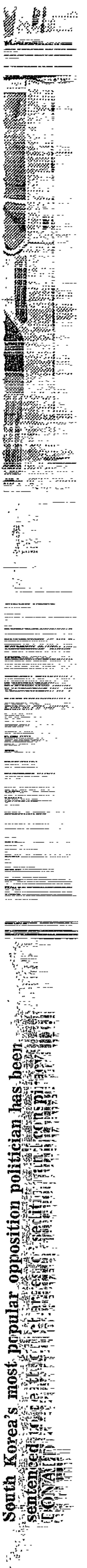
Meanwhile, a prominent Johannesburg doctor said yesterday that his colleagues were "seething and in a turmoil" over Masa's decision to clear the Biko doctors of negligence

and improper or disgraceful conduct.

He warned that he and his colleagues would be getting together soon to decide on what action to take.

At least one member of Masa's executive committee which took the unanimous decision last week was not present at the meeting.

He is Dr Jonathan Gluckman, a Johannesburg pathologist who was called in by the Biko family to conduct a post mortem.



COMMENT

There has been intense controversy over the role of the doctors in the death of Steve Biko, and various allegations and counter allegations have been made. Memory being short, it is important to go back to the only source of the basic facts — the inquest proceedings, which were held in public.

And upon that in- a myriad smaller very real threat ny will run out of want of skilled in that situation of really massive It is because of titude of the con- of the trade cent Government aged by those day almost every land is frustrated shortage while, tens of thousands ple have been e trained. the microchip y in speeding up rocess. Vocational y's priority. Lack row's threat to

Biko was arrested on August 18 1977 and held at Walmer Police station. He was interrogated by the Security Police for over seven hours on September 6, and again on the following day, when he sustained injuries. His condition deteriorated until, gravely ill, he was taken for further examinations on September 11 to Pretoria, where he died the following day.

The inquest started on November 14 under the Chief Magistrate, of Pretoria, Mr M J Prins, sitting with two assessors. He gave his findings on December 14 that Biko died of brain injuries, but that the available evidence did not prove that death had been brought about by an act of omission involving an offence by any person. The first doctor to examine Biko was Dr Lang,

Biko: One question remains

SAR 23/9/80 93

BRIAN BAMFORD, MP, discussing the role of the doctors in the death of Steve Biko, asks the one question that refuses to go away — did they measure up to standards of reasonably skilful medical men?

At the inquest he admitted that this certificate was "highly incorrect" as he had in fact found (on Sept 7) that Biko had a swollen lip with a small cut, superficial bruising on the chest, swollen hands, feet and ankles and ataxic (staggering) walk and blurred speech.

Asked at the inquest why he gave an inaccurate certificate, Dr Lang said: "I cannot explain it. It is inexplicable." He then admitted that the possibility of a head injury had immediately occurred to him, but when asked why he had put no questions on that aspect to the police (or Biko) he replied: "I can't answer that."

He was asked whether

he had suggested to the police that, in view of the swollen limbs, Biko's leg irons, by which he was still shackled to a grille, should be removed, and responded: "I did not think of it at the time, but in retrospect I would have recommended it."

Asked why he had not insisted that Biko be sent to a hospital, he replied: "If he had been any other prisoner we would have sent him to the provincial hospital."

The next doctor was Benjamin Tucker, the Chief District Surgeon, of Port Elizabeth, who was called in later on September 7. He also considered that Biko might have a brain injury, but also asked no questions.

It was put to him at the inquest: "When you are in the Security Police offices

with a detainee under Section 6 of the Terrorism Act you don't ask questions do you? He replied: "I would say no."

Uproar broke out in the courtroom and when order was restored Dr Tucker added: "I meant I would not agree with the statement." When asked why he had not mentioned in his report that Biko's ankle was shackled or that he had abrasions on his feet and ankle, he said these were "errors."

Dr Tucker was the last doctor to see Biko alive, on September 11. He knew that Biko was going to Pretoria. He knew that he would be taken not by air, or in an ambulance, but in a police vehicle. (Biko was in fact taken in a landrover, lying on four cell mats).

Dr Tucker did not re-monstrate in any way. On the contrary, he reported that Biko's condition was satisfactory.

When asked at the inquest how this could be reconciled with his evidence that Biko was then on a low level of consciousness, had a plantar reflex and a weakness of the left limb, he replied that his report was "an incorrect statement."

The inquest record then contains the following: In terms of the Hippocratic Oath are not the interests of your patients, paramount? — Yes.

But in this instance they were subordinated to the interests of the Security Police? — Yes. The third doctor was Colin Hersch, a specialist physician in Port Eliza-

beth. He examined Biko on September 8 and 9, but made out a report only on September 16, four days after Biko died.

He said at the inquest that at the time of his examinations Biko showed signs of brain disease. When asked why he did not put this in his report, he replied: "Because I thought it was self-explanatory. It was not a good report."

Those are the facts. What is the law?

It is perfectly simple, and always has been — virtually since the days of the Father of Medicine himself, Hippocrates, of the 4th century, BC.

The three doctors were not acting for the police. They were treating a patient. To that patient they each owed a specific duty, which cannot be better defined than in Lord Ening's famous instruction to an English

Jury:

"It would be wrong, indeed bad law, to say that simply because a mishap occurred, thereby the hospital and doctors are liable ... you must not therefore find him negligent simply because something goes wrong, as, for instance, if one of the risks inherent in an operation actually takes place, or because some complication ensues which lessens, or takes away the benefits that were hoped for; or because in a matter of opinion he makes an error of judgment.

"You should only find him guilty of negligence, when he falls short of the standard of a reasonably skilful medical man. But, short, when he is deserving of censure — negligence in a medical man is deserving of censure."

Did the three Biko doctors measure up to the standard of a reasonably skilful medical man? That is a question which refuses to go away.

Tobias call for urgent Biko probe

57/2 25/9/80

Fission and Fusion

In the stable nuclei the nuclear binding energy B_{nz} increases as the nucleon number A increases. To show the rate of increase we plot the ratio (B_{nz}/A) versus A in fig. 22. The ratio is approximately constant and reaches a maximum of ~ 8 MeV nucleon⁻¹ for "medium" nuclei ($A \approx 40-120$). The lower values for light nuclei can be attributed to enhanced

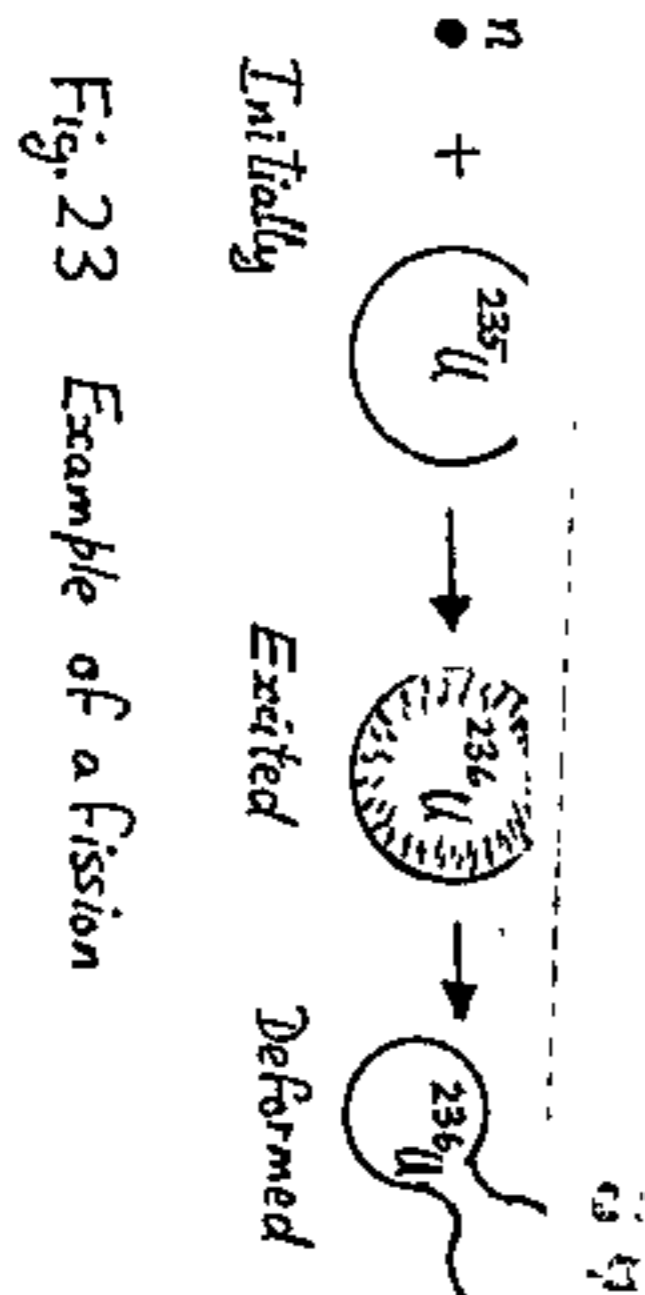
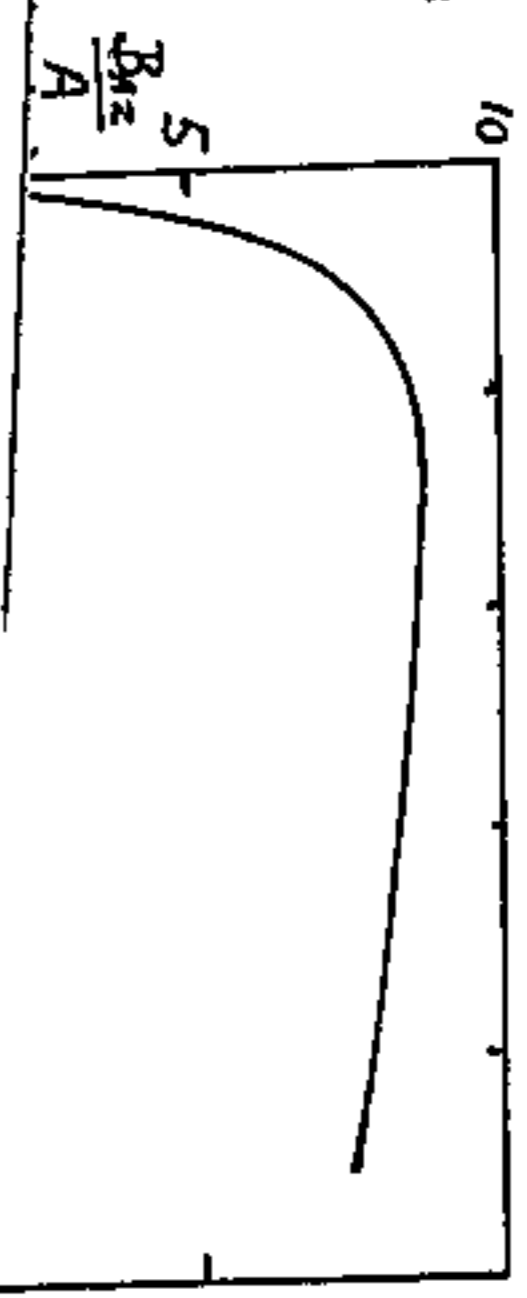
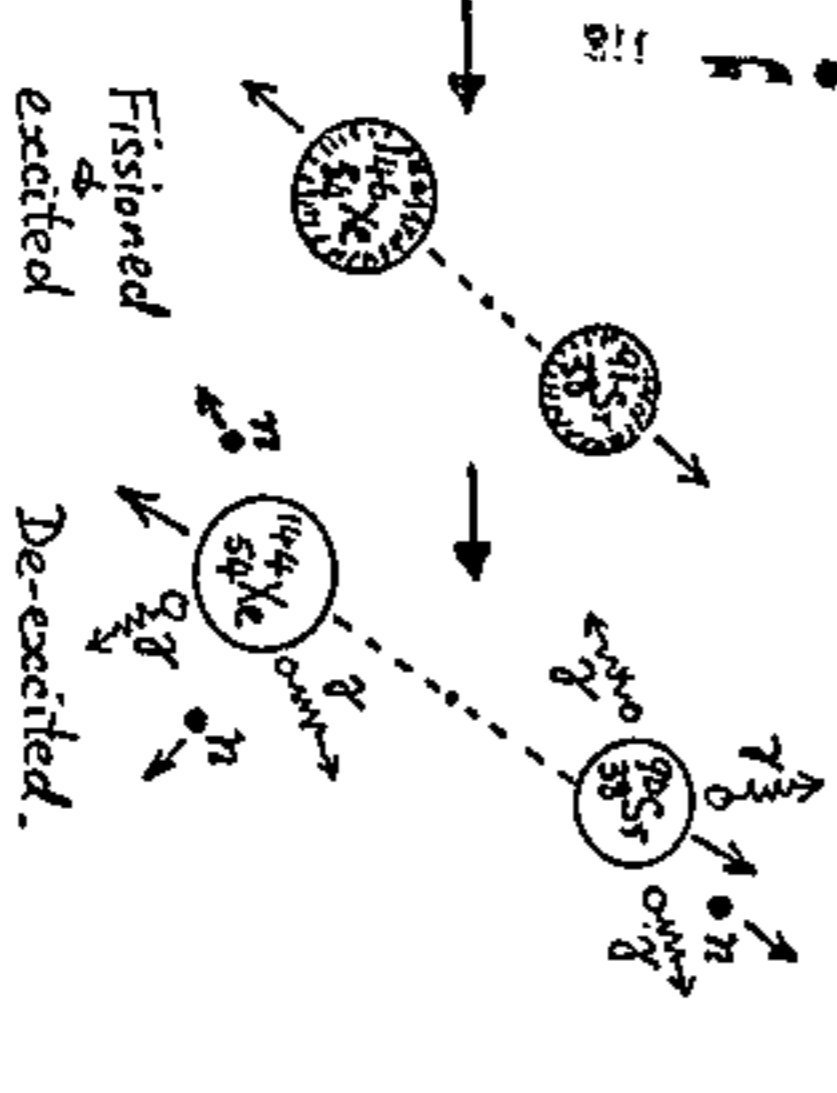


Fig. 23 Example of a fission



Yet another influential medical body has called for an investigation into the Medical Association's decision to clear the Biko doctors of improper or disgraceful conduct.

The board of the Faculty of Medicine at the University of the Witwatersrand today called for an urgent meeting of the Federal Council of the Medical Association to question the finding.

Professor Phillip Tobias, dean of the faculty, said: "We want to examine the statement issued by the Association's executive that they agreed there was no evidence of dishonourable conduct on the part of the medical men who treated Mr Steve Biko."

"Before we consider whether to support a suggestion that there should be mass resignations of members of the Association, the Federal Council should be given the opportunity of repudiating the decision of its executive committee," he said.

"The Faculty Board is unable to see how the issuing of a false medical certificate admitted in open court at the inquest on Mr Biko — can be reconciled with the requirements of medical ethics."

"The Board considers that the subordination of the interests of a patient (Mr Biko) to the interests of the Security Police — admitted in open court at the inquest — is irreconcilable with the tenets of the Hippocratic Oath and with accepted standards of medical ethics."

Professor Tobias said the findings of the Medical Association and the Medical Council meant that the issuing of false certificates and the subordination of a patient's interests were reconcilable with high standards of medical professional conduct and ethics.

"We believe that both bodies have an absolute duty to the medical profession, to the high standing of South African

Interactions and Measurements of Nuclear Radiations

We consider only radiations (particles) having kinetic energies in the energy range (between ~ 0.1 MeV and a few $\times 10$ MeV) typical of nuclear physics. The interactions of these radiations with matter are basic to many phenomena and to many aspects of nuclear technology. Examples are the detection of nuclear radiation, the design of radiation shielding and the assessment of radiation dose.

Interaction of radiation with matter

As a representative group of particles (radiations) we will consider the electron, proton, alpha particle, neutron and photon (e, p, α, n, γ). Within these the charged particles are further subdivided into those which are ionising and those which are not.

and to the public of this country, to make public what facts and reasoning, other than those revealed in the inquest court, influenced their decision."

(thickness) required to stop the range of that particle (in that particular medium) that particular incident energy.

The range of the particle therefore depends on the rate at which it loses energy along its path of travel, that is on the energy loss per unit distance $(-dE/dx)$ along this path. The energy loss $(-dE/dx)$ depends on the density of the medium and the charge and the velocity of the particle. It is higher for a higher charge or a lower velocity. If we compare alphas and protons at the same energy, for example, the alphas have a higher charge and (owing to their larger mass) a lower velocity. Therefore, in a given medium, $(-dE/dx)$ is larger for alphas than for protons of the same energy and the alpha range is less than the proton range for the same incident energy (see tables below and fig. 24(a)). Furthermore, $(-dE/dx)$ for either particle, the velocity decreases, and hence $(-dE/dx)$

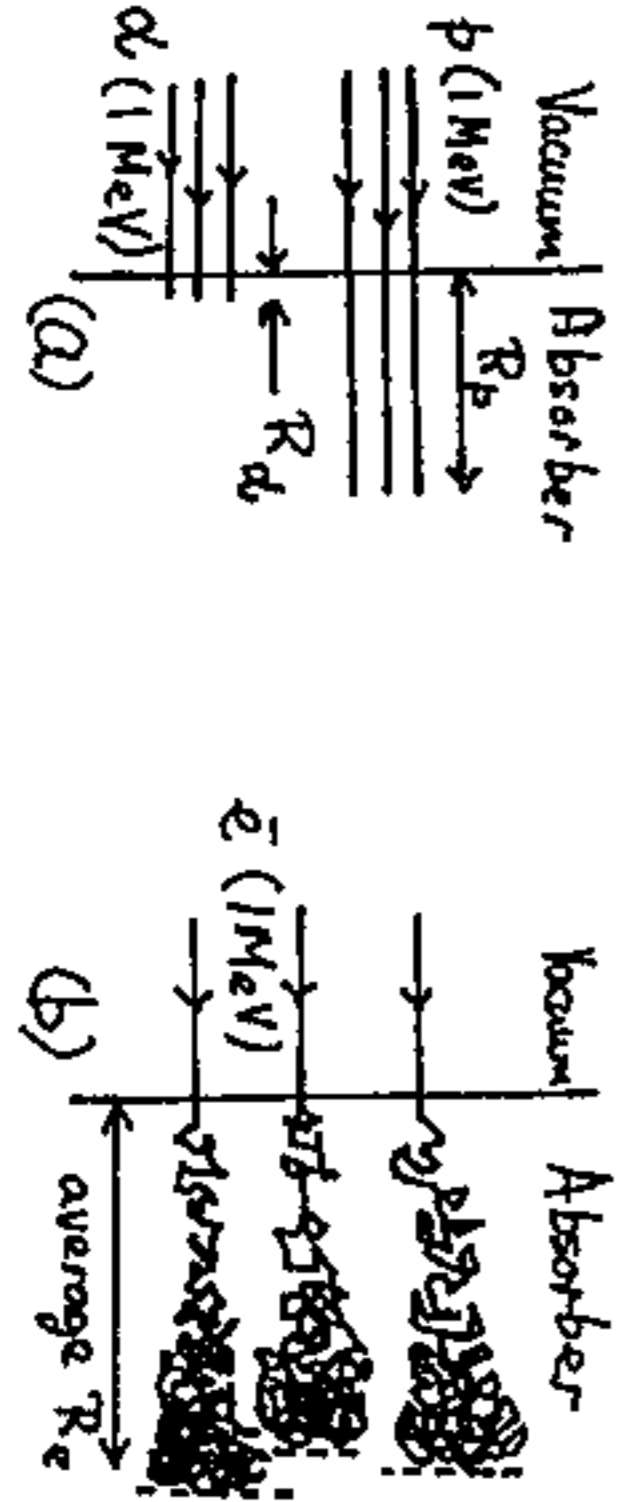


Fig. 24

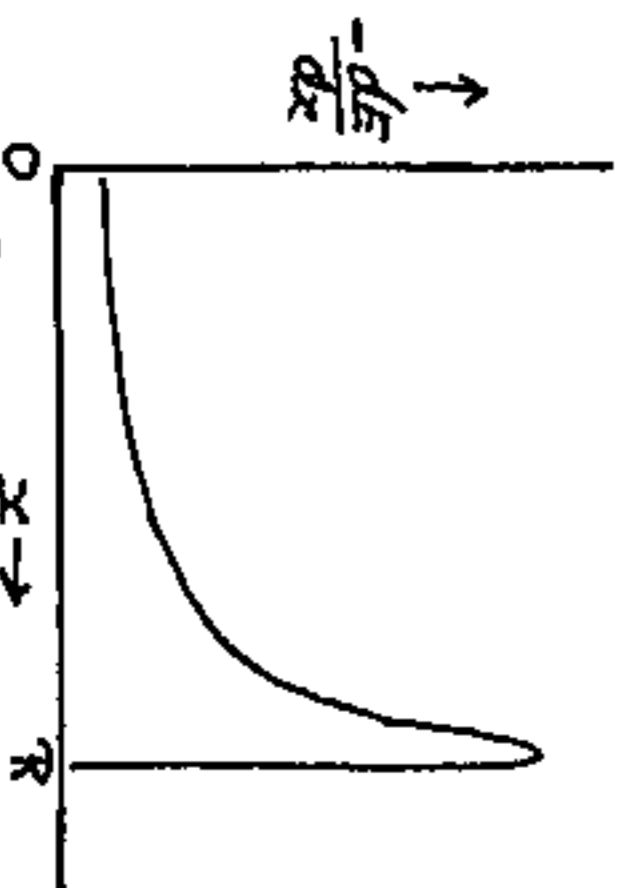


Fig. 25

CAPK TIMES 26/9/80 (93) 344

Wits medical faculty questions Biko finding

JOHANNESBURG. — Yet another influential medical body has called for an investigation into the Medical Association's decision to clear the Biko doctors of improper or disgraceful conduct.

The board of the Faculty of Medicine at the University of the Witwatersrand yesterday called for an urgent meeting of the federal council of the Medical Association to question the finding.

Professor Phillip Tobias, dean of the faculty, said: "We want to examine the statement issued by the association's executive that they agreed there was no evidence of dishonourable conduct on the part of the medical men who treated Mr Steve Biko.

"Before we consider whether to support a suggestion that

there should be mass resignations of members of the association, the federal council should be given the opportunity of repudiating the decision of the executive committee," he said.

Professor Tobias said: "The faculty board is unable to see how the issuing of a false medical certificate — admitted in open court at the inquest on Mr Biko — can be reconciled with the requirements of medical ethics.

"The board considered that the subordination of the interests of a patient (Mr Biko) to the interests of the security police admitted in open court at the inquest — is irreconcilable with the tenets of the Hippocratic Oath and with accepted standards of medical ethics." — Sapa

261 9180 ARGUS

Biko: Natal doctors reject council's findings

(93)

(329)

Argus Correspondent

DURBAN. — Doctors in the Natal coastal region have come out strongly against findings of the Medical Association of South Africa that the doctors who treated black consciousness leader, Steve Biko, were not guilty of negligence.

Their opposition to the association's findings were expressed at a closed meeting of the Natal coastal branch in Durban last night.

It follows similar widespread protests from members of the profession, politicians and civic leaders throughout the country.

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Professor Phillip Tobias, Dean of the Faculty, said: "We want to examine the statement issued by the associations executive that they agreed there was no evidence of dishonourable conduct on the part of the medical men who treated Mr Steve Biko.

"Before we consider whether to support a suggestion that there should be mass resignation of members of the association, the Federal Council should be given the opportunity of repudiating the decision of its executive committee," he said.

DOCTORS

The doctors concerned were: Dr Benjamin Tucker, Dr Ivor Lang and Dr Colin Hersch.

Professor Tobias said: "The Faculty Board is unable to see how the issuing of a false medical certificate — admitted in open court at the inquest on Mr Biko — can be reconciled with the requirements of medical ethics.

"The board considers

Call for probe on Biko docs

that the subordination of the interests of a patient (Mr Biko) to the interests of the Security Police — admitted in open court at the inquest — is irreconcilable with the tenets of the Hippocratic Oath and with accepted standards of medical ethics."

FINDINGS

Professor Tobias said the findings of the Medical Association and the Medical Council meant that the issuing of false certificates and subordination of a patient's interests were reconcilable with high standards of medical professional conduct and ethics.

"We believe that both bodies have an absolute duty to the medical profession, to the high standing of South African doctors and to the public of this country, to make public what facts and reasoning, other than those revealed in the inquest court, influenced their decision."

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26/9/80
POST

Doctors call for fresh Biko inquiry

MORE than 100 British doctors have signed a letter calling on the South African Minister of Health to reopen investigations into the conduct of the three doctors who treated Steve Biko before his death.

The letter was written by Miss Elizabeth Gordon, the eminent London surgeon who heads the medical group of the British section of Amnesty International.

The letter expresses concern at the decision of the SA Medical and Dental Council and the Medical Association of South Africa to exonerate the three doctors who treated Biko just before his death in detention.

The chairman of the Eastern Cape Black Study Medical Group, Dr Lawrence "Dubs" Msauli of Mdantsane, has called on black and white doctors to resign from the Medical Association over the Biko issue.

Dr Msauli is a former director of the banned Black Community Programme and was a close friend of Steve Biko. The Zanempilo Health Centre was the brain-child of both men.

"On behalf of the Study Medical Group I also join the large number of doctors who have condemned the decision of the Medical Association which was endorsed by the South African Medical and Dental Council," he said.

"I urge colleagues, both black and white, to resign from the Medical Association as continued membership implies their concurring with such a decision, unfortunate as it is.

"Black doctors must now re-examine their association with a body that is insensitive to its interests. I believe the association is there to serve the interests of its white members only."

— SUNDAY POST Correspondent.

Top men resign in Biko protest

Own Correspondent

CAPE TOWN — The principal designate of the University of Cape Town, Professor Stuart J Saunders, has resigned from the Medical Association of South Africa because he disapproves of its decision to clear the conduct of the three Biko doctors.

It is understood the principal of the University of the Witwatersrand, Professor D J du Plessis, has also resigned from MASA because of the issue.

Both the professors are overseas at present.

Mrs Saunders confirmed today that her husband who will take over as principal of UCT next year after the retirement of Sir Richard Luyt — had resigned from MASA.

She said he did so because he found the association's stand on the three Port Elizabeth doctors who treated black consciousness leader Steve Biko before his death in detention in 1976 completely unacceptable at present.

A spokesman for the Medical Association said it had not been officially notified of the resignations of Professor Saunders or Professor du Plessis.

LEGAL ADVICE

Several doctors based in Cape Town and have the support of colleagues in other centres have taken legal advice to get a Supreme Court ruling against the Medical and Dental Council to force it to hold a public inquiry into the manner in which the three Port Elizabeth doctors handled the Biko case.

The advice received has apparently been favourable and money is now being collected from members of the medical profession to take the matter further.

Professor F Ames of Cape Town is understood to be the leader of the group but she could not be contacted today.

● More than 100 British doctors have signed a letter calling on the South African Minister of Health to reopen investigations into the conduct of the doctors.

The letter, written by Miss Elizabeth Gordon,

surgeon who heads the medical group of the British section of Amnesty International, was posted in London last week.

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A Sick Prescription

Negligence in any shape or form clearly is not a suitable subject for discipline by the Medical Council, asserts CYNTHIA BIRRFER. So — who, then, will protect the rights of the sick?

The decision by the Committee of Preliminary Investigation of the South African Medical and Dental Council, confirmed by a special meeting of the council held on June 17, and upheld by the Medical Association of South Africa, that there was no evidence of improper or disgraceful conduct on the part of Doctors Tucker, Lang and Hirsch who attended Mr Steve Biko, in September, 1977, not only highlights "the weaknesses in the present system of disciplinary control in the medical field," it also starkly underlines the powerlessness of the individual who alleges negligence on the part of a medical practitioner to act.

If doctors who admit to such behaviour are not required to appear before a formal disciplinary inquiry, what redress can the individual who has suffered lesser negligence and neglect resulting, nevertheless, in crippling, in a maiming, irreversible coma, to name but a few, expect?

The South African Medical and Dental Council has a number of functions, but of these the only one which directly affects members of the public is its disciplinary jurisdiction over doctors. The council is an official body created by Parliament, which has invested it with powers and duties which it exercises on behalf of the community. It is the body which is given the authority to recognise a doctor officially as qualified to practise medicine in this country. Likewise, it is the only body which can remove a doctor's name from the Register.

Two reasons for not doing so are that the complainant has not made out a *prima facie* case that is there does not seem to be any real evidence of an offence being committed, or it may decide that even if an offence appears to have been committed, it is too trivial to justify sending forward.

On what grounds can doctors be disciplined? The statutory basis of the council's jurisdiction, in effect, consists of two items only. One is where a doctor has been convicted of an offence by a court of law, when he may or may not appear before the council; the other is where the doctor is found guilty of serious professional misconduct. In short, the primary function of the South African Medical and Dental Council is to hear charges relating to improper or disgraceful conduct, which may have emanated from a criminal charge.

Adultery with a patient has always been regarded as serious, and the offence may be committed even though the conduct falls short of adultery in the legal sense. Any conduct which goes beyond the bounds of social and professional propriety in a way suffice if it represents an abuse of the doctor-patient relationship. However, the layman may be forgiven if he sees the severity of punishment by the council and rigidity of the professional attitude less as protection for the patient than as the best policy in the interests of doctors themselves.

Abortion is of concern to the council only when it is illegal. When it comes before the council, it usually does so following a conviction in the ordinary criminal courts. In such a case, the council can hardly turn a blind eye. Advertising consists of the publication of matter recommending or directing attention to the professional knowledge, services or qualifications of a doctor where such publication is primarily to obtain patients or to promote the doctor's own professional advantage. Moreover, any attempt by a doctor to persuade or even invite a person to become his patient leaves him liable to disciplinary action. Advertising, in fact, is the cardinal sin of the medical profession. It is the incest taboo par excellence, for what else can create such dissension among doctors, thereby threatening the cohesion of this powerful trade union?

Adultery with a patient has always been regarded as serious, and the offence may be committed even though the conduct falls short of adultery in the legal sense. Any conduct which goes beyond the bounds of social and professional propriety in a way suffice if it represents an abuse of the doctor-patient relationship. However, the layman may be forgiven if he sees the severity of punishment by the council and rigidity of the professional attitude less as protection for the patient than as the best policy in the interests of doctors themselves.

Short of behaviour that can be expected only from an individual who has taken permanent leave of his senses, negligence in any shape or form clearly is not a suitable subject for discipline by the South African Medical and Dental Council. It can be argued, of course, that in such a case the patients — or his family's — proper remedy is to sue the doctor for damages for his negligence. However, where such an allegation is made only another doctor, or panel of doctors, can assess whether the plaintiff has a *prima facie* case, and advise an attorney accordingly. By decree of the courts in South Africa medical negligence is, to a large extent, determined by the standards of reasonable care set by the doctors themselves. But a doctor is usually the very last person who will speak out on these matters. This among many other legal difficulties which I have considered at length previously, largely undermines the legal process in respect of medical litigation in South Africa.

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Biko: Saunders quits

Staff Reporter

THE future principal of the University of Cape Town, Professor Stuart Saunders, has resigned from the Medical Association of South Africa (Masa) because of the association's stand on the Biko doctors.

Mrs Saunders confirmed her husband's resignation from Masa and said he did so because he could not accept Masa's stand on the conduct of

three Port Elizabeth doctors who were cleared of improper or neglectful conduct after they treated Steve Biko in 1976.

She said her husband had written to Masa last week but had not yet received a reply.

Yesterday, the chairman of the federal council of Masa refused to comment on Professor Saunders' resignation. "He can do what he likes. That's his business but I have absolutely no comment to make," he said.

Professor Phillip Tobias, dean of the Faculty of Medicine at Wits University whose board has called for an urgent meeting of the federal council of Masa, said last night: "I cannot comment on Professor Saunders' resignation at this stage but it seems to be an indication of a large movement afoot among both black and white South African doctors to resign from Masa as a result of its stand on the Biko issue."

CAPIC UHLS 30/9/80 (93)

Statement on Biko

doctors 'bad news'

Medical Reporter

A STATEMENT today by a spokesman for the South African Medical and Dental Council that its clearing of the Biko doctors was final and irreversible came as bad news for concerned medical men and threatens a clash between the council and the Medical Association of South Africa.

The council's statement confirming its decision not to take action against the Biko doctors followed hard on the heels of a report that the Federal Council of the Medical Association has called a special meeting to reconsider its stand (which until now has been in line with the council's decision).

STAND

If the Medical Association (a voluntary professional body) reverses its thinking at the meeting, this will be in conflict with the stand of the Medical Council (a statutory body with compulsory membership for practising doctors).

Professor Guy de Kleck, chairman of the Medical Association's Federal Council, was not available today to comment on the latest development in the controversy surrounding the conduct of three Port Elizabeth doctors who treated Mr Steve Biko before his death in detention.

The three doctors are Dr Benjamin Tucker, Dr Ivor Lang and Dr Colin Hersch.

INVOLVED

Dr J P van Nickerk, acting chairman of the University of Cape Town medical school's Professional Standards Committee — which has been closely involved in the controversy — said the council's confirmation of their stand was bad news for the profession.

Dr van Nickerk was reluctant to predict a definite clash between the council and the association on the issue because, he said, the association was involved with only one of the doctors, and its disciplinary powers were less than those of the Medical Council.

FROM ROLL

He explained that the council had the power to strike doctors from the roll if they were found guilty of improper conduct, and then they could no longer practise.

The association had power only to end a doctor's membership of the association, and recommend further action to the Medical Council.

To take any disciplinary action at all against a member, the association's Federal Council had to receive a complaint from a branch.

In the case of the Biko doctors the Federal Council had received a complaint about only one of the three involved.

The complaint had come from the Midlands branch of the association.

DECLINED

Dr van Nickerk declined to say which of the three doctors was involved.

Therefore, the council and the association are involved in two separate issues. The council is concerned with all three whereas Masa has cleared only one, he said.

He said the issue also had wider ramifications concerning the medical care of prisoners and detainees in general, and on this aspect the association and the UCT Professional Standards Committee had established common ground.

CONCERN

The main concern is that there is never a recurrence of this situation.

From the evidence of the Biko inquest it appears that the law has precedence over the duty of a doctor. It is this that is the main cause of disquiet in the profession, he said.

If it was the case that a police officer could have jurisdiction over a district surgeon, society should make sure this situation was changed.

Medical people should be allowed to carry out their duties, he said.

RESIGNATIONS

Dr van Nickerk said that although there had been reports of prominent medical men resigning from the association in protest over its stand, he did not feel mass resignations were the answer did not feel mass resignations were the answer because there was this measure of common ground.

He felt the issue would be eased considerably if the council would make public its reasons for clearing the doctors — for its own sake as well as for the good of the profession as a whole.

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Special Masa talks on Biko doctors

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Rpm 11/10/80
By MARIKA SBOROS

THE supreme body of the Medical Association of South Africa has called a special meeting in Cape Town next month to discuss the conduct of Steve Biko's doctors. The decision was taken under ever-mounting pressure from South African doctors.

And in a statement issued by the Board of the Faculty of Medicine of the University of the Witwatersrand, the dean, Professor Phillip Tobias, said: "The Wits Faculty Board is unable to see how the issuing of a false medical certificate — admitted in open court at the inquest — can be reconciled with the requirements of medical ethics. The Board considers that the subordination of the interests of a patient to the interests of the Security Police . . . irreconcilable with the tenets of the Hippocratic Oath and with accepted standards of medical ethics."

Black Sash to picket over Biko decision

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By MARIKA SBOROS

THE Black Sash will today picket the offices in Johannesburg and Pretoria of the South African Medical and Dental Council and the Medical Association of South Africa in protest against decisions clearing the Biko doctors.

"Sash members who attended the inquest of Mr Steven Biko were horrified by the callous attitudes of all three doctors towards their patient in allowing him to be left on the floor, chained, naked and wet with his own urine," Mrs Jill Wentzel, the Sash's vice-president, said yesterday.

"We were even more horrified when they were exonerated by the SAMDC and Masa."

Mrs Wentzel said it appeared that the doctors were judged differently because two were public servants, and all were engaged to attend a patient who was a detainee of the State.

"It is a dangerous belief which seems to be gaining ground in all our institutions that what is done by officials, especially the police, is outside the scope of ordinary rules, and must first be judged in the light of State interests and security," she said.

"This is the philosophy of all the world's worst governments. Must it also be the philosophy of our medical profession," she asked.

In Pretoria, the Sash will picket the offices of the SAMDC at 188 Schoeman Street between 12.30 and 1.30pm.

This evening it will hold a picket between 7.30 and 8.30 outside Masa's branch offices — where a branch council meeting is to be held — at 3 St David's Place, Parktown, Johannesburg.

Mrs Wentzel said the Sash was pleased to

hear that Masa had bowed to ever-increasing pressure from doctors and called a special meeting of its federal council in Cape Town next month to review its executive committee's decision to clear the Biko doctors' conduct.

The federal council, Masa's supreme body, has the power to override any committee decision — even the executive committee decision — which a prominent doctor described yesterday as "poisonous".

Indications are that if the federal council does not repudiate the decision, the association will be destroyed by nationwide resignations.

A spokesman for the Southern Transvaal branch of Masa, Dr J Gluckman, said yesterday that in the last decade he could think of only two other occasions when a special meeting of the full federal council had been called.

The full council usually meets annually, and has already met this year.

The special nature of the meeting means that only the conduct of the three Port Elizabeth doctors who treated the black consciousness leader before his death, in police detention three years ago, can be discussed.

The doctors, whose conduct will be re-examined by the federal council are: Dr Benjamin Tucker, Dr Ivor Lang and Dr Colin Hersch, of Port Elizabeth.

Members of Masa's federal council, which consists of more than 50 doctors from all over South Africa, were advised by telegram on Tuesday that the chairman, Professor Guy de Klerk, had called the meeting. It will be held on November 12 at Tygerberg, Cape Town.

Only 13 doctors for 1-m people in Soweto

STAR
2/10/80

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By Mike Phalatse

Soweto, with an estimated population of a million residents, has only 13 doctors, four dentists and no optician, a doctor said in Johannesburg yesterday.

Describing the low figure as "scandalous" the founder of the Black Doctors' Discussion Group, Dr Nthato Motlana, warned that the situation was becoming worse.

"The central government insists that all black medical students must get government scholarships. As soon as the student accepts the scholarship the government then makes it look as though the scholarship had been granted by a homeland government.

"When the student qualifies he then discovers that he has to serve a homeland government for the same number of years as he has studied for his medical degree."

SURPRISED

Dr Motlana said he was also surprised that the four dentists in Soweto were not prepared to open private surgeries.

"Our people are now forced to depend on white doctors in the city."

Black doctors are being phased out of the Natal Medical School and can only get training at the Medunsa School in Garankwa.

There are six medical schools for whites in the country and Dr Motlana argues that they should all admit black students since they have better facilities.

The Pretoria townships of Mamelodi and Atteridgeville have, between them, only nine black general practitioners, according to Dr A Nkomo.

"For a population of about 150 000 we certainly need more doctors," he said.

HOW BLACK DOCS ON BIKO CASE

BLACK doctors are to start their own probe into the conduct of the "Biko doctors", POST learnt yesterday as the criticism of the Medical Association and the Medical and Dental Council for exonerating the doctors mounted.

The Black Sash yesterday had two protest demonstrations, a lunch-hour one outside the of-

fices of the SA Medical and Dental Council in Pretoria and the other outside a branch council meeting of the Medical Association of SA (Masa) in Parktown, Johannesburg.

In the meantime Sapa reports that Prof Guy de Klerk, chairman of Masa, said yesterday that he had called a special meeting in Cape Town to discuss the association's attitude towards the Steve Biko

affair. The meeting will be held November 12.

This unusual step follows a statement by the association's federal council in the Medical Journal two weeks ago that the doctors who attended Biko, the black consciousness leader who died in detention in 1977, were not guilty of negligence and had provided proper care.

A similar opinion was expressed by the Medical and Dental Council

A spokesman for the Transvaal Medical Society, which represents about 250 black doctors and paramedical workers, revealed to POST that the society would soon be starting its own probe.

"We will get our own specialists to go through the evidence and see if the earlier decisions are fair," the spokesman said.

The TMS has already called on "concerned

doctors" to resign from Masa because "continued membership would mean the doctor identifies with Masa's decision to exonerate the Biko doctors."

In a Press statement yesterday, Mrs Jill Wentzel, the Black Sash national vice-president, said her organisation believes the protest should be kept alive.

"We don't think the Medical and Dental Council or the Medical As-

sociation should ever be allowed to forget the damage they have done to the image of our medical profession and to the quality of public life," Mrs Wentzel said.

"Black Sash members attending the inquest of Mr Stephen Biko were horrified by the attitude of all three doctors towards their patient, allowing him to be left on the floor, chained and naked and wet with his own urine."

WALKOUT AFTER REVEAL

OVER BIKO

BY CHRIS WHITFIELD

THE powerful Medical Association of South Africa (Masa) is on the brink of a mass walk-out over its position on the Biko doctors affair. Top members of the association said this week they had no doubt there would be mass resignations if a specially called meeting on November 12 upheld the statement released by the association's executive committee supporting the Medical and Dental Council's finding on the conduct of the doctors attending Steve Biko.

Masa found there had been no negligence by doctors who treated Mr Biko and there was no proof of improper and disgraceful conduct.

Doctors see the meeting of the federal council as the last chance of stemming a walkout that could destroy the credibility of the organisation.

This follows the resignation from Masa of the principal designate of the University of Cape Town, Professor Stuart Saunders, and reports that the Natal Coastal branch of Masa was considering disaffiliation.

In Durban the chairman of the Natal Coastal branch of Masa, Dr Walter Loening, said he had little doubt there would be a flood of resignations if the statement was upheld.

He said however that there might have been a misunderstanding of the statement and if this was clarified it might appease angry members.

He said that of the three doctors who treated Biko — Dr Colin Hersch, Dr Benjamin Tucker and Dr Ivor Lang — only one was a member of Masa and the statement may have applied only to him.

"If this is the case, it will change the whole thing," said Dr Loening. Professor Frances Ames of the University of Cape Town's medical school said she knew a "lot of people are thinking about walking out" but the federal council should be given an opportunity to rectify the situation before action was taken.

The dean of the faculty of medicine at the University of the Witwatersrand, Professor Phillip Tobias, said most doctors were waiting for the November 12 meeting before doing anything.

A statement released by Masa to the Sunday Tribune said: "Masa has no knowledge of a 'walkout' and therefore could not comment on the subject. Our standpoint will be made known after the special meeting scheduled for November 12."

What 3 doctors told the Biko inquest

RNM 6/10/80

WHEN the Medical Association of South Africa last month cleared the Biko doctors of disgraceful conduct, they chided their members for calling for an investigation on the grounds of hearsay and newspaper reports, rather than the "comprehensive and voluminous evidence" which had been considered by the South African Medical and Dental Council.

So what evidence did the three doctors themselves give during the inquest in November 1977 into the death of Mr Steven Biko?

These are extracts from the evidence given by the three Port Elizabeth doctors who were entrusted with the medical care of Mr Biko before he died in police detention in September 1977.

The doctors were questioned by Mr Sidney Kentridge, QC, who appeared for the Biko family, with Mr George Bizos SC, and Mr Ernest Wentzel SC.



DR LANG

By MARIKA SBOROS Staff Reporter

The first doctor to give evidence was Dr Colin Lang, the district surgeon who was the first doctor to see Mr Biko on the morning of September 7, 1977.

Mr Kentridge: Did you treat Steven Biko with the same care and consideration that you would show to any other patient of yours?

Dr Lang: That day or throughout the entire... (pause).

Mr Kentridge: What's the difference?

Dr Lang: Well, I would like to know. He was treated as a patient by me, and as a patient I treated him.

Mr Kentridge: Did you treat him throughout with the same care and consideration that you would show to any other patient of yours?

Dr Lang: Yes, I did. I did.

Mr Kentridge: I think it would be fair to Dr Lang if he had both his (medical) reports (on Mr Biko's condition) in front of him throughout. You see, if you look at your report... you set out at the beginning what you (the officer in charge of Security) were told by Colonel Goosen (the officer in charge of Security) by Police in Port Elizabeth. You were told that he (Mr Biko) displayed a weakness of all four limbs and it was feared that he had suffered a stroke. Do you see that?

Dr Lang: That is correct. Mr Kentridge: Whereas in your certificate all you say is that you were told he would not speak. Well, why didn't you put these other matters in your certificate?

Dr Lang: I cannot answer, I can't, it's inexplicable.

Mr Kentridge: Well, would you now say that the first part of your certificate is not accurate?

Dr Lang: I think that you made the original report only a few days after Biko died?

Dr Lang: I think it was made the day Biko died, the day after, on the Tuesday.

Mr Kentridge: ... Who asked you for the report?

restriction come from? What is the source of this restriction?

Dr Lang: Well, I can't tell you, because this has only happened in this particular case and this was one of the very very few detainees that I have seen.

Mr Kentridge: But then where did you get the idea that the place of treatment could be dictated by the colonel and not by you?

Dr Lang: Col Goosen - we asked him to send him to the Livingstone Hospital and he said no.

Mr Kentridge: Yes, and he was handcuffed?

Dr Lang: I cannot remember. Mr Kentridge: This is a fairly detailed report. I take it you must have had some original notes?

Dr Lang: I didn't have any original notes, the cases were well known to me.

Mr Kentridge: But things like his pulse and his blood pressure, did you remember that?

Dr Lang: I did because I had taken it on the Wednesday, Thursday, Friday and Saturday.

Mr Kentridge: I see, so this is taken from memory?

Dr Lang: Yes.

Mr Kentridge: Why is it that in your report on page 2 you say that you attributed his ataxic (similar to spastic) gait to lack of co-operation?

Dr Lang: Co-operation in not being able to carry out my instructions.

Mr Kentridge: Is that what lack of co-operation means?

Dr Lang: Well, this is what I meant by it.

Mr Kentridge: That his feet were swollen, so he would not carry out your instructions?

Dr Lang: Yes that is what I mean by it.

Mr Kentridge: ... Let's leave out what you mean for the moment. Would you not agree that a person reading this report and seeing that you attributed his ataxic gait to lack of co-operation would understand that to mean a deliberate failure to co-operate with you?

Dr Lang: I would agree.

Mr Kentridge: You would agree that that is misleading?

Dr Lang: It is misleading.

Mr Kentridge: And you went there with Dr Tucker?

Dr Lang: I did.

Mr Kentridge: And you found him in the same position?

Dr Lang: I did.

Mr Kentridge: Still in chains?

Dr Lang: I think he had his chains on the one foot.

The next witness to be called was Dr Benjamin Tucker, the Chief District Surgeon.

Mr Kentridge: Well, were you not interested in why your patient, a grown man, should have wet his bed?

Dr Tucker: Your Worship I was.

Mr Kentridge: But you didn't ask him?

Dr Tucker: I didn't ask him.

Mr Kentridge: Why should a man's wrists have these abrasions simply because he had been in handcuffs?

Dr Tucker: Because unfortunately I have seen similar abrasions of persons who had been handcuffed.

Mr Kentridge: But you saw the man with his leg chained to a grille.

Dr Tucker: Handcuffed.

Mr Kentridge: Yes. Why did you not mention that in your report?

Dr Tucker: As I have said, I did not think that to be significant.

Mr Kentridge: Was it significant that he was lying on a cell road?

Dr Lang: I knew that he would go by road, because an aircraft was not available.

Mr Kentridge: Didn't that rather worry you?

Dr Lang: Well, it did worry me, but there was nothing I could do about it.

Mr Kentridge: And they were smelling?

Dr Lang: That is quite correct. Mr Kentridge: Was anything done about that to your knowledge?

Dr Lang: Not while we were there.

Mr Kentridge: Did you give any orders about that?

Dr Lang: We gave orders that he be removed to the Sydenham Prison Hospital.

Mr Kentridge: All right, doctor, you say that if it weren't for the Security Police, you would have sent him to a provincial hospital? Where?

Dr Lang: In Port Elizabeth.

Mr Kentridge: Then I still you didn't immediately insist on sending him there?

Dr Lang: We were told that he was not to go there under any circumstances.

Mr Kentridge: But you were his doctor, wasn't it for you to insist that he got proper treatment?

Dr Lang: I think that we are restricted in the sense that we cannot tell them where we want a detainee.

Mr Kentridge: Is that in the case of the Security Police?

Dr Lang: Yes.

Mr Kentridge: Where does this

your examination, I suppose Dr Lang left the questioning to you?

Dr Tucker: No.

Mr Kentridge: No?

Dr Tucker: We were both there together.

Mr Kentridge: I see, but Dr Lang didn't ask him any other questions?

Dr Tucker: I can't recall.

Mr Kentridge: ... On that basis, you say this in your affidavit, ... Mentally he was alert but answered questions in an indistinct manner.

Dr Tucker: Yes.

Mr Kentridge: Well, then that is a misleading statement in your affidavit.

Dr Tucker: Yes, no I am sorry. Mr Kentridge: It is not merely misleading doctor, it is a plain false statement in your affidavit.

Dr Tucker: I can't say that.

Mr Kentridge: Well, I can say it and I will tell you why. Firstly, he didn't answer questions in an indistinct manner, at most he answered one question. Correct?

Dr Tucker: Yes.

Mr Kentridge: Secondly and more important, much more important on the basis of that single question and answer I suggest that you had no right to say that mentally he was alert.

Dr Tucker: Your Worship on how he has found his patient when he first approached him, without saying that his ankle was attached to a handcuff to a grille.

Dr Tucker: Your Worship, can I say it was an error.

Mr Kentridge: What is the value of saying that Biko didn't mention he had been injured in any way whilst in detention when you could see an injury on him? What is the value of that statement?

Dr Tucker: Your Worship, this is... he did not volunteer it to me.

Mr Kentridge: ... so that is the sum total of your questioning?

Dr Tucker: Yes.

Mr Kentridge: And this was

transferred to the prison in Pretoria, and as you put it yourself he couldn't arrange air transport and he was therefore going in a motor vehicle?

Dr Tucker: Yes.

Mr Kentridge: Did you not re-monstrate with Col Goosen on this decision?

Dr Tucker: I saw no reason that it was inadvisable for Biko to be transferred by motor vehicle.

Mr Kentridge: So the answer again is no, you didn't remonstrate?

Dr Tucker: I didn't see any reason for that.

Mr Kentridge: Did you know he was going in the back of a handover?

Dr Tucker: No, I - he told me that he would be going in a combi.

Mr Kentridge: All right, a combi. Did you know that he would be going without any medical attention on the journey?

Dr Tucker: Yes.

Mr Kentridge: Not even a semi-trained male nurse would be with him?

Dr Tucker: Your Worship, there is no one available.

Mr Kentridge: Right, Dr Tucker, at the time when you advised Col Goosen that the man could go by road to Pretoria, you knew that a lunbar puncture had been done but you didn't yet have the result of it?

Dr Tucker: That is correct.

Mr Kentridge: Well, why then Col Goosen told you a little later that the man was to be



DR TUCKER

interests of your patient?

Dr Tucker: Your Worship, I am afraid I am not aware or shall I say not aware, I don't know whether one in this particular situation, that one can override... (pause).

Mr Kentridge: The Security Police?

Dr Tucker: The decision made by a responsible police officer.

Mr Kentridge: In terms of the Hippocratic Oath to which I take it you subscribed, are not the interests of your patient paramount?

Dr Tucker: Yes, Your Worship.

Mr Kentridge: But in this case they were subordinated to the interests of security? Is that a fair statement?

Dr Tucker: Yes.

Mr Kentridge: When Biko was sent to Pretoria you knew that he was going to another prison hospital?

Dr Tucker: Yes.

Mr Kentridge: Was it not your duty to have sent a medical report with him?

Dr Tucker: Your Worship, as I said on that particular day I was on duty having to perform my other district surgeon's duties, I didn't have time to write a report, but I asked Major Fischer to ask the district surgeon in Pretoria to telephone me the following morning.

Mr Kentridge: Isn't it the accepted practice though, when a patient is transferred from one hospital to another, to send his medical report with him?

Dr Tucker: I don't think it is such a necessary practice. I have often telephoned colleagues in other centres, giving them the information that I would otherwise send by letter.

Mr Kentridge: Were you on telephone?

Dr Tucker: No, I then telephoned Major Fischer to ask him to find out what had happened to this call.

Mr Kentridge: Why should one

settle for two different degrees of bad? Why shouldn't the man have gone to a proper hospital?

Dr Hensch: Unfortunately, this was not in our hands.

Mr Kentridge: No, I think you will agree, doctor, that if this had been a private patient of yours, without the complication of safe security and so on, you would certainly have put him in a hospital.

Dr Hensch: No doubt... I knew, I thought he should go to a hospital, after examining, but I knew that he could - that he was not allowed to go to a hospital.

By the Court: You did not take the matter any further?

Dr Hensch: No.

Mr Kentridge: Now we have here a document which has been handed in as being Mr Biko's bed letter at the Port Elizabeth Prison... the last entry dated September 10 appears to read as follows: "No change in condition. Have informed him (that is Biko) that both Dr Hensch and myself can find no pathology, that lunbar puncture was normal". That is quite wrong, isn't it?

Dr Hensch: Yes.

Mr Kentridge: Absolutely wrong on both counts. You did find pathology and the LP (lunbar puncture) was not normal.

Dr Hensch: Let us say that the LP was compatible with normal, but compatible with abnormal, as well.

Mr Kentridge: Yes, and it goes on "and as a result I was re-turning him to the police cells".

Mr Biko was detained on August 18, 1977, in good health. He died 26 days later.

Dr Hensch: I think that you made the original report only a few days after Biko died?

Dr Lang: I think it was made the day Biko died, the day after, on the Tuesday.

Mr Kentridge: Still in chains?

Dr Lang: I think he had his chains on the one foot.

Mr Kentridge: Where does this

your examination, I suppose Dr Lang left the questioning to you?

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Dr Tucker: Yes.

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Dr Tucker: Your Worship on how he has found his patient when he first approached him, without saying that his ankle was attached to a handcuff to a grille.

Dr Tucker: Your Worship, can I say it was an error.

Mr Kentridge: What is the value of saying that Biko didn't mention he had been injured in any way whilst in detention when you could see an injury on him? What is the value of that statement?

Dr Tucker: Your Worship, this is... he did not volunteer it to me.

Mr Kentridge: ... so that is the sum total of your questioning?

Dr Tucker: Yes.

Mr Kentridge: And this was

transferred to the prison in Pretoria, and as you put it yourself he couldn't arrange air transport and he was therefore going in a motor vehicle?

Dr Tucker: Yes.

Mr Kentridge: Did you not re-monstrate with Col Goosen on this decision?

Dr Tucker: I saw no reason that it was inadvisable for Biko to be transferred by motor vehicle.

Mr Kentridge: So the answer again is no, you didn't remonstrate?

Dr Tucker: I didn't see any reason for that.

Mr Kentridge: Did you know he was going in the back of a handover?

Dr Tucker: No, I - he told me that he would be going in a combi.

Mr Kentridge: All right, a combi. Did you know that he would be going without any medical attention on the journey?

Dr Tucker: Yes.

Mr Kentridge: Not even a semi-trained male nurse would be with him?

Dr Tucker: Your Worship, there is no one available.

Mr Kentridge: Right, Dr Tucker, at the time when you advised Col Goosen that the man could go by road to Pretoria, you knew that a lunbar puncture had been done but you didn't yet have the result of it?

Dr Tucker: That is correct.

Mr Kentridge: Well, why then Col Goosen told you a little later that the man was to be

interests of your patient?

Dr Tucker: Your Worship, I am afraid I am not aware or shall I say not aware, I don't know whether one in this particular situation, that one can override... (pause).

Mr Kentridge: The Security Police?

Dr Tucker: The decision made by a responsible police officer.

Mr Kentridge: In terms of the Hippocratic Oath to which I take it you subscribed, are not the interests of your patient paramount?

Dr Tucker: Yes, Your Worship.

Mr Kentridge: But in this case they were subordinated to the interests of security? Is that a fair statement?

Dr Tucker: Yes.

Mr Kentridge: When Biko was sent to Pretoria you knew that he was going to another prison hospital?

Dr Tucker: Yes.

Mr Kentridge: Was it not your duty to have sent a medical report with him?

Dr Tucker: Your Worship, as I said on that particular day I was on duty having to perform my other district surgeon's duties, I didn't have time to write a report, but I asked Major Fischer to ask the district surgeon in Pretoria to telephone me the following morning.

Mr Kentridge: Isn't it the accepted practice though, when a patient is transferred from one hospital to another, to send his medical report with him?

Monday is deadline for Biko doctors quiz

Own Correspondent

DURBAN — The South African Medical and Dental Council will reply next Monday to four questions concerning the Steve Biko case asked by the Medical Association of South Africa (MASA) earlier this year.

The registrar of the council, Mr N M Prinsloo, said today a reply was drawn up by the execu-

tive committee and will be discussed at the council's half-yearly meeting in Bloemfontein next Monday.

The meeting will be open to the public.

The questions were:

● Whether the medical care received by Mr Biko conformed with the guidelines determined by the World Medical Association in its Tokyo declaration

with regard to treatment of prisoners, to which the medical profession in all civilised countries subscribed.

● Whether the nursing and clinical services available to the doctors in this case met the desired standards.

● Whether under existing laws and regulations medical practitioners responsible for the treatment

of prisoners are afforded complete clinical independence and unfettered access to their patients under optimal clinical and security conditions, and whether the present state of affairs in this regard does not leave much to be desired.

● Whether, if the intensive medical and nursing care to which reference was made above, had been

available to Mr Biko (with the necessary security precautions) the subsequent unfortunate course of events could not have been avoided.

Since the June decision by the council to stand by the finding clearing the three doctors of improper or disgraceful conduct, a new council and chairman have been elected.

STAR 6/10/80 93 224

Biko

93

doctors:

**Answers
to queries**

6/10/80

ARGUS

Argus Correspondent

DURBAN. — The South African Medical and Dental Council will reply on Monday to four questions concerning the Steve Biko case put by the Medical Association of South Africa (MASA) earlier this year.

The executive committee of the MASA put the four questions to the council after the finding of a preliminary committee inquiry on the Biko doctors was confirmed on June 17.

The registrar of the council, Mr N M Prinsloo, said today a reply to the four questions had been drawn up by the executive committee of the council and would be discussed at the council's half-yearly meeting in Bloemfontein next Monday.

OPEN

The meeting will be open to the public.

The questions asked by the MASA were:

① Whether the medical care received by Mr Biko conformed with the guidelines determined by the World Medical Association in its declaration of Tokyo.

② Whether the nursing and clinical services available to the doctors in this particular case met the desired standards.

③ Whether, under existing laws and regulations, medical practitioners responsible for the treatment of prisoners are allowed complete clinical independence and unfettered access to their patients.

④ Whether, if intensive medical and nursing care had been available to Mr Biko the subsequent unfortunate course of events could not have been avoided.

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Biko death concerns doctors

SMR
8/10/80

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By Bob Kennaugh
Medical Correspondent
The Medical Association is still concerned about aspects of the treatment in detention of Mr Steve Biko. It said today that these aspects raised "important questions of principle."

The Medical Association (Masa), which represents South Africa's doctors, pointed out in a statement that, at no stage, had the association cleared or exonerated the three doctors who treated Mr Biko before his death.

This was the sole prerogative of the SA Medical and Dental Council, the statement said. (The council has, in fact, cleared the doctors.)

The association said it had been asked by 38 of its members to investigate the conduct of one of the doctors involved.

After an impartial inquiry the association found that there was no case to be made for the expulsion of a member in good standing on the grounds of disgraceful or improper conduct.

The matter had been considered independently by three different Masa committees.

Masa said in the statement that it had consistently expressed concern about some aspects of Mr Biko's treatment which raised important questions of principle. These concerns had been expressed in searching questions presented by the association to the Medical and Dental Council and the Department of Health, Welfare and Pensions.

Reacting to the statement, Professor Frances Ames of the University of Cape Town medical faculty, said Masa should be praised for its continued concern about the Biko matter and for its resolve to pursue the issue and keep the public informed.

But it was puzzling that Masa appeared to have found Dr F Laing blameless and to be not guilty of negligence.

Doctors question SAMDC's autonomy

93

RDM 7/10/80

By MARIKASBOROS

DOUBTS have arisen in the medical profession about whether or not the South African Medical and Dental Council and the Medical Association of South Africa are autonomous following the decisions clearing the Biko doctors of disgraceful conduct.

This is the view of Professor Frances Ames, of the University of Cape Town's medical school, who spoke yesterday on next month's meeting of Masa's federal council.

Members of the South African medical profession are doubting the autonomy of these bodies and will discuss this at the meeting.

"If they are not free agents, and cannot represent us, this should be made clear," she added.

Masa could call on the SAMDC to re-open the investigation into the doctors' conduct, but this would not mean that the council would be bound to comply.

Masa, which has been described as a cross between a

trade union and a social club, can expel a member from its association, but does not have the power to prevent a doctor from practising. The SAMDC has this power.

Only one of the Biko doctors, Dr Benjamin Tucker, is a Masa member.

Critical Health, a journal published by medical students at the University of the Witwatersrand, printed an article recently which also raised serious doubts about the autonomy of the SAMDC.

The journal claimed that most of the designated members of the council, who are in the majority, are directly or indirectly linked with the National Party.

The article further claimed that the council's structure meant that any particular decision would have a clear majority of members expressing and supporting views which reflected those of the State.

This could be seen in the way the various members voted on the Biko decision, the article said.

Prof Ames said she had learnt that many Natal Masa members would resign, as well as many of her Cape Town colleagues if the decision was not revoked and certain important questions not answered.

A vital question facing the federal council meeting would be how free doctors are to treat patients in prison, she said.

A Masa executive member said it was the system at fault which allowed the Security Police the final say in the medical wellbeing of a prisoner and forced a doctor to subordinate the Hippocratic Oath to the interests of the Security Police. A prominent Johannesburg advocate said he agreed with the criticism of the system, but added that the doctors should have made it clear that they objected to the erosion of the Hippocratic Oath.

"When they saw the condition in which Mr Biko was, they should have demanded that he be unchained and put into a hospital where he could be given proper medical treatment," he said.

FOOTNOTE: In the article in yesterday's Inside Mail on "What three doctors told the Biko inquest", the name of the district surgeon who treated Mr Steve Biko before his death in police detention was incorrectly given as Dr Colin Lang. He was, in fact, Dr Ivor Lang.

Tobias questions Biko stand

STAR
9/10/80

329

93

By Bob Kennaugh, Medical Correspondent
Professor Phillip Tobias, dean of the Medical Faculty at Wits University, said today that it was astonishing that the Medical Council, in exonerating the Biko doctors, had expressed no concern about the treatment the detainee had received.

He was commenting on the concern which the Medical Association, academics and doctors still feel about aspects of the treatment received by Mr Biko, who died in detention.

In a statement yesterday, the Medical Association (Masa), which represents South Africa's doctors, pointed out that at no stage had it cleared or exonerated the three doctors who treated Mr Biko before his death.

The association had investigated the conduct of one of its members — that is only one of the doctors involved and found there was no case to be made for the expulsion of a member on the grounds of disgraceful and improper conduct.

Professor Tobias commented today on the Masa statement and raised further questions which he said the Medical Council should investigate. (A finding clearing the Biko doctors has already been ratified by the full council).

PROBE PLEA

He said the Wits Medical Faculty Board had been pressing for a special meeting of the council of Masa in order that the implications of an association statement about the conduct of the Biko doctors should be considered.

"We are glad that such a meeting is to be held later this year as it is imperative that the federal council repudiate the impression created by the statement."

Answers were urgently needed to four questions about Mr Biko's treatment, which were put by Masa to the Medical Council. But these questions were not enough.

Professor Tobias said even if the Medical Council, in exonerating the doctors, found extenuating circumstances it owed it to the of South Africa to reassure them that the issuing of a false certificate — admitted in open court at the inquest on Mr Biko — as reprehensible.

Argus Bureau
 JOHANNESBURG. — Professor Phillip Tobias, dean of the medical faculty at the University of the Witwatersrand, said today it was astonishing that the Medical Council, in exonerating the Biko doctors, had expressed no concern about the treatment the detainee had received.

He was commenting on the concern which the Medical Association, academics and doctors feel about aspects of the treatment received by Mr Steve Biko, who died in detention.

NO STAGE

In a statement yesterday the association pointed out that at no stage had it cleared or exonerated the three doctors who treated Mr Biko before his death.

The association had investigated the conduct of one of its members — one of the doctors involved — and it found that there was no case to be made for expulsion on the grounds of disgraceful and improper conduct.

Professor Tobias today raised further questions which he said the Medical Council should investigate (a finding clearing the Biko doctors has been ratified by the full council).

He said the board of the Wits medical faculty had been pressing for a special meeting of the federal council of the association in order to consider implications of an association statement about the conduct of the doctors.

Biko — 9/11/50
 'Lack of concern' **astonishing'**
 ARGUS 93

'We are glad that such a meeting is to be held later this year as it is imperative that the federal council repudiates the impression created by the statement,' he said.

The Argus London Bureau reports that Professor Chris Barnard said yesterday that he would not renew his membership of the association because of its attitude.

Addressing the Medical Journalists' Association here, Professor Barnard said that if the Medical Association threw him out, he would not be able to practise in South Africa. He was prepared to accept that.

'The Biko episode was disgraceful because of the response of the politicians who did nothing to condemn the way he died, and because of gross negligence of the doctors who attended him and who were not reprimanded.'

'The medical profession was very upset by the episode,' Professor Barnard said.

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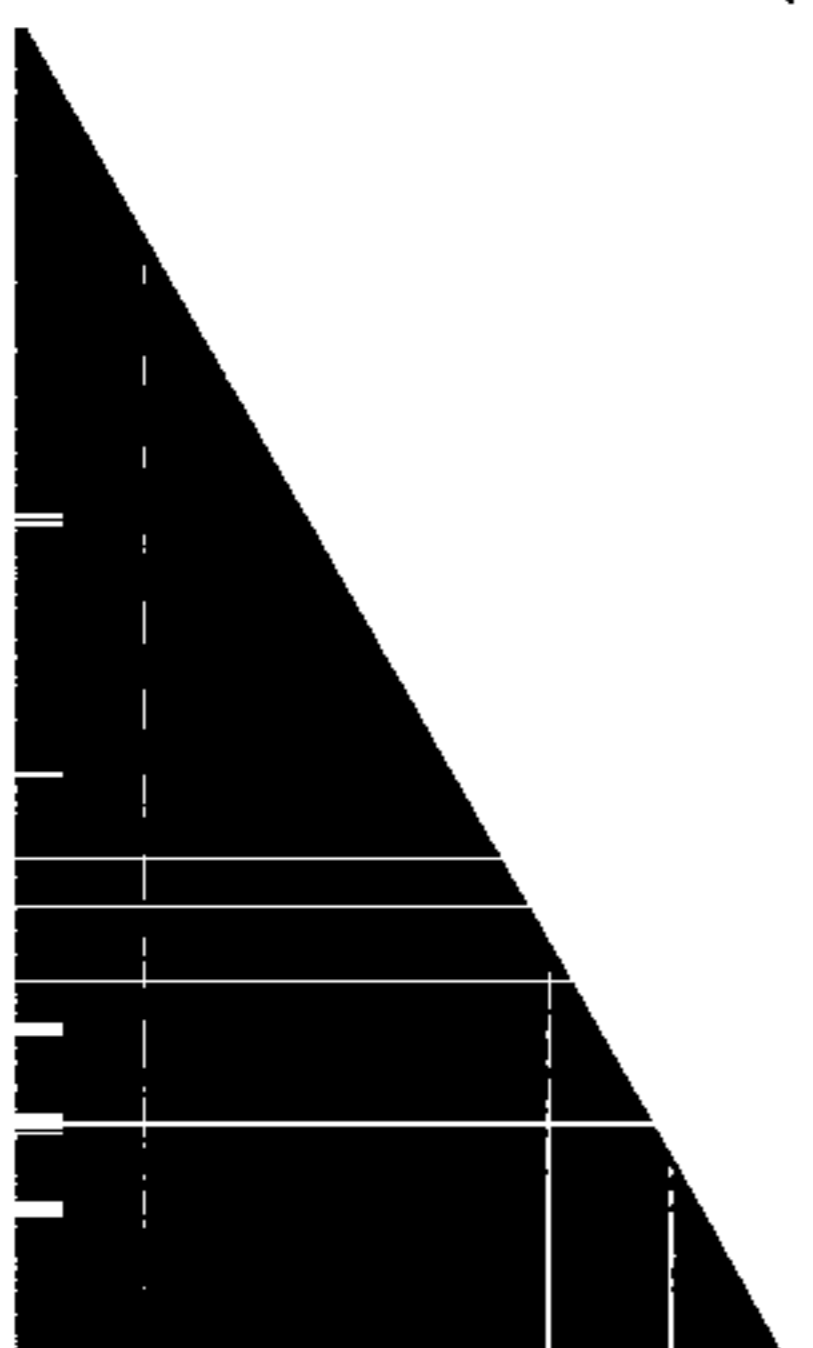
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Medical Council to be quizzed on Biko treatment

STAR 10/10/80 93

By Bob Kennaugh
Medical Correspondent

Probing questions about the medical treatment received by the late Black Consciousness leader, Mr Steve Biko, are to be discussed at the full council meeting of the SA Medical and Dental Council in Bloemfontein on Monday.

Earlier this year, after a committee of preliminary inquiry of the council had cleared the doctors who treated Mr Biko of improper or disgraceful conduct, the Medical Association asked the council four questions.

The questions were considered by the executive committee of the council, which has made recommendations to the full council. Details will be revealed at Monday's meeting.

But whatever the council decides will be academic. The finding that the doctors were not guilty has been confirmed at a special meeting of the council and will not be changed.

The council said the decision was final and irreversible.

Since then the Medical Association, the representative association of South

African doctors, has found that no case has been made for the expulsion from Masa of Dr F Laing, the only Biko doctor who was a member of the association.

The findings by both medical bodies have been roundly criticised by doctors and academics across the country.

The questions about Mr Biko's treatment which will be considered on Monday are:

● Whether the medical care received by Mr Biko conformed with the guidelines determined by the World Medical Association in its declaration of Tokyo with regard to the treatment of prisoners to which the medical profession in practically all civilised countries subscribes.

● Whether the nursing and clinical services available to the doctors in the Biko case met the desired standards.

● Whether, under existing laws and regulations, medical practitioners responsible for the treatment of prisoners are allowed complete clinical independence and unfettered access to their patients under optimal clinical and security conditions and whether the present state of affairs in this regard does not leave much to be desired.

● Whether, if the required intensive medical and nursing care had been made available to Mr Biko (with the necessary security provisions) the "subsequent unfortunate course of events could not have been avoided."

● In London, Professor Chris Barnard said he would not renew his membership of the South African Medical Association because of the association's attitude over Mr Biko's death. The Star Bureau reports.

Biko — vote names noted

BLOEMFONTEIN. — The minutes of the closed meeting at which the Medical and Dental Council decided in June this year not to act against the 'Biko doctors' were disclosed for the first time yesterday at the council's meeting in Bloemfontein.

According to the minutes, the special meeting of the council was held on June 17 after six members had asked for a special meeting to consider the recommendations of a preliminary committee on the conduct of Dr

Ivor Lang and Dr Benjamin Tucker.

The preliminary committee recommended that no steps be taken against the two doctors.

At the special meeting Professor H A Shapiro proposed an amendment.

This said the recommendations of the preliminary committee should not be accepted, that there was indeed prima facie evidence of improper conduct regarding Dr Tucker and Dr Lang and that an investigation into their conduct be held.

It also called for a disciplinary committee to be appointed.

Professor Shapiro's amendment was defeated. Eighteen members voted against the amendment and nine in favour.

Members who asked that it be noted that they had voted for the amendment were: Dr Louis Babrow, Professor R W Charlton, Dr B de Villiers, Dr P A H Knocker, Dr L S Maresky, Dr B T Naidoo, Professor J V O Reid and Professor H A Shapiro. — Sapa.

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Since the most important source of infection is untreated water, the campaign against this disease can only succeed if the circle of transmission can be broken. An urgent appeal is therefore made to all persons in the area concerned to ensure, as a matter of the highest priority, that employees are continuously supplied with safe drinking-water and provision is made for safe sewage disposal.

Secondly any suspected case of cholera in the area must report to the nearest treatment point as soon as possible where he can be effectively treated to render him non-infectious.

Urgent and repeated appeals have been made to all authorities and communities to assist with the combating of the disease. If the necessary co-operation is not obtained to contain the condition, the Department of Health, Welfare and Pensions will be compelled to take more drastic steps within existing legislation and regulations

In order to keep all inhabitants of the areas concerned informed on how to purify water and prevent water pollution, the following recommendations are made :

PE doctors plan to boycott group fund

RDM 11/10/80

Own Correspondent

PORT ELIZABETH. — Port Elizabeth doctors have unanimously decided to resign en masse from the panel of the Midland Chamber Group Fund (MCG), a medical benefit scheme, unless they are paid the same fees as those gazetted for other medical aid societies.

This was reliably learnt after an urgent meeting held on Thursday night by the Cape Midlands branch of the Medical Association of South Africa (Masa).

Approached afterwards, the branch chairman, Dr. Angus Hofmeyr, said he was not prepared to comment.

He said he would make a statement later next week after he had informed "certain groups" with which he would hold talks.

A doctor, who did not wish to be named, said that a resolution to resign from the panel of the MCG fund — a medical benefit scheme used by many companies and administered by the Midland Chamber of Industries — was passed by the 28 doctors at the meeting.

"It was unanimous," he said. The meeting was called to discuss the low fees paid to MCG panel doctors in Port Elizabeth and Uitenhage.

A doctor, who is not on the MCG Fund panel, said it had been discovered that some of his colleagues were being paid less than a third of the gazetted tariff for medical aid societies.

To make it worth their while, they had to see about 16 patients an hour, compared to the four or six seen by doctors whose patients belonged to medical aids.

One source said that medical benefit patients ultimately suffered through what he called "sausage machine practices".

He said as a result of "discriminatory fees" paid to black doctors on the panel, the profession was losing many of them to other centres — something which Port Elizabeth could not

afford.

"Virtually all the MCG doctors here are black," he said.

It is believed that some of them receive as little as R2,10 per patient, compared to the R6,60 paid by medical aids.

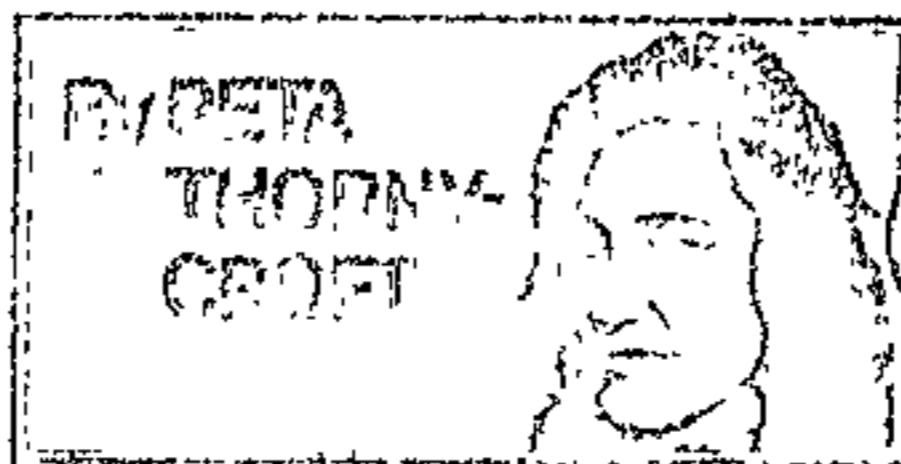
On October 1, Ford Motor Company in Port Elizabeth switched 2 600 black hourly paid workers from its medical aid scheme to the MCG fund.

The company's personnel services manager, Mr A Nel, said in an interview then that this was because of last year's negotiations by the hourly paid workers for cheaper medical benefits.

DRAMAMATIC NEW MOVE BY BIKO DOCTOR

'You must publicly clear
my name or expose me'

500
CROSS
9/12/80
93



ONE of the three doctors repeatedly linked with the Steve Biko affair is to make an unprecedented move in Bloemfontein tomorrow in an effort to publicly clear his name.

Mr Biko died three years ago, while in police detention.

Dr Colin Hersch, who was called in as a consultant, will go to an open meeting of the Medical and Dental Council to ask formally for an official public inquiry into his conduct in the events leading to the death of Mr Biko.

The move could have dramatic consequences.

Such a step has never been taken by a South African doctor before.

Dr Hersch will be calling for a rigorous examination of his own actions — and for strict steps to be taken against him if he is found to have been at fault. If not, he wants a public and individual exoneration of his behaviour.

Only three doctors saw the Black consciousness leader while he was in Security Police



Biko doctor bids for open hearing to clear his name

93
27

From Page 1

detention: Dr Hersh and district surgeons Dr Benjamin Tucker and Dr Ivor Lang.

The way the patient was handled caused an international outcry and there have been moves for international action against South African medical men.

Dr Hersh has believed all along that his behaviour was in accordance with medical ethics.

There has never been an open hearing to consider how the doctors' actions during the Biko affair matched up to medical ethics, despite growing public pressure for one.

Now Dr Hersh himself is taking steps to bring about an

open hearing — to clear his name.

Friends and colleagues of Dr Hersh in Johannesburg and Port Elizabeth told the Sunday Express this week that the specialist physician had suffered greatly by his name continually appearing in the South African and international Press in connection with the medical treatment of Mr Biko.

Dr Hersh has asked in the Press on several occasions for a public hearing into his conduct as the specialist called in as a consultant to examine Mr Biko because Drs Lang and Tucker had been unsure about the prisoner's condition.

Newspaper reports almost always refer to Dr Hersh as one of the three "Biko doctors" but Dr Hersh was never involved in the continuing management of Mr Biko's health. Mr Biko was Dr Lang's patient.

Dr Hersh's connection with Steve Biko was confined to his function as a consultant.

It is not certain whether Dr Hersh will try to speak to members of the Medical and Dental Council about the continued connection in the public mind of his name with that of Drs Lang and Tucker, or whether he will deliver a letter, or written evidence to the secretary of the council.

During a special meeting of the Medical and Dental Council earlier this year only the conduct of the district surgeons was considered. Dr Hersh had already been exonerated by the seven members of the council who called for the meeting.

The Sunday Express was the first out of possibly only two, at most three, newspapers to report that Dr Hersh was not considered by his medical colleagues to have been guilty of any improper conduct in his handling of Mr Biko.

Friends and colleagues of Dr Hersh told the Sunday Express that, despite being cleared of improper conduct by those members of the council who wanted a disciplinary inquiry into the two district surgeons, the continued linking of his name with Drs Lang and Tucker had caused him and his family great distress.

The Sunday Express understands that because the June 17 meeting of the council was held in camera, Dr Hersh did not learn until recently that he had not been referred to in the

bitter, six-hour debate.

The council voted by 18 to nine not to call a disciplinary inquiry into the conduct of Drs Lang and Tucker. The result has been continuing turmoil in the medical world and condemnation by several international medical bodies.

A senior medical man in Johannesburg said this week:

"Colin Hersh must have been through much heartache in the last three years. I can't think of a single medical person who knows the details of the case who has ever thought Dr Hersh behaved in anything other than a perfectly acceptable manner.

"I hope for his sake, by going to Bloemfontein, he will in the public mind cease to be connected with the district surgeons.

"He is a man in private practice, with a family, and obviously he wants an end to it all."

The same doctor told me it was almost certain that the nine doctors who voted for an inquiry into Drs Lang and Tucker all considered Dr Hersh had acted properly.

Mrs Betty Hersh said when the Sunday Express contacted her yesterday that her husband would not speak to the Press.

"He really has had enough. He doesn't want to say anything at this stage to anyone except medical people. Of course we have had a hard time. Let's hope there will be an end to the whole matter."

soon as far as my husband is concerned," she said.

According to the medical evidence during the three-week inquest into events surrounding Mr Biko's death, the court heard that Dr Lang called on Dr Hersh to examine the detainee.

Dr Hersh reported that he did an hour-long investigation and found Mr Biko's speech was slurred and repetitive, that he had weakness in the left side and an extensor plantar (an ungoing toe) which invariably points to brain damage.

The next morning he did a lumbar puncture and found red cells present in Mr Biko's cerebro-spinal fluid.

He recommended to Dr Lang, as a consultant, that Mr Biko had symptoms of brain damage and that he be referred to a neuro-surgeon, which he was.

Dr Lang gave assurances to the neuro-surgeon that his patient would be kept under constant medical observation and that either Dr Hersh or the neuro-surgeon would be notified of any change in his condition.

However, Mr Biko was not kept under adequate observation.

As Mr Biko was incoherent, Dr Hersh was forced to rely on case history reports from Dr Lang and a security policeman.

The Sunday Express has been told by informed sources that Dr Hersh, who always wanted an open inquiry,

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Biko doctor: I want ⁽⁴³⁾ a public inquiry ^{DD 13/10/80}

PORT ELIZABETH — Dr Colin Hersch, one of the three doctors who treated Steve Biko, left here yesterday for Bloemfontein where the South African Medical and Dental Council has a routine meeting today.

In an interview, he said he intended handing in a letter in an effort to get his position in the Biko affair clarified.

"What I really want — and I would be very happy about — is to have my role made public because of the continuous adverse publicity which is affecting my professional and family life. I would welcome a public inquiry."

In taking what is believed to be an unprecedented step in South African medical history, Dr Hersch said he had found much support for his stand.

This latest attempt by Dr Hersch for a public in-

quiry into Steve Biko's death in police detention is not his first to throw the case wide open.

His first try was before the council decision on June 17 this year, that there was no evidence on which the three Biko doctors, Dr Hersch and the two district surgeons, Dr Benjamin Tucker and Dr Ivor Lang, could be found guilty of improper or disgraceful conduct.

In an interview shortly before that, Dr Hersch said he would welcome an inquiry. But once the decision was taken by the council, which as a statutory body is the highest medical authority, he said his "hands were tied".

Subsequently, there were calls by doctors throughout the country for the council's finding to be made public.

Then earlier this month there was a call by the professional standards

ty of Cape Town Medical School for mass resignations from the Medical Association of South Africa (Masa).

The call resulted from a statement by Masa in the Medical Journal of September 13, following a probe after a petition by 38 doctors had requested an inquiry into the conduct of one of the three Biko doctors.

The statement quoted the unanimous decision of the ethical committee of Masa's Cape Midlands branch that a charge of unethical conduct against the doctor could not be sustained and that the case should be closed.

Following an outcry, Masa's federal council then decided on another rare step — that the body which had already held its annual meeting this year would convene specially in Cape Town on the 12th of next month. — DDC.

See page 9.

'Doubts on Biko will continue'

13/10/80

93
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Argus

DR Marius Barnard, MP for Parktown, who is one of the Progressive Federal Party's spokesmen on medical matters, said today he was disappointed over the SA Medical and Dental Council decision against a new hearing in the Biko affair.

Doubts and suspicions that something was being hidden would continue, he said.

Dr Barnard called for an open and public inquiry.

He pointed out that the medical profession as a whole had repeatedly asked that the evidence on the role of doctors in the Biko affair should be made public and that one of the doctors was asking for his name to be cleared publicly.

HARM

As a result of the harm done to the South African medical profession both here and overseas and because both the SA Medical and Dental Council and the SA Medical Association had found that the doctors were innocent, an open inquiry should be held to prove that there was nothing to hide.

All the evidence to these bodies and the reasons for their findings should be released.

Dr J P van Niekerk, acting chairman of the University of Cape Town medical school's Professional Standards Committee — which has been closely involved in the controversy — said the committee had already made their stand on the issue clear.

Reacting to today's decision in Bloemfontein, Dr van Niekerk said: 'We remain concerned about the circumstances surrounding the case but that does not necessarily mean that the doctors were guilty of misconduct.'

EXPECTED

Professor Frances Ames, head of UCT's Department of Neurology and also a member of the Professional Standards Committee, said the decision was not unexpected.

She said the decision not to re-open the case raised some interesting points. 'A few years ago the South African Medical and Dental Council changed part of its constitution with the effect that people could not appeal against a decision.'

DANGER

'It was very necessary to protect them against some paranoid doctor who had been struck off the roll, but it was also a potentially dangerous move when they could ultimately close a case,' she said.

Professor Ames added that the council may block Dr Colin Hersh, one of the three doctors who treated Steve Biko and who wants to have his name publicly cleared, with that.

'Also, if they are closing all avenues, are they forcing others who are protesting to resort to legal action? It seems to be the only way to re-open the case,' she said.

Professor Ames added that by re-opening the case, the SA Medical and Dental Council could have made for much goodwill, not only in the medical profession but among the public as well.

STAR 13/14/80

Biko case: no need to re-open — Medical Council

By Bob Kennaugh and
Iain MacDonald

BLOEMFONTEIN — The Steve Biko case had been fully investigated and there was no prima facie evidence for reopening it, the South African Medical and Dental Council was told by its executive at a council meeting here today.

But Dr Colin Hersch, one of the three doctors who treated Mr Biko before his death, has flown to Bloemfontein and it is believed that he is to make a stand at the meeting to have his name cleared publicly.

In an interview Dr Hersch would neither confirm nor deny that he wanted to have his position clarified.

In a letter before the council, the executive committee of the Board of the Faculty of Medicine at the University of Cape Town said it regarded with grave concern the findings of the Medical and Dental Council that there was no prima facie evidence of improper or disgraceful conduct on the part of the doctors who treated Mr Biko.

The executive committee of the Board of the Faculty resolved to request the council to address itself to the ethical issues of the case, in question.

To Page 3, Col 8

Biko case: no need to reopen

▶ from page 1

in general to ensure that doctors shall under all circumstances be bound to alleviate the distress of their fellow men, and to allow no motive, whether personal, collective or political to prevail against this higher purpose."

The executive committee of the Medical Council recommended that a full investigation could not be made into the conduct of a doctor or doctors unless there was prima facie evidence of improper or disgraceful conduct.

The executive committee said the full council had already dealt with the matter and ratified its decision to clear the Biko doctors. The executive committee had no further comment to make about the conduct of the doctors and the medical treatment received by Mr Biko.

Dealing with the letter from Cape Town University, the executive committee said that the matter had been dealt with by the full council.

A 'sealed letter' from Biko doctor

By Iain MacDonald
BLOEMFONTEIN — One of the doctors involved in the Steve Biko case today handed in a letter to the SA Medical and Dental Council after flying from Port Elizabeth to clarify his position.

Dr Colin Hersch was present at today's meeting of the council which will discuss the executive committee's recommendation on questions raised about treatment received by Mr Biko before his death in detention.

The registrar of the council, Dr N. Prinsloo, said today the council would deal with the con-

tents of the sealed letter "in due course."

He added it would not be dealt with at this meeting as the rules did not permit this. He said he did not know the contents of the letter.

Dr Hersch was called in as a consultant to assist district surgeons examining Mr Biko. They were Dr Benjamin Tucker and Dr Ivor Lang.

● Today council members also discussed issues such as the reporting of gunshot wounds to the police, and whether homeopathy should be registered as an independent medically sanctioned practice.

Biko case

Argus Correspondent

BLOEMFONTEIN. — The Steve Biko case had been fully investigated and there was no prima facie evidence for reopening it, the South African Medical and Dental Council was told by its executive at a council meeting in Bloemfontein today.

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In a letter before the council, the executive committee of the board of the Faculty of Medicine at the University of Cape Town said it regarded with grave concern the findings of the Medical and Dental Council that there was no prima facie evidence of improper or disgraceful conduct on the part of the doctors who treated Mr Biko.

Disagreement

The executive committee of the board of the faculty resolved:

- To disagree with the findings of the Medical and Dental Council and
- To request the council to address itself to the ethical issues of the case in question, and in general to ensure that doctors shall under all circumstances be bound to alleviate the distress of their fellow men, and to allow no motive whether personal, collective or political to prevail against this higher purpose.

Proviso

The executive committee of the Medical Council recommended that a full investigation could not be made into the conduct of a doctor or doctors unless there was prima facie evidence of improper or disgraceful conduct.

The full council had already dealt with the matter and ratified its decision to clear the Biko doctors.

The executive committee had no further comment to make about the conduct of the doctors and the medical treatment received by Mr Biko.

Dealt with

Dealing with the letter from the University of Cape Town, the executive committee said that the matter had been fully dealt with by the full council.

The executive committee also dealt with probing questions about Mr Biko's treatment which were submitted by the Medical Association of South Africa.

The questions were considered by the executive committee after the full council had ratified its decision to clear the doctors.

The executive committee also recommended on
(Continued on Page 3, col 1)

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this point that the matter had been fully dealt with by the council.

The most significant questions asked by the Medical Association were:

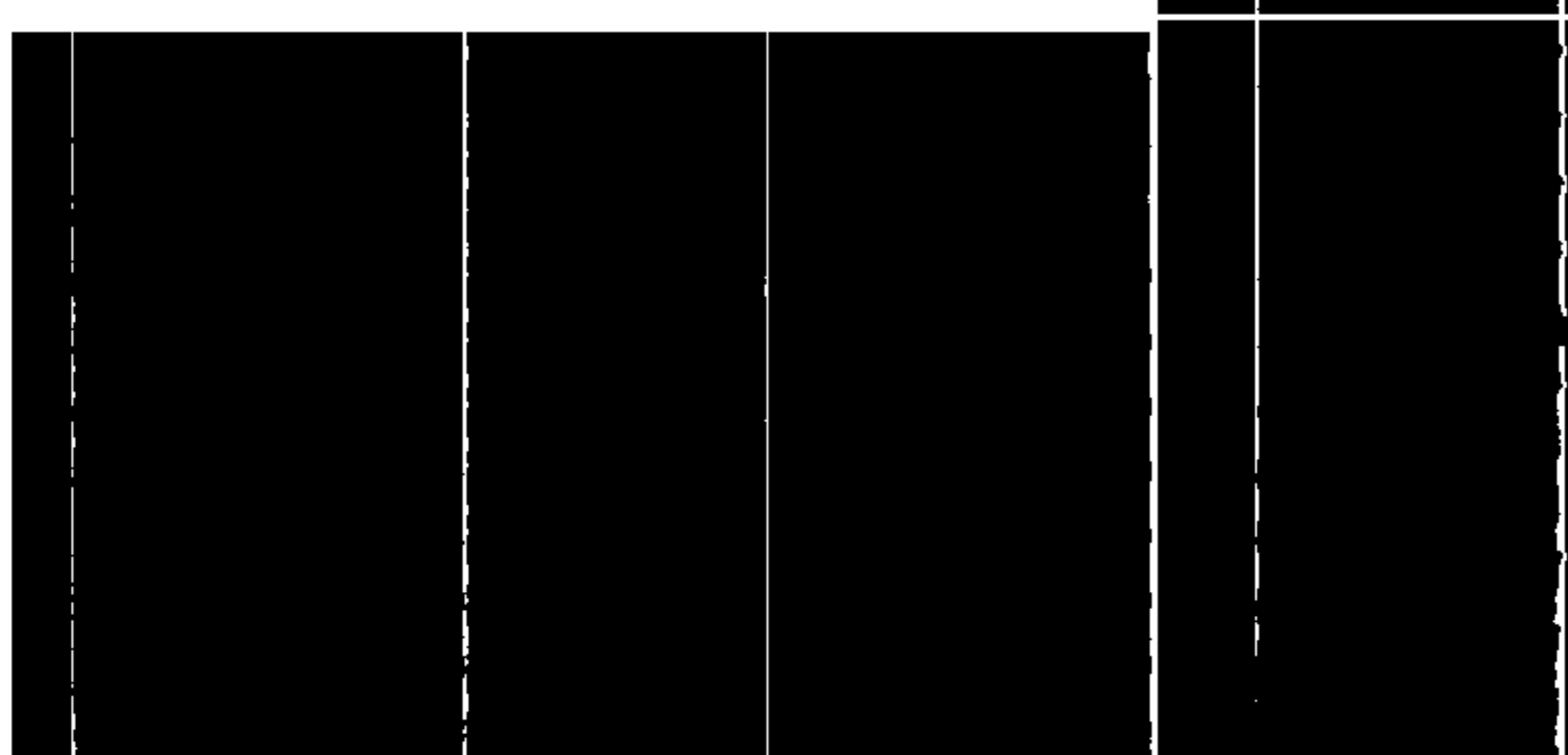
● Whether the medical care received by Mr Biko conformed with the guidelines determined by the World Medical Association in its Declaration of Tokyo with regard to the treatment of prisoners to which the medical profession in practically all civilised countries subscribes.

● Whether the nursing and clinical services available to the doctors in the Biko case met with the desired standards.

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'Urgent need' to probe detainees' medical care

By Bob Kennaugh and Iain MacDonald

BLOEMFONTEIN — A call for a Government investigation into the medical treatment of detainees should be dealt with urgently, a spokesman for the Medical Association of South Africa said here last night.

At a meeting of the SA Medical and Dental Council yesterday, a resolution was unanimously adopted calling on the Minister of Health, Dr Munnik, to investigate laws restricting doctors in the medical care of detainees.

Earlier the executive committee of the Council had recommended that questions raised about Mr Biko's treatment did not fall within its ambit and that the matter had been resolved and considered closed by the full Council.

The Council has cleared the three doctors who attended Mr Biko of improper or disgraceful conduct.

The chairman of the Federal Council of the Medical Association of South Africa, Professor Guy de Klerk, said earlier yesterday that the Council had survived "attempts by various people to drum up suspicion and a lack of confidence in the way the Council had conducted its affairs in this matter."

"I believe this Council must protect the interests of our public and the medical profession, and all the more so must protect those who are incarcerated."

"The Council cannot say: 'I am not my brother's keeper' and we accept the situation and undertake to see this will not recur."

"The Council cannot say this does not concern us

it does concern us. "We must say we have taken note and it needs further inquiry."

PRINCIPLE

"The South African medical profession has undertaken at international level that this will not happen again," he said.

Later, in a statement, Professor de Klerk said Masa welcomed the "full, frank and public discussion on questions of principle put to the council by the association."

He added: "We believe and have always believed that this case raises questions of principle and law about the medical services available to detainees which must be answered if the genuine concern expressed by the medical profession and the public is to be allayed."

TRUST

MASA trusted that the Minister would regard the Council's recommendations as urgent and that he would recommend changes in the rules governing the medical treatment and facilities for detainees. The Association would be prepared to take part in further discussions with the authorities, he said.

Although the full Council has now called for an investigation into the laws governing the medical treatment of detainees and prisoners, the Council yesterday reiterated its earlier decision not to reopen the Biko case.

Rise in medical fees under fire

By Bob Kennaugh and Iain MacDonald

BLOEMFONTEIN — The 9.9 percent increase in medical fees recommended by the SA Medical and Dental Council here yesterday has been criticised by the Representative Association of Medical Schemes as being "on the wrong base".

The increase will mean that general practitioners' consultation fees will next year go up from R6,60 to R7,20 and that rates for house calls will rise from R13,20 to R15,80.

Weekend visits by doctors will increase from R22 to R26,40. Specialist clinicians' fees are also increased. Gynaecologists' rates, for example, are to rise from R15,40 to R16,80 and those of paediatricians are to go up from R23,10 to R25,20.

A tonsilectomy for a patient over 12 years of age will cost R57,60 — previously the fee was R52,80 — and an appendectomy will go up from

R99 to R118,80.

A spokesman for RAMS said yesterday that last year's tariff increase of 52,45 percent was excessive and the association believed that the base on which this year's increase was calculated was wrong.

He added there was no evidence as to either what doctors earned or what their practice costs were.

A spokesman for the Medical Association of South Africa said the tariff increases were welcomed and that "this minimal increase does not fully cover the inflation in some components of medical practice" which are rising by as much as 14 percent.

"The profession is doing everything possible to contain health care costs and this relatively small increase reflects these efforts," he said.

Today the council will recommend when the new fees will be introduced. The increases are subject to approval by the Minister of Health.

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Doctors seek inquiry

Argus Correspondent

BLOEMFONTEIN. — A call for a Govern-
ment investigation into the medical treat-
ment of detainees should be dealt with
urgently, a spokesman for the Medical Asso-
ciation of South Africa (Masa) said here
last night.

At a meeting of the SA
Medical and Dental Coun-
cil yesterday, a motion
was unanimously adopted
calling on the Minister of
Health Dr L A P A
Munnik to investigate laws
restricting doctors in the
medical care of detainees
and that the council
showed its concern for
this situation.

The resolution said: 'On
the face of evidence of a
recent matter before coun-
cil, the council conveyed
its concern to the Minister
of Health with regard to:

(A) The apparent
deficiencies which appear
to exist in the facilities
and staffing of health ser-
vices to prisoners and
detainees and

(B) Requests the Minis-
ter to give attention to the
apparent existing legislat-
ive restriction on profes-
sional discretion, with
regard to the care and
clinical management of
prisoners and detainee
patients.'

Earlier the executive
committee of the council
had recommended that
questions raised about Mr
Biko's treatment did not
fall within its ambit and
that the matter had been
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closed by the full council.

The council has cleared
the three doctors who
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The Argus

OCTOBER 14 1980

Biko: Some progress

14/10/80 KRUMS

IT is not possible to say that if Steve Biko had received proper and prompt medical treatment, he would not have died. What is certain is that he did die and there was evidence before the inquest court that the medical attention he received was, to say the least, questionable.

mittee decided there was no evidence of improper conduct by the doctors and the full council confirmed the finding.

The council has refused to reconsider — this on the grounds that there is no prima facie evidence of improper conduct. But it will not explain its reasoning and a puzzled public, knowing of one doctor's admission that he had subordinated his patient's interests to those of the security police, is likely to suspect an unseemly cover-up operation.

Some clue to thinking within the clandestine ranks of the Medical Council is its executive committee's decision, reported yesterday, that it is not within the council's jurisdiction to look into the matter of medical care for imprisoned people.

It is an astonishing confession of attitude, repudiated, thank heavens, by the full council meeting yesterday. The Government will now be asked to investigate laws which give police officers the authority to override doctors who are treating prisoners. Some progress at last, but the extent of public protest that has preceded it reflects unkindly on the South African medical profession as a whole.

Therefore it would be expected, at least by the lay public, that the medical profession, and particularly the SA Medical and Dental Council, statutory controller of medical standards, would show concern in the matter and be seen to be showing concern.

Medical considerations aside, it was obvious that the Biko affair was in the international limelight as well as being a matter of excruciating political and racial sensitivity inside the country.

Ordinary common sense would urge special attention from the council. But the august body seemed from the start to be reluctant to inquire too closely into the affair, even though it was specifically asked by the inquest magistrate to investigate the evidence of the three doctors involved.

Some two and a half years after Mr Biko's death a council com-

Jongste beskikbare inligting - latest available information

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Issued by the Information Service of South Africa at the request of the Department of Water Affairs, Forestry and Environmental Conservation, Pretoria
op/en 27/10/1980

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Masa is happy with response to Biko probe

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By Iain Macdonald and Bob Kennaugh

The Medical Association of South Africa says its "probing questions" on the Steve Biko case have been answered in full by this week's decision of the Medical and Dental Council to ask the Minister of Health to look into the medical care of detainees.

The chairman of Masa's federal council, Professor Guy de Klerk, said in Bloemfontein yesterday that the questions the as-

sociation had asked about the Steve Biko case had been answered by being "sorted out at committee meetings all along the line."

"The council has reacted to our questions and we are happy with what is being done," Professor de Klerk said.

Earlier this year, after a committee of preliminary inquiry had cleared the Biko doctors of any "disgraceful or improper con-

duct," Masa has asked the council four questions.

These were whether:

① medical care received by Mr Biko conformed with the guidelines determined by the World Medical Association in a declaration in Tokyo.

② the nursing and clinical services available to doctors in the Biko case met the desired standards.

③ the present state of affairs regarding the "complete clinical independence

and unfettered access" of doctors to detainees in optimal security conditions does not leave much to be desired.

④ the "subsequent unfortunate course of events" in Mr Biko's case could not have been avoided if the required intensive medical and nursing care had been made available.

Yesterday Professor de Klerk said he wished to emphasise that Masa had not called for a formal government investigation into medical care for detainees, but had wished to express its concern to the Minister about the situation.

In September, Masa issued a statement supporting the findings of the SAMDC on Mr Steve Biko, saying it had found no proof of improper conduct on the part of the doctors.

This seems to imply that Masa's "probing questions" had been answered — but perhaps not yet to public satisfaction.

⑤ Page 25: Biko — where do we go from here.

'Tell police of gun wound cases'

By Bob Kennaugh and Iain MacDonald

BLOEMFONTEIN — Doctors were not medical bloodhounds and should specifically report cases of gunshot wounds to the police, it was said at the meeting of the SA Medical and Dental Council in Bloemfontein.

After a lively debate on the issue, the council referred the matter back to its executive committee.

In a letter to the council, the Director of Hospital Services for Natal said that "an increasing number of patients are admitted to hospital with gunshot wounds, probably in many instances having committed or attempted to commit a criminal act.

"These may well be considered to fall within the nature of "ought not to be spoken abroad" in reference to the Hippocratic Oath.

"However, I believe it would be equally negligent if any medical superintendent suspected breach of the law and did not report the matter to the authorities."

Doctors at the council meeting were divided on the issue. But Dr J Gilliland, Deputy Director-General of the Department of Health, said he felt it was the duty of a superintendent to report such matters to the correct authorities.

It has been suggested that laws restricting prison doctors from giving adequate treatment to their patients should be investigated. But does this finalise the Biko case?

STAR 15/10/80 (93)

Biko: where do we go from here?

By Bob Kennaugh,
Medical Correspondent,
and Iain MacDonald

There have been proposals that deficient health services received by prisoners and detainees should be investigated.

This has the approval of the Medical and Dental Council and the Medical Association (Masa) and follows the protracted controversy about treatment received by Mr Biko before his death in detention.

At a meeting of the Medical Council in Bloemfontein this week, it was agreed unanimously that "apparent deficiencies . . . appear to exist in the facilities and staffing of health services for prisoners and detainees."

Although, at a special meeting earlier this year, the full council cleared the three doctors involved in the Biko case, many doctors and academics hoped that the case would be reopened or that the council would disclose the facts and reasoning on which its finding was based.

In the hope that there would be a full and open discussion about all aspects of the medical treatment of Mr Biko, Dr Colin Hersch, one of the doctors who treated Mr Biko, flew to Bloemfontein, reportedly to have his position clarified.

The rules of the council prevented him from addressing the meeting but

he was able to hand a letter to the Council.

He was told that the matter would be dealt with "in due course."

Masa had previously asked the council some probing questions about Mr Biko's treatment but the executive committee claimed they did not fall within its ambit.

In any event, the committee maintained, the matter had been resolved and was considered closed.

Professor Guy de Klerk, chairman of the Federal Council of Masa, did not accept this.

He said: "I believe the council must protect the interests of the public and the medical profession. And all the more so it must protect those who are incarcerated."

The medical profession, he said, had to see to it that the situation did not happen again.

Belatedly the council decided to convey its concern to the Minister of Health about the apparent medical deficiency in prisons. It called on the Minister to give attention to "the apparent existing legislative restrictions on professional discretion with regard to the care and clinical management of prisoners and detainee patients."

Council members and Masa made it clear that they did not want an official Government investigation into the Biko case.

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Saturday, October 18, 1980

Biko: Wits prof may quit Masa

THE Vice-Chancellor and Principal of the University of the Witwatersrand, Professor D J du Plessis, said yesterday he would resign from the Medical Association of South Africa if the decision of its Federal Council on the Biko doctors was unsatisfactory.

"I am very disturbed by the decision of the executive committee of Masa, because it is in conflict with the evidence given in court during the inquest," he said in a statement.

"For this reason I feel I should resign from the Masa, but resignation is usually the last protest one can make and so, before handing in my resignation, I believe it is necessary to give the federal council an opportunity to consider the decision of its executive."

Prof Du Plessis said he would withhold his resignation until the federal council had come to a decision.

If the decision was unsatisfactory, he would resign as he would no longer wish to be associated with Masa. — Sapa.

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Biko threat to quit MASA

Pressure continued to mount against the Medical Association this week with the vice-chancellor and principal of Wits University threatening to resign from MASA if it did not change its stand on the Biko doctors.

Professor D J du Plessis said today the decision of MASA's executive committee that there was no evidence of dishonourable conduct on the part of the medical men who treated Steve Biko was "in conflict with the evidence given in court during the inquest."

He said the federal council of MASA was due to meet soon and, if its decision on the issue was unsatisfactory, he would resign.

Professor Phillip Tobias, dean of the faculty, earlier this month issued a statement calling for an urgent meeting of the MASA federal council to examine the executive's stand.

Earlier this week, the chairman of MASA's federal council, Professor Guy de Klerk, said MASA's questions on the Steve Biko affair had been satisfactorily answered by the council's decision to ask the Minister of Health to look into the aspects of medical care for detainees.

Medica fly

their skills

to the bush

NM 20/10/80

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IT SEEMED impossible to land an aircraft on the tiny strip of cleared bushveld, especially with a herdboy standing in the centre of the clearing gazing in wonder at the noisy 'steel bird'.

He refused to budge in spite a couple of low dummy landing runs, and reluctantly dived out of the way only when the frail single-engined plane bumped and jolted towards him.

Visibly shaken and laughing nervously to relieve the pent-up tension, the 'cargo' of highly-skilled medical doctors clambered from the cramped quarters of the aircraft to the ground to watch as a second pilot guided his craft through the dust to a perfect landing.

The herdboy, wiser now, stood a respectful distance away shaking his head at the noisy intrusion into his world.

We had landed at Mseleni in the northernmost tip of Natal, just inland from the banks of Lake Sibya — reputed to be one of the largest freshwater lakes in Southern Africa — and close to the Mozambique border.

Just over two hours earlier, at Durban's Virginia airport, the team of doctors, two pilots and I had huddled together, a rather

Evelyn Holtzhausen

unlikely team of modern day missionaries, discussing the trauma of small plane flight and joking about the limits of dedication a doctor 'owes' to humanity.

The doctors and specialists had been recruited by Dr Cecil Orchard, superintendent of McCord Zulu Hospital in Durban. Their mission was to conduct a 'clinic' — free of charge — sharing their knowledge and expertise for the benefit of doctors working in remote areas of northern Zululand.

For this flight, doctors from Manguzi Mission Hospital, Mosvold Mission Hospital and Bethesda Mission Hospital had gathered at Mseleni Mission Hospital with 'sample' patients, case histories, X-rays and minds full of questions to put to the team.

'I arrange about four flights a year,' said Dr Orchard. 'The cost of aircraft fuel and pressures of time do not allow for more frequent trips. The medical men value their spare time and it would be too much to ask them to devote more to us especially as they are not paid.'

Dr Orchard explained he had spent time working at district hospitals. It was easy for a city surgeon or general practitioner to ask for advice or a second opinion from a colleague. But out in the bush the doctors were literally on their own.

In 1964 Dr Orchard and a group of fellow Christian doctors worked out a system where a core of experienced medical men would drive overnight on a Friday to the district hospital selected as a 'clinic' for that weekend.

The drive over dusty, difficult country roads was long and tiring and it would be late Sunday before the party was back in Durban.

'It was too much to ask of the doctors although several volunteered time after time to conduct the clinics,' said Dr Orchard.

In 1970 a pilot friend, Mr 'Monty' Mills, offered us the use of his plane and he paid the fuel bill. In those days it cost about R50 a trip and we could fly in and out in one day.

Later Hinton Brown offered to pilot the ferry for us and members of the Durban Port Natal Rotary Club agreed to foot the fuel bill which is about three times as high as it used to be. He recruited the services of fellow pilots and recent trips have consisted of two teams of medical men. The pilots have always offered their planes and services free of charge.

The superintendent of Mseleni hospital, Dr Eric Robbins and a group of doctors and their wives, met us at the landing strip. There was barely time for a cup of coffee before the specialists were herded into a temporary 'lecture' theatre to answer the first queries.

One of the mission doctors was concerned that a wrist fracture suffered by one of his patients had not healed properly, another queried his reading of an X-ray, another treatment for fever.

Now and then a 'sample' patient was paraded for the team



SUPERINTENDENT of Mseleni Mission Hospital,
Dr Eric Robbins.

for their opinion of his or her illness.

'We don't have time to perform any operations or do much practical work,' said one of the specialists. 'We just try to give advice and act as a sounding board for the mission doctors.'

Its not that the mission doctors are completely isolated. They do send difficult cases to provincial hospitals and correspond with specialists in Durban and Pietermaritzburg.

But the 'mission run' is valuable to the doctors and patients because each time a team of specialists conducts a clinic it's like a refresher course for the doctors.

If possible at each clinic a doctor or visiting consultant is asked to prepare a special 'paper' relating to a problem or treatment relevant to the mission hospital situation.

On the day that I was there a mission doctor gave a lecture on the mysterious and crippling Sibiya Hip disease which, for reasons not yet known, cripples people who live in the area surrounding Lake Sibya.

'Its not only the medical advice and counselling that the doctors share with us, said Dr Robbins, 'But it's good to have their company for a day.'

The doctors — whose names cannot be published for ethical reasons — said they enjoyed the trips because they felt they were doing something valuable and because they learned from them as well.

'It costs me a lot of money to take a day off,' said one specialist. 'But coming here is worth more than money to me. The doctors here are doing an incredible job and they deserve all the help they can get.'

According to Dr Orchard it is not always easy to get the specialists to give up their time and 'as usual with this type of exercise, it's the same people who volunteer time after time.'

'We might have to cut down on the average of four trips a year unless we get more medical specialists to help. It's also unfair to ask the same pilots again and again for their time and to supply the aircraft.'

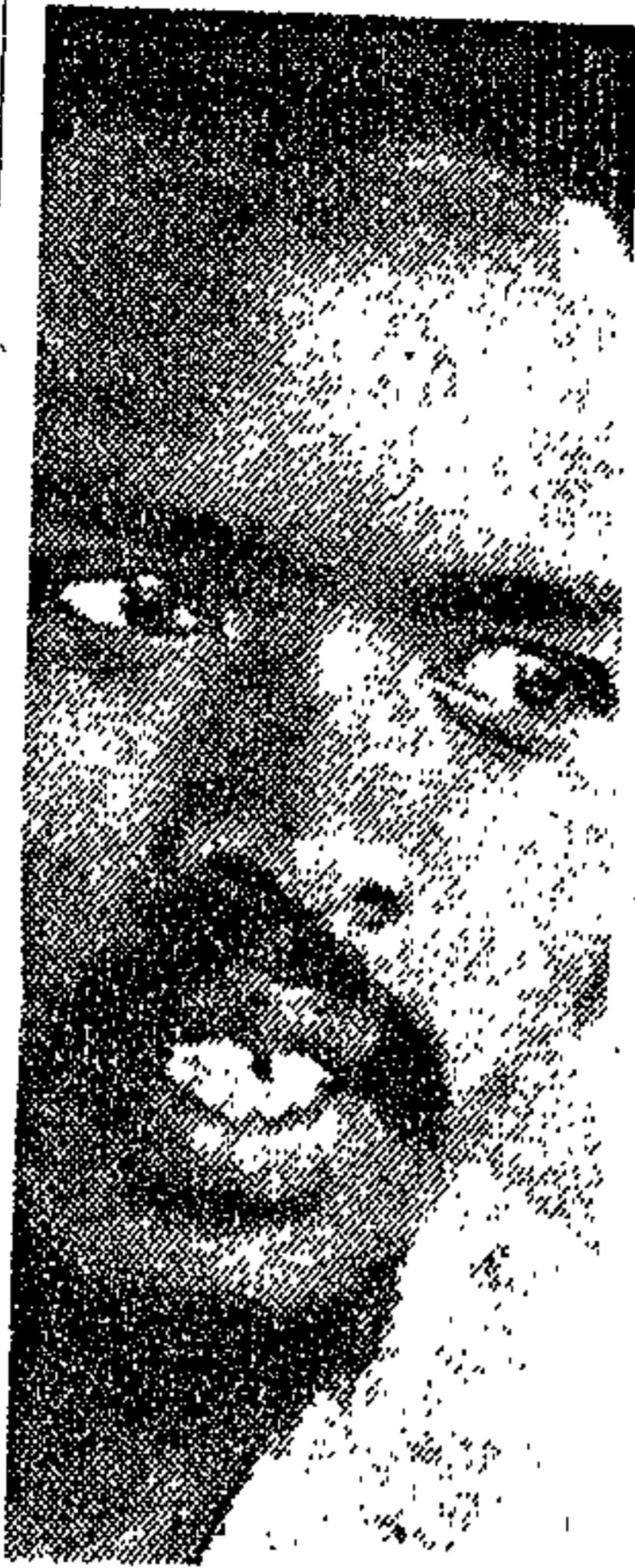
'Fuel costs are soaring and although the Rotary Club is helping with cash, we need more,' said Dr Orchard.

A couple of hours before dusk we were gathered at the small planes again, getting ready for take-off. This time someone made sure the runway was clear before we taxied through the soft soil to get airborne.

Minutes later the whitewashed walls of the hospital disappeared from our view as the pilot veered towards the Indian Ocean and home. The figures of the mission doctors becoming ant-like as they waved us goodbye from the ground.

For them perhaps the next operation would be a little easier or the next diagnosis a little more accurate.

And for the flying team the knowledge of more than merely a day's work well done, its worth immeasurable in hard cash, but invaluable nonetheless.



Mr Biko

Inquiry urged into jail health

STAR
20/10/80
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By Bob Kennaugh
Medical Correspondent

Members of the Medical Association of South Africa should insist on an open commission of inquiry into medical treatment and facilities offered to prisoners and detainees, a leading academic said in Cape Town today.

Professor Frances Ames, head of the department of neurology at the University of Cape Town, was commenting on the call by the Medical and Dental Council for the Minister of Health to look into the "apparent deficiencies which appear to exist in the facilities and staffing

of health services to prisoners and detainees."

Professor Guy de Klerk, chairman of the Federal Council of Masa, stressed at the meeting that an official Government inquiry into the case was not being called for.

But there is increasing pressure from academics for an open and thorough investigation to be made into all aspects of medical treatment received by prisoners.

The council made it clear at a meeting in Bloemfontein this week that the three doctors involved in the Biko case had been cleared and the matter had been finalised.

Biko: Wits

principal

28/10/80 ARGUS
may quit

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Masa

Argus Correspondent

JOHANNESBURG. — Professor D J du Plessis, vice-chancellor and principal of the University of the Witwatersrand, has threatened to resign from the Medical Association of South Africa unless it changes its stand on the Biko doctors.

Masa has found that no case had been made for the expulsion of one of the Biko doctors, a member of the association.

The SA Medical and Dental Association has found that the three doctors were not guilty of improper or disgraceful conduct.

'IN CONFLICT'

Professor du Plessis said: 'I am very disturbed by the decision of the executive committee of the Medical Association, because it is in conflict with the evidence given in court during the Biko Inquest.

'For this reason I feel I should resign from Masa, but resignation is usually the last protest one can make and so, before handing in my resignation, I believe it is necessary to consider the decision of the executive.'

Medical Reporter

THE Medical Association of South Africa (Masa) is to hold a special meeting this month to reconsider its stand on the Biko doctor issue. However, a time and date has not yet been set.

Masa (a voluntary, professional body) first announced last month that it planned to reconsider its decision to clear one of the three Port Elizabeth doctors who treated black consciousness leader, Mr Steve Biko, before his death in detention.

IRREVERSIBLE

This announcement came soon after a statement from the Medical and Dental Council (a statutory body with com-

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**Masa to meet
on Biko issue**

pulsory membership for practising doctors) in which the council said its decision not to take disciplinary action against the doctors was final and irreversible.

Masa became directly involved in the issue when its federal executive received a complaint about one of the doctors from the Midlands branch of the association. At a meet-

ing, the federal executive cleared the doctor.

It is not known which of the three doctors — Dr Benjamin Tucker, Dr Ivor Lang or Dr Colin Hersch — Masa is concerned with.

A spokesman for Medcom, the public relations firm which acts for Masa, said today that a special meeting was in the offing, but no time or date had yet been set.

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**Biko: City
 talks may
 clear air on
 Masa stand**

Medical Reporter

TOMORROW South Africa may discover the reasons behind the Medical Association's decision not to press for disciplinary action against one of the doctors who attended black consciousness leader Mr Steve Biko before his death in detention.

The medical profession is hoping these disclosures will be made at a special meeting of federal executive of the Medical Association of South Africa (Masa), scheduled to be held in Cape Town tomorrow afternoon.

A STATEMENT

After the meeting the chairman of the Federal Executive, Professor Guy de Klerk, will issue a statement and be available for Press interviews.

This meeting could be one of the most important so far in the controversy surrounding the three Port Elizabeth doctors — Dr Benjamin Tucker, Dr Iver Lang and Dr Colin Hersch — whose conduct was questioned at the inquest following the death of Mr Biko three years ago.

After the inquest the magistrate, Mr M J Prins, asked the South African Medical and Dental Council to investigate the evidence concerning the doctors.

It was not until April this year that the council announced its decision: It would not take any disciplinary action against the doctors.

A controversy erupted in medical circles and led to calls on the council for a 'rethink' or at least to make the reasons for their decision public.

STOOD FIRM

The council stood firm and the Medical Association (a voluntary professional body which has the power to recommend disciplinary action to the Council) became involved when its federal executive was asked by one of its branches to investigate one of the doctors concerned.

The association cleared the doctor — but also remained silent about its reasons for doing so.

RESIGNATIONS

This was followed by resignations and threatened resignations from prominent Masa members, including the principal-designate of the University of Cape Town, Professor Stuart J Saunders, heart surgeon Professor Chris Barnard and the principal of the University of the Witwatersrand, Professor D J du Plessis.

Masa's federal executive has now called tomorrow's meeting to discuss the association's position on the case of the late Mr Steve Biko.

OPTIMISTIC

Dr J. P. van Niekerk, Deputy Dean of the UCT medical school and vice-chairman of the faculty's professional standards committee (established as a result of the Biko issue), said he and his colleagues were optimistic the meeting would clarify Masa's stand.

He said the faculty was not asking for a reversal of Masa's decision, but was hoping to be given reasons for the decision.

A number of prominent faculty members had indicated that they would attend the meeting, which — if normal procedure was followed — would be open to all Masa members.

MAIN ISSUE

Dr van Niekerk said the Cape Western branch of the association met last night and drafted a memorandum for tomorrow's meeting, setting out their views. 'I am confident our views will be well represented,' he said.

He believed the main issue at stake was not the conduct of the Biko doctors in particular, but the standards of medical care

for prisoners and detainees and the clinical independence of doctors treating prisoners.

The meeting will be held at the University of Stellenbosch medical school in Tygerberg.

DD 11/11/80
Biko:
Masa
talks
crucial

PORT ELIZABETH — Dr Colin Hersch, the Port Elizabeth specialist involved in the Biko affair, said yesterday tomorrow's extraordinary meeting of the federal council of the Medical Association of South Africa (Masa) would be crucial.

Dr Hersch was called in as a consultant before the death of the black consciousness leader in police custody three years ago.

In an interview yesterday, Dr Hersch said the meeting — which has been called amid calls for mass resignation from Masa — would be the "crux of the story".

"If nothing conclusive comes out of it, there will be no more Medical Association."

From Johannesburg, a Masa spokesman said the meeting was extraordinary because the federal council of 56 doctors, representing the association's branches throughout the country, had already held its 1980 meeting.

"The councillors in the body, which could be called the association's parliament, were called together for one reason — the Biko affair."

He said the meeting at Tygerberg had been set down for the whole day. At a press conference afterwards, the president, Professor Guy de Klerk, who called the meeting, would be available for questions.

Last month, in a move to clear his name, Dr Hersch took the unprecedented step of asking the South African Medical and Dental Council — the profession's statutory body which had already cleared the Biko doctors of any blame — to hold a public inquiry.

He said his reason for the request to throw the whole case open and "clear my name or charge me" was the continuous adverse publicity which was affecting his professional and personal life.

The Masa crisis followed its executive committee's decision, which was the same as the council's. It led to a spate of calls for mass resignations from Masa. — DDC.

BIKO ANSWER TOMORROW?

Own Correspondent

CAPE TOWN — Tomorrow South Africa may discover the reasons behind the Medical Association's decision not to press for disciplinary action against one of the doctors who attended black consciousness leader, Mr Steve Biko, before his death in detention.

The medical profession is saying these disclosures will be made at a special meeting of the Federal Executive of the Medical Association of South Africa (MASA) scheduled to be held in Cape Town

tomorrow afternoon.

After the meeting the chairman of the Federal Executive, Professor Guy de Klerk, will issue a statement and be available for Press interviews.

This meeting could be one of the most important so far in the controversy surrounding the three Port Elizabeth doctors, Dr Benjamin Tucker, Dr Ivor Lang and Dr Colin Hersch, whose conduct came into question at the inquest following the death of Mr Biko three

years ago.

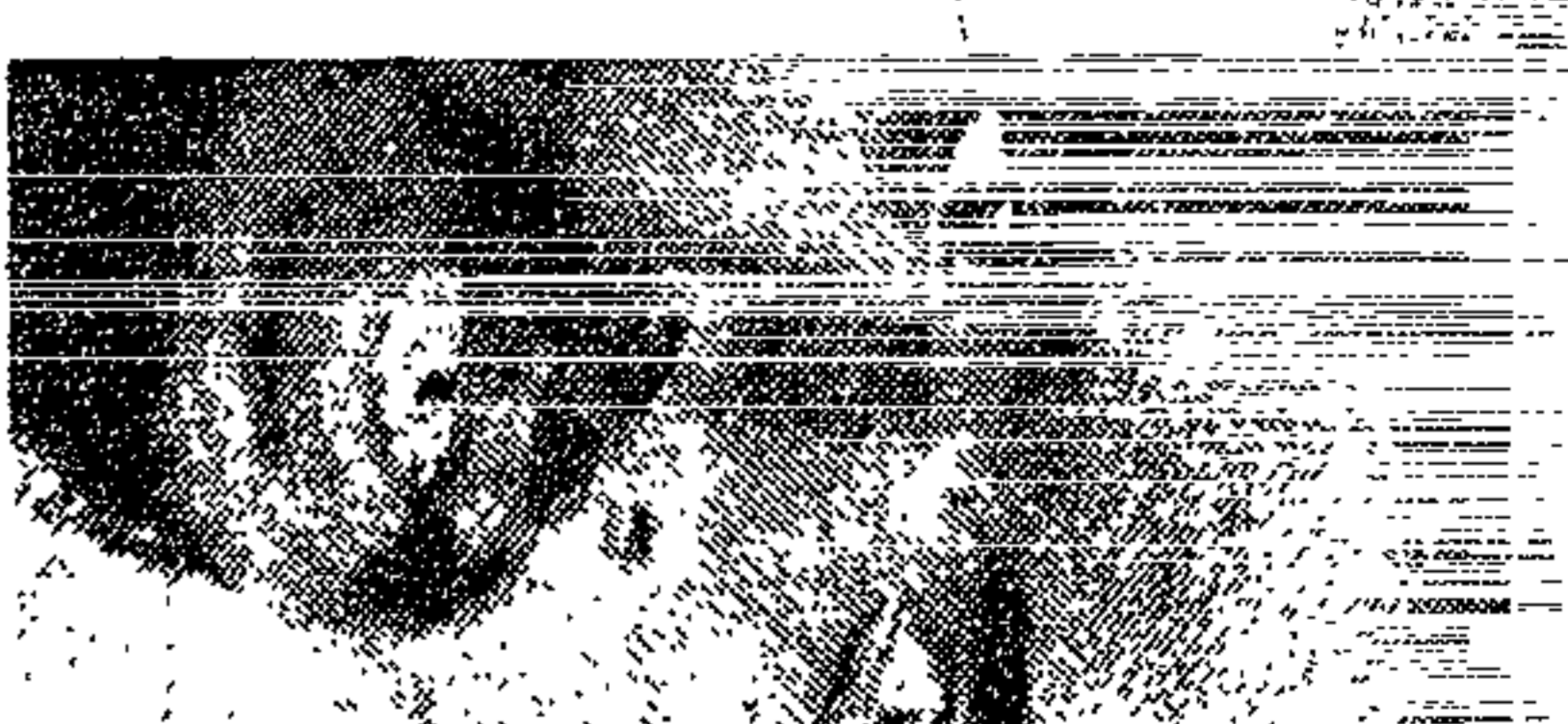
After the inquest, the magistrate, Mr M J Prins, asked the South African Medical and Dental Council to investigate the evidence concerning the doctors.

It was not until April this year that the council announced its decision — it would not take any disciplinary action against the doctors.

Dr J P van Niekerk, Deputy Dean of the UCT Medical School and vice-chairman of the faculty's professional standards

committee (established as a result of the Biko issue) said he and his colleagues were optimistic that the meeting would clarify MASA's stand.

He said the faculty were not asking for a reversal of MASA's decision but were hoping to be given the reasons for the decisions. A number of prominent faculty members had indicated they would attend the meeting, which if normal procedure was followed — would be open to all MASA members.



MR BIKO

Doctors want full Biko inquiry

Argus
12/11/80

(93)



WHILE the Federal Executive of the Medical Association of South Africa (Masa) begins a crucial special meeting in Cape Town today, scores of doctors at Baragwanath Hospital in Johannesburg have signed a petition calling for a full investigation into the role of the Biko doctors.

The petition, which has been widely circulated in the Johannesburg Hospital, J G Strijdom and Coronation hospitals, has the support of scores of doctors.

In a covering letter to the petition the president of the council of Masa is asked to take cognisance of the doctors' objections, not only to avoid mass resignations, but to establish the medical profession's good reputation in the eyes of the public.

The letter called for justice to be done particularly with respect to the medical care of prisoners and detainees.

Threat

Professor D J du Plessis, the vice-chancellor and principal of Wits University, has threatened to resign from Masa, unless it changes its stand on the Biko doctors.

Professor du Plessis has said the decision of the executive committee

Doctors are poised to resign over Biko

STAR

12/11/80

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By Bob Kennaugh

Medical Correspondent

The extraordinary Cape Town meeting of the Federal Council of the Medical Association of SA today on the crucial question of the behaviour of the Biko doctors could decide the future of the association.

Scores of black and white doctors, in many parts of the country are poised to resign from the association unless Masa changes its stance on the Biko issue.

Masa has investigated the conduct of one of the three Biko doctors (the only Masa member) and concluded there was no case to be made for the expulsion of a member in good standing on the grounds of improper or disgraceful conduct.

But at the same time, Masa says it is concerned about aspects of the treatment in detention of Mr Steve Biko.

Meanwhile, in Johannesburg, more than 100 doctors at Baragwanath Hospital, one of the biggest hospitals in the Southern Hemisphere, have signed a petition calling for a full investigation into the role of the Biko doctors.

The petition which has been widely circulated in the Johannesburg Hospital, J G Strijdom and Coronation Hospitals has the support of scores of doctors.

In a covering letter to the petition, the president of the council of Masa is asked to take cognisance of the doctors' objections, not only to avoid mass resignations but to establish the medical profession's good reputation.

The letter called for justice to be done, "parti-

cularly with respect to the medical care of prisoners and detainees."

Professor D J du Plessis, the Vice-Chancellor and Principal of Wits University, has threatened to resign from Masa, unless it changes its stand on the Biko doctors.

Professor du Plessis has said the decision of the executive committee of Masa on the Biko case was in conflict with the evidence given in court during the Biko inquest.

Doctors Pressure Masa on Biko case

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By WILLMAR UTTING
MORE than 100 doctors at Baragwanath Hospital have signed a petition to the Federal Council of the Medical Association of SA in which they dissociate themselves from Masa's decision clearing the Biko doctors of improper and disgraceful conduct.

The federal council meets in Cape Town today to discuss Masa's decision.

And the petition, which backs a call for a full investigation of the doctors' role, has already been sent to the council — although copies are still being circulated at Bara for staff to sign.

But in a covering letter, the president of the council is asked to take cognisance of the doctors' objections, not only to avoid mass resignations, but to establish the medical profession's good reputation in the eyes of the public and that justice be seen to be done, "particularly with respect to the medical care of prisoners and detainees".

The doctors who treated Mr Steve Biko while he was in Security Police custody were Dr Benjamin Tucker, Dr Ivor Lang and Dr Collin Hersch.

They were cleared of improper and disgraceful conduct by Masa's executive committee.

In the petition, 115 Baragwanath doctors say they support a call for a full investigation of the part played by the Biko doctors.

CURRICULUM VITAE

Klaas van der Poel

Has a degree in Operations Research from the University of Cape Town

He is recognised as a member of the consulting firms in Africa and specialises in material systems.

made on September 25 by the board of the faculty of medicine at the University of the Witwatersrand.

The petitioners also support a statement by the Dean of the faculty, Professor Phillip Tobias, who said that before members resigned en masse from Masa, the federal council should be given the opportunity of repudiating the decision.

The Baragwanath petition was sent in two parts — one signed by members of Masa in which they threatened to resign from the association, the other signed by non-members.

NO SACTIION OVER Biko doctor

DD 13/11/80

(93)

CAPE TOWN — The Medical Association of South Africa (Masa) will not make further investigations into the conduct of one of the three doctors who treated the late Steve Biko.

This was decided here by Masa's Federal Council after what observers called "a heated debate" during a special meeting here yesterday.

The council has resolved, however, to meet a government delegation to review the ethical problems of doctors treating detainees and to draw up its own code of conduct regarding the behaviour of doctors treating prisoners.

Only one of the three doctors involved, Dr Benjamin Tucker, is a member of Masa.

At a press conference after the meeting, the chairman, Prof J. N. de Klerk, told reporters that unless further evidence came to light Masa considered the Biko issue closed.

Legal advice presented to the council

Tucker, who is a member. He said Section 6 of the Terrorism Act could be seen to allow high-ranking security police to override a doctor's medical judgment.

"Under the circumstances, Dr Tucker's action could be clearly understood," he said.

While the council was tight-lipped on questions raised by reporters about the association's stand on the Biko issue, it adopted several resolutions yesterday regarding the ethical position of doctors treating prisoners.

Some of the resolutions concerned proposals put forward by the Cape Western branch council which noted that

From the examination of the evidence given at the Biko inquest, it

meeting made it clear that neither a criminal court nor the South African Medical and Dental Council (Samdc) could reopen the cases involving the Biko doctors unless further evidence came to light.

Masa's final decision comes after months of public outcry and threats of resignations from its members over its stand on the Biko case.

Prof De Klerk said yesterday that it was not the function of the association to make public statements regarding the conduct of doctors and that it was not a statutory body with disciplinary powers.

"I feel that the association has had to carry the can for decisions taken regarding the ethical conduct of the Biko doctors."

Earlier this year a South African Medical and Dental Council committee of preliminary investigation found no evidence of disgraceful conduct on the part of the three doctors — Mr Ivor Lang, Dr Colin Hersch and Dr Tucker.

This was later confirmed at a special meeting of the Samdc on June 17 this year.

The doctors faced charges of negligence and improper conduct after it was alleged during an inquest into Mr Biko's death in November 1977 that they subordinated their patient's interests to those of security police.

Masa subsequently ratified the Samdc's decision regarding Dr Tucker's conduct.

Prof De Klerk said Masa was only empowered to review the conduct of Dr

quate treatment received by Mr Biko would probably have been different had the patient not been a detainee under the Internal Security Act.

Q The doctors attending to Mr Biko did not appear to have complete clinical independence and this could have contributed to unsatisfactory management.

A The primary responsibility of a doctor attending a prisoner is towards that individual as a patient. Laws or regulations curtailing the principles of clinical independence and autonomy are unacceptable.

In another resolution the council decided to establish its own code of conduct to govern the behaviour of doctors treating prisoners. This code will be drawn up in accordance with the Declaration of Tokyo to which all civilised countries subscribe regarding prisoner treatment and with the principles generally described as the Hippocratic oath.

The federal council will also ask its federal ethical committee to consider making recommendations on ethical issues raised as a result of medical care received by Mr Biko.

Masa says in its statement it believes it has reflected the "genuine concern expressed by its members".

Reporters were told yesterday the association has received four official resignations over the Biko issue and Prof De Klerk said there was a possibility that "more would resign and more would join". — DDC.

Faculties

(Continued from Page 1)

ened to resign from Masa unless the body changed its stance on the Biko issue, said he would study the written resolutions which were made at yesterday's meeting and then decide whether or not he would carry out his threat.

REPORT-BACK

The University of Cape Town's medical faculty was more reticent on the issue.

The Deputy Dean, Dr J P van Niekerk, said merely that the faculty would obtain a 'report-back' on yesterday's meeting which would enable members of the faculty to discuss the matter at the next faculty meeting should they wish to do so.

The only comment came from Professor Frances Añes, head of the UCT faculty's Department of Neurology, who has been outspoken on the Biko issue.

Professor Ames said she had attended yesterday's meeting as an observer and found it 'confusing and unsatisfactory'.

She said she and other observers were drafting their impressions which might be released to the Press when they were complete.

Professor Stuart J Saunders, principal-designate of UCT, who recently resigned from Masa because he was dissatisfied with its stand on the Biko issue, was not available for comment.

The Baragwanath Hospital Staff Association in Johannesburg indicated it was not satisfied with yesterday's resolutions.

PETITION

About 100 doctors threatened to resign from the hospital and signed a petition calling for a full inquiry into the Biko doctors, which was tabled at the Federal Council meeting yesterday.

After the Federal Council meeting, Professor de Klerk said the petition would receive 'the required attention in due course.'

A spokesman for the hospital's staff association said today it was hoped Masa would study the Biko situation again and at least explain the discrepancies between statements by the doctors who treated him.

The issues they demand answers to are:

- How one doctor could admit to issuing false medical reports;
- And how the needs of the patient could be subordinate to State security;
- Doctors victims of laws, says Masa — Page 10.

Medical faculties

13/11/80
ARLWS
not
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entirely
satisfied

Medical Reporter

SENIOR members of the medical profession are not entirely satisfied with the outcome of yesterday's meeting of the Federal Council of the Medical Association.

The medical faculties of the University of Cape Town and the University of the Witwatersrand, whose active protests at Masa's stand on the Biko issue were instrumental in causing yesterday's meeting to be held, will meet next week to discuss the resolutions taken by the council.

Professor Phillip Tobias, Dean of the Medical Faculty at Wits, said today the Medical Association had apparently admitted publicly for the first time that the treatment received by Mr Steve Biko was 'inadequate' and that there had been 'unsatisfactory management' of the patient.

WATCHDOG ROLE

He said the Federal Council's reaction to the widespread unhappiness generated among South African doctors by an official letter from Professor Guy de Klerk, chairman of the Federal Council, which was published in the South African Medical Journal in September, coupled with Masa's executive statement, would be carefully studied by the faculty.

'We are deeply exercised as to whether Masa is adequately fulfilling its watchdog role, or whether a new body should be established in South Africa on the lines of Physicians for Social Responsibility in the United States and Britain,' said Professor Tobias.

TIME FACTOR

Professor Tobias said the Federal Council meeting had not answered all the questions about the Biko affair, but had indeed called for two further meetings — one with the Minister of Health and Minister of Justice, and a public inquiry by its Federal Ethical Committee. Thus the matter dragged on, more than three years after Mr Biko's death. It is imperative that such further meetings be held urgently, he said.

Professor D. J. Plessis, principal and vice-chancellor of Wits University, who earlier threatened

(Continued on Page 3)

Doctors 13/11/80 ARMS 'victims of laws'—Masa

Medical Reporter

THE Biko doctors appeared to have been 'unfortunate victims' of laws and regulations which curtailed their clinical independence, according to the Federal Council of the Medical Association of South Africa (Masa).

This was the essence of a statement issued by Professor Guy de Klerk, chairman of the Masa Federal Council, after a special council meeting in Cape Town yesterday.

The meeting was called as a result of pressure from members of the medical profession throughout South Africa who objected to Masa having cleared one of the Biko doctors — Dr Benjamin Tucker — of unethical conduct.

(During the inquest into Mr Biko's death, Dr Tucker admitted that, in spite of having taken the Hippocratic oath he 'subordinated the interests of his patient for those of police security.')

NOT GUILTY

The Cape Midlands branch of Masa held an inquiry into the conduct of Dr Tucker — the only Biko doctor who is a Masa member.

The branch's ethical committee came to the conclusion that Dr Tucker was not guilty of negligence. This finding was published by Masa in the form of a statement in the South African Medical Journal in September, and sparked off a storm of protest which led to yesterday's meeting.

RESOLUTIONS

The Federal Council adopted three resolutions at the meeting yesterday.

The first was proposed by the Cape Western branch of Masa, which noted the following points:

① 'From the examination of the evidence given at the inquest, it appeared that the inadequate treatment received by the late Mr Biko would probably have been different had the patient not been a detainee under the Security Act;

② 'The doctors attending to Mr Biko did not appear to have complete clinical independence and this could have contributed to unsatisfactory management;

③ 'The primary responsibility of a doctor attending a prisoner is towards that individual as a patient. Laws or regulations curtailing the principles of clinical independence and autonomy are unacceptable.'

Having noted these points, the Cape Western branch proposed that Federal Council state that it had not endorsed the findings of the Medical and Dental Council (which

the doctors), but had merely noted the findings.

The meeting agreed.

The Federal Council also agreed to stress that Masa was petitioned to investigate the conduct only of one of the Biko doctors — Dr Tucker — who is a Masa member.

The Federal Council also decided to state that it did not necessarily ascribe political motives to those Masa members who criticised its statement regarding the Biko cases.

NO POWER

Professor de Klerk explained that in terms of its constitution, Masa's Federal Council had no power to initiate disciplinary proceedings, except after representation from any branch of Masa. Representation could be made only after an inquiry by the ethical committee of the branch in question.

In the case of Dr Tucker, the Cape Midlands branch had investigated the position, and made no representation to the Federal Council.

CODE

The Federal Council also resolved to establish its own code of conduct, which should govern the behaviour of medical practitioners caring for prisoners of all categories. This code would be in accordance with the Declaration of Tokyo and the principles generally described as the Hippocratic oath.

Professor de Klerk said he could not say whether Masa members who had threatened to resign from the body would be satisfied with the resolutions taken at the meeting. He said only four actual resignations had been received since the Biko case became public.

PETITION

The petition signed by scores of doctors at Baragwanath Hospital in Johannesburg calling for a full inquiry into the conduct of the doctors was tabled at the meeting and would be dealt with in due course by the Federal Council, he said.

BIKO DOCTOR BACKS INQUIRY

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13/11/80
ARGUS

Medical Reporter

A SPECIALIST in the Biko affair, Dr Colin Hersch, today welcomed a move by the Federal Council of the Medical Association of South Africa (Masa) for a public inquiry into ethical issues raised by the black consciousness leader's death.

He told the Port Elizabeth bureau of The Argus he was happy with the decision and it was in line with the action he had in mind when he asked the South African Medical and Dental Council last month to hold a public inquiry into his conduct to clarify his position.

The Masa Federal Council decision was made in Cape Town yesterday.

Professor Guy de Klerk, chairman of the Federal Council, said the decision was made in the light of

the importance of the matter both to the medical profession and the public generally.

The council gave its ethical committee a mandate to consider appointing a retired judge to preside at the inquiry; appointing legal counsel to lead evidence, and inviting the three Biko doctors — Dr Benjamin Tucker, Dr Ivor Lang and Dr Hersch — to take part in the proceedings.

The council also decided that the delegation of

Masa's executive should meet the Minister of Health, Welfare and Pensions and the Minister of Justice to discuss medical and ethical problems involved in the treatment of prisoners held under various Acts.

The association wishes, where possible, to provide the Ministers and their colleagues with assistance in reviewing the medical care of prisoners by means of a memorandum and personal communication, said Professor de Klerk.

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No inquiry into Biko — Masa

Staff Reporter

THE federal council of the Medical Association of South Africa will not make further investigations into the conduct of one of the three doctors who treated black consciousness leader Steve Biko before he died of brain injury and kidney damage in detention in 1977.

The council has resolved, however, to meet a government delegation to review the ethical problems of doctors treating detainees and to draw up its own code of conduct regarding the behaviour of doctors treating prisoners.

At a press conference after a council meeting in Cape Town yesterday, the chairman of the federal council, Professor J N de Klerk, said that unless further evidence came to light, Masa considered the Biko issue closed.

Legal advice presented to the council made it clear that neither a criminal court nor the South African Medical and Dental Council could reopen the cases involving the Biko doctors unless further evidence came to light.

Masa's final decision comes after months of public outcry and threats of resignations from its members over its stand on the Biko case. The issue was discussed at a special meeting at Tygerberg yesterday in what observers called a "heated debate" of 54 members of the federal council.

Professor De Klerk said yesterday that it was not the function of the association to make public statements regarding the conduct of doctors and it was not a statutory body with disciplinary powers.

While the council was tight-lipped on questions raised by reporters about the association's stand on the Biko issue, it adopted several resolutions regarding the ethical position

of doctors treating prisoners.

Some of the resolutions put forward by the Cape Western branch council noted that:

• From the examination of the evidence at the Biko inquest, it appeared that inadequate treatment received by Mr Biko would probably have been different had the patient not been a detainee under the Internal Security Act.

• The doctors attending Mr Biko did not appear to have

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From page 1

clinical independence and this could have contributed to unsatisfactory management.

○ The primary responsibility of a doctor attending a prisoner is towards that individual as a patient. Regulations curtailing the principles of clinical independence and autonomy are unacceptable.

Because of uncertainty regarding the way Mr Biko was treated, the branch proposed that the federal council state that the executive committee of the council noted the findings of the Medical and Dental Council but did not endorse them.

In other resolutions:

○ The council is to request the ministers of health and justice to meet a delegation from the association's executive committee to discuss aspects of medical and ethical problems involved in treating prisoners.

This decision was made in the light of the council's resolution — passed at a meeting in Bloemfontein — to convey its concern to the minister of health of the "apparent deficiencies which appear to exist in the facilities and staffing of health services to prisoners and detainees".

○ The council will establish its own code of conduct to govern the behaviour of doctors treating prisoners. This code

will be drawn up in accordance with the Declaration of Tokyo to which most countries subscribe regarding prisoner treatment.

○ The federal council will ask its federal ethical committee to consider making recommendations on ethical issues raised as a result of medical care received by Biko. The committee will be required to consider holding its proceedings in public and appoint a retired judge or counsel to preside over the meeting and to invite Dr Benjamin Tucker, Dr Ivor Lang and Dr Colin Hersch — who treated Biko — to take part in the proceedings.

Reporters were told that the association has received four resignations over the Biko issue, and Professor De Klerk said there was a possibility that "more would resign and more would join".

Masa admits treatment of Biko was 'inadequate'

By Bob Kennaugh, Medical Correspondent

Early indications are that senior members of the medical profession are not entirely satisfied with the outcome of yesterday's meeting of the Federal Council of the Medical Association at which the Biko doctor issue was discussed.

Professor Phillip Tobias, Dean of the Medical Faculty at the University of the Witwatersrand, said today the Medical Association had apparently admitted publicly for the first time that the treatment received by the late Mr Steve Biko was "inadequate" and that there had been "unsatisfactory management" of the patient.

Professor Tobias said the Federal Council's reaction to the widespread unhappiness generated among South African doctors by Professor Guy de Klerk's official letter which was published in the South African Medical Journal on September 13, coupled with the statement by Masa's executive will be carefully studied by the Wits Medical Faculty.

The faculty will meet next week with the medical faculty of the University of Cape Town to discuss the resolutions taken.

"We are deeply exercised as to whether Masa is adequately fulfilling its watchdog role or whether a new body should be established in South Africa on the lines of Physicians for Social Responsibility in the United States and Britain."

Professor D J du Plessis, vice-chancellor and principal of Wits University said that he would study the written resolutions of Masa and would then decide whether he would resign from the association.

Professor du Plessis had earlier threatened to resign unless Masa changed its stance on the Biko issue.

Professor Tobias said the Federal Council meeting had not answered all the questions about the Biko affair, but had indeed called for two further meetings, one with the Ministers of Health and Justice, and a public in-

committee.

"Thus the matter drags on more than three years after Mr Biko's death. It is imperative that such further meetings be held urgently."

The University of Cape Town's medical faculty was more reticent on the issue.

In a statement the Deputy Dean, Dr J P van Niekerk, said merely that the faculty would obtain a "report-back" on yesterday's meeting, which would enable members of the faculty to discuss the

To Page 3, Col 1

Biko treatment inadequate - Masa

from page 1

matter at the next faculty meeting "should they wish to do so"

The only comment came from Professor Frances Ames, head of the UCT faculty's Department of Neurology — who has been outspoken on the Biko issue.

Professor Ames said she had attended yesterday's meeting as an observer and found it "confusing and unsatisfactory."

She said she and other observers were drafting their impressions, which might be released to the Press when they were complete.

Professor Stuart J Saunders, Principal designate of UCT who recently resigned from Masa because he was dissatisfied with its stand on the Biko issue, was not available for comment.

A spokesman for the Baragwanath Hospital

Staff Association said today that it was hoped that Masa would study the Biko situation again and at least explain the discrepancies between statements by the doctors who treated Biko.

The association would study yesterday's statement by Masa before deciding on what action, if any, to take, he said.

About 100 doctors at the hospital have threatened to resign from Masa if it does not take the Biko issue further.

Two issues they want cleared up are:

• How one doctor could admit to issuing false medical reports, and

• How the needs of the patient could be subordinate to State security.

Professor Tobias added the proposed open inquiry by the ethical committee of Masa into the conduct of the Biko doctors was to be welcomed.

• See Page 23: Biko medics unfortunate victims of law — Masa.

Biko medics unfortunate victims of law—Masa

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Own Correspondent

CAPE TOWN — The Biko doctors appeared to have been the unfortunate victims of laws and regulations which curtailed their clinical independence in their treatment of Mr Steve Biko before his death in detention, according to the Federal Council of the Medical Association of South Africa (Masa).

This was the essence of a statement issued by Professor Guy de Klerk chairman of the Masa Federal Council, after a special council meeting held in Cape Town yesterday to discuss the Biko issue.

The meeting was called as a result of pressure from members of the medical profession throughout South Africa who objected to Masa hav-

ing cleared one of the Biko doctors — Dr Benjamin Tucker — of unethical conduct.

(During the inquest into Mr Biko's death Dr Tucker admitted that, in spite of having taken the Hippocratic Oath he "subordinated the interests of his patient for those of police security.")

The Cape Midland branch of Masa held an inquiry into the conduct of Dr Tucker — the only Biko doctor who is a Masa member.

The branch's Ethical Committee came to the conclusion that Dr Tucker was not guilty of negligence. This finding was published by Masa in the form of a statement in the South African Medical Journal in September and sparked off a storm of

protest which led to yesterday's meeting.

After the meeting Professor de Klerk said the Federal Council had decided to request the Ministers of Health, Justice and Welfare and Pensions to meet a delegation from Masa's executive to discuss various aspects pertaining to medical and ethical problems involved in the treatment of prisoners held under various Acts.

The meeting also resolved that the Federal Ethical Committee, "in the light of the importance of the matter both to the profession and the public generally," consider the ethical issues involved in the Biko case.

The committee should consider holding these proceedings in public with legal council appointed to lead the evidence and a retired judge or counsel presiding. In addition it should consider inviting the three Biko doctors — Dr Tucker, Dr Ivor Lang and Dr Colin Hersch — to take part in the proceedings.

PETITION

The Federal Council also resolved to establish its own code of conduct which should govern the behaviour of medical practitioners caring for prisoners of all categories.

Professor de Klerk said he could not say whether the Masa members who had threatened to resign from the body would be satisfied with the resolutions made at the meeting.

Another resolution adopted at the meeting and proposed by the Western Cape branch of Masa, noted the following points:

● "From the examination of the evidence given at the inquest it appears

ment received by the late Mr Biko would probably have been different had the patient not been a detainee under the Security Act.

● "The doctors attending to Mr Biko did not appear to have complete clinical independence and this could have contributed to unsatisfactory management.

● "The primary responsibility of a doctor attending a prisoner is towards that individual as a patient. Laws or regulations curtailing the principles of clinical independence and autonomy are unacceptable."

SA Doctors Warn It Reopened Biko Probe

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By MARIKA SEBOROS
 CAPE TOWN

THE Medical Association of SA decided yesterday that it would not reopen an investigation into the conduct of one of the three "Biko doctors".

However the Government now faces demands from Masa to meet a delegation to discuss medical and ethical problems in the treatment of prisoners underlined by the death in detention of Mr Steve Biko three years ago.

Only one of the three doctors involved, Dr Benjamin Tucker, is a member of Masa.

The doctors follow a special meeting of the federal council of Masa in Cape Town yesterday to discuss the Biko affair in response to pressure from members of the medical profession throughout the country.

Legal advice presented to the council made it clear no criminal court, nor the SA Medical and Dental Council (SAMDC) could reopen the case unless fresh evidence was presented, Masa said yesterday.

In a statement issued after the closed meeting, the federal council resolved:

- o That the doctors attending Mr Biko in detention did not appear to have had complete clinical independence and this could have contributed to "unsatisfactory management".
- o That the primary responsibility of a doctor treating a prisoner was towards that individual as a patient, and laws curtailing the clinical independence of a doctor were unacceptable.
- o To request the Ministers of Justice and of Welfare and Pensions to meet a delegation to discuss the problems involved in treatment of prisoners.

To ask Masa's federal council committee to conduct a public investigation into issues raised by Mr Biko's death;

o That such an investigation be held with evidence led by counsel and presided over by a judge and that the three doctors involved be invited to take part;

o That Masa should establish its own code of conduct to govern the behaviour of doctors in accordance with international standards and the Hippocratic Oath, and

o That Masa noted but did not endorse the SAMDC's findings. The resolutions were adopted with two or three abstentions. Professor Guy de Klerk, chairman of the federal council, told a Press conference.

Earlier this year an SAMDC committee of preliminary investigation found no evidence of disgraceful conduct on the part of the three doctors — Dr Ivor Lang, Dr Colin Hirsch and Dr Tucker.

This was later confirmed at a special meeting of the SAMDC on June 17 this year.

The doctors faced charges of negligence and improper conduct after it was alleged during an inquest into Mr Biko's death in November 1977 that they subordinated their patient's interests to those of Security Police.

Masa subsequently ratified the SAMDC's decision regarding Dr Tucker's conduct.

Prof De Klerk said Masa was only empowered to review the conduct of Dr Tucker, who is a member.

He said Section 6 of the Terrorism Act could be seen to allow high-ranking Security Police to override a doctor's medical judgment.

"Under the circumstances, Dr Tucker's action could be clearly understood," he said.

"We are terribly concerned that the medical profession has been placed in a tight spot. We have nothing to say about any

hide," he said.

Masa was "carrying the can" for decisions taken over the doctors' conduct.

Only the SAMDC had the power to strike a doctor off the roll, Prof De Klerk said.

Masa is a voluntary association of doctors.

Prof De Klerk said there was a possibility some Masa members might resign but he was not concerned about mass resignations.

A petition sent to Masa and signed by more than 100 doctors at Baragwanath Hospital was received by the federal council. Prof De Klerk said it would be discussed at some future date.

De Klerk said he has

THE Federal Ethical Committee of the Medical Association of South Africa (Masa) will meet early in the new year to discuss plans for an inquiry into the ethical problems created by the treatment of Mr Steve Biko before his death in detention.

The committee will consider holding the inquiry in public, appointing a retired judge to preside and counsel to lead evidence and inviting the three doctors who treated Mr Biko — Dr Benjamin Tucker, Dr Ivor Lang (both district surgeons), and Dr Colin Hersch, (a specialist) — to take part in the proceedings.

A Masa public relations officer today released the names of the ethnical committee members to The Argus.

Masa 'ethical' talks in new year

14/11/80

Reviews

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The chairman is Professor J N de Klerk, who is also chairman of Masa's Federal Council, an elected member of the South African Medical and Dental Council, and head of the department of urology at Stellenbosch University's Medical School.

Professor de Klerk said earlier this week that the three Biko doctors were victims of circumstance in that their conduct had to comply with the laws and regulations pertaining to prisoners.

Other members of the ethical committee are: Dr G B Batchelor of the Natal Coastal branch (which has actively campaigned for an open inquiry); Dr J Chant of the Cape Western branch; Dr J Lion-Cachet, honorary treasurer of the Masa Federal Council; Professor N S Louw, vice-chairman of the Federal Council; Mr S Kay, a surgeon from the Southern Transvaal branch; and Dr R Schaffer of the Border Inland branch.

(whose conduct in the Biko case has been cleared by the Cape Midlands branch of Masa) and Dr Lang would definitely not speak to the Press.

Apart from holding an inquiry, further action decided on by Masa's Federal Council this week was to send a delegation to the Ministers of Health, Welfare and Pensions and Justice to discuss the clinical independence of doctors treating prisoners.

This resolution has been well received by the Minister of Justice, Mr Kobic Coetsee.

'I will certainly consider such a request if and when it is submitted to me. I shall, of course, also have to consider the nature and extent of my department's involvement,' he said.

The Argus was today told by the District Surgeon's office in Port Elizabeth that Dr Tucker

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Wits doctors to evaluate Masa

Staff Reporter

DOCTORS at the University of the Witwatersrand will hold a meeting next week to decide whether the Medical Association of South Africa (Masa) is adequately fulfilling its watchdog role, or whether an additional body should be established in South Africa to set standards for the profession.

This was announced yesterday by Professor P Tobias, dean of the faculty of medicine, in response to Masa's federal council decision this week not to investigate further the conduct of one of the doctors involved in the Steve Biko case.

Professor Tobias said that a special committee of the faculty would study the Masa resolutions in full.

He said that Masa had, for the first time, apparently admitted publicly that the treatment meted out to Mr Biko while he was in custody was "inadequate" and that there was "unsatisfactory management".

"The latest meeting leaves a number of unanswered questions. The matter drags on more than three years after Mr Biko's death," he said.

Two prominent doctors who have threatened to resign as members of Masa because of its stance on the Biko issue are

waiting to study Masa's resolutions before committing themselves to a course of action.

Professor S J Saunders, principal-designate of UCT, said yesterday that he could not comment on the outcome of the meeting till he had studied the resolutions. This is also the view of Professor D J du Plessis, principal and vice-chancellor of Wits, who also indicated that he would resign.

The only strong comment on the Masa meeting came from Professor Frances Ames, head of the neurology department at UCT, who sat in on the federal council's meeting. She said that she had found it "confusing and unsatisfactory". A statement of impressions is likely to be drawn up by Professor Ames and other observers and released to the press.

Dr J P van Niekerk, deputy dean of UCT's medical faculty, said yesterday that his personal reaction to Masa's federal council meeting was that the outcome had been "very satisfactory".

After its meeting this week, Masa has announced that its federal ethical committee will meet early next year to consider recommendations on the ethics of treating prisoners

Biko: The case is over but the row still rages, page 13

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and, before the group could be formed, the

Biko: The case is ^{CF} Over ^{14/11/80} but the row still rages

THREE years after Steve Biko's death from brain damage and kidney failure in Port Elizabeth the controversy rages on. The three doctors who treated Biko have been cleared of any "disgraceful or improper conduct" by the SA Medical and Dental Council and the Medical Association has decided not to reopen the case.

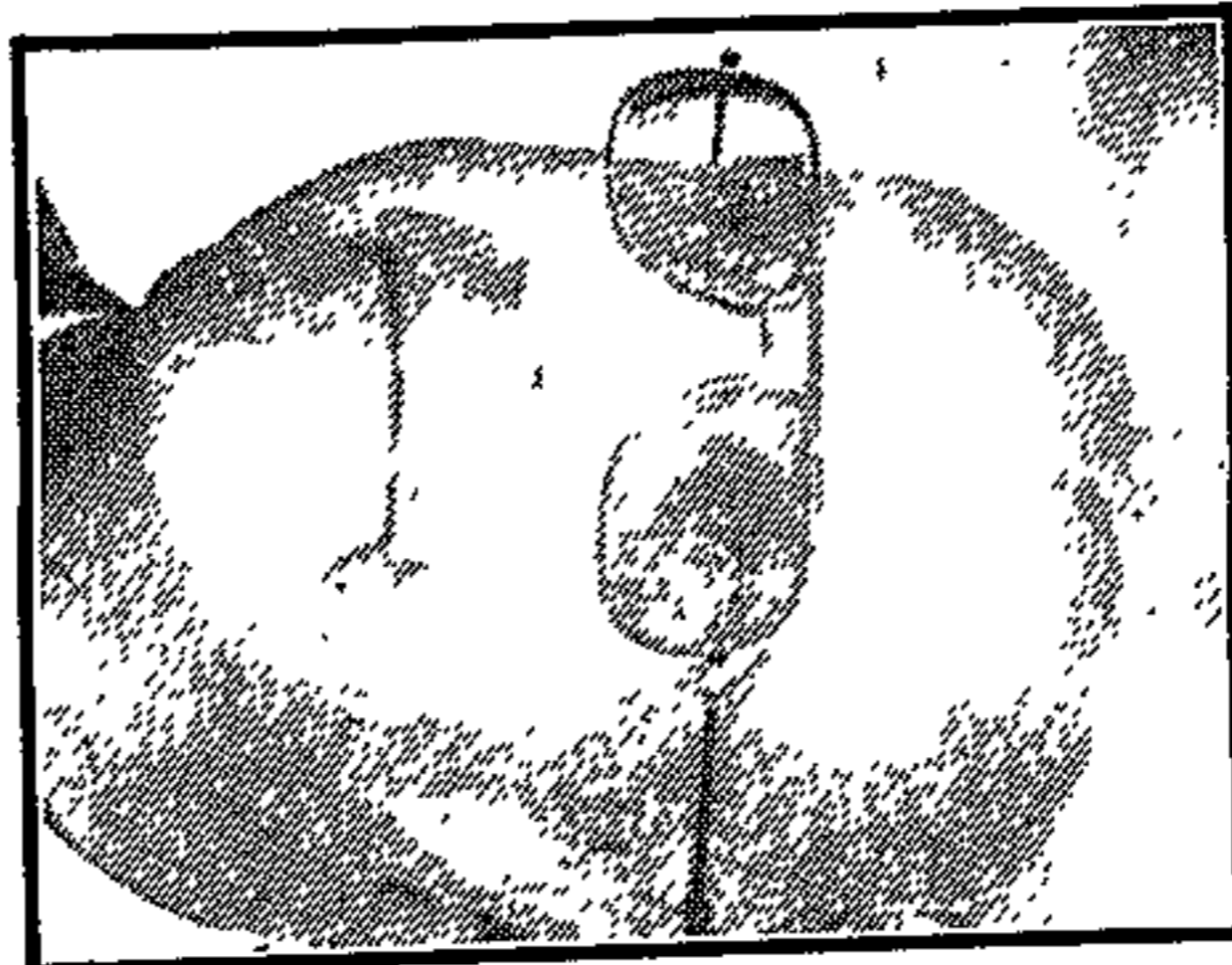
While South African doctors have expressed concern that their professional image has been tarnished in the outside world, it now seems that the Biko case has been laid to rest.

In April this year, a preliminary investigating committee of the South African Medical and Dental Council (SAMDC) found that the three doctors who attended Biko before his death on September 12, 1977 — Dr Benjamin Tucker, Dr Ivor Lang (two Port Elizabeth district surgeons) and Dr Colin Hirsch (a specialist physician) — said there was no *prima facie* evidence of improper or disgraceful conduct on the part of the practitioners and decided there was no need for a disciplinary hearing.

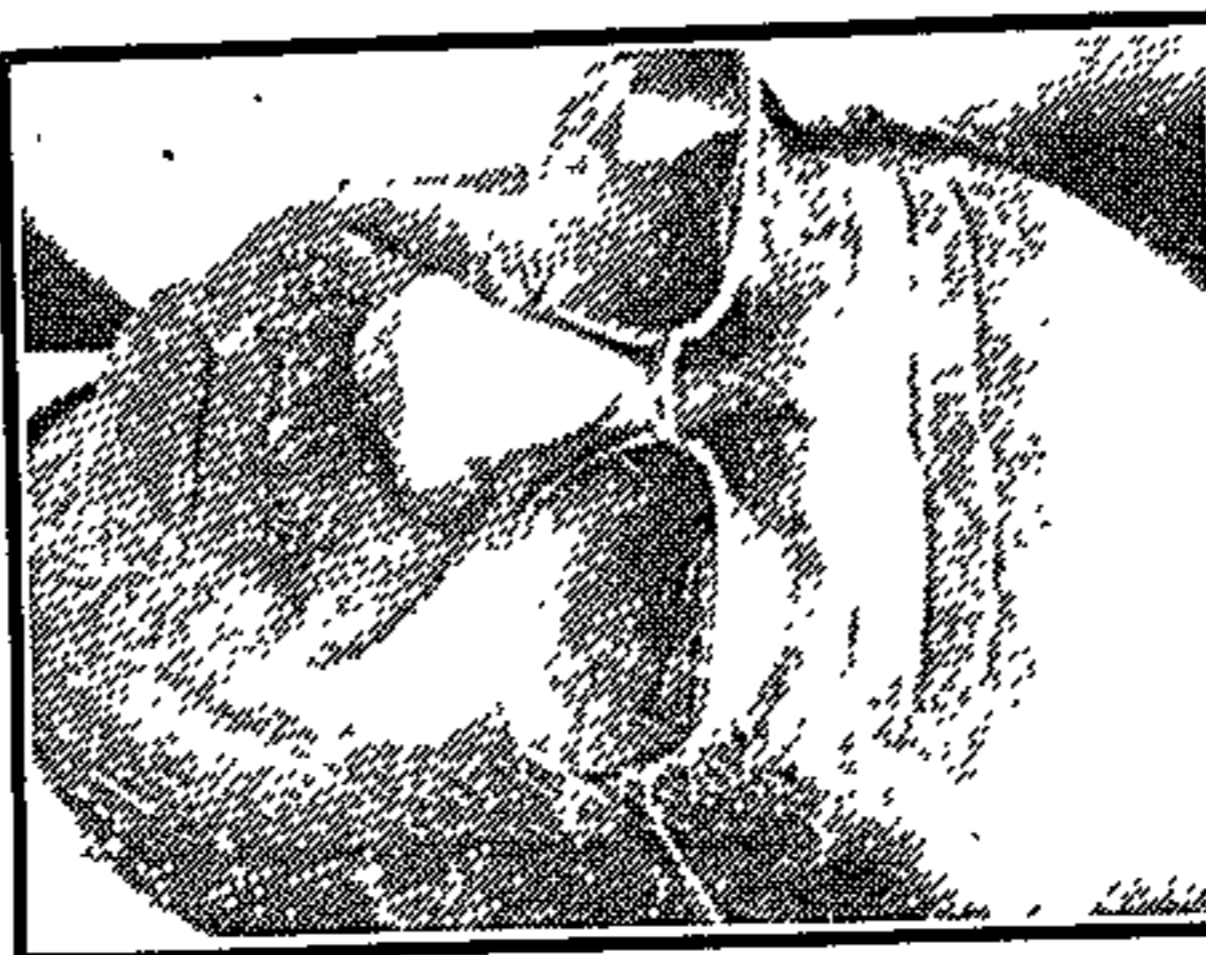
The committee said it based its decision on the record of the inquest, a letter of complaint from Eugene Roelofse and unnamed expert opinions. The committee consisted of Professor H. Shyman who headed the committee, Professor Franz Goldenhuyts, Dr Howard Botha, Dr Pieter Schutte and Mr Dan de Villiers. Two of the mem-



Dr Benjamin Tucker



Dr Colin Hirsch



Dr Ivor Lang

bers of the committee were government nominees elected by the council to sit on the committee. All five are members of the Broederbond.

At the time of the committee's findings there was an uproar that the information had been published before the full council had been consulted. Members of the council said that it was unprecedented in South African medical history that the findings had been released without evidence upon which it had been based.

In June, 1980, at a special meeting of the SAMDC, it was confirmed that the three doctors would not face disciplinary action. The council voted 18 to nine to accept the decision of

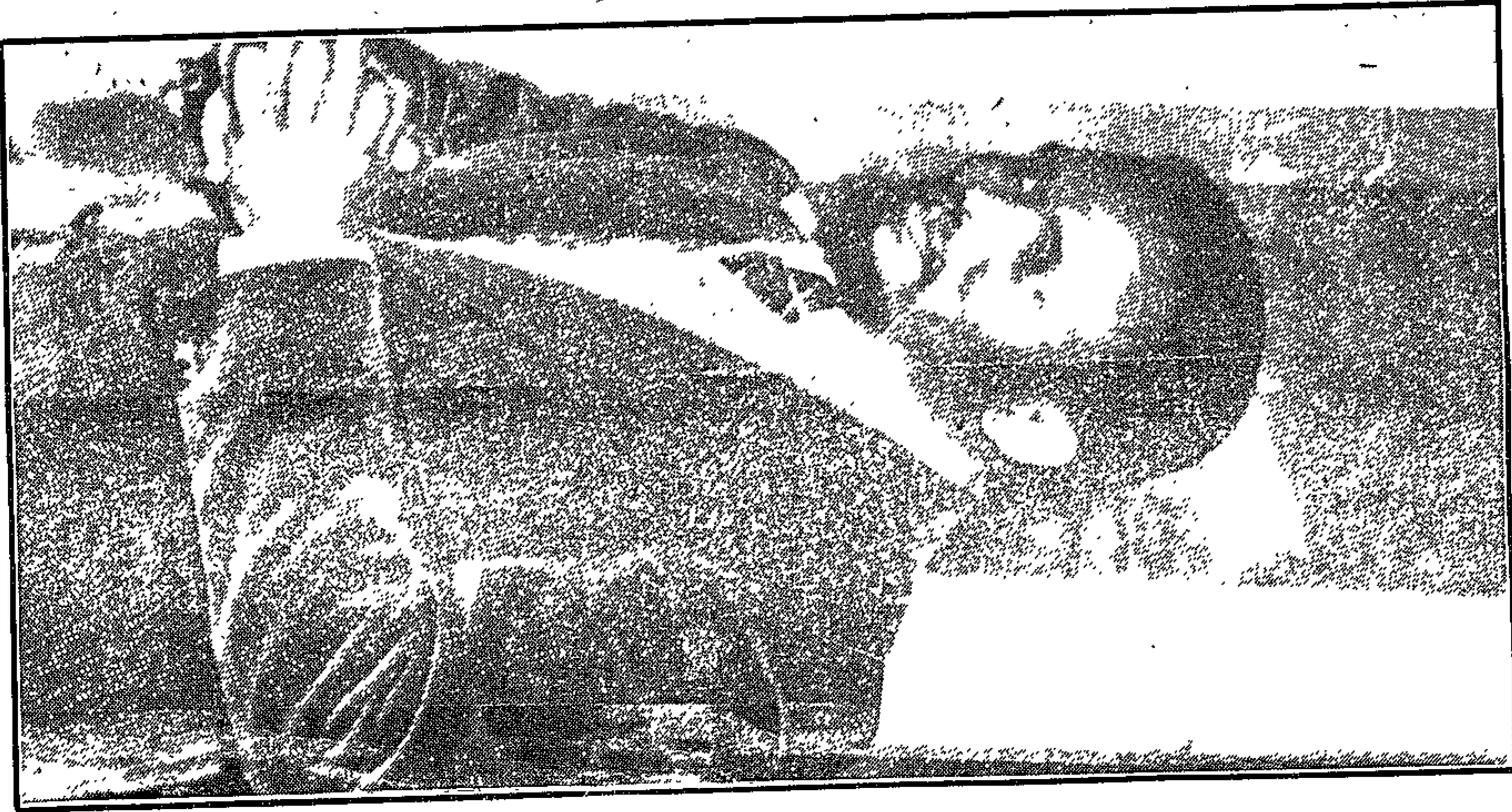
By MARYLYN ELLIOTT

the preliminary investigating committee.

In the same month, the Medical Association of South Africa (MASA) took the unprecedented step of asking the SAMDC and the government whether they were satisfied that the medical care given to Biko before his death conformed with "guidelines to which practically all civilized countries prescribe". MASA stated it was a matter of concern that the doctors were not afforded the opportunity of an open inquiry into their conduct. In later developments, the

Security Police.

- Although desperately ill, he was driven 1 000 km from Port Elizabeth to Pretoria, naked, in the back of a Landrover.
- He was shackled to a radiator after Pieter Goosen, head of Security Police in Eastern Cape, suspected he had suffered a stroke and after he had been examined by Dr Lang.
- During the inquest it was stated that doctors who had been treating Mr Biko did not report on the extent of his injuries. All three doctors admitted to oversights and incorrect interpretations.
- Dr Tucker admitted to having incorrectly stated that Mr Biko showed no signs of organic disease shortly before he died. He had told police that Biko was in a satisfactory condition and did not contest the police decision to transport him to Pretoria. He admitted in court that he had subordinated the interests of his patient for those of police security.
- Dr Lang admitted to the court that it was quite obvious he had missed something in the examination.
- The doctors did not press the Security Police to allow Mr Biko to be admitted to hospital in Port Elizabeth.
- He was left lying naked in a prison cell. No medical records on Mr Biko's condition or details of previous medical attention were sent with him to Pretoria.



Steve Biko the row goes on.

100 doctors threaten ^{5/19/80} ^{14/11/80} action ⁽⁹³⁾ ⁽²⁷⁾ over Biko probe

Medical Correspondent
More than 100 doctors at Baragwanath Hospital have threatened to resign from the Medical Association of South Africa (Masa) unless there is a full investigation into the role of the three doctors in the Biko affair.

A spokesman for the petitioning doctors said today: "I cannot see any harm in the recommendations that have been made by Masa on the ethical issues of the case. But there are still problems that have to be answered."

Full particulars of resolutions taken by the federal council of Masa at a special meeting in Cape Town on Wednesday are to be circulated in the hospital. A formal meeting is not expected to be held.

At its Cape Town meeting Masa called for a meeting with the Ministers of Justice and Health and a public inquiry by its federal ethical committee into the conduct of the doctors.

In Cape Town today, reports Sapa, the Minister of Justice, Mr J H Coetzee, said that he would consider meeting a delegation from Masa to review the ethical and medical problems of doctors treating detainees, if asked to do so.

The Biko affair is still with us

THE controversy over the death in detention more than three years ago of the black consciousness leader, Mr Steven Biko, will not go away no matter how hard the Medical Association of South Africa tries to evade the issue.

Masa met this week to reconsider its position amid high expectations that at last the case would be reopened, particularly after concerted pressure from a growing number of doctors who clearly believe a stigma will remain with their profession unless those involved are made to answer properly for their actions.

But once again, Masa has retreated, this time behind a call on the Government to meet a delegation to discuss medical and ethical problems in the treatment of prisoners. It has also conceded that doctors attending Mr Biko in detention did not appear to have had complete clinical independence, and that the primary responsibility of a doctor treating a prisoner is towards the individual as a patient.

Yet, the most immediate issue remains unresolved. The main Biko doctors — Benjamin Tucker and Ivor Lang (and Colin Hersch,

who features to a lesser extent, and has asked for a full public inquiry) — have been cleared of disgraceful conduct in the face of the most disturbing evidence. Consider the details revealed at the inquest on Mr Biko: Drs Tucker and Lang saw their patient lying naked on a mat on the floor, manacled to a radiator grille; Dr Lang gave a false certificate to the police that there was nothing wrong with Mr Biko; they allowed the Security Police to dictate the treatment they administered, or the lack of it; they connived in Mr Biko being driven 1 000km through the night, still naked, to Pretoria; they failed to send with him any semblance of medical information about his condition.

Obviously, if Masa's talks with the Government lead to better treatment for prisoners, at least something will have been achieved. But the medical profession's establishment needs look no further than its own ranks to know that the more it tries to evade the Biko affair, the louder will be the calls for action. This is one issue that really will not go away until the medical profession shows that it is prepared to enforce its declared ethical standards.

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WHY I QUIT OVER BIKO

15/11/80 ARAMS.



Professor Frances Ames

— PROFESSOR

By DERRYN DEAVIN

PROFESSOR Frances Ames, head of the University of Cape Town's Department of Neurology, has resigned from the Medical Association of South Africa (Masa) in protest against the organisation's handling of the Biko doctors issue.

She is the latest highly-placed doctor to do so.

In September Professor Stuart Saunders, principal-designate of the University of Cape Town, resigned because he dis-

proved of Masa's decision to clear the three Biko doctors.

Professor Ames's resignation comes after the Federal Council of Masa's meeting on Wednesday

where it was decided its Ethical Committee should consider holding a public inquiry into 'ethical issues raised by the case of the Biko doctors.'

PROTEST

'The only honourable thing and the only protest left to us is to resign,' Professor Ames said in an interview today.

She said her hesitation up to now had been because she did not want the three doctors involved in the Biko case pilloried. As far as she was concerned it had been a matter of collective responsibility.

'We omitted to do anything because we trusted the SA Medical and Dental Council to look after the standards practised in this country.

'However, we were very foolish to do so,' Professor Ames said.

AMBIGUITY

She said it seemed by the discussions that had taken place that there was undoubtedly ambiguity in the minds of district surgeons about the handling of prisoners.

On the one hand there was the Hippocratic Oath and on the other there seemed to be a tacit assumption that clinical advice could be overruled by a senior police officer.

'That sort of information should be freely available to the council. It seems to me extraordinary that a body that has been set up to guard medical practices is ignorant about a fundamental fact as how free you are to practise in prisons,' she said.

CONDUCT

Professor Ames, who is a member of the UCT medical school's professional standards committee which was established as a result of the controversy surrounding the conduct of the doctors who treated Steve Biko, said she would be delighted to rejoin Masa once and if a public inquiry was instituted.

'What really does erode one are the persistent attempts to say we should underplay the whole issue. They say it is all blown up by the Press but it is such a basic ethical problem for us.'

'There are in fact so many issues involved that have to be challenged. I am resigning until they are,' Professor Ames said.

UP IN ARMS!

Tribune Reporter

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SON T.E.B.



The Biko doctors' ... Tucker, Laing and Hersch

PROF Frances Ames, head of the University of Cape Town's Department of Neurology, has resigned from the Medical Association of South Africa (Masa) in protest against its handling of the Biko doctor issue.

She is the second highly placed doctor to do so. In September, Prof Stuart Saunders, principal designate of the University of Cape Town, resigned because he disapproved of Masa's decision to clear the three doctors.

Prof Ames has received support in her move from doctors throughout the country, though mass resignations are not likely at this stage.

A closely knit group of black doctors on the Reef appear resolved, however, to resign in protest at what they regard as inadequate Masa reaction to the affair.

Decision

What appears to be a relatively small group of disenchanting white doctors are awaiting further information before making a final decision on resignation. Some doctors' feelings against Masa are running high.

There is talk of a series of meetings to be held in the next two weeks at which decisions are likely.

Masa resolved this week that the Biko doctors had been the "unfortunate victims" of laws and regulations which curtailed their clinical independence.

The council stated it had not endorsed the findings of the Medical and Dental Council which decided not to discipline the doctors.

It resolved to establish its own code of conduct to govern the behaviour of medical practitioners carrying for prisoners of all categories.

The Masa federal council resolved that its ethical committee should consider the issues involved in the case — possibly during proceedings in public with a judge presiding.

The Biko doctors' Dr Benjamin Tucker, Dr Ivor Laing and Dr Colin Hersch, may be invited to take part in the pro-

cause she did not want the three doctors pilloried. As far as she was concerned it had been a matter of collective responsibility.

"We omitted to do anything because we trusted the Medical and Dental Council to look after the standards practised in this country. However, we were very foolish to do so."

She said it seemed from the discussions that there was ambiguity in the minds of district surgeons about the handling of prisoners.

On the one hand there was the Hippocratic Oath — and on the other there seemed to be a tacit assumption that clinical advice could be overruled by a senior police officer.

"It seems to me extraordinary that a body that has been set up to guard medical practices is ignorant about as fundamental a fact as how free you are to practise in prisons."

Professor Ames said she would be delighted to re-join Masa once a public inquiry was instituted.

"What really does erode one are the persistent attempts to say we should underplay the whole issue. They say it is all blown up by the Press... but it is such a basic ethical problem for us."

Resign

She did not know of any other UCP medical faculty members who had decided to resign.

"I think there will probably be quite a few who take this decision. I certainly hope so."

Indications are that the associations' federal council has stalled the three doctors' resignation. It is not clear if the findings of the Medical and Dental Council.

Member doctors said this week's statement had done just enough to placate the most doctors — but they

Most doctors are waiting for details of this week's Masa decisions before deciding whether to follow Dr Ames' example.

"The only honourable thing and the only protest left to us is to resign," Professor Ames said in an interview this morning.

She said her hesitation up to now had been "because I was not sure how far I could go."

A spokesman for the University of Natal's Medical School said they would take no decision on the matter before the dean, Prof Ted Sarkin, returned next month from an overseas trip.

The entire medical school staff of more than 200 threatened to resign if they were not satisfied with the outcome of the federal council meeting.

So far four have quit Masa.

Specialist physician Dr Colin Hersch — one of the three doctors who treated Biko before his death — said he was happy with the result of the meeting.

He has launched a campaign to clear his name and would like to see a full public inquiry into the matter.

Refuse

The other two doctors, district surgeons Dr Laing and Dr Tucker, both refuse to speak to the Press.

Professor Perry Leary, head of the Department of Experimental and Clinical Pharmacology at the University of Natal said resignation had been considered by many of his colleagues.

"Certainly members of the medical faculty remain very concerned about this whole issue. We intend to keep up the pressure. At the same time we have been encouraged that some progress in the right direction has been made."

He said the decision on action, whether this would mean resignation or not, would depend on the outcome of the inquiry.

Professor Yacoub Seedat, Professor of Medicine and a member of Masa's federal council, said he foresaw mass resignations if Masa does not pursue the latest recommendations.

"If they stall they'll get a lot of resignations — including my own."

Leadership

of Masa

poor, says UCT man

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Medical Reporter

A MEMBER of the executive of the medical faculty of the University of Cape Town, Professor Peter Folb, today criticised the 'poor quality' of the leadership of the Medical Association of South Africa and its handling of the Biko doctor issue.

Professor Folb, head of UCT's department of clinical pharmacology, was reacting to the resignations from Masa of Profes-

sor Frances Ames, head of the neurology department, and Professor Stuart J Saunders, principal designate of the university.

Professor Ames and Professor Saunders announced their resignations from Masa at the weekend because they were dissatisfied with Masa's stand on the Biko issue and with the outcome to Masa's Federal

(Continued on Page 3, col 3)

(Continued from Page 1)

Council meeting held last week in Cape Town.

Professor Folb said today that he, like Professor Ames, had attended last week's meeting and was 'gravely concerned about what I heard there.'

STATEMENT

He said there appeared to be a serious discrepancy between Masa's original statement on the Biko doctor issue which was published in the South African Medical Journal in September, and the statement issued after last week's meeting.

Masa considered information received from its Cape Midlands branch ethical committee, which cleared one of the doctors involved in the Biko case.

UCT man

In the September statement Masa absolved the doctors of negligence or improper conduct in their treatment of Mr Steve Biko before his death in detention.

However, in the statement issued last week, Masa indicated that the doctors were 'victims of circumstance' impeded by the laws and regulations pertaining to the treatment of prisoners and detainees.

Professor Folb said he felt one of these statements was untrue.

'At last week's meeting no one contested the contents of the most recent statement, thus it appears that the one published in the Medical Journal was incorrect,' he said.

If this was so, his membership of Masa had become 'an embarrassment.'

Professor Folb said he had written to the secretary general of Masa, asking for an explanation of the discrepancy.

If he was not satisfied with the reply he would resign from the body.

'Until now I have stayed a member because I am concerned about the poor quality of the leadership of Masa, and I feel one should fight from within,' he said.

Professor Folb said the Biko case had been 'politicised' by Masa, while he and his colleagues saw it

not as a political issue, but an ethical one.

He had also been 'amazed' to learn at last week's meeting that the ethical committee of the Cape Midlands branch (which cleared one of the doctors, Dr Benjamin Tucker) had not examined the post-mortem evidence from the inquest.

SAME THING

'Therefore their decision to clear Dr Tucker was based on an incomplete assessment. It would be interesting to know whether the (South African) Medical and Dental Council did the same thing in their inquiry into the matter,' he said.

Earlier this year the Medical Council made a 'final and irrevocable' decision to clear all three Biko doctors.

Professor Folb said he found this 'incomprehensible.'

He said he would be present at the executive meeting of the UCT medical faculty on Thursday this week, where he was sure the matter would be discussed. He said he would air his views at the meeting.

Dr J P van Niekerk, deputy dean of the faculty, said today he had no plans to resign from Masa and as far as he was aware none of the other faculty members — apart from Professor Ames and Professor Saunders — planned to do so.

Medical Reporter

THERE were no legal restrictions affecting the clinical independence of doctors treating prisoners, according to the principal designate of the University of Cape Town, Professor Stuart J Saunders, who has resigned from the Medical Association over the Biko doctor issue.

Professor Saunders resigned from Masa in September, and was to review his resignation after a special meeting of Masa's federal executive held last week at which the body's stand on the Biko issue was discussed.

In a statement released yesterday Professor Saunders said his resignation would stand because of Masa's failure to dissociate itself from the findings of the SA Medical and Dental Council on the conduct of the three doctors who treated Mr Biko shortly before his death in detention.

Professor Saunders also objected to several other issues decided by the Masa federal council meeting.

Professor Saunders said he was 'amazed' that the federal council 'noted' the findings of the Medical and Dental Council in the Biko case and did not 'dissociate' itself from them in view of documents that were before the federal council.

He said he was also 'surprised' that his colleagues in the Cape Western branch of the federal council 'chose to formulate a long resolution' referring to the 'Security Act' and 'laws and regulations' without having sight of legal opinion.

(This resolution indicated the federal council

No legal 17/11/80 KRWS restrictions 93 —Saunders

was of the opinion that the three Biko doctors' clinical independence was curbed by the law.)

Professor Saunders said he had an opinion from a senior legal expert who would argue that the law did not limit clinical independence as suggested by the resolution, and in any case the law did not affect the ethical issues involved.

'At the very most, legal restrictions—which in my view do not exist — could only serve as extenuating circumstances, and my colleagues should know that,' he said.

Professor Saunders welcomed two of the decisions taken at last week's meeting.

These were a decision by Masa to meet various Cabinet Ministers to help eliminate confusion among doctors about the ethics of treating prisoners; and a decision to consider holding an open inquiry into the ethical issues arising from the Biko case.

Professor Saunders said he was also concerned because Masa had issued two clearly contradictory

statements on the Biko issue, one published in the South African Medical Journal on September 13, and the other issued after last week's meeting.

The problem of which statement was correct was a very serious matter.

Professor D J du Plessis, vice-chancellor and principal of the University of the Witwatersrand, who indicated last week that he might resign from Masa if he was dissatisfied with the outcome of the meeting, is still studying the written resolutions.

DIVIDED

At Johannesburg's Baragwanath Hospital 100 doctors who last week protested at Masa's stance on the Biko issue are now divided as to whether they will resign from the Association.

Some are satisfied with Masa's decision to approach Cabinet Ministers and hold an inquiry, while others are calling on Masa to disclose the evidence and reasoning on which it based its decision to clear one of the doctors, Dr Benjamin Tucker.

More set to quit Masa over Biko

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Medical Correspondent
Many doctors are still dissatisfied with the Medical Association's stance in the Biko affair and more doctors are expected to resign in protest from the association.

Professor S J Saunders, principal designate of the University of Cape Town,

and Professor Frances Ames, head of the department of neurology at the university, have resigned because Masa did not dissociate itself from the findings of the S. Medical and Dental Council.

The council had cleared the three Biko doctors of improper or disgraceful

conduct. Masa has cleared Dr B Tucker, the only Biko doctor who was a member of Masa.

More than 100 Baragwanath Hospital doctors who protested Masa's stance on the Biko issue are divided on whether to resign from the association.

Some are satisfied with

Masa's decision to call meetings with the Ministers of Justice and Health and hold a public inquiry by its federal ethical committee.

Other Baragwanath Hospital doctors still want Masa to reveal the evidence and reasoning on which it based its decision to clear Dr Tucker.

Professor D J du Plessis, vice-chancellor and principal of Wits University, is studying Masa's written resolutions, and has still to decide whether he will resign.

A spokesman for the Baragwanath doctors said: "We are pleased that Masa has expressed the view that Mr Biko did not receive the best medical treatment. Some doctors feel that Masa should discipline anybody who drops his ethical standards even in difficult circumstances in prison."

Prof Saunders said: "I am amazed that the federal council of Masa noted the findings of the Medical and Dental Council on the conduct of the three Biko doctors, and did not dissociate itself from them in view of the documents that were before the federal council."

Prof Saunders said an opinion from a senior legal counsel was that the laws did not limit "clinical independence" as suggested by the Cape Western branch, and that in any case the law did not affect the ethical issues.

Doctors to look at ethics

Own Correspondent
CAPE TOWN — The federal ethical committee of the Medical Association of South Africa (Masa) will meet early in the new year to discuss plans for an inquiry into the ethical problems created by the treatment of Mr Steve Biko before his death in detention.

The committee will consider holding the inquiry in public, appointing a retired judge to preside and counsel to lead evidence, and inviting the three doctors concerned, Dr Benjamin Tucker, Dr Ivor Lang (both district surgeons) and Dr Colin Hersch (a specialist) to

take part in the proceedings.

The committee chairman is Professor J N de Klerk, who is also chairman of Masa's federal council, an elected member of the South African Medical and Dental Council, and head of the Department of Urology at the Stellenbosch University medical school.

Professor de Klerk said at a Press conference last week that the three Biko doctors were "victims of circumstance" in that their conduct had to be determined by the laws and regulations pertaining to prisoners.

Other members of the

ethical committee are: Dr G B Batchelor of the Natal coastal branch (which campaigned for an open inquiry), Dr J Chait of the Cape western branch: Dr J Lion-Cachet, honorary treasurer of Masa's federal council, Professor N S Louw, vice-chairman of the federal council, Mr S Kay, a surgeon from the southern Transvaal branch, and Dr R Schaffer of the border inland branch.

Dr Hersch says he is happy about the Masa decision to hold an inquiry, but the two district surgeons will make no comment.

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Doctors Resign Over Biko affair

Mercury Correspondent

CAPE TOWN—Two prominent Cape Town doctors have resigned from the Medical Association of South Africa following a meeting of Masa's federal council at Tygerberg last week when it was decided not to pursue inquiry into the ethical behaviour of one of the doctors involved in the Biko affair.

Prof Frances Ames, head of the Department of Neurology at the University of Cape Town, who has been outspoken on the Biko affair since Masa adopted its stand, has resigned because she feels it is the only honourable thing left to do.

UCT, Prof S J Saunders, yesterday announced that after reading the latest statement from the association on the Biko issue, his resignation tendered in September — which he was to review depending on the outcome of Masa's meeting — would stand.

Decision

Last week, following a meeting of Masa's federal council, Prof Saunders said he would like to examine the full statement and resolutions passed by Masa before making a final decision on his resignation.

In a statement yesterday, Prof Saunders said he had read the full Masa statement and was resigning because of several issues raised in the statement and because of

Masa's failure to dissociate itself from the findings of the Medical and Dental Council on the conduct of the three doctors who treated Mr Biko.

"I am amazed that the federal Council 'noted' the findings of the Medical and Dental Council in this regard and did not dissociate itself from them in view of the documents that were before the federal council.

"The fact that my colleagues in the Cape western branch of the council chose to formulate a long resolution referring to the 'Security Act' and 'laws or regulations' without having sight of legal opinion surprises me," he said.

Prof Saunders said he had an opinion from a senior legal expert who would argue that

"the laws do not limit 'clinical independence' as suggested by the Cape western branch, and in any case the law did not affect the ethical issues involved.

At the most, legal restrictions which in my view do not exist could only serve as extenuating circumstances and my colleagues should know that.

Dr Saunders pointed out that Masa had issued two conflicting statements regarding the evidence it had studied about the conduct of one of the doctors involved.

"In the statement of the executive committee of Masa in the SA Medical Journal on September 13, it is said that the 'matter was considered

by the executive committee and thorough attention was given to all the documents including inter alia the court records."

However, the recent announcement of the federal council states: "In the case of the said doctor... the federal executive or its ethical committee... did not have before it the record of any evidence given at the inquest. Nor did it have access to the evidence considered by the Cape Midlands ethical committee."

Inquiry

"Which statement is correct?" Prof Saunders asked. "The clear contradiction in these two official statements

is a serious matter.

"This whole sorry episode has highlighted the need for a full judicial inquiry into the procedures used by and the legal powers of the Medical and Dental Council, especially in view of the absence of any possibility of appeal to the Supreme Court by either a doctor found guilty of an offence or by a doctor who feels that his professional standing has been damaged by their proceedings.

"Any doctor could have been professionally consulted in the case of Mr Biko and could have had his reputation seriously impaired by the absence of a full inquiry in which he would have had the opportunity to clear his name. Is this justice?"

Saunders,

Ames

leave

Masa

CAPE TIMES

17/11/80

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Staff Reporter

TWO PROMINENT Cape Town doctors have resigned from the Medical Association of South Africa after a meeting of Masa's federal council at Tygerberg last week, when it was decided not to pursue the inquiry into the ethical behaviour of one of the doctors involved in the Steve Biko affair.

Professor Frances Ames, head of the department of neurology at the University of Cape Town, who has been outspoken on the Biko affair since Masa adopted its stand, has resigned because she feels that it is the only "honourable thing left to do."

The principal-designate of UCT, Professor S J Saunders, announced yesterday that after reading the latest statement from the SA Medical Association on the Biko issue, his resignation tendered in September and which he was to review depending on the outcome of Masa's meeting would stand.

Failure to dissociate

Last week, after a meeting of the federal council of Masa, Professor Saunders said that he would like to examine the full statement and resolutions passed by Masa before making a final decision on his resignation.

In a statement to the Cape Times yesterday, Professor Saunders said that he had read the Masa statement and was resigning because of several issues raised in the statement and because of Masa's failure to dissociate itself from the findings of the SA Medical and Dental Council on the conduct of the three doctors who treated Mr Biko shortly before his death in detention.

"I am amazed that the federal council noted the findings of the Medical and Dental Council in this regard and did not dissociate itself from them in view of the documents that were before the federal council," he said.

"The fact that my colleagues in the Cape Western branch of the council chose to formulate a long resolution referring to the 'Security Act' and 'laws or regulations' without having sight of legal opinion surprises me."

Professor Saunders said that he had had an opinion from a legal expert who would argue that the law did not limit "clinical independence" as suggested by the Cape Western branch, and in any case the law did not affect the ethical issues involved.

"At the very most, legal restrictions which in my view do not exist could only serve as extenuating circumstances, and my colleagues should know that."

Professor Saunders welcomed the moves by Masa to meet the



Professor Frances Ames



Professor Stuart Saunders

ministers of justice and health because it could help to eliminate confusion among doctors about the ethical issues of treating prisoners and detainees.

Professor Saunders pointed out that Masa had issued two conflicting statements regarding the evidence it had studied about the conduct of one of the doctors involved in the Biko affair.

In the statement of the executive committee of Masa in the SA Medical Journal on September 13, it is said that the 'matter was considered by the executive committee and thorough attention was given to all the documents including, *inter alia* 'the court records'.

"However, the recent announcement of the federal council states: 'In the case of the said doctor . . . the federal executive or its ethical committee . . . did not have before it the record of any evidence given at the inquest . . . nor did it have access to the evidence considered by the Cape Midlands ethical committee'.

"Which statement is correct?" Professor Saunders asked. "The clear contradiction in these two official statements by Masa is a very serious matter. This whole sorry episode has highlighted the need for a full judicial inquiry into the procedures used by, and the legal powers of, the Medical and Dental Council, especially in view of the absence of any possibility of appeal to the Supreme Court by either a doctor found guilty of an offence or by a doctor who feels that his professional standing has been damaged by their proceedings.

"Any doctor could have been professionally consulted in the case of Mr Biko and could have had his reputation seriously impaired by the absence of a full inquiry in which he would have had the opportunity to clear his name. Is this justice?"

Dr Saunders welcomed Masa's decision to consider an open inquiry into the ethical issues, presided over by a judge, and hoped that it would include an open examination of the role of Masa.

"But in view of the failure of Masa to dissociate itself from the findings of the Medical and Dental Council and other issues to which I have referred, my resignation stands."

• Only one of the doctors who attended Biko, Dr Benjamin Tucker, is a member of Masa.

• Doctors of the University of the Witwatersrand medical faculty meet this week to discuss the possible need for an additional watchdog body apart from Masa in the profession.

Another Masa resignation

CAPE TOWN. — Professor Frances Ames, head of the University of Cape Town's Department of Neurology, has resigned from the Medical Association of South Africa (Masa).

Prof Ames resigned in protest against the organisation's handling of issues involving the three doctors who treated black consciousness leader, Mr Steve Biko, prior to his death in detention.

At a meeting last Wednesday, Masa's federal council de-

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cided its ethical committee should consider holding a public inquiry into "ethical issues raised by the case of the Biko doctors".

Prof Ames said: "The only honorable thing and the only protest left to us is to resign."

She is the latest highly-placed doctor to do so.

In September Prof Stuart Saunders, principal-designate of the University of Cape Town, resigned because he disap-

proved of Masa's decision to clear the three Biko doctors.

Prof Ames said her hesitation up to now had been because she did not want the three doctors involved in the Biko case pilloried.

"We omitted to do anything because we trusted the SA Medical and Dental Council to look after standards of practice in this country.

"However, we were very foolish to do so." — Sapa.

He has
company

... world.
... includes the design and development of systems for financial management, manufacturing control and production optimisation.

He has taught courses in Management Information Systems and Operations Research at the Business Schools of the Universities of Cape Town and Stellenbosch.

He is recognised as a member of the consultants group of the Computer Society of South Africa and specialises in requirement definition and design of industrial systems.

Masa executive flies smack into a first-class row

Own Correspondent

CAPE TOWN. — The Medical Association of SA has been accused of "wasting" members' fee money — by allowing senior members and the secretariat of its federal council to fly first-class on overseas trips. The accusation is levelled by a Cape Town doctor, Dr C J T Craig of Rondebosch, whose letter appears in the latest issue of the SA Medical Journal.

Referring to minutes of the Masa federal council meeting in Pretoria last May, Dr Craig said he was "astounded" that Masa, a voluntary association of doctors, had decided to allow its senior members this luxury.

"Our subscription fees are already very high and that money should be wasted in this way seems totally unnecessary. I believe this particular decision should be repealed as soon as possible and I am sure that many other members of the association feel the same way," Dr Craig said.

He also criticised Masa for employing a public relations

consultant.

"But if it going to behave in the way I have indicated, then such a consultant will be necessary. Extravagant expenses should be avoided by Masa."

Reacting to Dr Craig's criticism, the secretary-general of Masa, Dr C E M Viljoen, said office-bearers had not requested the privilege of flying first-class.

"On the contrary, we have specifically asked that we be allowed a certain amount of discretion in deciding on our class of air travel."

"The resolution in question, however, was adopted by the federal council and the committees concerned. A number of very valid reasons were advanced as to why this was desirable and these will be given to Dr Craig by the proposer of the motion," Dr Viljoen said.

He denied Masa subscriptions were "very high" and said they were much lower than those of all similar associations in other countries, for the same or better benefits.

Biko sequel: medics plan ethics body

By MARIKA SBOROS

DISILLUSIONED doctors who have resigned from the Medical Association of South Africa (Masa) because of its stand on the Biko issue, intend to form a national organisation to control ethical standards.

This was disclosed yesterday by Professor Frances Ames, of the University of Cape Town's Medical School.

She said: "Neither Masa nor the South African Medical and Dental Council are doing this at present. The medical profession, as presently constituted, cannot handle these issues adequately."

Prof Ames said there was an urgent need for a national organisation which consulted legal people and the Government. Doctors in favour of such an organisation would meet soon to arrange one.

In further developments yesterday, another UCT medical professor accused Masa of political bias in its handling of the Biko affair, and a Cape Town neurologist accused the association of lying.

The reactions came after a special meeting of Masa's Federal Council in Cape Town last week, which was called in response to pressure from members of the medical profession throughout South Africa concerned over the association's stand on the Biko issue.

After the meeting, Masa decided not to reopen an investigation into the conduct of Dr Benjamin Tucker, one of the three doctors who treated the black consciousness leader before his death. The others were Dr Ivor Lang and Dr Colin Hersch.

Professor Peter Folb, of UCT's pharmacology department, said he attended last week's meeting as an observer.

"I believe, from what I saw, that the meeting was led in a biased manner."

He said the matter had been politicised by references at the meeting to Mr Biko's political background and the total onslaught facing South Africa.

These references were "totally irrelevant", said Prof Folb. "One can only draw the conclusion that Masa is seeing the matter in a political light."

"My opinion, and that of many of my colleagues, is that the Biko affair is an ethical matter and should be judged on ethical grounds only."

The Cape Town neurologist — who is in private practice and has resigned from Masa — said the association had "not told the truth" about its meetings on the Biko issue.

"I feel that if they are going to bandy about with ethical

Biko row — new ethics body wanted

From Page 1

matters like this, I don't want to be part of Masa."

He said Masa had failed to study the matter properly.

Prof Folb also raised the question of Masa's leadership, which he said was "unsatisfactory" and should be changed.

"A vote of no-confidence in the leadership should have been passed at the meeting," he said.

Last week, the Federal Council was told that Masa's Cape Midlands Ethical Committee had reached its controversial decision earlier this year: clearing one of the three Biko doctors of unethical conduct without examining the post-mortem findings.

The committee had asked for, but not received, the post-mortem results, though these were part of the medical record of the inquest proceedings.

"I don't see how any proper medical body could make such a decision on incomplete evidence. I would like to know whether the South African Medical and Dental Council looked at the post-mortem results," said Prof Folb.

He added that he was concerned about two apparently contradictory statements issued by Masa.

In one published in the September issue of the South African Medical Council journal, Masa said its Cape Midlands Ethical Committee had "scrutinised the court records carefully" before reaching a decision clearing Dr Tucker of improper conduct. Later "thorough attention" was given to these same documents by the executive committee before the decision was ratified.

After last week's special meeting, Masa issued a statement that "in the case of Dr Tucker, the Federal Executive or its ethical committee did not have before it the record of any evidence given at the inquest into the death of the late Steven Biko, nor did it have access to the evidence considered by the Cape Midlands Ethical Committee."

Prof Folb said that as no objection to the resolution in last week's statement had been raised at the meeting, the initial statement appeared to be incorrect.

regard this in a very serious manner.

Prof Folb said he had written

ask whether he had misunderstood the discrepancies, and would wait for a reply before deciding whether to remain a member of Masa.

A spokesman for Masa confirmed yesterday that Mr Biko's political background was referred to, as well as the total onslaught facing South Africa.

"However, that was part of a recital of facts put before the Federal Council. No derogatory statements about Mr Biko's political background were made."

The references took up only a minute of a meeting, which had gone on for hours, the spokesman said.

Concerning the apparent contradictions in statements, the spokesman confirmed that there had been an error in last week's resolution, which read that the ethical committee did not have "access" to evidence considered by the Cape Midlands Ethical Committee.

"The Federal Ethical Committee did, in fact, have the full transcripts of the inquest proceedings available to it," he said. Some members of the council may have been unaware of this.

Masa appealed to members to await the outcome of motions adopted by the council, and actions to be taken by the Ethical Council, which is to meet early next year.

POLITICAL comment in this issue by Alistair Sparks, Benjamin Pogrand, John Ryan, Lin Menge; newswills by Peter Bunkell, headlines and sub-editing by Paul Holroyd; cartoons by Bob Connolly; all of 171 Main Street, Johannesburg.

Masa must act on Biko ethical inquiry — doctors

18/11/80 ARGUS 93

Argus Correspondent

JOHANNESBURG. — The findings of an ethical inquiry into Mr Steve Biko's treatment would be meaningless unless the Medical Association acted on them, some Baragwanath doctors said today.

More than 100 doctors at the hospital, who protested against Masa's stance on the Biko issue, are divided on whether to resign from the association.

Welcoming the ethical inquiry called for by Masa, some doctors said it would be presided over by a legal expert and did not run the risk of becoming a cover-up.

The inquiry would give doctors the chance of airing their side of the story. Its only shortcoming is that it would not be able to penalise the Biko doctors.

'The doctors have suffered from the publicity after Mr Biko's death in detention while under

their care and a finding by this inquiry that some of their behaviour was unethical would certainly have its due effect,' said some Baragwanath doctors.

They added: 'More important is the question of whether we are seeking retribution against the doctors or whether we are criticising a system of dictatorship which generates and tolerates such incidents.'

Professor D J du Plessis, vice-chancellor and principal of Wits University, said he would not resign from Masa at this stage.

'One should only resign as a form of protest when one has failed to obtain satisfaction through all the avenues which are available.'

He would await the outcome of the inquiry before making a decision.

STAR 18/11/80

Doctors split on new Biko move

Medical Correspondent

The findings of an ethical inquiry into Mr Steve Biko's treatment would be meaningless unless the Medical Association acted on them, some Baragwanath doctors said today.

More than 100 doctors at the hospital are divided on Masa's stance on the Biko issue.

Welcoming the ethical inquiry called for by Masa, some doctors pointed out that such an inquiry would be presided over by a legal expert and therefore did not run the risk of becoming a cover-up by the medical fraternity.

The inquiry would give doctors the chance of

airing their side of the story.

Its only shortcoming was that it would not be able to penalise the Biko doctors in any way, some doctors pointed out.

One doctor said: "More important though is the important question of whether we are primarily concerned with seeking retribution or whether we are criticising a system which tolerates such incidents as the death of Mr Biko."

Professor D J du Plessis, vice-chancellor and principal of Wits University, said: "One should only resign as a form of protest when one has failed to obtain satisfaction through all other avenues."

Doctors may form new body

CAPE TIMES 18/11/80 (93)
Own Correspondent

JOHANNESBURG. — Disillusioned doctors who have resigned over the Medical Association's stand on the Biko issue intend forming a national organization to control ethical standards.

This was disclosed yesterday by Professor Frances Ames of UCT's medical school, who said: "Neither Masa, nor the South African Medical and Dental Council are doing this at present."

"The medical profession as presently constituted can't adequately handle these issues," Professor Ames said.

She said there was an urgent need for a national organization which consulted legal people and the government. Doctors in favour of such an organization would meet soon to arrange it.

In another development yesterday a UCT medical professor accused Masa of political bias in its handling of the Biko affair, and a Cape Town neurologist accused the association of lying.

These reactions came after a special meeting of Masa's Federal Council in Cape Town last week which was called in response to pressure from members of the medical profession who were concerned over the association's stand on the Biko issue.

Masa decided not to reopen an investigation into the conduct of Dr Benjamin Tucker, one of the three doctors who treated Biko. The other doctors were Dr Ivor Lang and Dr Colin Hersch.

Doctor accuses Masa of 'waste'

93

CAPE TIMES 18/11/80

Staff Reporter

THE Medical Association of South Africa has been accused of "wasting" member doctors' money because of its decision to allow senior members and the secretariat of the federal council to fly first class when they go overseas.

The accusation is levelled by a Cape Town doctor, Dr C J T

Craig of Rondebosch, whose letter appears in the latest issue of the South African Medical Journal.

Referring to minutes of the Federal Council meeting of Masa held in Pretoria in May this year, Dr Craig said he was astounded that members had decided to allow its senior members this luxury.

"Our subscription fees are already very high and that money should be wasted in this way seems totally unnecessary. I believe this particular decision should be repealed as soon as possible and I am sure that many other members of the association feel the same way," said Dr Craig.

He also criticized Masa for employing a public relations consultant. "But if it going to behave in the way I have indicated, then such a consultant will be necessary. Extravagant expenses should be avoided by Masa."

Dr Craig pointed out that many specialists only belong to Masa so that they can in turn belong to their particular specialist sub-group.

"I believe that if such sub-groups existed apart from Masa many members would resign from the parent body and that others who in turn do not belong to Masa would in turn be willing to become members of a sub-group," Dr Craig said.

Reacting to Dr Craig's criticism, the secretary-general of Masa, Dr C E M Viljoen, said that office-bearers of Masa had not requested the privilege of flying first class.

"On the contrary, we have specifically asked that we be allowed a certain amount of discretion in deciding on our class of air travel. The resolution in question, however, was adopted by the federal council and the committees concerned. A number of very valid reasons were advanced as to why this was desirable and these will be given to Dr Craig by the proposer of the motion," Dr Viljoen said.

He denied that Masa subscriptions were "very high" and said that they were much lower than those of all similar associations in other countries while SA members received at least the same or better benefits.

"Dr Craig's views on the appointment of a public relations consultant have been noted. I have no comment to make except to say that the association does not indulge in 'extravagant expenses'," Dr Viljoen said.

C.T.

Masa gives explanation

20/11/80

Staff Reporter

93

THE Medical Association of South Africa has explained the contradiction in two statements concerning the association's stand on one of the doctors involved in the Biko issue.

A spokesman said yesterday that the confusion had arisen because people had not read the statement properly.

"The statement says that the federal executive and ethical committee did not study the inquest evidence on the Biko case and did not have access to it. This is true. But it does not mean that no one read the evidence.

"As we have said in an earlier statement, both the ethical and the executive committees of the Cape Midlands branch of Masa, who received a complaint from a reputation of doctors, studied

the full record of the inquest for over two weeks. After reading the material, the Cape Midlands branch decided that no action was necessary against the doctor concerned.

"In terms of Masa's constitution, the federal executive and ethical committees can only follow up cases which have been referred to it by a branch where the member doctor is a member. Because the Cape Midlands branch decided not to go further with the case, the federal executive did not need to follow it up and therefore there was no need for them to read the inquest material.

"Doctors must not believe that the evidence was not read. It was — by the two committees of the Cape Midlands branch but not by the federal committees, as there was no need."

1. Calculation of Percentage Holdings

	Total	Parents	Minority
Number of shares held	100 000	75 000	25 000
Rights Issue:			
- own (2/5 x 75 000)	30 000	30 000	-
- purchased 1/2 (2/5 x 25 000)	5 000	5 000	-
- minority 1/4 (2/5 x 25 000)	2 500	-	2 500
Percentage Holding	137 500	110 000	27 500
	100	80	20

2. Analysis of Equity of Child

	100%	75%	25%
Share Capital	100 000	75 000	25 000
Distributable Reserves	40 000	30 000	10 000
Depreciable asset	8 000	6 000	2 000
Paid Premium	148 000	111 000	37 000
Reserves to 1.7.78	35 000	26 250	8 750
Dep. adjustment to 1.7.78 (see 3.1)	5 250	3 937,5	1 312,5
Profits 1.1.79	188 250	30 187,5	47 062,5
Profits 1.1.79 + 1 500	11 500	8 625	2 875
Dividend (see 3.2)	(3 000)	(2 250)	(750)
Share capital	196 750	36 562,5	49 187,5
Share Premium	37 500	35 000	2 500
	80%		20%
	13 125	10 500	2 625
Share Premium	247		
Profit 1.1.79 - 30.6.79	11		
1/2 (40 000 - 20 000) + 1 500			
(see 3.3)			

Biko, plea to doctors
 By MARIKA SBOROS
 THE pathologist who conducted the post mortem on Mr Steve Biko appealed to doctors yesterday to support an inquiry planned by the Medical Association of South Africa into ethical issues raised by his death. In an unprecedented move, Dr Jonathan Gluckman issued a statement in which he said he was aware that mistakes had been made by Masa in its handling of the Biko matter. His statement comes after widespread dissatisfaction with Masa over its reaction to the Biko affair.
 © Full report - Page 13

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Inquiry into the Biko doctors is still possible

Steve Biko died in police detention three years ago — but his ghost still haunts the medical profession as the three doctors who treated him before his death now face a new bid to investigate their conduct. MARIKA SBOROS reports.

Biko pathologist speaks out

Here is the full text of the statement issued yesterday by Dr Jonathan Gluckman, the pathologist called in by the Biko family to conduct a post mortem on Mr Biko.

THREE years after his death in police detention, Steve Biko's ghost continues to cause the deepest divisions ever in the history of the South African medical profession.

During investigations and court proceedings, and from a number of resignations, the South African Association of Pathologists (SAAAP) is in a state of confusion. Mr Biko's death has been issued with a coroner's inquest report. In the interim, the SAAAP has been unable to conduct a post mortem on Mr Biko's body. The coroner's inquest report, however, has been issued with a coroner's inquest report.

The most immediate issue of the post mortem remains here also — the conduct of the three doctors who treated the Biko family. The coroner's inquest report, however, has been issued with a coroner's inquest report.

Dr Jonathan Gluckman, the pathologist called in by the Biko family to conduct a post mortem on the black consciousness leader. He publicly appealed to members of the medical profession to support MASA's move to hold the inquiry.

At the moment it was revealed that: O Dr Lang and Thekter saw their patient lying naked on a mat on the floor, manacled to a radiator grille, and did nothing about it. O Dr Lang issued a false medical certificate to the police saying there was nothing wrong with Mr Biko. O They allowed the Security Police to dictate the treatment, or lack of it, that Mr Biko received. O They allowed Mr Biko to be driven naked through the night, still naked, in the back

of a landrover to Pretoria, knowing he would have no medical attention on the way. O They failed to send with him any medical reports about his condition. In response to pressure from members, MASA's Federal Council held a special meeting in Cape Town last week to discuss the Biko affair.

After the meeting a statement was issued which in effect said MASA would not reopen an investigation into the conduct of Dr Thekter, the only Biko doctor who is a member of MASA.

Justified, MASA has called for a public inquiry — presided over by a retired judge or counsel — into medical and ethical issues raised by Mr Biko's death, and also to establish its own code of conduct to govern the behaviour of medical practitioners who care for prisoners of all categories.

But it now appears that this resolution paved the way for a new bid to investigate the doctors' conduct. This emerged after a dramatic move yesterday by a prominent Johannesburg pathologist, Dr Jonathan Gluckman, who was called in by the Biko family to conduct the post mortem on the black consciousness leader. He publicly appealed to members of the medical profession to support MASA's move to hold the inquiry.

Questioned on his statement, Dr Gluckman said the inquiry would require MASA to look again at the conduct of all the doctors involved. He said an inquiry into the medical and ethical issues arising out of Mr Biko's death were inseparable from the part played by the doctors in the treatment of their patient. MASA will look into this suggestion in January next year. Dr Gluckman said in his view nothing less than a public hearing would satisfy the legitimate concern of the public in the matter.



Mr Biko's ghost still haunts the medical profession.

He has, in effect, called for a truce among the polarised factions of doctors, and appealed to members of the medical profession to support MASA's latest action. "I am very aware that mistakes have been made by us in MASA in the handling of the Biko matter," Dr Gluckman said.

"It is essential in the public interest and in the interests of the reputation and good standing of the medical profession as well as in the interests of prisoners, that these mistakes be rectified and I consider that MASA has now taken appropriate steps to do that and that it deserves the support of the medical profession accordingly.

"The object must be not to seek retribution, nor a cover-up, but to learn from this whole appalling saga and to ensure that it can never happen again," he said. But leading MASA members have admitted that the association has "no teeth". Should the members who conduct the inquiry find that there is evidence of disgraceful conduct, they can only suggest to the SAMDC that the whole issue should be re-investigated, not compel it to do so.

They will then come up against an obstacle — the SAMDC clearly stated in Bloemfontein last month that the Biko case had been fully investigated and could not be re-opened. There are many disillusioned doctors who do not believe that MASA's latest move will bring constructive results. Cape Town doctors who resigned in protest because MASA did not disassociate itself from the SAMDC decision, have accused MASA of political bias, and weak and tardy reactions to the issue. They now want to form an independent body to watch the ethics of the country's doctors — a function which should be fulfilled by the SAMDC, which is a Government body.

Professor Francis Ames, head of the Department of Neurology at the University of Cape Town medical school, has said that neither MASA, nor the SAMDC are doing the job of keeping a watchful eye over medical ethical standards. Prof Ames and other prominent doctors, including the principal designator of UCP, Professor Stuart Saunders, who have resigned from MASA, want to form a national body, soon, which will consult with legal people and Government departments, and in effect do the work of the SAMDC. And today a committee of the medical faculty of the University of the Witwatersrand meets to discuss the latest MASA resolutions before making a statement. Black doctors in the Transvaal and Natal have been talking openly of forming a completely separate medical association, because of their dissatisfaction with the way MASA has handled the Biko affair.

THE events concerning the death of Steve Biko and the treatment which he received at the hands of the doctors who attended to him have quite recently caused the public concern. By reason of my own professional involvement in the inquiry into the late Mr Biko's death, I have returned with new from making any public statement on the matter. It seems to me, however, that I should say something of the proceedings in the Medical Council and in MASA. It is important to distinguish between these two bodies. The Medical Council is a statutory body having ultimate control over the medical profession as a whole. It has the power to conduct disciplinary proceedings and the power to cause any doctor to be removed from the roll of practitioners. MASA, on the other hand, is a voluntary association operating under a constitution and its authority extends only to its own members with the ultimate power of expelling a member in an appropriate case from membership. Upon hearing of the decision of the Medical Council after its enquiry into the conduct of the three doctors concerned I was disturbed by the decision by reason of my knowledge of the events arising out of my involvement in the inquiry. Upon examining the constitution of MASA I ascertained that the Federal Council of MASA, of which I am a member, has no power to initiate disciplinary proceedings. The constitution provides that in the case of a contemplated disciplinary proceeding there should initially be an enquiry by an ethical committee of the division or branch of which the doctor is a member. This committee makes its recommendations to the division or branch which, in turn, if it considers it appropriate, makes representations to the Federal Council that disciplinary proceedings be commenced. This procedure was followed and the Cape Medical Branch of MASA decided that it would not recommend that disciplinary proceedings be started against Dr Thekter, who had been the subject of an enquiry in that branch's ethical committee. In terms of the constitution of MASA that was the end of the matter as far as disciplinary proceedings were concerned. It has been ascertained that those persons who participated in the enquiry in the ethical committee and in the branch and ultimately when the matter was reported to the Federal Ethical Committee did not have access to the whole of the record of the proceedings at the inquest nor did they have access to the post-mortem report. I consider that it is deeply to be regretted that this was the case as I hold the opinion, which I know to be shared by many of my colleagues, that a proper decision required the most careful investigation of all the facts. I dissociate myself expressly from statements made which suggested that those persons who conducted the enquiries were in a better position to form a judgement than people who had merely read the inquest reports. These reports and those who read them were in a good position to exercise at least a preliminary judgement concerning the events disclosed at the inquest. Having ascertained that the Federal Council of MASA does have power in certain cases in general and that it has the authority to rectify the Federal Ethical Committee to give consideration to and make recommendations on such ethical issues, I moved a resolution at the Federal Council in Cape Town to recommend that it consider the setting up of an enquiry under a retired judge or counsel to consider the ethical issues under a medical treatment administered by the late Mr Biko. It will be recalled that Dr Hersch himself has called for such an inquiry. The resolution invited Drs Tucker, Lang and Hensch to take part in the proceedings, which it was recommended were to be held in public because it was my opinion that nothing less would satisfy the legitimate concern of the public in this matter. That resolution was passed with only one dissenting vote. The Federal Ethical Committee will meet in January. In addition, MASA decided to approach the Government to take with it the matter of the medical treatment of prisoners, particularly security prisoners. It further decided to establish, with the guidance of counsel, a code of conduct for medical practitioners dealing with prisoners and that a code should meet the international acceptable standards of the Declaration of Tokyo as well as those of the Hippocratic Oath. This too was passed on this occasion unanimously. I am very aware that mistakes have been made by us in MASA in the handling of the Biko matter. It is essential in the public interest and in the interests of the medical profession and good standing of the medical profession as well as in the interests of prisoners that these mistakes be rectified and I consider that MASA has now taken appropriate steps to do that and that it deserves the support of the medical profession accordingly. The object must be not to seek retribution, nor a cover-up, but to learn from this whole appalling saga and to ensure that it can never happen again.

Masa explains the ^{STAR 20/11/80} ₍₉₃₎ contradiction

CAPE TOWN — The Medical Association of South Africa has explained the contradiction in two statements concerning the association's stand on one of the doctors involved in the Biko issue.

A spokesman yesterday said the confusion had arisen because people had not read the statement properly.

"The statement says that the federal executive and ethical committee did not study the inquest evidence in the Biko case and did not have access to it. This is true, but it does not mean that no one read the evidence.

"As we have said in an earlier statement, both the ethical and the executive committees of the Cape Midlands branch of Masa, who received a complaint from a deputation of doctors, studied the full record of the inquest for over two weeks," the spokesman said.

NO ACTION

After reading the material, the Cape Midlands branch decided that no action was necessary against the doctor concerned.

"In terms of Masa's constitution, the federal executive and ethical committees can only follow up cases which have been referred to it by a branch where the doctor is a member.

"Because the Cape Midlands branch decided not to go further with the case, the federal executive did not need to follow it up and therefore there was no need for them to read the inquest material.

"Doctors must not believe that the evidence was not read.

"It was — by the two committees of the Cape Midlands branch but not by the federal committees, as there was no need," he said. — Sapa

Mistakes made in 'Biko matter' says doctor

STAR
20/11/80
(93)

The Medical Association of South Africa had made mistakes in the handling of the "Biko matter," Dr Jonathan Gluckman, a member of Masa's federal council who, on behalf of the Biko family, conducted a post-mortem on the Black Consciousness leader after his death in detention, said in a statement released in Johannesburg last night.

It was essential in the interests of the medical profession, the public and prisoners that these mistakes be rectified, Dr Gluckman said.

"I consider that Masa has now taken appropriate steps to do that and that it deserves the support of the medical profession accordingly.

"The object must be

not to seek retribution nor a cover-up, but to learn from the whole appalling saga and to ensure that it can never happen again."

CONCERN RIGHT

Dr Gluckman said the matter had "quite properly" caused the gravest public concern and that he had refrained from making any public statement because of his own professional involvement.

Because the Cape Midland ethical committee of Masa had not had access to the whole record of the inquest proceedings and the post-mortem on Mr Biko, he had called on Masa's federal ethical committee to consider setting up an inquiry, and it could meet in January to consider the matter.

Dr Gluckman said that while the Medical and Dental Council, a statutory body, had power to conduct disciplinary proceedings and to cause the removal of any doctor from the roll, Masa was a voluntary organisation with a constitution whose power extended only to expulsion from membership.

Masa could not initiate disciplinary proceedings. Its constitution provided for inquiry by an ethical committee of the division of the branch of which the doctor whose conduct was in question was a member.

NO ACTION

This procedure had been followed in the Biko case and the Cape Midland ethical committee had decided it would not recommend any disciplinary measures against Dr Benjamin Tucker, whose



DR GLUCKMAN

conduct in treating Mr Biko it had investigated.

"In terms of Masa's constitution that was the end of the matter as far as disciplinary proceedings were concerned."

Dr Gluckman said it had been ascertained that participants in the inquiry had not had access to the whole of the record of the inquest, nor to the post-mortem report.

"I consider that it is to be deeply regretted that this was the case as I hold the opinion, which I know to be shared by many of my colleagues, that a proper decision required the most careful investigation of all the facts.

"I dissociate myself expressly from statements made which suggest that those persons who conducted the inquiries were in a better position to form the judgment than people who had merely read the Press reports.

"These reports in fact were both full and accurate and those who read

them were in a good position to exercise at least a preliminary judgment concerning the events disclosed at the inquest."

Dr Gluckman said he had ascertained that the federal council of Masa was empowered to investigate technical issues and to require the federal ethical committee to consider such ethical issues. He had moved a resolution calling on the federal council to recommend that the federal ethical committee consider setting up an inquiry under a retired judge or counsel "to consider the ethical issues raised by the medical treatment received by the late Mr Biko."

He noted that Dr Collin Hersch himself had called for such an inquiry and that the resolution invited both Dr Hersch and Dr Tucker to take part in the proceedings.

It had been recommended that these be held in public "because it was my opinion that nothing less would satisfy the legitimate concern of the public in this matter."

The resolution had passed with only one dissenting vote. Masa had also unanimously decided to approach the government concerning the medical treatment of prisoners.

"Masa further decided to establish, with the guidance of counsel, a code of conduct for medical practitioners dealing with prisoners, and that this code should meet the internationally acceptable standards of the Declaration of Tokyo as well as those of the Hippocratic Oath.

"I am very aware that mistakes have been made by us in Masa in the handling of the Biko matter.

"It is essential in the public interest and in the interests of the reputation and good standing of the medical profession, as well as in the interests of prisoners, that these mistakes be rectified, and I consider that Masa has now taken appropriate steps to do that and that it deserves the support of the medical profession accordingly.

"The object must be not to seek retribution nor a cover up, but to learn from the whole appalling saga and to ensure that it can never happen again." — Sapa.

A last chance for the doctors

MORE than three years after the death of Mr Steve Biko, the medical profession is still flailing around on the issue. The failure of its statutory body, the S.A. Medical and Dental Council, even to bring the three Port Elizabeth doctors involved before a disciplinary hearing has created its own uproar. This has been added to by the behaviour of the profession's "trade union", the Medical Association of South Africa, Masa, which also decided not to institute disciplinary proceedings against the one doctor who is a member.

Amid resignations by some leading doctors and threats of greater numbers to come, it now turns out that the Masa bodies concerned in the inquiry reached their decisions on the basis of inadequate information.

Despite the arrogant claims made at the time by Masa, it transpires that, starting with the Cape Midlands ethical committee and going on ultimately to the federal ethical committee, the exonerated decision was taken without access to the whole of the inquest record or to the post-mortem report.

The organised ranks of the medical profession have thus pro-

vided ample reason for concern and anger, for both their own thinking members and the public at large. But this must be tempered by the plea, which we published yesterday, by Dr Jonathan Gluckman.

As the private pathologist acting on behalf of the Biko family at the post-mortem, Dr Gluckman has had a direct and intimate connection with the matter. So when he takes the unusual step of making a lengthy public statement it deserves special consideration.

While admitting that Masa has made mistakes, Dr Gluckman points to what has now been done: a recommendation by the Federal Council to its ethical committee that it consider setting up an inquiry under a retired judge or counsel to consider the medical and ethical issues arising from Mr Biko's death. Dr Gluckman makes clear that this inquiry will require Masa to look again at the conduct of the doctors involved.

The ethical committee is due to meet in January. Its decisions should be awaited. This will be the last chance for the medical profession to show that it stands by its declared ethical standards.

DOMESTIC BLACK POPULATION - 1980

AGE METROPOLITAN OTHER URBAN RURAL HOMELAND TOTAL

AGE	METROPOLITAN	OTHER URBAN	RURAL	HOMELAND	TOTAL
0	188779	82594	470109	1009335	1743952
5	167356	72663	393358	783290	1459631
10	159622	73147	326026	731273	1275694
15	185014	99552	231371	653371	1135155
20	285843	180590	159628	543843	1010302
25	260809	167255	120051	428792	779596
30	211383	118920	117414	342993	644745
35	179448	182446	109437	281333	542022
40	156379	71208	94600	238573	452271
45	134889	52448	73263	205987	342819
50	103718	45133	56787	173713	312773
55	72400	29848	53637	102504	228390
60	41939	23555	38031	82504	148000
65	18771	17547			35000
70	14977				14977
75	8619				8619
80	3625				3625
TOTAL	2193569				5700000

Biko: No new action planned

93 21/11/80 ARGUS

Medical Reporter

THE Executive of the University of Cape Town's medical faculty plans no further action on the Biko doctors issue at present, according to the deputy dean of the faculty, Dr J P van Niekerk.

Dr van Niekerk said that at the monthly faculty meeting yesterday the issue had been raised by Professor Peter Folb, head of the department of clinical pharmacology, in the form of a report-back on the special meeting held by the Medical Association's federal council last week.

AN OBSERVER

At the Masa meeting it was decided that an inquiry into the ethical issues raised by the treatment of Mr Steve Biko before his death in detention should be held. Professor Folb attended as an observer.

Dr van Niekerk said the faculty executive noted Professor Folb's report-back, but no decisions were taken.

Professor Folb told The Argus earlier this week he was 'gravely concerned' about what he had heard at the Masa meeting, and criticised the leadership of Masa.

He has also written to Masa's secretary-general asking for an explanation of discrepancies in two statements on the Biko issue issued by Masa's federal executive.

Dr van Niekerk said that none of the faculty executive members had raised the question of forming a new profes-

sional body to handle the Biko issue, as was suggested to the Press by Professor Frances Ames, head of the UCT department of neurology, after last week's Masa meeting.

He said Professor Ames had not discussed this officially with the faculty executive.

Dr van Niekerk said he believes such a move would be 'unrealistic.'

Leave ivory tower says Ames

22/11/80
Keris
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By KERI SWIFT

IN the wake of the Biko scandal, a UCT professor has warned doctors to climb out of the protection of their ivory towers.

PROFESSOR Frances Ames, head of the department of neurology at UCT's medical school, said in an interview this week that if doctors continued to exploit their 'golden touch' image — of being special and spiritually superior — they would be inviting future litigation.

Professor Ames resigned from Masa last week in protest against its handling of the Biko issue.

Masa has been accused of political bias after a meeting of its federal council last week, where it was decided not to reopen an investigation into the conduct of Dr Benjamin Tucker, one of the three doctors who attended Biko before he died.



Professor Ames

The other doctors were Dr Ivor Lang and Dr Colin Hersch.

'The long honeymoon with doctors is now over. They are no longer regarded as gods and if they are not careful we will have a spate of litigation', Professor Ames said.

She said doctors were reluctant to be seen as anything but reactionary because of the danger of damaging their unreal status based on an image of reverence and respect.

In the light of decisions taken by existing medical bodies on the Biko doctors, several doctors felt there was a need for a watchdog body to ensure proper medical practice.

Professor Ames will go to Johannesburg and Durban next week to discuss the formation of the new body with those doctors in other parts of the country who have expressed an interest.

DOCTORS URGED TO RE-EVALUATE THEMSELVES

22/11/80 Keras

By KERI SWIFT

A DOCTOR has urged his colleagues to put medical ethics above State policy.

In a memorandum submitted to the Medical Association of South Africa (Masa), Dr Leslie Robertson, of Durban, called for the formation of a new body whose sole function would be guardianship of the profession's ethical code.

He said: "The decision in the case of the 'Biko doctors' has led many doctors to believe that where a conflict arises between the requirements of State policy and the demands of fundamental medical ethics, our controlling body gives precedence to the requirements of the State."

He called on the medical profession to act immediately to re-establish its right to take responsibility for its own ethical code.

Integrity

He suggested that members of the new body should be doctors elected by their colleagues for their integrity and commitment to the concept of serving the community.

They should be able to initiate their own investigations in departments from which they have departed ethical standards.

Re-evaluate

Many South African doctors, however, had been forced to re-evaluate the South African Medical and Dental Council as the guardian of their ethical code.

Dr W. E. K. Loening, president of the branch, said yesterday the memorandum was still under discussion.

The memorandum has not been published in the Masa publication, the South African Medical Journal.

Dr Robertson gave a background to the responsibilities of doctors to monitor ethical behaviour and impose discipline.

He said that going back as far as Hippocrates, doctors had insisted on the right and duty to set and enforce ethical standards and this had been accorded legal and statutory recognition.

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In matters of gravity a committee of this ethical body will sit under the chairmanship of a judge of the Supreme Court and will have power to direct the South African Medical and Dental Council to impose whatever sanctions the independent ethical body shall determine. "The SAMDC will have no discretion in these matters."

He said the presence of a judge would assure the public of protection from any risk of professional collusion.

Dr Robertson gave a background to the responsibilities of doctors to monitor ethical behaviour and impose discipline.

He said that going back as far as Hippocrates, doctors had insisted on the right and duty to set and enforce ethical standards and this had been accorded legal and statutory recognition.

Give detainees

23/11/80
SUN FRIS

access to doctors

BIKO ISSUE SPARKS MOVE TO FORM MEDICAL ETHICS BODY

By TONY SPENCER-SMITH

SOUTH AFRICAN doctors concerned about the death of Steve Biko are preparing for a major assault on the power of the security police to prevent detainees from getting adequate medical treatment.

And they want the security laws revised to give detainees the right to call for a doctor of their choice at any time.

Professor Frances Ames, head of the UCT department of neurology, is to hold talks with top doctors in Durban and Johannesburg this week about the formation of a new hard-hitting national medical ethics organisation.

Professor Ames resigned from the Medical Association of South Africa (Masa) last week in disgust at its handling of the Biko issue.

And in another development this week, another top UCT doctor, Professor Ralph Kirsch of the department of medicine, called on doctors concerned about Biko and other ethical issues to vote in Masa office-bearers who would truly reflect their point of view.

Many doctors are apathetic and do not vote at Masa elections.

"If everyone did vote, we might find that the current executive is not representative of the views of doctors as a whole," he said.

In an interview, Prof Ames said that while no government would put in writing an instruction that district surgeons looking after detainees could be overruled by senior security policemen, it was entirely possible that such an idea could be put across "tacitly and verbally."

"There is absolutely no question that medical ethics require that patients should be treated equally when it comes to medical care.

"This is laid down in the Hippocratic Oath, the Tokyo declaration, and so on.

"But district surgeons treating detainees find themselves in a very difficult position. They are operating in a gray area.

"My suspicion is that district surgeons are given to understand that they are not free to treat pa-

tients exactly as they see fit."

Such a situation could not be tolerated in terms of medical ethics, but doctors would only be able to function effectively in this area with the full co-operation of the police and the Government.

The Biko doctor specifically cleared by Masa was Dr Benjamin Tucker, chief district surgeon at Port Elizabeth.

The following cross-examination of him by Mr Sidney Kentridge, advocate for the Biko family, occurred at Steve Biko's inquest:

Kentridge: "Let us assume that some holidaymakers from Pretoria had come to see you in Port Elizabeth about their child who had been acting in a bizarre way.

"The parents suspected that the child did not want to go back to school, but it showed a plantar reflex, was lying on the floor, had red cells in its spinal fluid, froth at the mouth, was hyperventilating and was weak in the limbs.

"Would you have permitted his parents to drive 700 miles to Pretoria?"

Tucker: "The circumstances were different. I would have insisted that the child should go into hospital immediately. Here there was an uncertainty."

Kentridge: "Shouldn't that have made you more careful rather than less careful? Isn't the only difference that in Biko's case Colonel Goosen insisted that he did not go into a hospital?"

Tucker: "I wouldn't say insisted. He was averse to the suggestion."

Kentridge: "Why didn't you stand up for the interests of your patient?"

Tucker: "I don't know that in this particular situation one could override the decisions made by a responsible police officer."

Shortly afterwards Mr Kentridge asked Dr Tucker if in terms of the Hippocratic Oath the interests of his patients were paramount.

Tucker: "Yes."

Kentridge: "But in this instance they were subordinated to the interests of security?"

Tucker: "Yes."

Prof Kirsch said he would gladly join a new national ethical body.

"I welcome such a move. What we are dealing with is inequality of medical care. This applies not only to Biko's treatment, but to the whole question of apartheid medicine.

"The first ethical compromise we doctors make is to look after patients in racially segregated wards. And when you're made one compromise, then you keep on making others — like those involving the treatment of detainees."

He said that while the security laws did not appear to actually infringe on the clinical independence of doctors, doctors treating detainees could in practice be put under great pressure.

As in all fields, one got weak doctors and strong ones.

Prof Kirsch said that the present executive of Masa had obviously not handled the Biko issue correctly, but he would not be resigning.

"I will voice my displeasure by means of the ballot box."

In its statement last week, Masa's federal council

time that Biko did not have adequate treatment.

It stated: "From the examination of the evidence given at the inquest, it appears that the inadequate treatment received by the late Mr Biko would probably have been different had the patient not been a detainee under the Security Act.

"No doctors attending to Mr Biko did not appear to have complete clinical independence and this could have contributed to unsatisfactory management.

"The primary responsibility of a doctor attending a prisoner is towards that individual as a patient. Laws or regulations curtailing the principles of clinical independence and autonomy are unacceptable."

But Professor Stuart Sanders, principal-designate of UCT who has also resigned from Masa, says a legal expert told him that the law does not limit clinical independence.

"At the very most, legal restrictions — which in my view do not exist — could only serve as extenuating circumstances and my colleagues should know that," he said.

Meanwhile, yet another UCT doctor, Professor Peter Folb, head of the department of pharmacology, says he will resign from Masa if he does not get satisfactory replies to a letter he has sent to it about Steve Biko.

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Plea over Prisons Act

Medical Correspondent
A call for the Prisons Act to be changed to enable medical officers to send prisoners for outside treatment if they so decide has been made by legal and medical academics.
Speaking on the SABC-TV programme "Spectrum" last night Professor S A Strauss, an expert on medical law, made a strong plea for the

Prisons Act to be changed so that prisoners could be assured of the best medical care. Medical officers should be able to override prison officials' decisions which they considered could inhibit their medical function.
His call for clarification in the Act has been supported by medical academics.
Professor Strauss said:

"What should be clarified above all else is that the doctor's decision should be final and decisive in regard to the removal of the patient outside the prison for treatment in hospital."
Under the Prisons Act a medical officer had access to a detainee even if he were in a police lock-up. However, the Act stated that the Commissioner of Prisons only

could finally decide whether a prisoner should or should not be allowed to receive hospital treatment outside prison.
Meanwhile a Baragwanath doctor, Dr Max Price, has reportedly resigned from the Medical Association because it avoided important issues in the Biko affair.
He was one of more than 100 doctors at the hospital who signed a petition calling for a full investigation into the role of the doctors who treated Mr Biko.

Biko: assessor firm on improper conduct

APR 7 1980
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CAPE TOWN — A medical assessor at the Biko inquest yesterday reiterated his opinion that there was prima facie case of improper or disgraceful conduct by the doctors who attended to the dying black consciousness leader.

Professor I. Gordon, emeritus professor in forensic medicine at the University of Natal, said that "notwithstanding the findings of the South African Medical and Dental Council and the Medical Association of South Africa (Masa), I adhere to the finding of the inquest magistrate that there was prima facie proof.

The magistrate also directed that a copy of the relevant parts of the inquest record be forwarded to the medical council.

Professor Gordon recalled that the council then set up a preliminary committee of inquiry which found that the doctors concerned had no case to answer. The committee had immediately released the news without reporting back to a full council hearing.

PROF GORDON

"This premature release of a sub-committee decision was unprecedented in my 25 years of service as a member of council," Professor Gordon said.

Professor Gordon, who did not stand for re-election to the medical council, refused to comment further.

Meanwhile, in a statement issued last week, the medical association claimed that the federal executive and ethics committees, both of which concurred with the preliminary committee of inquiry that there was no case to answer, did not have access to and did not read the evidence of the Biko inquest.

"Doctors must not believe that the evidence was not read. It was — by the two committees of the Cape Midlands branch but not by the federal committees, as there was no need," the statement said.

An examination of a statement put out to doctors in the September 13 edition of the South African Medical Journal, mouthpiece of the association, shows a con-

tradiction.

The journal said that a request to the association from 38 doctors for an inquiry was "supported by the complete record of the proceedings at the inquest". After members of a branch committee had "examined all the documentation" they reported that "having scrutinised the court records carefully", they found no case to answer.

After a sideswipe at newspaper reports "which were frequently incomplete, biased or based on political rather than ethical or humane consideration", the statement added that committee members agreed the "independent decisions" of the branch committee "and of the federal ethics committee" were "based solely on the available evidence".

Asked to explain the contradiction between the version given to the public and that published for the medical profession, a spokesman for the medical association said yesterday there would be "no further comment on this matter". — DDC.

Call for medical code in jails

Medical Reporter

A CLEAR code, setting out the duties of district surgeons in their treatment of prisoners and detainees, should be built into South Africa's prison regulations.

This was the conclusion drawn by Professor S A Strauss, a criminal law expert of the University of South Africa, in last night's SABC-TV Spectrum discussion on medical treatment for prisoners.

The programme, presented by Carol Charlewood, was filmed in Cape Town immediately after the recent special meeting of the federal council of the Medical Association of South Africa (Masa), held to discuss the body's stand on the Biko doctor issue.

THE CHAIRMAN

The discussion on the programme was opened by the chairman of Masa's

federal council, Professor Guy de Klerk.

He said the controversy surrounding the ethical conduct of the three doctors who treated Mr Steve Biko before his death had caused concern because it appeared that a doctors' desire to put the interests of the patient first could be overridden by police and prison officers.

INSTRUCTIONS

General J May of the Prison Service said prison staff had a legal responsibility to attend to the instructions of a medical practitioner.

Professor L S Smith of the Department of Health said he believed there was 'no restrictive legislation binding on doctors within prison walls.'

Professor Smith said district surgeons were parties to the Declaration of Tokyo — a code of ethics to be followed by doctors attending people in captivity.

One of the issues which emerged at the Biko inquest was that although the doctors involved had asked police officers to move Mr Biko to a hospital for treatment, this request was denied.

Professor Strauss said it should be written into the Prisons Act that a district surgeon should not be overruled by a prison or police officer.

He also felt that the Tokyo Declaration should be built into the law.

The Cape Times

THURSDAY, NOVEMBER 27, 1980



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The ghost of Steve Biko

THE VIOLENT DEATH of black activist Steve Biko haunted the TV discussion on the medical treatment of prisoners on Tuesday night. It was a major failing of the Spectrum programme that the Biko case was not ventilated specifically. This gave the programme an air of unreality. Nor was it satisfactory that no representative of the police was present to account for the basis of medical treatment for detainees in police custody, as opposed to other prisoners covered by the Prisons Act.

These major reservations apart, Carole Charlewood's programme did succeed in getting some attention focused on the great issue raised by the Biko affair. That issue is whether doctors treating a patient in detention have total and exclusive charge of their patient's health — i.e. unfettered by the security police. In the Biko case, the inquest record makes it plain that this was not the case, and in Tuesday's TV discussion the situation was, to say the least, left obscure. The attempts by government officials present to allay public fears were unconvincing. There was certainly considerable confusion. If the issue can be unclear to an informed panel discussion, one can imagine how confusing it is for a prisoner near to death to appreciate what his rights are. The Biko controversy has demonstrated the

chilling truth that if a person is detained under the Terrorism Act there are no absolute guarantees that the medical attention he may require will in fact be available in all circumstances. (It must be noted that others have died violently in detention too.) Basically it seems to depend on the mettle of the doctor, and the attitude of the security policeman in charge who might, for instance, override a request to transfer a patient to an outside hospital. That doctors should put up with this unacceptable situation is both surprising and alarming. No wonder people are fed up with a Medical Association and a Medical and Dental Council which have managed so far only to cover things up. The move by Masa to inquire publicly into ethical questions is welcome, but belated.

Steve Biko's horrific last days will continue to haunt the medical profession unless and until convincing steps are taken to reassure the public that a recurrence of this disgraceful episode in South African medical history cannot and will not happen. The way to do that is threefold: bring everything into the open, act against those who, *prima facie*, bungled medically, and in theory and practice subject security considerations to medical considerations — not the other way around.

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2/12/80 STAR

SA graduates applying to practise in the US

The Star Bureau
NEW YORK — Newly
qualified South Afri-
can doctors and den-
tists have lost no time
in applying to practise
in the United States.

At least 30 doctors
and dentists, many of
whom graduated from
the University of the
Witwatersrand last
week, flew to New

York at the weekend
to be in time for the
start of a series of
entrance exams. The
exams which last four
days began yesterday
and must be success-
fully completed by all
foreign medical gradu-
ates wishing to practise
in the United States.

The results of the
American tests take
three months to come
through by which time

many of the doctors
will have started their
national service.

However, in addition
to the graduates, sever-
al final-year dental
students who are due
to qualify in June next
year are also writing
the American tests.
They will receive the
results to these tests
before their July call-
up papers come into
effect.

E. Times (93) 3/12/80

Doctors reassured on rural clinics

Staff Reporter

THE Medical Association of South Africa (Masa) has taken steps to avoid a clash between country doctors and the Department of Health which plans to build community health centres in rural areas.

The association heard from private doctors who were concerned that the centres might put them out of business, but officials in the Department of Health have assured them this will not happen.

The clinics will be manned by nurses allowed to examine patients, make diagnoses and, within limits, prescribe and dispense medicines under the control of visiting doctors.

The issue of health clinics has been discussed by Masa's executive committee which has received assurance from Dr J Gilliland, deputy secretary-general of the Department of Health, that the centres would

not compete with private practices but were intended to provide desperately needed services in isolated regions.

Dr Gilliland made it clear that clinic personnel would always work under the direction of a doctor — perhaps a family doctor in the area — and it would thus not encroach on his field.

It appears that there are already 40 centres in the Cape Province and two in the Free State and many new centres are being planned.

A spokesman for the Department of Health, Dr Howard Botha, said community health centres were not primarily concerned with curative services but with prevention of disease and promotion of community health.

Masa said yesterday that as long as the centres did not clash with private practices, it approved of the establishment of such services.

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Focus on detainees

The medical treatment of prisoners and detainees and the "Kennedy assassination" will be among the topics discussed at the sixth South African International Symposium on Forensic Medicine to be held from March 17 to 20 next year.

The patrons will be Mr Justice Boshoff, Judge President of the Transvaal, and the president Professor I Gordon, Emeritus Professor of Forensic Medicine, University of Natal.

The symposium is to be held at the College of Medicine of South Africa in Johannesburg.

Wits condemns Masa's role

Steve Simk, Editor

By Bob Kennan,
Medical Correspondent

A vote of no confidence in the Medical Association's ability to fulfil a watchdog role in medical ethical problems — including the Biko case — was issued by Wits University's medical faculty today.

Professor Phillip Tobias, dean of the medical faculty, issued a statement on behalf of the executive committee of the medical faculty board.

He said: "Because of its restricted terms of reference as well as because its

proceedings are likely to be stultified by the fear of defamatory actions, and because it would not have power to subpoena witnesses, we regret that we have no faith in the proposed Masa inquiry (into medical ethical issues)."

The executive committee supported proposals that ways and means should be considered to bring the decision of the SA Medical and Dental Council before the Supreme Court.

The council cleared the three Biko doctors of im-

proper or disgraceful conduct).

The committee is to recommend to its faculty board that a medical standing committee on professional and ethical standards be set up. Its aim should be to keep watching brief over the professional standards and ethical problems of the practice of medicine in South Africa.

The statement added: "Since the executive committee has grave doubts about the ability of Masa to fulfil an effective role

with regard to medical ethical problems of the nature of the Biko case, it expressed the view that an independent national body, along the lines of 'Physicians for Social Responsibility' in America, should be set up in South Africa."

It should be a body of concerned doctors expressly to act as a watchdog organisation for all ethical problems affecting the practice and advancement of medicine. The body should be totally independent of Masa.

Professor Tobias said the faculty remained deeply concerned that several openly admitted departures from accepted medical practice and procedure occurred in the handling of the late Mr Biko by the district surgeons involved in the case.

These included the issuing of a false certificate and the fact that incorrect information was recorded in the bedletter to the prison hospital.

Masa warns of split over medical ethics

Medical Correspondent
The establishment of an independent medical ethical body in South Africa could cause fragmentation of the profession, the Medical Association of South Africa (Masa) warned today.

The association was reacting to a vote of no confidence by the Wits Medical Faculty in the association's ability to fulfil a watchdog role in medical ethical problems — including the Biko case.

Professor Phillip Tobias,

dean of the Wits Medical Faculty, said in a statement yesterday: "We have no faith in the proposed Masa inquiry."

The federal ethical committee of Masa is to meet early in the new year to discuss plans for the ethical inquiry.

Masa said in a statement released later yesterday that it regretted the Wits Medical Faculty had no faith in the ethical inquiry.

"This seems to be a minority view as the in-

quiry has been welcomed and its bona fides accepted by all but a few members of the profession."

The inquiry offered the only route for constructive action by the association on behalf of the profession, as opposed to destructive criticism or negative actions.

Masa regretted that the Wits faculty board had issued a statement without first awaiting the outcome of the ethical inquiry.

Latest
Biko
inquiry
comes
under
fire

By MARTIN FEINSTEIN

A PLANNED Medical Association of South Africa (Masa) inquiry into the ethical issues stemming from the death in detention of Mr Steve Biko has come under sharp attack from the University of the Witwatersrand's medical faculty.

The executive committee of the faculty board says it "has no faith" in the Masa inquiry because of its restricted terms of reference.

The committee met last week to discuss the recent decision by Masa to ask its ethical committee to make recommendations on the ethical issues raised by Mr Biko's medical treatment.

But in a hard hitting statement — issued yesterday by Professor Phillip Tobias, dean of medicine — the faculty said: "We consider that the new move of Masa is not adequate to resolve fundamental problems of the handling of the case."

"The executive committee notes that the proposed Masa inquiry will not be an inquiry into the Biko case, but rather into the ethical issues and implications for the future.

"While this is an important aspect of the Biko case, it will by no means satisfy the faculty's concern with the handling of the Biko case itself and with the findings by the Medical and Dental Council on the behaviour of the two district surgeons concerned," the statement said.

The doctors who treated Mr Biko were Drs Ivor Lang, Colin Hersch and Benjamin Tucker.

Prof Tobias said the faculty remained deeply concerned that several "openly admitted departures" from accepted medical procedure had occurred in the handling of Mr Biko by the doctors.

These included:

- The issuing of a false

- The recording of incorrect information about Mr Biko in the prison hospital bedletter, and the passing of incorrect information to Mr Biko about the findings of Dr Hersch's examination.

- Mr Biko's trip in a police vehicle to Pretoria.

"It is a matter for adverse comment that the patient was permitted to travel to Pretoria at all and, further, that no trained medical personnel nor written medical report accompanied Mr Biko on the journey."

Prof Tobias said the faculty was also "deeply distressed" that a district surgeon had "accepted without apparent demur" the decision of a security officer that Mr Biko should not be moved to a civilian hospital.

Latest Biko inquiry comes under fire

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Prof Tobias said the faculty was also "deeply distressed" that a district surgeon had "accepted without apparent demur" the decision of a security officer that Mr Biko should not be moved to a civilian hospital.

This allowed the interests of the patient to be subordinated to those of the security police, he said.

"We remain perplexed as to how the medical committee of preliminary inquiry of the Medical Council could reach a finding that there was no prima facie case to be answered, when the facts revealed before the Chief Magistrate of Pretoria had led him and the two medical assessors . . . to conclude that there was prima facie proof of improper or disgraceful conduct and that an inquiry was therefore obviously necessary and desirable."

There were further reasons for doubting whether the Masa probe would effectively "bring the whole truth to light".

Masa's federal council, for example, had only requested its ethical committee to "give consideration" to holding public proceedings.

"We consider that the proceedings . . . may be seriously restricted by the fear of litigation. Such an inquiry would not have the status of a court of law and evidence would therefore not be privileged."

"Aspersions on the actions of the district surgeons or the Security Police . . . might only too readily lead to legal actions for damages."

This fear, as well as the fact that the inquiry would have no power to subpoena witnesses, could inhibit the full and free revelation and evaluation of the evidence, he said.

The faculty also expressed "grave doubts" about Masa's ability to fulfil an effective rôle regarding ethical problems such as those raised by the Biko case, and suggested that an independent national organisation of concerned doctors be set up to act as a "watchdog".

FOOTNOTE: The faculty executive has resolved to call a mass meeting of all medical school staff "as soon after the summer vacation as possible" to discuss the issue.

Biko inquiry 'will be aborted' — Wits destined

By LUCILLE BELL
MEDICAL REPORTER

THE Medical Association of South Africa's proposed inquiry into the ethical issues arising from the Biko doctors' case will be aborted before it can begin, according to the Dean of the University of the Witwatersrand Faculty of Medicine, Professor P Tobias.

Professor Tobias, who is holidaying in Cape Town, told The Argus he based this prediction on important points raised at a recent meeting of his faculty executive.

The special meeting of the faculty executive was held in the wake of last month's meeting of the Federal Council of the Medical Association (Masa).

Executive issued a statement announcing that its Federal Ethical Committee would hold an inquiry into the ethical issues raised as a result of the medical care received by Mr Steve Biko before his death in detention.

The ethical committee was instructed to give consideration to:

- Holding its proceedings in public;
- Appointing counsel to lead the evidence and/or to appointing a retired judge and/or counsel to preside;
- And inviting the Biko doctors — Dr Benjamin Tucker and Dr Ivor Lang (Port Elizabeth district surgeons), and Dr Colin Hirsch (a specialist) to take part in the proceedings.

Professor Tobias said that because of its restricted terms of reference, as well as because its proceedings are likely to be stifled by the fear of defamatory actions, and because it would not have power to subpoena witnesses, the Wits faculty

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- And inviting the Biko doctors — Dr Benjamin Tucker and Dr Ivor Lang (Port Elizabeth district surgeons), and Dr Colin Hirsch (a specialist) to take part in the proceedings.



Professor P Tobias

executive had no faith in the proposed Masa inquiry.

He said he doubted whether the proposed inquiry would effectively bring the whole truth to light.

Whether the inquiry was held in private or in public its proceedings might be seriously restricted by the fear of litigation.

Such an inquiry would not have the status of a court of law and evidence given before it would therefore not be privi-

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leged. Unfavourable insinuations on the actions of the district surgeons, or security police made in such (Continued on Page 3, col 10)

(Continued from Page 1)

an inquiry might lead to legal actions.

This fear, he said, could inhibit the full and free revelation, discussion and evaluation of the evidence led.

The Masa inquiry would also have no power to subpoena witnesses to appear before it, said Professor Tobias.

The Wits faculty executive also supported the proposal of some medical professionals — particularly Professor Frances Ames, head of the Neurology Department at the University of Cape Town — that consideration be given to ways and means of bringing the decision of the South African Medical and Dental Council (that it would hold no disciplinary inquiry into the doctor's conduct) before the Supreme Court.

Support was also expressed at the faculty executive meeting for the setting up of an independent national body of concerned doctors to act as a watchdog organisation for all ethical problems affecting the practice and advancement of medicine.

Professor Tobias said the executive had noted with great distress that the South African Medical Journal — official organ of Masa — had declined to publish the statement issued by the Wits Medical Faculty Board criticising the majority decision of the Medical Council on the case of the Biko doctors.

The statement had been published in medical literature overseas.

In general, the faculty remained most deeply concerned that several openly admitted departures from accepted medical practice and procedure occurred in the medical handling of Mr Biko.

HEALTH AND DISEASE —

DOCTORS

6/1/81 — 30/12/81

Cabinet to rule on medical increases

By GERALD REILLY
Pretoria Bureau

THE Cabinet is expected to make a decision on a South African Medical and Dental Council claim for a 10% increase in doctors fees at its first meeting of the year in Cape Town on January 20.

A recommendation from the tariff committee of the council for the increased fees was submitted to the Minister of Health, Dr Lapa Munnik, last October.

Medical aid fund administrators point out that if the increase is sanctioned, doctors fees calculated on a base of 100 before the last fee rise in November 1979, would have risen by more than 65%.

In November 1979, the medical council declined to amend its decision to raise fees by 52.45% in spite of appeals by the Minister of Health.

However, during the 1980 parliamentary session legislation was amended to give the Minister the final say in the extent of increases, or whether they should be granted at all.

Administrators also point out that if the increase is authorised their member subscription rate would have to be raised by about 5%.

Doctors fees constitute about 50% of all fund pay-outs.

In October last year the executive of the Representative Association of Medical Aid Funds decided after a meeting in Johannesburg it could find no justification for the 10% fee hike.

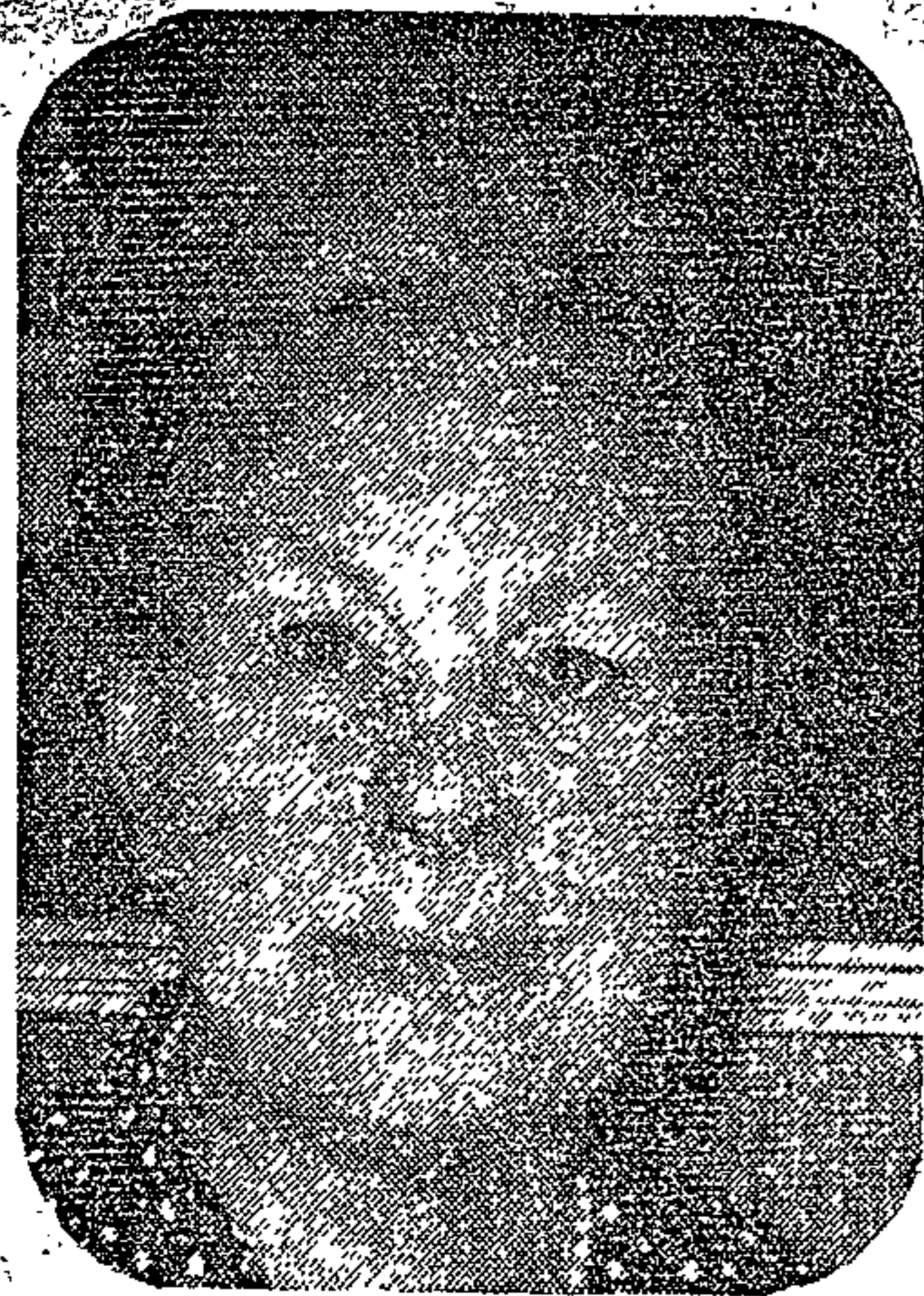
The association represents the country's 250 medical aid funds and they have a combined total of nearly four million beneficiaries.

Other steep increases in the costs of illness have had to be shouldered by the funds during the past 18 months.

These include higher private and provincial hospital charges, higher dispensary fees and the continued escalation in the price of medicines.

Sex bias at black hospitals

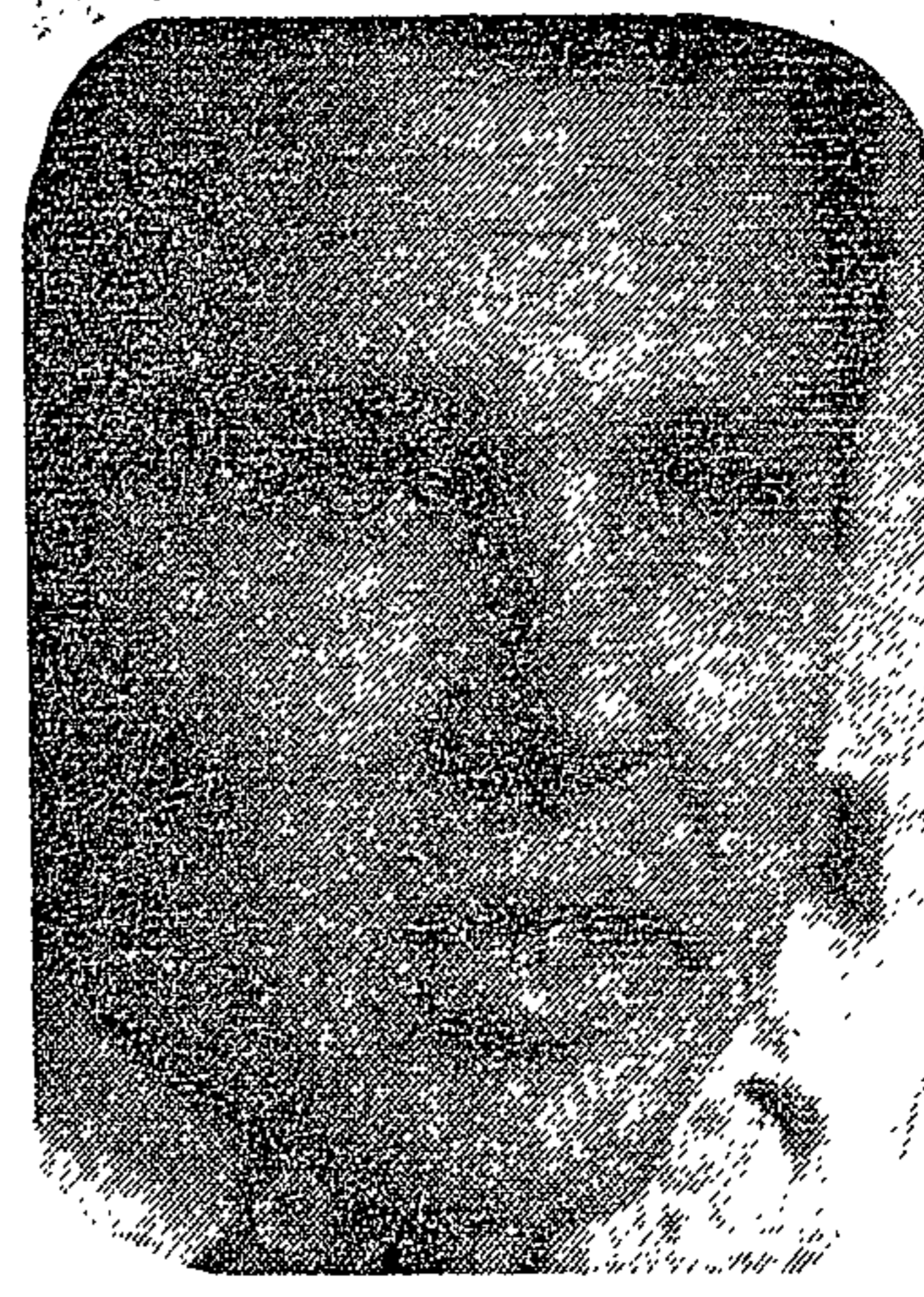
FINE ART & ARCHITECTURE



MARGARET LESSING — "This is the result of our old enemies, prejudice and custom."



HELEN SUZMAN — "Whites will have to rely on the professional services of black people."



DR C VAN DEN HEEVER — "It is a most regrettable situation."

At Baragwanath Hospital black female interns are paid less than black male interns.

This situation still exists two years after the Government announced its intention to achieve

parity of salaries in the medical profession.

The difference between the salary paid to white interns and that paid to blacks still exists as well. The distinction drawn within the group of black interns, however, is very puzzling.

Discrepancy

There is no difference between the amount of work done by male and female interns, nor is there a difference in qualifications or the level of responsibility carried by the job.

Yet male interns get paid R4 620 a year while

female interns get only R4 395.

Dr C van den Heever, Superintendent of Baragwanath Hospital has been aware of this discrepancy since November 1980. "It is a most regrettable situation," he said. "I had

hoped that we were reaching a time when this kind of discrimination would fall away. Hopefully, the authorities will see their way clear to eliminating this gap very soon."

Dr Reeve Sanders, Superintendent of Groote Schuur Hospital in Cape Town is also aware of the situation. She pointed out that interns were the only group in the medical profession for whom this distinction still existed.

"Along with every other medical practitioner in the country," she said, "I have made constant representation on this matter to the Public Service Commission, through the

Why are black female interns paid less than their male counterparts? BARRY RONGE put the question to medical authorities and to the Public Service Commission.

South African Medical Association. We are convinced the necessary equalisation will soon take place."

Simplistic

A senior medical official to whom I spoke suggested that this difference in salaries could have come about as a result of black cultural practices. He said black men did not approve of black women in the professions, and they disliked the competitiveness caused by equal salaries.

Dr van den Heever said

that this was an outmoded and simplistic attitude and he doubted whether that was why the different salary scales were introduced. The Muslim community, he said, was equally sceptical about women in competition with men, yet this was not reflected in the salaries paid to Indian interns.

Mrs Margaret Lessing, who sits on a parliamentary committee which looks into health matters, described the situation as the work of "our old enemies, custom and prejudice" She did, however, feel optimistic about the

new salary scales which will be announced in April. She felt sure these would remove existing inequities.

Mrs Helen Suzman, MP, said: "The time will come, whether the Government and the whites in this country like it or not, when whites will have to rely on the professional services of black people."

"There will simply not be enough trained whites to do the job. Unless training is given on an equal basis, and unless job conditions are made fair and attractive, we will not attract the best people," she pointed out.

Changes

Professor P Tobias, dean of the medical faculty at the Witwatersrand University, agreed on that point, but felt the projected salary changes made

the situation a hypothetical one.

"Theoretically," he said, "females, especially black females, could be deterred from entering the profession by this salary structure, but in fact we have no evidence that this is the case."

Dr H Grové, Director of Hospital Services in the Transvaal, referred me to the Public Service Commission when I questioned him on this matter.

This is the body which controls salary structures. The men directly responsible for supervising salary scales in the hospital services were not available for comment, but the Liaison and Publications division of the Commission informed me that the Commission did not give information about, or comment on, salary structures within the Public Service.

Plea to nurses: Don't quit; wait for pay news

93
14/1/81

Medical Correspondent

The Director of Hospital Services in the Transvaal yesterday appealed to nurses not to quit their jobs but to wait for news of pay increases.

Dr Hennie Grové was commenting on serious nursing shortages in many Transvaal hospitals.

The multimillion-rand Johannesburg Hospital has filled about 56 percent of its nursing posts and the H F Verwoerd Hospital is operating at two-thirds of its nursing staff complement.

Most hospital superintendents have reported a disappointing initial intake of student nurses for 1981 but a spokesman for H F Verwoerd Hospital said the intake for February had been encouraging.

J G Strijdom Hospital has 70 percent of its nursing complement.



DR GROVE

Almost all student nursing posts have been filled.

Dr Grové said: "I wish to extend my appreciation to the nurses who are still working.

"I am grateful to them. The Minister has announced that salary increases

are to be given and nurses should wait and see what they are to receive."

He said his department had launched an intensive recruiting campaign and had done everything possible to employ more nurses. "We have visited schools, distributed pamphlets, held seminars and tried to recruit nurses overseas."

Dr Lize Kalmyn, senior superintendent of the Johannesburg Hospital, said: "There is still a core of nursing staff working hard.

"The nurses are doing a wonderful job. They deserve the appreciation of the public."

Authorities at the hospital have closed 128 beds but the assurance has been given that acute emergency cases will not be turned away.

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might be an increasing use of leased and hire plant which is not reflected in the assets of the balance sheet. In 1976, for example, one of the M & R subsidiaries announced that they were changing to a policy of hiring rather than buying or leasing plant during peak periods so as to avoid having plant standing idle during slack times.²

4.1.2 Assets and Turnover

According to Cooke³ the amount of capital required by a business in the construction industry is mainly a function of (a) turnover and (b) the internal policy of the firm in regard to subcontracting, plant hire, leasing, etc. From the ratios of turnover to total assets in Fig. 4.3 it can be seen that, although there are big differences between the firms, the ratios within them are fairly constant.

Terminal patients tell of 'don't care' doctors

S. Express
18/1/81
93

SOUTH AFRICA'S terminally ill patients are, in many cases, unhappy with the treatment and attitudes from doctors.

An investigation called "The dying patient — attitudes and responses" in a recent South African Medical Journal calls for doctors and medical students to undergo extensive training on the treatment of dying patients.

The article, written by fourth-year medical students at the University of the Witwatersrand, suggests medical care teams don't know how to treat a terminally ill patient.

Of the 50 dying people interviewed by the students for the article, one in four criticised doctors for being evasive, unsympathetic and insensitive when telling them of impending death.

It also claims that doctors react to their patients in terms of sexual stereotypes — believing that men are better able to withstand shock.

All the interviews were at the former Johannesburg General Hospital.

The interviews were divided into five main sections:

- How, where and by whom they were told about their illness.
- Their initial understanding of their illness and how this had changed.
- Discussion of treatment received and staff's attitude.
- The role of religion in helping them to cope with illness.
- How their lifestyle and attitudes had changed.

More than 35% of the patients interviewed said they first consulted their doctors after becoming ill.

Another 26% saw the doctor because of unspecified pain, 18% because of prompting by their family, and 12% because of "lumps". The remainder found they were ill only after routine check-ups.

More than half of those interviewed were told of their impending death immediately after consultation in an open

TRAUMA WHEN TOLD OF DEATH

By **CHRISTINA PRETORIUS**

ward, and felt this was unnecessarily brutal.

They complained of feeling confused and shocked, yet unable to express their emotions adequately under the circumstances.

The authors believed it was undesirable to tell the patient in a public ward — even behind a screen — or over the telephone.

Professor Chris Barnard, whose book "Good Life, Good Death" deals with euthanasia for the terminally ill and those suffering irreversible brain death, suggests that the coming of death should be "a ritual" rather than a clinical occurrence involving nobody but the undertaker.

"Good Life, Good Death"

points out: "We are all dying. Some rapidly, some slowly."

He advises that rites of passage — moving the dying person from life to death — should be a ritualised means of effecting the change with the least psychological trauma.

Professor Barnard suggests it should affirm group or family membership — "the basis of all real security".

The article in the Medical Journal says 30 of the patients interviewed turned to religion before death.

It was found that patients who coped well with their illness were using religion and family supports throughout the period before death.

Professor Barnard supports this theory: "In times of crisis, such as the serious illness of a family member, religion played a big role."

"People who had faith ... had it much easier than those who had no religious beliefs."

In the book Professor Barnard also suggests that many terminally ill patients would like to have any pain they may suffer ended through either passive (unplugging life-support machines) or active (massive drug overdoses).

Professor Barnard claims that most South African doctors have, at some stage, practised passive euthanasia.

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ARCHITECTURE

Doctors comments slated

Argus 20/1/81

93

Medical Reporter

A SENIOR office-bearer of the Medical Association of South Africa (Masa) has criticised doctors for discussing the Steve Biko case with the Press.

The president-elect of the western branch of Masa, Dr Morris Helman, writing in the latest issue of the South African medical journal, says that doctors should have had the 'common courtesy' to discuss the subject with the chairman or president of the local Masa branch, or a local federal councillor or a member of the SA Medical and Dental Council.

'I have noted with much regret that so many of our full-time senior medical colleagues directly or indirectly sought recourse to the newspapers to have their views published,' writes Dr Helman.

'This is something which is forbidden for the doctor in private practise because it would be considered to constitute advertising.'

I would not mind if these reports were designed to inform the public of some new discovery in medicine and thus to promote the well-being of the country and its people,

but when the subject matter is highly controversial with legal interpretations I feel that the full-timer should be subject to the same restrictions as the private doctor.'

Dr Helman writes that he has no quarrel with the doctors who spoke to the Press 'because they feel strongly on a moral or ethical medical matter or because they feel that someone has been treated incorrectly.'

DISCUSSED

He feels, however, that they should first have discussed it with office-bearers in the various medical associations.

Dr Helman adds that the doctors' actions have undermined the doctor-patient relationship, especially when the patient does not agree with one or the other viewpoint.

He hoped that all those who had resigned from Masa after the Biko issue would reconsider their decisions.

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Miss N C Davidson

Third Year (Silver Medal)

Miss G C Littlewort

Second Year (Bronze Medal)

of the 2nd, 3rd and final years.

For the best student in each

Corporation Medals

Nonsense, says Professor Ames

Argus
24/1/87
93

By KERI MOLLOY

PROFESSOR Frances Ames, head of Groote Schuur's department of neurology, this week dismissed as nonsense an accusation by a senior office bearer of the Medical Association of South Africa (Masa), that doctors had run to the Press to have their views published.



PROFESSOR Frances Ames — 'We have reassured members of the public...'

In a letter published in the SA Medical Journal last week, Dr Morris Helman, president-elect of the Cape Western branch of Masa, accused doctors of going to the Press with their views before having the 'common courtesy' to discuss them with Masa or the South African Medical and Dental Council.

He said doctors' actions had undermined the doctor-patient relationship, 'especially when the patient does not agree with one or the other viewpoint.'

REPRESENTATIVE

'To talk about not having the courtesy to discuss the subject is nonsense. We approached the Dean of the Medical School — who is a representative of the Medical and Dental Council — before we held our first meeting, which in turn was precipitated by the concern of medical students,' Professor Ames said.

Professor Ames, who campaigned for a formal inquiry into the conduct of the doctors who attended Steve Biko before he died in 1977, is a member of UCT medical school's professional standards committee, and has on several occasions criticised Masa and the Medical Council for their stand on the matter.

She said the meeting of the professional standards

committee held at the medical school in April last year, followed a decision by preliminary investigation committee of the Medical Council not to take disciplinary action against the three doctors.

'My regret is that it took us so long to act. Masa and the Medical Council have had ample time to involve themselves and they haven't.

REASSURED

She added: 'And rather than undermine the doctor — patient relationship, we have probably reassured members of the public that doctors are prepared to question authority.'

Dr L Robertson of Durban, who last year urged his colleagues to put ethics above State policy as a result of the medical bodies' handling of the issue, said from Durban: 'I'm on the council of the Natal coastal branch of Masa. Whatever I have expressed has been discussed ad nauseum within the association.'

'No one could accuse us of running to the Press.'

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Doctors in revolt — 'We've boeer

ABOUT 30 doctors have resigned en masse from a sick-fund panel because they claim they are being paid "the lowest tariff in the country".

The doctors say they are being paid a third of the gazetted fee of R6.60 a patient by the Midland Chamber Group Sick Fund.

The fund represents hundreds of thousands of workers throughout the country.

Initially the group of 30 black and white doctors in Port Elizabeth and Uitenhage accepted the low fee, thinking they were temporarily helping about 10 000 poorly paid patients in the area.

They have since found doctors serving the fund in the rest of the country are being paid the full tariff.

Condemned

Other medical services in the Port Elizabeth Uitenhage area are also being paid in full.

The doctors now feel they have been subsidising industry, which should have made up the difference itself.

The Medical Association of South Africa supports the doctors' stand, and has called on

ripped off

S. Turner
25/1/81

93

THIRTY QUIT SICK FUND

OVER LOW TARIFFS

BY BEVIS FAIRBROTHER

"We would like them to convert to a full medical-aid scheme immediately. That's why we parted company," said Dr Hofmeyr.

They asked all doctors to resign, and appealed to others not to join.

Dr Hofmeyr said a serious danger of the low tariffs was that doctors had to treat more patients than they could cope with to make up the money.

"This is where errors creep in. It doesn't make for good medical practice. We don't like it," he said.

Meanwhile, the doctors' incomes have dropped off considerably since they resigned from the fund.

Fund members took up about 80 percent of some doctors' time.

They plan to meet today to discuss further action. Mr Brian Mathews, an executive director of the fund, said the doctors were free to accept the contract to serve on the panel or not.

Steady flow

He said the fund did not have a problem and there were enough doctors to treat the members.

Explaining why tariffs were lower, he said the panel doctors had a "ready-made market". They had an assured clientele and they received a single payment for all of them instead of having to post out hundreds of accounts.

"Doctors join the panel because they want a steady flow of patients. Without the fund they wouldn't have the patients," he said.

all its members not to answer advertisements to serve on the sick-fund panel.

The association condemned the fund for forcing doctors to resort to "sausage machine-type of general practice".

A spokesman for the doctors said they agreed to provide medical aid for the lower-income group several years ago, thinking it was a stop-gap situation until they were elevated to higher wages.

"We have since found we have been ripped off to subsidise industry."

"Industry must make up the leeway. Why should we have to pay?" the spokesman said.

The Eastern Cape branch of the Medical and Dental Association took up their cause and

Errors

The fund's directors said they would convert to a full medical-aid scheme progressively over two years.

Mrs. Thornton White Prize
For the best work in
first year.
Miss M F J Sandilands
S A Brick Association Prize
For the student who has made
best use of bricks in his



Cape Provincial Institute
of Architects' Prize
For the best student in :-

Sixth Year

P F Dunkley

Helen Gardner Travel Prize

For a student who has

satisfactorily completed

1st, 2nd and 3rd major courses.

P A Rappoport

Molly Gohl Memorial Prize

For the best woman student

in third year.

Miss C Tredgold

David Haddon Prize

For the best student of

Architecture (or Quantity

Surveying) in the subject

of Professional Practice.

D H Pryce Lewis

General J B M Hertzog Prize

For the best final year student.

S A Read

Osbourn Prize

For the best work in fourth

year.

D H Pryce Lewis

John Perry Prize

For the best work in

third year.

R A van Rosenveld.

Black nurses to work in white hospital

Political Reporter

THE Provincial Administration has given the go-ahead for three black theatre nurses to be employed at the understaffed Empangeni Hospital.

Dr V A van der Hoven, Natal's director of hospitals, said yesterday this was not the first time black nurses had worked in the white section of the Zululand hospital — they had done so when the two sections of the hospital were attached.

A source at Empangeni Hospital said the concession would temporarily relieve the staff shortage.

Dr van der Hoven said the nursing shortage in Natal was 'favourable' compared with the situation in the Transvaal.

'We do have our problems. I feel the media can do a lot to help by painting a positive picture. There have been many negative reports of the nursing situation and this has affected recruitment.'

He could not give figures for nursing intakes, but said Grey's Hospital was up to quota.

Addington Hospital had attracted fewer than last year.

'I'm hoping that nurses will be given special consideration on new salaries on April 1. I agree with people who say salaries are inadequate.'

'But there is more to nursing than just money. It is one of the most satisfying professions in the world. To work with a patient in the ward and get results is very satisfying,' he said.

ARCHITECTURE

Doctors attack nurses' low pay

Staff Reporter

EIGHT DOCTORS at Settlers Hospital, Grahamstown, claim that it has been brought almost to its knees by a lack of student nurses and nursing aides

Writing in the SA Medical Journal, the doctors say that many reasons have been advanced for the crisis, but "only one really matters and that is quite simple -- money"

The doctors are among those whose letters have been pouring in to the Medical Journal complaining about the nursing situation.

At Settlers Hospital a survey in one ward during November 1980 showed that the monthly take-home pay after deductions of a few of the nurses was Registered nurse and midwife, qualified 1964 -- R140; enrolled nurse, qualified 1979 -- R210, and student nurse and midwife at the end of fourth year of training -- R192.

The letters say that in Grahamstown the minimum starting salary of cash-out girls at bottle stores is R310 a month

"We submit that the SA Nursing Association, membership of which is compulsory for all nurses, has greatly neglected its stated aim of looking after the interest of its members."

In reply Professor C Searle, president of the SA Nursing Association, said she deeply regretted the doctors' attack

Totally untrue

"Their statement -- 'bland assurances by Professor Searle and other nursing authorities that nurses are quite happy' is totally untrue. At no time did the Board of the SA Nursing Association or its president make such a statement."

The fact that nurses obtained a bigger share of available funds than other groups and public servants in the April 1980 salary adjustments was an important breakthrough

This did not mean the board was satisfied. It only acknowledged progress

It was unjust to claim that the association has neglected its stated aim of looking after its members' interests

She asked whether the doctors were aware of the unceasing struggle the association waged and accused doctors in decision making positions of doing little to help nurses improve their salaries. Doctors and nurses everywhere should sit down together to revise aspects of local hospital care. Hours of duty were a vital issue.

The doctors could rest assured that the SANA board would give the Minister of Health and the Commission for Administration no respite. "In fairness I must say the minister is acutely aware of the problem but has to work within the provision of the Commission for Administration -- the former Public Service Commission -- and herein lies the rub."

early evening.

The fourth change would be to reform the curriculum by adapting it to the needs for health services of the nation or community. To bring about such a reform would require a great deal more information about the needs for health services than is presently

Medical Correspondent
The hospital crisis in South Africa is worsening.

Staff shortages are crippling wards have been closed and medical standards have dropped.

Doctors are "very worried" about the situation but see no short-term solution.

Several major Rand hospitals, including the multi-million rand Johannesburg Hospital, are seriously short of nurses and radiographers.

Staff at some hospitals are working under pressure and are having difficulties coping with the work.

The situation has become so critical that doctors across the country have renewed their call for nurses to be given urgent and substantial pay increases

The latest warning comes from Dr George

Perling, acting-superintendent of Edenvale General Hospital who said there could be a total collapse of the medical and nursing structure unless nursing conditions were improved immediately.

He said the nursing and paramedical profession should be paid fair and proper salaries.

Nurses shouldered huge responsibilities, including the saving of lives.

Dr Perling said hospital beds were being closed in different parts of South Africa but Edenvale General Hospital had been the first hospital this year to open beds.

A total of 18 beds were opened at the hospital yesterday and a further 30 beds could be used once renovations had been completed.

The nursing staff had increased to 120 including part-time nurses.

Calling for big pay increases for nurses he said working conditions for nurses had to be improved

"Conditions must be improved to parallel those of other professions, especially with regard to shift work, night work and weekend work," he said.

Paper work had to be reduced so that nurses could devote more of their time to physical nursing duties.

Nurses' residences had to be brought into line with modern trends. Flats should be provided for higher qualified, single nursing staff.

Dr L. Kalbyn, deputy-superintendent at the Johannesburg Hospital, said there was still a serious shortage of nurses.

Doctors from Grahamstown and Bloemfontein, writing in the latest edition of the SA Medical Journal appealed for dramatic increases in salaries.

It would introduce the student to health care team work and allow him contact with, and understanding of, the problems faced by non-physician practitioners and other paramedics. Both within and without the teaching hospital, students should be trained to

475 (98) (93) (97)
STM 5/2/81

Negev, which aims at producing doctors who will serve a rural community has developed the following selection method 20.

Firstly, it demands that a student obtain a University Pass at high school with B grades in at least two subjects. All such candidates then take a written psychometric examination at the end of which 300 candidates are interviewed for the approximate 150 posts. At the interviews the following characteristics are assessed:

INTELLECTUAL CHARACTERISTICS:

The capacity to master extensive and complex material, the capacity for self-learning, intellectual flexibility, problem-solving capacity, and intellectual curiosity.

VALUE CHARACTERISTICS:

The desire to assume responsibility for providing help to people in distress and interest in community health services, the desire to work in the Negev or elsewhere in the goals of the centre for health sciences.

PERSONALITY CHARACTERISTICS:

Personal integrity and honesty, empathy, interest in people, sensitivity to their suffering, emotional flexibility, tolerance of ambiguity, capacity for co-operation with others, humility, a clear stable self-identity and a capacity for enthusiasm.

It is still too early to know whether this involved and time consuming system will succeed. It is comforting to know, however, that the University of Cape Town has a standing sub-committee to examine the selection of students. Another possible change in the medical curriculum would involve the teaching of social sciences. I hope that from what I have said, it will be obvious that this change could only be for the better.

I have taken the liberty of including a third possible change, that is, the teaching of African languages. It is inexcusable that because of the language barrier, many of us are forced to practise medicine at the level of a veterinary scientist. The need for the inclusion of a course in African languages is highlighted

by the fact that this year some 200 medical students have enrolled

in a voluntary course in Xhosa given during the lunch hour or

Vertical text on the right edge of the page, possibly bleed-through or a margin note, including the words "University of Cape Town" and "Department of Health Sciences".

SA medical men meet Israeli scientists

Science Reporter

SOUTH African medical scientists, including Professor Chris Barnard, were "welcomed with open arms" on a recent group visit to Israeli research establishments and paved the way for further exchange of information and personnel.

The visit, which led to a swap of information on recent research in the field of immunology, may also bear fruit for bilharzia sufferers. Israeli scientists working on a possible vaccine for the disease have achieved success in tests on laboratory mice.

"All facilities at the Weizmann Institute were thrown open to us," Dr P D R van Heerden, vice-president of the S A Medical Research Council and leader of the five-man delegation, said yesterday.

Speaking at a press conference on his return from Israel, Dr Van Heerden said that the colloquium (research conference) was the second in terms of an agreement between the MRC and the Israeli National Council for Research and Development. It was held in Tel Aviv over two days this week.

The delegation included Prof B Brain, director of the Natal Institute for Immunology, Durban; Professor Chris Barnard, the heart transplant pioneer and professor of surgical science at the University of Cape

Town; Dr J R Joubert, department of medicine at the University of Stellenbosch; Professor J A Myburgh, head of the department of surgery and director of the MRC's transplantation unit at the University of the Witwatersrand, and Professor A R Rabson, director of the MRC's human cellular research unit at the school of pathology, SA Institute for Medical Research and the University of the Witwatersrand.



Professor Chris Barnard

South African achievements in the field of clinical immunology, particularly in the treatment of organ rejection, infection and parasitic diseases brought comment from Israeli

researchers.

"We, in turn, were impressed by the level of their basic laboratory research in the field which is of world standard," Dr Van Heerden said.

Successful work on a bilharzia vaccine attracted South African interest and will be followed up by the MRC's Durban-based research institute diseases in tropical environments.

The meeting was divided into four sessions, covering clinical immunology, transplantation immunology, basic cellular immunology, and immunology and cancer. Each country presented two papers in each session.

A third colloquium with South Africa as the host country is planned for early next year.

• The MRC funds 12 "man-months" of medical research by South African scientists in Israel each year. Dr Van Heerden said that this could be allocated in various ways but could mean at least six scientists working in Israel for two months each. The funding was done on an exchange basis.

"Strangely, one of the problems is that there are very few takers. While Israeli scientists are eager to come here, South African medical scientists are either unaware or uninterested as few have come forward," he added.

CHEMICAL

FACULTY OF ENGINEERING

Corporation Medals

For the best student in each of the 2nd, 3rd and final years.

Second Year (Bronze Medal)

Miss G. Littlewort

Third Year (Silver Medal)

Miss N. C. Davidson

Fourth Year (Gold Medal)

P. M. Salmon

T. J. Cumming

D. P. Weeks

RDM 12/2/81
Ministers
have not
yet met
Masa on
detainees

Political Staff

CAPE TOWN — The meeting requested by the Medical Association of South Africa (Masa) with the Ministers of Justice and Health about the medical treatment of detainees has yet to take place.

The Minister of Health, Dr L. A. P. A. Munnik, said yesterday Masa had requested the meeting and "the matter is receiving attention".

Dr Munnik said Masa had said it wanted to discuss the medical care of prisoners and detainees detained in terms of the Terrorism Act.

Masa decided to make the request after an extraordinary meeting to discuss the conduct of the doctors who treated the black consciousness leader, Steve Biko, who died in detention in 1977.

Dr Munnik also said he had not recommended any changes in the rules governing the medical treatment of detainees.

He was replying to a question which had been tabled in the House by Mrs Helen Suzman (PFP Houghton).

Mrs Suzman said afterwards: "I don't think this is a matter that should be allowed to drag on indefinitely."

"There are at present 150 people detained under the security laws and it is in everybody's interests to ensure that while detention without trial remains in South Africa the greatest possible care is taken."

CDH 13/1/81
13/2/81

Racial disparities

Political Staff

THE ASSEMBLY. — Racial disparities in the salaries paid to doctors, dentists and pharmacists in Government service still exist.

The Minister of State Administration, Dr Andries Treurnicht, gave details of these yesterday in reply to a question by Mr Nigel Wood (NRP Berea) of the salaries paid to medical personnel in the public service.

These showed the salaries of specialists, medical superintendents and senior dentists have

been equalised but those of medical officers, registrars, dentists, principal pharmacists, senior pharmacists and pharmacists have not yet been equalised.

White, coloured, and Indian medical officers start at R11 550 a year, while black medical officers start at R10 650 a year.

Among pharmacists there is a three-way differentiation.

A white pharmacist starts at R7 740, a coloured pharmacist at R7 080 and a black pharmacist at R5 745.

RDM 16/2/81

Zambia doctors seek close SA tie

Staff Reporter

TWO Zambian doctors have expressed the wish for closer ties with the South African Medical Association

Dr M Nalumango, chairman of the Zambian Medical Association, and Dr J Masange, chairman of the central division of the association, were in South Africa as guests of the SA body.

Both doctors are graduates of the University of Natal. They came to South Africa to see how the SA association operated, according to Mr Mike Gibbs, the association's public relations officer.

The doctors, Mr Gibbs said, looked at the relations between medical professions and the

Government, in particular the ethical norms governing the professions in South Africa.

The doctors said there were 700 practising doctors in Zambia and 200 of them were members of the Zambian Medical Association, established in 1969.

The medical problems facing Zambia were similar to those in South Africa, Mr Gibbs said, in that doctors in both countries had to deal with diseases such as malaria and cholera.

Heart disease and high blood pressure were becoming more apparent among urban black people in Zambia, which was also the case in South Africa.

Mr Gibbs said an American delegation of doctors would arrive in South Africa this week.

CHEMICAL

Drawing.
 best classwork in Engineering.
 Awarded to the student with the
 Sammy Sacks Memorial Prize

J H Rens

Awarded on results of final
 examinations to the best male
 student in Land Surveying or
 Civil Engineering.
 Professor George Menzies Prize

B F McClelland

J H Rens

D P Weeks

T J Cumming

P M Salmon

Fourth Year (Gold Medal)

Miss N C Davidson

Third Year (Silver Medal)

Miss G C Littlewort

Second Year (Bronze Medal)

For the best student in each
 of the 2nd, 3rd and final years.

Corporation Medals

FACULTY OF ENGINEERING

3 doctors held in drug swoop

By EMIELIA JAROSCHEK
RD4 Crime Reporter 6/2/81

THREE Johannesburg doctors have been arrested by police in a sudden crackdown on the illegal supply of habit-forming drugs.

Johannesburg drug squad detectives confirmed yesterday that they swooped on two doctors' consulting rooms in Hillbrow and another in a medical building in Jeppe Street at the weekend.

Lieutenant Basie Boucher, head of the Johannesburg drug section said that the doctors were taken to John Vorster Square after allegedly prescribing and supplying dangerous 6th schedule and 7th schedule drugs without recording the drugs or the patients in a register as required by law.

They will all appear in the Johannesburg Magistrates Courts today.

Police swooped on the doctors after receiving reports that drugs like Wellconal, Vesparex, Physeptone and Obex were randomly being prescribed for patients without proper diagnosis of their ailments.

Police were told that the drugs were mainly being supplied to people in their twenties.

It is understood that a quantity of drugs were seized from consulting rooms by the detectives during their investigations.

Dr Sylvain de Miranda, director of Sanca (South African National Council on Alcoholism and Drug Dependence) in Johannesburg said that "one and 7th schedule drugs can cause

severe addiction. "Once a person is hooked his body demands ever-increasing dosages and withdrawal of the drug has a 8% to 14% death rate.

"One of the drugs mentioned, physeptone — is a 7th schedule morphine based drug which is normally injected to kill pain. It has the same side effects as morphine and is the pharmacological equivalent of heroin. It is used overseas as a gentler substitute in heroin treatment.

"The other much-abused 7th schedule drug — Wellconal — is the one that caused the deaths of three youths on the East Rand several months ago. It is a morphine based tablet used as a pain reliever which is often dissolved and injected by drug abusers.

"Obex is a 7th schedule appetite controlling tablet which is also a stimulant. Its effect is identical to that of amphetamines, known as 'speed' in America.

"Amphetamines were banned in South Africa in 1972 but Obex, because of its slightly different chemical structure, escaped prohibition.

"Vesparex is a 6th schedule drug in tablet form. It is a barbiturate with a hypnotic effect. Barbiturates are so dangerous because they cause specific addictions. That means that a person can become so hooked on a barbiturate that nothing else will satisfy him."

Dr De Miranda said that 30% of patients treated at Phoenix House in the last nine months showed signs of a specific addiction to at least one of these drugs.

MONDAY, 16 FEBRUARY 1981

Indicates translated version.

For written reply:

District surgeons

19. Mr. N. B. WOOD asked the Minister of Health, Welfare and Pensions:

- Trans. 4* *145* *(93)*
16/2/81
- (1) Whether there is a shortage of district surgeons in the Republic; if so, what is the shortage of (a) full-time and (b) part-time district surgeons in each province;
 - (2) how many (a) White, (b) Coloured, (c) Indian and (d) Black (i) full-time and (ii) part-time district surgeons were employed by the State and undertook their own dispensing in connection with their State services during 1980;
 - (3) how many patients were treated by district surgeons during 1980;
 - (4) how many district surgeons are in receipt of a drug allowance?

The MINISTER OF HEALTH, WELFARE AND PENSIONS:

Information on part-time surgeons only reflects statistics for Transvaal, Orange Free State and Natal. Part-time district surgeon services were taken over on 1 April 1980 by the Cape Provincial Administration in respect of the Cape Province.

(1) Yes;

(a) Cape	24
Free State	16
Natal	14
Transvaal	29
(b) Free State	2
Natal	2
Transvaal	1

(2) (a) (i) None.

- (ii) 137.
- (b) (i) None.
- (ii) None.
- (c) (i) None.
- (ii) 6.
- (d) (i) None.
- (ii) None.
- (3) The Department has not yet received all the annual reports by part-time district surgeons and the statistics are therefore not available yet.
- (4) 145

Doctor on drugs and abortion charges

Staff Reporter

A JOHANNESBURG doctor, Dr Norman Gnesin, 61, appeared in the Johannesburg Magistrate's Court yesterday on charges of dealing in dependence-producing drugs, and on an abortion charge.

Applying for bail, Dr Gnesin submitted he was the sole supporter of his 84-year-old mother, with whom he lived.

He said he needed bail to straighten out his psychological affairs and to arrange care for his mother.

He told the court he had been seeing a psychiatrist in order to understand his willingness to endanger himself for the sake of others. Since seeing a psychiatrist he realised the importance of keeping within the law, he said.

Under cross-examination by the prosecutor, Mrs Winnie Botha, Dr Gnesin said he could control his willingness to help others.

In his evidence, Dr Gnesin said he had been arrested last week while out on bail of R10 000 since December, pending other abortion charges.

He also admitted being jailed for four years in 1955 on eight counts of performing illegal abortions and being fined R5 000, coupled with a suspended sentence in 1979 for five counts of abortion.

Dr Gnesin said he intended pleading guilty to the initial abortion charges, but innocent to the one allegedly committed last week.

Soon after the magistrate, Mr J Myburgh, refused bail, Mr I W Blumberg, for Dr Gnesin, said he was applying to the Supreme Court today for bail.

The hearing was postponed to March 9.

Even if the meaning of 'health' is agreed upon, ways of achieving it may be very much open to doubt. It is often said that we cannot promote health by removing disease. This is usually taken to imply that a change of concept is necessary, from cure to active promotion of health; but it is also true in a very literal and scientific sense. Suppose that a certain type of event, e.g. moving house, predisposes people to suffer a variety of illnesses to which they may be prone - heart attacks, asthma, etc. - we would not know, since we have not looked for this factor. Under certain circumstances it might be the

prevented by judicious use of seatbelts from dying in a car accident, his chances of dying of cirrhosis of the liver are much higher than those of someone else. Thus to deal with syndromes (drink, unemployment, lack of education, poor housing, etc.) may in the long run be more effective and tackle a large number of diseases at once. By deciding on the priority of different diseases according to their severity, prevalence and curability, we will perhaps expend more resources and energy for decreasing returns without reaching the fundamental problems of this family.

It may be argued that this family is not typical, that on the whole diseases are more randomly spread among families and individuals. But is this so? Research into the environmental and socio-psychological conditions

of this family.

associated with ill health suggests the contrary, that who becomes ill, including those who contract infectious diseases, is highly determined. A recent study in U.K. showed that a majority of hospital patients had experienced a major disruption of their life in the months preceding their hospitalization (snocks such as bereavement, loss of job, moving house, divorce, etc.). In Southern Africa a well known syndrome comprises the effects of migrant labour, social disintegration and ill-humour in town, malnutrition, TB and other poverty. Moreover the fact that in most countries there are definable groups (26) (as well as the fact that in most families there are definite individuals) who fall ill much more often than other people, suggests that the

Health services in danger, claims MP

Political Correspondent

CAPE TOWN — Another staff shortage in the public service — this time of district surgeons — has been revealed in Parliament.

In a written reply to a question, the Minister of Health, Dr Munnik, disclosed that there was a shortage of 83 full-time district surgeons.

He told Mr Nigel Wood, (NRP, Berea), that there was also a shortage of five part-time surgeons in provinces excluding the Cape.

Figures for the Cape could not be given as part-time surgeons were taken over by the Provincial Administration in April last year.

SHORTAGES

Regarding fulltime district surgeons, Dr Munnik said the Transvaal had a shortage of 29, the Cape 24, the Free State 16 and Natal 14.

Asked how many patients were treated by district surgeons, the Minister said that his department had not received all the annual reports so statistics were not available.

BREAKDOWN

Reacting to the Minister's reply, Mr Wood said that widespread staff shortages were putting health services in danger of a major breakdown.

Mr Wood said the Government would have to take full responsibility for the current situation.

The shortage of 83 full-time and five parttime district surgeons was only part of the problem, Mr Wood said.

"There are shortages in nearly every field of health services — and the situation will get worse before it gets better," he said.

Mr Wood accused the Government of being "tardy" in improving the working conditions of district surgeons to make the job more attractive to doctors.

ought really to cover the personal social services as well as the health service. Social workers tend to take a broader view than doctors; they deal in syndromes. Even when there is a well-defined task for the personal social services the objectives of care as seen by the social worker or other social services professional may be quite different from those perceived by a doctor considering the same case.

The poor, those from split families, the lonely die more often than others. Social class has been shown to be a strong determinant of both physical and mental illness: see J. Kosa, A. Antonovski and I.K. Zola, 'Poverty and Health', Harvard University Press, 1969. Deaths, even from what are typically thought of as diseases of affluent groups tend to be higher in lower social classes: e.g. Dick Paper on 'Mortality in South Africa', D.Bourne & B. Dick shows that deaths from circulatory diseases are higher in South Africa for 'coloureds' than for whites.

Handwritten notes: 27/11/81, 93, 175, 18/11/81

Biko: Masa inquiry to start soon

Argus 20/2/81

229 93

Argus Correspondent

JOHANNESBURG. — The three Biko doctors may be asked to take part in an inquiry into the ethical problems created by the treatment of Mr Steve Biko before his death in detention.

At a meeting of its Federal Council in Cape Town last November the Medical Association of SA decided that an ethical committee would make a wide ranging inquiry into the principles arising out of the Biko case.

The Medical Faculty Board of the University of the Witwatersrand stated last year that it had no faith in the Masa inquiry because of its restricted terms of reference and because its proceedings were likely to be stultified by the fear of defamatory actions.

COMMITTEE

Masa announced today that the ad hoc committee would consist of two people appointed under the chairmanship of a person with training in the medical legal field.

The committee would have carte blanche in considering the ethical issues raised by the medical care received by Mr Biko.

Investigations and deliberations would start as soon as possible. Masa's federal ethical committee had already approached leading medical and legal men to serve on the committee. The names of committee members would be disclosed as soon as possible.

Masa stated that it might invite representatives of the association's Cape midlands branch and the Biko doctors Dr B Tucker, Dr Colin Hersch and Dr I Lang to take part in the proceedings 'in a personal and confidential level.' The committee could make an investigation, in loco if it so wished.

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At the 2nd, 3rd and final years.
For the best student in each
Corporation Medals

Second Year (Bronze Medal) Miss G C Littlewort
Third Year (Silver Medal) Miss N C Davidson
Fourth Year (Gold Medal) M Salmon
J Cumming
P Weeks
H Rens
F McClelland

Professor George Menzies Prize
Awarded on results of final
examinations to the best male
student in Land Surveying or
Civil Engineering.

V Sacks Memorial Prize
Awarded to the student with the
highest marks in Engineering

CHEMICAL

Students who qualified as doctors

254. Dr. A. L. BORAINÉ asked the
Minister of National Education:

Hans. 4 Aug 1973 (93)
20/2/81 (54)

FEBRUARY 1981

How many students in each race group
qualified as doctors at each medical school
in the Republic at the end of 1980?

The MINISTER OF NATIONAL EDU-
CATION:

The statistics for 1980 will only be
available during April/May 1981.
The figures for 1979 were:

Univer- sity	White	Coloured	Asian	Black
UOFS	109	—	—	—
UP	186	—	—	—
US	112	—	—	—
UCT	152	7	6	—
UW	165	1	14	—
UN	—	7	57	35

FRIDAY, 20 FEBRUARY 1981

Biko
 doctor:
 RDM 21/2/81
 I will
 testify
 before
 inquiry

CHE

By MARIKA SBOROS

DR COLIN Hersch, one of the three Port Elizabeth doctors who treated the black consciousness leader, Mr Steve Biko, while he was in Security Police detention, is prepared to testify before an inquiry into ethical issues raised by Mr Biko's death in detention.

But Dr Ivor Lang, one of the two district surgeons who treated Mr Biko while in detention, refused to say whether he would testify.

The third doctor, Dr Benjamin Tucker, could not be contacted yesterday.

Both Dr Lang and Dr Tucker admitted in open court at the inquest that they subordinated their patient's interest to that of the State's.

Dr Hersch, a specialist physician, was reacting to yesterday's announcement by the Medical Association of South Africa (Masa) that an ad hoc committee would begin investigations soon into ethical issues raised by Mr Biko's death, and that the Biko doctors may be asked to take part.

"I want to know how they are going to go about it, but as long as it is an open inquiry, I am prepared to take part," Dr Hersch said.

A spokesman for Masa said all the inquiry's material would be made public at some stage.

Prominent legal and medical experts said yesterday that the Biko doctors should definitely be asked to take part in the inquiry.

Professor Johan van der Vyver, chairman of the Lawyers for Human Rights, said the doctors should be given an opportunity to state their case.

"The Biko doctors are under a moral obligation to tell the committee exactly what they did, even if it was to their own prejudice," Prof Van der Vyver said.

He added that he hoped "all hell will be raised" if there was any evidence of intimidation of the doctors by Government bureaucracy "under the pretence of security legislation".

The major ethical issue the committee should investigate was the fact that medical practitioners in their capacity as district surgeons seemed to have suggested the Hippocratic Oath was secondary to the interests served by the country's security legislation.

A doctor should refuse to take responsibility for a patient if the Security Police, the Minister of Justice, or any other section of the bureaucracy tried to restrict adherence to the medical profession's ethical code of conduct, he said.

Prof Frances Ames, head of the department of neurology at the University of Cape Town's medical school, supported the call for Masa's committee to call on the doctors to testify.

"It is vital to know how free or restricted they felt in treating him," Prof Ames said.

Masa said the following ethical issues required further

A E & C I Prize
 For the first year student
 obtaining the highest average
 mark.
 G L Cragg

L Menegaldo
 Drawing.
 Awarded to the student with the
 best classwork in Engineering
 Sammy Sacks Memorial Prize

J H Rens
 Civil Engineering.
 student in Land Surveying or
 examinations to the best male
 Awarded on results of final
 Professor George Menzies Prize

B F McClelland
 J H Rens
 D P Weeks
 T J Cumming
 P M Salmon
 Fourth Year (Gold Medal)

Miss N C Davidson
 Third Year (Silver Medal)

Miss G C Littlewort
 Second Year (Bronze Medal)
 For the best student in each
 of the 2nd, 3rd and final years.
 Corporation Medals

ULTY OF ENGINEERING

Masa inquiry to probe treatment of Biko

JOHANNESBURG — One of the three doctors who treated Steve Biko in detention has agreed to testify before an inquiry into ethical issues raised by the black consciousness leader's death.

Dr Colin Hersch was reacting to an announcement by the federal ethical committee of the Medical Association of South Africa that an ad hoc committee to investigate the medical care received by Mr Biko before his death would be appointed.

But Dr Ivor Lang, one of the two district surgeons who were responsible for Mr Biko's medical treatment while he was in detention, refused to say whether he would be prepared to testify.

The third Port Elizabeth doctor, Dr Benjamin Tucker, could not be contacted yesterday.

Both Dr Lang and Dr Tucker admitted in open court at the inquest that they subordinated their patient's interest to the state's.

The Masa statement yesterday said a special meeting of the federal ethical committee took place in Pretoria recently to discuss implementation of various resolutions of

its federal council concerning the Biko case.

During its discussions, the committee, under the chairmanship of Prof J. N. de Klerk, agreed that in all cases the doctor's first consideration must be the interest of the patient.

It was pointed out that under certain circumstances the patient's best interests could be in conflict with those of the community or the state, but that this did not absolve the doctor of his duty to the patient.

The committee then listed several world-governed ethical issues for the conduct of doctors

— including one that a doctor may not permit considerations of religion, nationality, race, party politics or social standing to intervene between his duty and his patient.

The Masa statement said the Biko doctors might be asked to take part.

"I want to know how they are going to go about it, but as long as it is an open inquiry, I am prepared to take part," Dr Hersch said.

A spokesman for Masa said that all the inquiry's material would be made public at some stage. It

was not yet known whether the entire proceedings would be open or whether a full report on the proceedings would be tabled.

Prominent legal and medical experts said yesterday that the Biko doctors should definitely be asked to take part in the inquiry.

Professor Johan van der Vyver, chairman of the Lawyers for Human Rights, said the doctors should be given an opportunity to state their case.

"The Biko doctors are under a moral obligation to tell the committee exactly what they did even if it was to their own prejudice," Prof Van der Vyver said.

Prof Frances Ames, head of the department of neurology at the University of Cape Town's medical school, said.

"The doctors should be asked particularly about how they perceive their function as district surgeons, and whether this function was different in Mr Biko's case. It is vital to know how free or restricted they felt in treating him." — DDC.

US backs application

JOHANNESBURG — The American Medical Association is to back South Africa's reapplication for membership to the World Medical Association.

This was disclosed by an AMA delegation which arrived in Johannesburg last night on a "high level" visit to the country.

The Medical Association of South Africa left the

World Medical Association in 1976 because of political problems.

Masa's application for re-entry to the WMA was confirmed by Professor Guy de Klerk, chairman of the Federal Council of Masa, who said the Americans had "gone out of their way to put things back into perspective" for South Africa. — SAPA.

Biko doctors may be asked to take part in new probe

Medical Correspondent

The three Biko doctors may be asked to take part in an inquiry into the ethical problems created by the treatment of Mr Steve Biko before his death in detention.

At a meeting of its federal council in Cape Town last November, the Medical Association of South Africa decided that an ethical committee would make a wide-ranging inquiry into the principles arising out of the Biko case.

The medical faculty board of the University of the Witwatersrand said last year that it had no

faith in the Masa inquiry because of its restricted terms of reference and because its proceedings were likely to be stultified by the fear of defamatory actions.

Masa announced today the ad hoc committee would consist of two people appointed under the chairmanship of a person with training in the medical-legal field.

The committee would have carte blanche in considering the ethical issues raised by the medical care received by Mr Biko. Investigations and deliberations would start as soon as possible.

Masa said that it might invite representatives of the association's Cape Midlands branch and the Biko doctors Dr B Tucker, Dr Colin Hersch and Dr I Lang to take part in the proceedings "on a personal and confidential level."

CLASH

The committee would be asked to make recommendations regarding procedures to be followed where existing legislation caused an apparent clash or conflict of interests between the medical profession and the State or statutory bodies.

It will also be asked to make recommendations about the maintenance of a doctor's clinical independence despite the provisions of various acts.

Masa's federal ethical committee had asked the association's secretariat to draft a code of conduct governing its members' actions while treating prisoners of all categories.

The draft code, which conformed to existing ethical statements of Masa and the World Health Association, would be put before the ad hoc committee.

Doctors treated aggressively by legal profession'

930 (25) STOK
23/81

1. GENERAL INTRODUCTION

The socio-economic causes of ill-health in the South African homelands have

**By Bob Kennaugh
Medical Correspondent**
A prime reason for the shortage of district surgeons and State pathologists was that doctors were badgered and harassed by lawyers during cross-examination in court cases, Johannesburg's principal district surgeon, Dr Hans Bukofzer, said yesterday.

Speaking at an international forensic medicine conference in Johannesburg Dr Bukofzer said a district surgeon was sometimes made to feel not like a witness but more like the accused.

"A lawyer or counsel — sometimes a young man — cross-examines the doctor in an aggressive and rude manner. He makes sarcastic suggestions, at times even personal remarks, and generally bullies the impartial witness who is supposed to give factual evidence and express neutral opinions," he added.

Dr Bukofzer said insinuations were sometimes made that the doctor's evidence was biased in favour of the State.

"Strangely enough, no counsel has ever alleged that the doctor was a friend of the presiding judge, even though this has been the case on a number of occasions," he said.

The suggestions were denied, but the seeds of doubt about the doctor's integrity had been planted in the minds of the public, the accused and his family.

He said every effort was made to confuse and harass the doctor. The doctor was sometimes insulted so as to make him angry.

"The rationale of this can only be that if the doctor can be made angry, he may make mistakes. If he does, then it is put to him that he is dishonest and untruthful.

"Frequently, the doctor is asked to give an opinion on the professional ability and even the morals of a colleague. As he is under oath he must state his opinion.

"If he does, may not his colleague sue him for defamation, and is the doctor not infringing a rule of the Medical Council by reflecting on the ability of a colleague?"

In reply Professor S A Strauss, Professor of Criminal Law at Unisa, said he was an admirer of both the legal and medical professions. But both had their faults and their fools.

It would be bad form to cross-examine in the manner described by Dr Bukofzer. In some cases lawyers might have been ignorant or arrogant. However expert witnesses could also be arrogant.

If witnesses felt they were being harassed they could appeal to the court.

2. INTRODUCTION & BACKGROUND INFORMATION TO PROJECTS SECTION

PART I

I have chosen to focus on one distinct Mhlaba to be able to show more

how a particular social and economic system works; how all the parts

ted into a whole.

tion is very detailed because I am specifically trying to show what

formation one needs, to be able to work out whom a project really

how it works. When I first heard of and visited these

was very impressed; projects are generally described by their

nd organisers and donors generally only get to see or hear what

rs want them to.

seudonyms for people and places throughout. While I feel that

o a loss of authenticity, I think it would be unfair on the main

ved were I to use their names. I am trying to show what roles

in the structural situation and not to say that some are "good"

As I hope readers will realise, the intentions of these people

fferent from the results of their actions.

INTRODUCTION

understand the agricultural and general layout of villages, one

ow, and to whom, land is allocated. The rehabilitation pro-

o called Betterment schemes or locally "Trust", divides the land

es with residential sites, blocks of fields and camps for grazing.

are fenced off from each other. The intention behind this is

cattle in camps and so avoid destruction of crops and vegetables

pre the veld by rotating the cattle in the different camps.

asier to provide services such as schools, clinics and water when

are living together in villages instead of in scattered homesteads.

is physical reorganisation was only a small part of the stated aims

of the policy: "Ultimately, the transformation of the rural community is sought

by means of a gradual resettlement of the population in Rural Townships as well

as on full economic farm units". (1)

.../

New black medical trade union to be formed today

By MARLAN PADAYACHEE

S. Tribune 8/3/81 (93) (34)
THE Medical Association of South Africa (Masa) — criticised for its handling of the Steve Biko Affair — faces opposition from a new black medical trade union to be formed in Durban today.

And the organisers of the new health workers' association which will include doctors, nurses and hospital workers as members, strongly believe that Masa's handling of the inquiry into the death in detention of the Black Consciousness leader is the major catalyst in the launching of the new body.

Two similar associations have already been formed by doctors in Cape Town and Johannesburg and efforts will be made to co-ordinate the formation of a national body which will eventually supplant Masa.

Leading medical men will gather at the Medical School in Umbiló Road this afternoon at 2pm to officially launch the association which will dedicate its efforts to underprivileged people in rural areas.

Acting president of the Natal Coastal Branch of Masa, Dr John Hamilton said yesterday: "Splits are not desirable. We welcome a special body to provide health care in rural areas which is of great need."

Argus 9/3/81

Biko's ⁹³
~~229~~
injuries for
symposium

Argus Correspondent
JOHANNESBURG.—Head injuries sustained by the late Mr Steve Biko will be discussed at the sixth South African international symposium on forensic medicine here from March 17—20.

The symposium will be opened by Mr Justice M T Steyn.

One of the main speakers will be Dr Werner U Spitz, chief medical examiner, Wayne County, Detroit, who will discuss the John Kennedy assassination, shotgun wounds and death in joggers.

Other subjects to be discussed include abortion, medical-legal problems for district surgeons and the psychiatrist and the evaluation of criminal responsibility.

Biko to be discussed

HEAD injuries sustained by Steve Biko will be discussed at the sixth South African International Symposium on Forensic Medicine in Johannesburg from March 17 to 20.

The symposium, to be attended by district surgeons and forensic pathologists from all parts of the country, will be opened on the evening of March 17 by Justice M T Steyn, former administrator of Namibia.

~~224~~ 93

SO. AFRICAN 9/1/74

Doctors slam discrimination

SOWETAN
9/3/81
93

SOWETAN Reporter

THE cancer of separate development has crept into every aspect of South African life, according to the latest issue of the Transvaal Medical Society (TMS) magazine, Voice of the Medical Worker.

The TMS newsletter says "the medical profession has allowed medical care to evolve on grossly discriminatory lines". In fact, "the South African Medical and Dental Council, the Medical Association of South Africa, the numerous medical schools throughout South Africa, and other allied medical organisations, appear to be resolute upon maintaining this discriminatory and unjust medical service".

They warn health workers to be aware of "the heartlessness that has become an integral part of the medical profession," especially in view of the directives issued to hospital personnel to treat only patients of a particular race. The magazine says that "clearly we are moving more and more

towards the situation Europe was in, when millions of people were exterminated for not belonging to the master race".

"The medical profession must resist these unethical and ruthless directives if we are to maintain some moral and ethical standard in the medical profession", referring also to the opening of the formerly whites-only Old General Hospital to Africans, with separate wards for "Indians", and barring "Coloured" patients.

The TMS was formed two years ago, and is a working organisation, for Black health workers in the Transvaal, such as nurses, porters, clerks, social workers, laboratory technicians, cleaners, doctors and radiographers.

The "Voice of the Medical Worker" goes on to say that "Government health services, as well as private practice facilities, are geared to provide the white race with the highest standard of curative medicine" whereas "preventable diseases form the

major part of health problems amongst blacks".

It goes on to say blacks are subjected to poor nutrition from the time that they are in the womb, that "they struggle to survive the 50 percent infant mortality rate", and that they have no easy access to good food or to decent housing, leading to the high incidence of tuberculosis, rheumatic fever, and infectious diseases.

SUBNORMAL

There is also a total lack of facilities for the mentally subnormal, the physically disabled, and the chronically ill, because medical care is directed only towards the active labour force, they continue.

And it says the medical profession has found it convenient to blind themselves to the root elements of these preventable diseases.

The newsletter goes on by saying "the medical profession has found, in separate development, a ready-made community of humanoids", who can be used to further the diag-

nostic and therapeutic skills of the medical profession, to be used as training ground to acquire surgical techniques so that they are not repeated in a white hospital and to provide the opportunity for research to elevate the academic status of individuals. This has led to a negligent and casual attitude in black hospitals, "not to mention the total lack of respect for human life and dignity of a patient", which would never be tolerated at a white hospital.

The newsletter also says that "doctors help to cover up assaults and deaths in detention" and goes on to say that "this is standard practice in South Africa".

It ends by saying "apartheid in medicine, as in all other spheres, should be opposed". "All medical workers should strive for the establishment of non-racial services, and by so doing, introduce the long overdue ethical, moral and practical standards in the practice of medicine in our country".

The bottom half of the page is a large grid of graph paper. There are some handwritten notes and markings on the grid, including the word 'SOWETAN' written vertically in the lower-left quadrant. There are also some faint, illegible markings and lines drawn across the grid.

Let doctors decide on detainees — prof

DD 19/3/81

(93)

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JOHANNESBURG — District surgeons should have a hotline to the Minister of Justice to prevent a recurrence of the Biko case, Professor S. A. Strauss, a University of South Africa law professor, told the South African international symposium on forensic medicine here yesterday.

In a hard-hitting speech on legal aspects of the medical treatment of prisoners and detainees, Prof Strauss called for:

- The review of legislation which restricted the clinical independence of state medical officers attending prisoners and detainees;

- A medical officer to have the final say and not be subject to any control by police or prison officials when treating prisoners and detainees;

- The amendment of legislation to allow at least limited access to legal representation for detainees held under security laws;

- The amendment of legislation to allow convicted prisoners to be seen by outside medical doctors.

He said medical officers who were unhappy about anything relating to the health of a prisoner should be able to appeal directly to the Minister of Justice.

The Biko affair had led to a standing order that no seriously ill detainee could be transferred from one city to another without permission from police headquarters in Pretoria.

Prof Strauss said it was wrong to interpret Section 6 of the Terrorism Act as preventing medical access to a detainee.

"The vital point is that the medical officer working in a prison context can be overruled by the Commissioner of Prisons," he said.

Section 6 prevented a detainee from taking up his common law right to

appeal to the courts if he had a grievance about a ruling by an executive officer of the state.

"I hope Parliament will find it wise to amend the legislation so at least there will be limited access to legislation," Prof Strauss said.

Dr James Gilliland, deputy Director General of Health, Welfare and Pensions, said emergency measures had already been implemented to prevent a recurrence of the Biko affair. Medical officers or district surgeons dissatisfied with the way their instructions were being carried out could report immediately to the regional director of health.

"I have a hotline to the Commissioners of Police and Prisons," Dr Gilliland said.

Prof T. Jenkins, of the Genetics Department at the University of the Witwatersrand, said there had been a suggestion that

the medical care of prisoners be cut off entirely from the Department of Prisons.

"Judicial sentence deprives a person of certain rights, but medical care is not one of them," Prof Jenkins said.

Doctors providing this care were subject to the same medical and ethical standards as applied in ordinary cases.

If a doctor did not have free access and complete clinical independence to a prisoner, he had a moral duty to object.

This problem illustrated how a doctor might have allegiance to an ethical code which could lead him into conflict with the law, Prof Jenkins said.

He warned doctors against unwittingly aiding torture of prisoners by resuscitating them for further torture, or by sharing expertise in drugs that could be used for interrogation. — DDC.

19. For a general discussion, see Charles Simkins, Unemployment, Employment, Growth in South Africa, 1961 - 1979, SALDRU Working Paper No. 4.
20. Report of the Commission of Enquiry into Matters affecting the Coloured Population group (Theron Commission Report) R.P. 38/1976, pp. 141-2.

Spotlight on Biko injuries

COM 4/3/81

Staff Reporter

THE injuries that caused the death in Security Police detention of Mr Steve Biko 3½ years ago will be discussed at the sixth South African international symposium on forensic medicine next week.

The symposium will be held from March 17 to March 20 at the College of Medicine of SA in Parktown, Johannesburg.

Among the overseas participants will be Dr Werner U Spitz of Detroit, in the United States, who will deal with subjects ranging from President John Kennedy's assassination to jogging deaths.

The programme will include papers on the medical treatment of prisoners and detainees.

Mr Biko's death from brain damage will be part of this discussion, as well as medico-legal problems cropping up in district surgeons' practice.

Other subjects for discussion are: abortion, medico-legal problems of alcohol abuse, and the relationship between doctors and lawyers in litigation.

The symposium's patron is Mr Justice W G Boshoff, Judge President of the Transvaal. The honorary president is Professor I Gordon, Emeritus Professor of Forensic Medicine at the University of Natal, Durban.

Smoking: Masa's action call

Own Correspondent

JOHANNESBURG. — The Medical Association of South Africa (Masa) yesterday called for stringent legislative action against smoking, stating categorically that cigarette smoking produced ill-effects.

In a statement, Masa said it believed there could no longer be "any equivocation" about the ill-effects resulting from cigarette smoking.

Various forms of cancer, heart disease and chronic respiratory diseases could be directly related to tobacco

consumption.

A "concerted and whole-hearted effort" was essential if future generations were to be prevented from exposure to the same risks.

About 2.5 percent of South Africa's gross national product was spent on tobacco — while only 1.3 percent was spent on health care.

Masa called for the following legislative action:

- A ban on advertising or display of cigarettes.
- All purchases should bear a clear warning that tobacco smoking damaged

health.

● Maximum permitted nicotine and tar yields as established by law should be noted on the containers.

● The discontinuation of tax relief on any tobacco promotion.

● Bans on sales of cigarettes to minors to be strictly enforced.

Doctors and other health professionals were also requested to assist and encourage education campaigns promoted by various organizations, including the Department of Health.

A health-education campaign against smoking among schoolchildren, with the

active participation of the teaching profession was required, it said.

Masa would appeal to sportsmen and entertainers to avoid being involved in promoting smoking and should never be seen smoking in public.

Insurance companies would be asked to continue the trend towards offering reduced premiums for non-smokers on life-insurance policies.

● South Africa's two major tobacco groups, Rembrandt and United Tobacco, declined yesterday to comment until they had studied the statement.

Nurses' pay rise

RDM
20/3/81

By GERALD REILLY
Pretoria Bureau

93 ~~105~~

INCREASED earnings for nurses over the past three years would amount to about 50% when the latest rises were taken into account, the Minister of Health, Dr L A P A Munnik, said from Cape Town yesterday.

The increases — still being worked on — would amount to about 12% plus an advance to the next notch, Dr Munnik said.

But Dr Munnik said he did not think this alone would lead to a dramatic improvement in the nursing shortage. He said other factors had to be taken into account including actual working conditions and the standard of accommodation provided.

The Minister said he had asked the Health Advisory Committee to investigate and identify the causes of the nursing shortage.

Medical hotline on prisoners is urged

KDM 20/3/81 93

By MARIKA SBOROS

DISTRICT surgeons should have a "hotline" to the Minister of Justice to avoid any repeat of the Biko case, a prominent legal academic said.

Professor S A Strauss, of the department of law at the University of South Africa, was addressing the sixth SA International Symposium on Forensic Medicine on legal aspects of the medical treatment of prisoners and detainees.

In a hard-hitting speech at the gathering in Parktown, Prof Strauss called for:

- A review of legislation restricting the clinical independence of State medical officers attending prisoners and detainees.
- Medical officers to have the final say on treatment of prisoners and detainees, without being subject to any control by police or prison officials.
- The amendment of legislation to allow detainees held under security laws at least limited access to legal help;
- The amendment of legislation to allow convicted prisoners to be seen by independent doctors.

He said medical officers who were unhappy about any aspect relating to the health of a prisoner should be able to appeal

directly to the Minister of Justice.

This would prevent a recurrence of the sort of problems that occurred when the black consciousness leader, Mr Steve Biko, died from brain injury while in police detention in September 1977.

The Biko affair had created an "acute awareness" of the problems district surgeons faced in the treatment of prisoners and detainees, Prof Strauss said.

While the Police Act made no provision for the medical treatment of prisoners and detainees, there were standing SA Police orders which were legally significant.

Mr Biko's death had led to a standing order which provided that no seriously-ill detainee could be transferred from one city to another without permission from police headquarters in Pretoria.

Prof Strauss said it was "undesirable" that a medical officer could not direct the removal of a sick prisoner despite the opposition of prison authorities.

It was wrong to interpret Section 6 of the Terrorism Act as preventing medical access to a detainee.

"The vital point is that the medical officer working in a



DR BENJAMIN TUCKER
... heard Biko case recalled

prison context can be overruled by the Commissioner of Prisons," he said.

This was a "defect in the law" and should be amended to give the medical officer the final say, Prof Strauss said.

Dr James Gilliland, deputy Director General of Health, Welfare and Pensions, told the

symposium emergency measures had already been implemented to prevent any repeat of the Biko affair.

He said medical officers or district surgeons who were dissatisfied with the way their instructions were being carried out could report forthwith to the Regional Director of Health.

"I have a hotline to the Commissioners of Police and Prisons," Dr Gilliland said.

One of the three Port Elizabeth doctors who treated Mr Biko while he was in police detention, before his death, Dr Benjamin Tucker, was present at the meeting.

He refused to comment on the recommendations.

Earlier, Professor T Jenkins, of the genetics department at the University of the Witwatersrand, said there had been a suggestion that the medical care of prisoners be separated entirely from control of the Department of Prisons.

"Judicial sentence deprives a person of certain rights, but medical care is not one of them," Prof Jenkins said.

Doctors providing this care were subject to the same medical and ethical standards as applied in ordinary cases.

Expert rebuts criticism of prisons plea

RDY
23/3/81
93
ASB
320

By **MARIKA SBOROS**
and **JAYNE LA MONT**

THE Prisons Department has criticised the call by a prominent legal academic for legislation giving prison medical officers the final say in the treatment of prisoners and detainees to prevent a recurrence of the Biko affair.

But yesterday Professor S A Strauss, of the department of law at the University of SA, stood by his plea.

At the International Forensic Medicine Symposium in Parktown last week, he said the step would prevent a recurrence of the sort of incident in which Mr Steve Biko died in police detention in 1977.

Then Colonel S P Malan, chief liaison officer of the Prison Service, said prison regulations did give a final say to medical officers — and that existing legislation provided amply for efficient medical care of prisoners.

"The medical officer is therefore fully in charge of the medical treatment as such, and the Prisons Service is involved insofar as the safe custody and transport of sentenced prisoners (patients) are concerned," Col Malan said.

He added that Prof Strauss was incorrect in saying a medical officer working in a prison context could be overruled by



PROF STRAUSS
... explains his stand

the Commissioner of Prisons.

However, Prof Strauss said at the weekend that he "respectfully begged to differ", and stood by his call for a review of laws restricting medical officers' clinical independence.

He said he had studied the Prisons Act and "if language has any meaning", it stated that the final say rested with the Commissioner of Prisons.

Section 77 of the Act said the commissioner had the final say in determining the "manner in which a prisoner is employed, trained and treated" in prison.

"Treatment is not restricted

in this section to medical treatment, but certainly includes it.

"Section 3 provides in mandatory terms that the commissioner is in charge of the Prisons Department, subject to the direction and control of the Minister," Prof Strauss said.

He added that Prison Regulation No 6 specifically stated that the prison medical officer or district surgeon must comply with "the provisions of the Act as well as the instructions issued by the commissioner".

The only person who could overrule a ruling made by the commissioner was the Minister of Justice, he said.

Apart from statutory provision, a prisoner may, in common law, approach the Supreme Court in highly exceptional circumstances for an order voiding a ruling by the commissioner.

"From a practical point of view this can be extremely difficult, if not impossible, in view of the fact that a detainee under the Terrorism Act is not allowed to consult a lawyer."

Prof Strauss said Section 73 of the Act provided that a prisoner may "on the authority of the commissioner" be removed to another prison or another place in the case of serious illness.

© Editorial Comment —
Page 6

4 000 operations by shuttle service

CT 24/3/77 (12) 93
Staff Reporter

A MEDICAL shuttle service operating between main centres in South Africa and Lesotho performed its 4 000th operation in Maseru on Saturday.

The service was started on the suggestion of the chairman of the Rembrandt group, Dr Anton Rupert, who undertook to finance travel and accommodation expenses of practitioners engaged in the project.

Dr Rupert told a celebration held to mark the occasion of the operation that an important milestone in medical assistance between Lesotho and South Africa had been reached.

"When the Medical Shuttle Service was introduced just 13 years ago it was an expression of our belief that in the ever-shrinking world we live in, we are all out brother's keepers," Dr Rupert said.

He praised the medical personnel who had offered their services voluntarily and free of charge.

Dr Rupert, who is an honorary industrial adviser to Leso-

tho, said he had suggested the service after some of South Africa's foremost medical specialists had written to him offering their services free of charge to help Lesotho.

Dr Rupert and the first medical team launched the service on February 3, 1968.

An orthopaedic team performed the 4 000th operation on Saturday.

278 visits

Dr Rupert said other specialists involved had included anaesthetists, ear, nose and throat specialists, dermatologists, gynaecologists and plastic and thoracic surgeons.

A total of 278 visits had taken place between 1968 and December, 1980, involving 573 specialists and 532 theatre sisters who performed 3 963 operations and gave 11 749 consultations.

The service had encouraged local doctors and nurses to further their knowledge. "Real, lasting help is that which develops self-help," Dr Rupert said.

CT
27/3/81

Certificates claim denied

Staff Reporters

ALLEGATIONS made by Langa Barracks residents on Tuesday, that doctors had been advised not to issue more medical certificates to them, have been denied by a spokesman for the Western Cape Administration Board.

Mr G Lawrence said the charge was "totally unfounded".

Many of the women who stayed at the barracks claimed that doctors at the Red Cross Hospital refused to give them medical certificate because the administration board asked them not to issue the certificate to the barracks dwellers

One of the women, Mrs Ivy Maqelesa, told the Langa Commissioner's Court on Tuesday that an administration board official, a Mr Swart, had confiscated her medical certificate and told her he was going to ask a doctor at the Red Cross Hospital not to issue a medical certificate to her.

However, Mr Lawrence said: "No administration board officials are in a position to dictate to doctors whom they should or

should not treat."

Mr Lawrence added that residents had been approached individually on two separate occasions by officials of the administration board to ascertain whether they had further medical extensions. Those who claimed they had were unable to produce the necessary certificates, he said.

He gave the assurance that any people who did have the required medical certificates and who showed them to officials at the administration board offices would be given permission to stay on in the area for the duration of their medical treatment, which would be arranged for them, and that accommodation would be organized for them during this period.

On Tuesday, some residents claimed that a man refused them entry to the barracks to fetch their possessions.

This allegation was also denied by Mr Lawrence. He said a man had been left at the entrance to the barracks and residents who wished to get their belongings would be allowed in for that purpose.

Training of black doctors slated

RUSTENBURG — Black doctors "churned out" by medical schools in South Africa were "completely useless, uneducated, wrongly motivated and impossible to re-educate," according to the Bophuthatswana Minister of Health and Social Welfare, Dr K. P. Mokhobo.

Addressing black doctors, he said the "apartheid mentality" was firmly rooted in the minds of many blacks. "Bantu" education had left "an enormous toll" and the current "directionless" medical education was "a tragedy".

He said he was looking forward to the day when a medical school was set up which addressed itself to a majority society in a realistic way — "a place of proper education, not narrow indoctrination with irrelevant medical facts."

Bophuthatswana was not responsible for its social, political and economic problems, because the Batswana had

never determined that their country be raped, plundered and confiscated.

"We did not deliberately plan resettlements, We did not create Winterveld. We did not build matchbox hovels for our people."

Bophuthatswana, "like any other post-colonial desert," was not the first independent nation left with poverty, disease and ignorance by the colonial powers.

"The only sin we are accountable for was to decide on the road to self-determination at any cost and regardless of these daunting disadvantages. However, we are paying the price with no regret," he said. — SAPA.

BOOKS

26	L.C.G. DouwesDekker	The Process of Collective Bargaining and its Implications for Industrial Relations Policies. (R0,75)
27	Marc Best	The Scarcity of Domestic Energy: A Study in Three Villages (R1,00)
28	Jonathan Myers	Asbestos and Asbestos-Related Disease in South Africa (R1,00)
29	Dudley Horner/ Alide Koooy	Conflict on South African Mines: 1972-1979 (R0,75)
30	George Ellis	The 'Quality of Life' Concept: An overall framework for assessment schemes (R2,00)
31	Don Pinnock	Telona: Some reflections on the work of a private labour recruiter (R1,00)

Farm Labour in South Africa. Francis Wilson, Alide Koooy and Delta Hendrie (eds.). David Phillip, Cape Town, 1977. (R9,00)

Economics of Health in South Africa Volume I: Perspectives on the Health System. Gill Westcott and Francis Wilson (eds.). Ravan Press, Johannesburg and David Phillip Cape Town, 1979. (R4,00)

Economics of Health in South Africa Volume II: Hunger, Work and Health. Francis Wilson and Gill Westcott (eds.). Ravan Press, Johannesburg and David Phillip, Cape Town, 1980. (R4,00)

Two measures of need might be used to assess the degree of racial equality in the distribution of these public health services. The first approach rests on need as shown by the pattern of diseases and the quantity of services available in the private sector. The second approach takes its benchmark simply from the level of services available to the most privileged group (i.e. the white population). In terms of this second standard, the level of public hospital services provided for Blacks in 1975 compared fairly favourably with that provided for Whites.

In terms of the first criterion, which is the better guide to need,

RDM 1/4/81

Doctors blamed

By CHERYL VAN EYSSSEN

TWO doctors at the J G Strydom Hospital in Johannesburg could be charged in connection with the death of a Newlands housewife who allegedly bled to death on an operating table.

Yesterday a Johannesburg Inquest Magistrate, Mr A B Joubert found that the surgeon, Dr Jeffrey E Sochen, the anaesthetist, Dr Elizabeth C Lantermans, and the hospital were criminally responsible for the death of Mrs Flora Stafylarakis.

Mrs Stafylarakis, 35, died last February 8 from excessive bleeding during a back operation.

As used above have
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costs per patient

day vary positively with the proportion of services provided to Whites:

for example, in 1969/70 costs per patient day in Natal Provincial

Hospitals predominantly for Whites were R16 per day, whereas in hospitals for Blacks costs were R6 per patient day (27). All the variation in costs between Black and White patients

- (26) An exception is the Director of Hospital Services Report for the Cape. This pattern was repeated in the Transvaal and O.F.S. In the Transvaal costs per patient day in predominantly white hospitals were R12,42; Black hospitals R6,39 and hospitals of mixed occupancy R8,27. In the O.F.S. the costs of the same categories were R19,68 R6,50 and R10,57.

Source: Report of the Director of Hospital Services, 1969, and Report of the Provincial Auditor, for the year ended 31 March 1970, for Natal, Transvaal and O.F.S.

cannot immediately be attributed to a lower quality of service. The composition of the hospital case-mix has been shown to influence the level of hospital costs (28), and higher rates of hospital utilization have been shown to result in lower unit costs (29) although this must be associated with a deterioration in the quality of service provided to patients. Additionally Black professional hospital staff have historically been subject to wage discrimination (30) which has lowered the salary and wage bill of Black hospitals relative to white hospitals and this contributes to the lower cost structure of Black hospitals.

In order to illustrate the effects of these various influences, the operating costs of two large hospitals which render broadly similar services are contrasted in Table 11. In both hospitals, salaries and wages were the largest components of costs per patient day, and were about 65 per cent of total costs. In the Black hospital, salary costs per patient were 43 per cent, the cost of provisions 37 per cent, and the cost of medical supplies 64 per cent, of the costs per patient of the same items in the white hospital. Total operating costs per patient in the Black hospital were 42 per cent lower than for the White

- (28) M.S. Feldstein, "The Effects of Case-Mix on Hospital Costs", in *Health Economics*, op.cit., pp 260-275.

(29) J.K. Mann and D.E. Yett, "Hospital Costs", in *Health Economics* op.cit. p 277-280. This result is inevitable when large components of cost such as salaries and wages are semi-fixed, and where the marginal cost of other activities such as feeding or medicines is probably constant (possibly falling!)

(30) For discussion of public sector wage discrimination in South Africa see: J.B. Knight and M.D. McGrath, "An Analysis of Wage Discrimination in South Africa", *Oxford Bulletin of Economics and Statistics* vol. 39, no. 4, November 1977.

THE DISTRIBUTION OF THE AFRICAN POPULATION OF SOUTH AFRICA¹

BY AGE, SEX AND REGION-TYPE, 1960, 1970 AND 1980

INTRODUCTION

The purpose of this study is to estimate the distribution of the African population by age and sex between the four main region-types of South Africa:

(a) Metropolitan areas, as defined in the 1970 Population Census i.e. Cape Town, East London, Kimberley, Port Elizabeth, Durban, Pietermaritzburg, East Rand, Johannesburg, West Rand, Pretoria, Vereniging/Vanderbijlpark/Sasolburg, Bloemfontein and the O F S Goldfields.

Letters on Biko case worry doctor

CAPE TOWN — The various letters on the Steve Biko case in the South African Medical Journal left a sense of unease, said a doctor in a letter published in the latest issue of the journal.

Inhumanities are everyday experiences of late, wrote Dr J. J. de Villiers of Pretoria, quoting the American hostages in Iran, the hostages at Entebbe Airport and kidnappings and murders.

These brutalities pepper the newspapers daily. "We are evidently living in a world of violence. Not so much militarily directed violence as private violence.

"One searches in vain for evidence that the perpetrators of such mental and physical brutalities evince a gleam of repentance. Rather do they glory in their inhuman deeds. The honest hard worker is a robber of the just financial reward of the loafer and the cheat. The honourable man is a fool, abnormal, a mutt to be exploited.

"Or, is the average man the abnormal one?" Dr De Villiers asked. — SAPA.

male immigration/emigration to metropolitan and other urban areas. Women in all age groups have probably emigrated, once one discounts small statistical fluctuations.

(f) An estimation of the stable population distribution corresponding to the 1975-1980 birth, death and migration rates enables one to situate observed trends in summary population statistics for 1960, 1970 and 1980, In general the system is tending to the stable state as can be seen from the drop in the proportion of men and women in the metropolitan and 'white' rural areas and the corresponding rise in the proportion of men and women in the homelands. All this suggests that the combination of incentives and disincentives and administrative controls facing Africans is having the desired effect (from the State's point of view) on the location of population.

otes:

1. Includes Transkei, Bophuthatwana and Venda throughout, unless otherwise stated.
2. Elsewhere, Nattrass deals with women migrants as well.
3. Professor Schlemmer's phrase.
4. I am grateful to Peter Wienand for computing and tabulating the 1960 Census figures in the manner mentioned.

most important boundary shift involved the placing of the area formerly regarded as part of Durban, under the jurisdiction of Kwa Zulu.

About 115 000 people were involved, (UNISA, 1979:33). The 1970 and 1980 estimates, then are not based on exactly comparable geographical areas; of quite as much importance as geography, however are the questions of *jurisdiction* ('white' areas vs. homelands) and *legal entitlements* under the Urban Areas Act (metropolitan areas and other towns making up the prescribed areas, rural areas and homelands comprising 'non-prescribed' areas). From these points of view, inclusion of people in a homeland

DD 4/9/81

Medical aid fees likely to go up

93

PRETORIA — The escalating costs of illness will force most medical aid funds to review their tariffs, according to a spokesman for the Representative Association of Medical Schemes (RAMS).

He was reacting to the increase in private hospital fees announced this week and to the expected increase in doctors' fees next month.

The registrar of medical schemes, Mr J. P. H. Steyn, said the latest increase would be the third within 18 months.

Within the last 12

months, including the current increase, the fees would have increased by more than 25 per cent.

The RAMS spokesman said the 240 schemes represented by the association would obviously have to have a close look at member contributions.

He added that the prices of medicines and drugs were continually rising.

The annual payout from the medical schemes was about R600 million. The higher hospitals fees would add three per cent to payouts.

Meanwhile the South

African Medical and Dental Council will meet in Cape Town on April 13 to consider raising fees.

Last year the council recommended an increase of 10 per cent to the Minister of Health who, however, referred the recommendation back to the council.

In November 1979 the council raised doctors' fees by 52,45 per cent despite appeals from the minister.

As a result legislation was amended to give the minister the final say in the level of doctors' and dentists' fees. — DDR.

White practice: black medics angry

C. Herald 11/4/81 93

THE go-ahead for a white doctor to practise in the Mitchells Plain Town Centre has caused rumbles of discontent among black doctors in the area.

The Group Areas Act prevents black doctors from working in white areas, but thanks to the Department of Community Development permit, the white doctor, a Dr Raad, has been allowed to take rooms at the Town Centre. In all, four doctors have now opened surgeries there, and it is expected that the Town Centre will offer facilities for about 30 doctors when complete.

Applications are being approved by the Combined Mitchells Plain Residents' Association (Compra) which gave Dr Raad the green light after he applied about a year and a half ago.

Dr Raad apparently was accepted because he had a number of patients in Mitchells Plain.

'So do we,' said a number of black doctors at present operating from

houses in Mitchells Plain.

Two of the doctors we spoke to said they had been turned down for Town Centre spots.

They also pointed out that after three years they would have to leave the houses they were using as surgeries.

Compra chairman Mr James Petersen said: 'Our intention at the time was to make selection on merit and without regard to race.'

'Dr Raad had clients in Mitchells Plain to back up his case and we felt that the community would be well-served.'

'In retrospect, I suppose there were other things we should have taken into account, and I realise that from the point of view of the black professional people — the lawyers, doctors, and so on — it's a matter of their livelihoods.'

The management of childhood malnutrition described in this paper is based on the view that it is an expression of family and social disorganisation and economic depression rather than simply or mainly a medical problem. This view, in turn, is based on experience and investigations in the Katskammahook area of the Ciskei, which is part of a rural homeland and a city hospital in East London whose patients come in about equal numbers from town and country. A list of these is appended and will be discussed at relevant places.

Heated debate on trade in medicines

ABOUT 1000 doctors in South Africa were "preparing and trading in medicines" to the disadvantage of pharmacists, the vice-president of the South African Pharmacy Board, Mr J D van Zyl, said yesterday.

In a heated debate at yesterday's meeting of the South African Medical and Dental Council's (SAMDC) in Parow, he said the Pharmacy Board objected to doctors who were compounding and dispensing tablets and medicines at a profit.

"It is clear that there is a profit factor in many of these cases. This practice is causing friction between the two professions. We believe that the dispensing of medicines belongs

to the pharmacists' profession," Mr Van Zyl said.

He told of a doctor in Port Elizabeth who had acquired an electronic device for counting tablets. "Surely this was purely for the sake of making money," Mr Van Zyl said.

Professor Guy de Klerk, chairman of the federal council of the Medical Association of South Africa (Masa), accused pharmacists of wanting doctors to be denied the right to compound and dispense medicines.

"Pharmacists will not stop their lobbying until the right of dispensing is taken away from medical practitioners," he said.

At its meeting yesterday, the SAMDC postponed a decision on the matter pending Masa's reply.

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	MN	LWA	WN
Illegitimacy rate	62%	30%	26%
Children in mother's personal care	44%	92%	90%
In mother's care but not supported by father	66%	33%	22%
Unsuitable guardians (eg senility, defect, abuse)	25%	0	2%
Mother working because father not supporting	30%	4%	5%
Abandoned by mother or mother dead	13% (9/4)	0	1% (aban.)

.../2.

	MN	LWA	WN
Fathers working as migrants in towns	86%	82%	76%
Fathers deserted	70%	26%	16%
Fathers contributing	14%	66%	71%
Average monthly amount from contributing fathers	R4-50	R11-00	R9-00

(b) Severe and almost universal poverty in all groups with most units having less than R3/person/month, which was the price of paupers rations at trading stores in the area at the time of the survey. In this respect, however, the WN group were clearly better off than the other two.

	MN	LWA	WN
R3/month/person or more	2%	16.6%	56%
Child sharing an old age pension as only means	14%	3%	0.5%
Destitute	14%	6%	2%

The extent and severity of poverty found is in keeping with findings of Maree and De Vos in this area. (Ref.1)

(c) Only in respect of the mothers' educational status were all three groups alike. It appeared that a mother's educational level was irrelevant to her child's nutrition, and even slightly more mothers of malnourished children (80%) had attended school than in the other two groups (75%). The fact that one out of four mothers of WN children were illiterate shows that good nutrition is at least compatible with the absence of formal education.

	MN	LWA	WN
% Illiterate	20%	25%	25%
% Primary school	54%	45%	42%
% Secondary school	26%	30%	33%

(d) The composition of the family unit was related to nutrition. Well-nourished children were usually the primary dependants of their fathers and lived in extended family groups, each of whose components was self-supporting and whose members shared resources of manpower and money.

Undernourished children were also usually the primary dependants of their fathers, but typically lived in nuclear family units and relied entirely on their fathers for cash and their mothers for any farming activity undertaken.

Only one in ten malnourished children lived in nuclear units and in nearly all of these the father was unemployed. 70% were living with old relatives, usually deserted by their fathers, and sometimes by both parents. These old

.../3.

Medical body rules on care of 'terrorists'

14/4/81
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CAPE TOWN — In treating wounded "terrorists" the South African Medical and Dental Council accepted the view that medical attention remained compulsory when a patient was in danger.

But the authorities had

to be notified of the circumstances surrounding the treatment of "terrorists" according to a standing rule of the council.

This was noted in a motion adopted at a meeting in Parow yesterday in

which the council declined to express an opinion on whether doctors would be indemnified from allegations of violating professional secrecy if they reported cases of gunshot wounds to the police.

"The executive committee is of the view that if the authorities consider it necessary in the interests of the country, they might consider introducing legislation regarding such reporting," the motion read.

The matter was raised by the Director of Hospital Service in Natal who referred to a query from the medical superintendent of King Edward VIII Hospital whether institution heads who disclosed cases involving gunshot wounds to the police would be indemnified by the council against allegations of violating professional secrecy.

In a letter to the council in January this year, the chairman of the federal council of the Medical Association of South Africa, Professor Guy de Klerk, said he believed it was a doctor's duty to report to the police any case in which "the common well-being was threatened by the activities of an individual".

OPTIMAL RESOURCE ALLOCATION
may be taken by groups of people, all the voting members of the community, to small sub-communities, or they may. From an ideal viewpoint all public projects should be ranked in terms of the overall objectives of the community. These objectives should be ranked in order of importance.

Public sector objectives is always people or groups of people have frequently impossible without recourse objectives is established for the community to become operative, they have to be able to become operative. This process is to become operative. This process is to become operative. This process is to become operative.

service for all medical personnel
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an illustration of the problems and conflicts that are involved, those that the overall objectives of the society have not established goals, to obtain improvements in the quantity and quality of life that, through the voting process, these objectives have been translated into the public sector goals of increasing the rate of economic development of reducing poverty levels. State policy alternatives for the achievement of these goals will be numerous and will very likely include the mix of the following programs, investment in social infrastructure (the provision of roads, services, power, hospitals), investment in agriculture, programs to develop industry, public health programs to prevent disease (such as malaria spraying and immunisation), nutritional programs, and the provision of social security programs.

The evaluation of the alternative strategies and the project mixes included in the strategies in terms of their contribution to the specified objectives of the government will be very difficult. There are many alternative ways to achieve each of the objectives, some of which are complimentary to one another, whilst others are mutually exclusive. The way in which an improvement in the quantity of life can be achieved in a particular sector is directly related to the actual level of present prosperity in the community. In low income countries the rates of infant and child mortality are extremely high and are to decrease they have very substantial effects on the average life expectancy of the community. The provision of ante-natal and post-natal clinics, together with a state programme of child care, may have a dramatic impact on the situation. However, there is a great deal of evidence accumulating in developing countries which suggests that the implementation of a wide spread nutrition programme may produce even better results than have been achieved to date by the provision of health care (5). It has also been argued that in such countries the greatest impact of all upon life expectancy and the overall quality of life probably comes neither from the provision of health care nor nutrition but may well be achieved by the implementation

(5) Alan L. Sorokin, Health Economics in Developing Countries, Lexington Books, Mass. 1976.

Objections to doctors preparing own medicines

93

to the typical medical undergraduate. Certainly my impression is that the training of both the teaching staff and also graduates of the University of Natal Medical School in this area was not particularly good and I suspect was often largely absent.

lower price than retail pharmacists, accept any "material consideration," which would reduce the price of medicines or "compete" with pharmacists.

The executive committee of the SAMDC decided at an earlier meeting to advise MASA's general secretary of its policy and said it would not define "competition" to avoid prejudicing any charge or complaint brought before the council. — Sapa.

wanting doctors to be denied the right to compound and dispense medicines.

"Pharmacists will not stop their lobbying until the right of dispensing is taken away from medical practitioners," he said.

The SA Medical and Dental Council's policy is that doctors are entitled to personally compound and dispense medicines, but not keep an open shop or pharmacy. Doctors are not allowed to purchase medicines at a

CAPE TOWN — About 1000 doctors in South Africa were "preparing and trading in medicines" to the disadvantage of pharmacists, the vice president of the South African Pharmacy Board, Mr J D van Zyl, said yesterday.

In a heated debate at a meeting of the South African Medical and Dental Council in Parow, he said the Pharmacy Board objected to doctors who were compounding and dispensing tablets and medicines at a profit.

"It is clear that there is a profit factor in many of these cases. This practice is causing friction between the two professions and we believe the dispensing of medicines belongs to the pharmacist's profession," Mr van Zyl said.

Prof. Guy de Klerk, chairman of the Federal Council of the Medical Association of South Africa, accused pharmacists of

as students they should have been given far more practical experience in the townships.

The mean estimate for the proportion of patients encountered who suffered from pellagra was a figure of one-fifth. However

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the estimate varied very widely from over one-half to under 10% of the patients, varying at least in part with the type of patients and area in which a particular doctor worked.

3. THE STUDY OF A SAMPLE OF STUDENTS FROM THE MEDICAL SCHOOL

3.1. A Brief Indication of Some Characteristics and Backgrounds of the Students Interviewed

The average age of the medical students in our random sample was 22½ years, with a tendency for the African students to be some three years older than the Indian or Coloured students. Over four-fifths were male, with most of the female students being Indian rather than African or Coloured. Two-fifths of the students were oppidani living at home with parents or relatives, — the majority of the oppidani students were in fact Indians who had parents or relatives in Durban. The majority of students were from cities. Almost two-thirds were from Durban, Pietermaritzburg, Johannesburg and Pretoria combined. The Africans came mainly from Johannesburg and Pretoria, with the Indians largely from Durban and Pietermaritzburg. Relative to the educational level of the general population of Africans and Indians, the fathers of students at the Medical School were fairly well educated. The mean educational level of the fathers of African students was Standard 7, of Indian students Standard 6, and of Coloured students Standard 8.

3.2. Motivations of Students

The reasons for which students come to Medical School are relevant to the question of how the staff of the Medical School should try best to motivate their students and socialize them into what is deemed to be the appropriate professional mould. We did not get at deep-lying motives, and so can only comment on the general responses given during the interview. Thirty-five percent of the students said that they had always wished to become a doctor, without indicating really why they had wished to become doctors. The next largest group amounting to 29% of the sample said that medicine offered the opportunity of service to humanity, or to their particular people. Linked

Doctor

denies

'discontent'

Aug 14/4/81

93

A MITCHELL'S PLAIN doctor this week dismissed reports that black doctors there were discontented with permission given to a white doctor to establish a practice.

'If it is true, their behaviour is highly unprofessional,' he said.

'They are hiding behind the iniquitous system. After all, who cares what the colour of a doctor's skin is as long as he delivers the goods?'

Several other doctors were unwilling to comment. The white doctor, a Dr N S Raad, was given permission to set up a practice in the Mitchell's Plain Town Centre by the Combined Mitchell's Plain Residents' Association (Compra) and the Depart-

ment of Community Development.

A Department spokesman said that although they would normally allow only Coloured people as tenants there, Comprá had made this a special request as the doctor had most of his patients in the area.

Comprá chairman, Mr James Petersen, said he and his committee would stand by their decision. He said they were not politically motivated and would not discriminate against anyone.

'The doctor's application was considered with two others and the decision was based on merit,' he said.

Mr Petersen added that no official complaint had been lodged with him.

'Law needed Chemists

Argno 14/4/81
93
to report
gunshot
wounds'

Medical Reporter

IF the Government wanted doctors to report patients with gunshot wounds it would have to pass a law forcing them to do so, the South African Medical and Dental Council agreed yesterday.

A council meeting resolved that the body did not wish to take a formal stand on the matter after receiving a letter from the chairman of the Federal Council of the Medical Association of South Africa, Professor Guy de Klerk.

UNREST

Professor de Klerk had suggested that in times of unrest doctors should be permitted occasionally to violate professional secrecy by reporting wounded patients to the police.

Professor de Klerk's letter was a result of a query by the Natal Director of Hospital Services, who had asked whether the council would indemnify a doctor who had acted in this way.

Argus
14/4/81
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'face unfair
trade
in drugs'

Medical Reporter

PHARMACISTS were facing 'unfair competition' from doctors who traded in drugs and medicines, the vice-president of the South African Pharmacy Board, Mr J D van Zyl, said yesterday.

Speaking at a meeting of the SA Medical and Dental Council, Mr van Zyl appealed to the council to solve the problem which had been under discussion since 1968.

Professor Guy de Klerk, chairman of the federal council of the Medical Association of South Africa, said pharmacists would not be satisfied until general practitioners could no longer dispense medicines.

Professor H A Shapiro, of the University of the Witwatersrand's department of medicine suggested that no action be taken until Masa had completed a report on the subject.

29. Miller, op. cit., pp. 3-4; Taggart, op. cit., pp. 3-82; 3-34, 10-16; Holt, op. cit., pp. 14-15; Ziskind et al, op. cit., pp. 645, 647, 654; Hunter, op. cit., pp. 975, 991; Steele, R.A., 'The Pathology of Silicosis', in Rogan, (ed.), op. cit., p. 31.
30. Miller, op. cit., p. 3; Steele, op. cit., p. 31; Ziskind et al, op. cit., pp. 647, 654; Holt, op. cit., pp. 15-16; Spencer, op. cit., v. 1, p. 382.
31. Taggart, op. cit., p. 3-82; Hunter, op. cit., p. 969.
32. Taggart, op. cit., p. 3-82; Holt, op. cit., p. 15; Hunter, op. cit., p. 991.
33. Ziskind et al, op. cit., p. 645; Miller, op. cit., p. 5.
34. Ziskind et al, op. cit., p. 645. It is 7 on the Mohs' scale, 10, the hardest, being the diamond. See Taggart op. cit., pp. 3-20, 3-82; Zim and Snaffer, op. cit., p. 18.
35. Taggart, op. cit., p. 3-35.
36. Ibid., p. 3-88; Holt, op. cit., pp. 14-15.
41. Oliver, op. cit., p. 1677.
42. Walton and Hamilton, op. cit., p. 146.
43. Spencer, op. cit., v.1, p. 380.
44. Ibid., pp. 396-399; Hunter, op. cit., pp. 980-983.
45. RMPC, evidence of Dr L. Irvine, P. 15, q. 17.
46. Orenstein, A.J.; and Webster, I.; 'Pneumoconiosis - A Review', in Transactions of the Seventh Commonwealth Mining and Metallurgical Congress, V. 1, (Johannesburg, 1961) pp. 324, 329.
47. Webster, op. cit., pp. 11-13; Ziskind et al, op. cit., p. 646; Muir, D.C.F., 'Dust Inhalation, Retention and Elimination', in Rogan, (Ed.), op. cit., p. 56; Green, G.M., Jakab, G.J., Low, R.B., and Davis, G.S., 'Defence Mechanisms of the Respiratory Membrane', American Review of Respiratory Disease, V. 115, 1977, pp. 479-508, p. 479ff.

Medical aid fees up soon

INCREASES in medical and dental fees proposed by the Medical and Dental Council this week could add as much as R7 a month to each employee's medical aid contributions, according to a spokesman for the Representative Association of Medical Aid Schemes.

This was the total amount which would be required from each member to meet the proposed tariff increases for dentists, maxillo-facial and oral surgeons, and physiotherapists, including recent hospital fee rises. The new tariffs gave maxillo-facial and oral surgeons a 15 percent increase, dentists 25 percent and physiotherapists 36 percent.

The council also reaffirmed a previously recommended 9 percent in doctor's fees which was turned down by the Minister of Health, Dr L A P A Munnik, last year.

"We opposed further increases for doctors at the tariff committee meetings, on the grounds that the last increase in 1977 was excessive and ahead of the general rise in costs. We pointed out there was no justification for further increases at this stage," the spokesman said.

48. Ziskind et al, op. cit., p. 646; Muir, D.C.F., 'Dust Inhalation, Retention and Elimination', in Rogan, (ed.), op. cit., p. 62.
49. Ziskind et al, op. cit., p. 646.
50. Muir, op. cit., p. 67.
51. Ibid., pp. 60-67 passim; Webster, op. cit., p. 56.
52. Webster, op. cit., p. 56. See also Ziskind et al, op. cit., p. 646; Green et al, op. cit., p. 80; Muir, op. cit., p. 60; and Green, G.M., 'The J. Burns Amberson Lecture - in Defense of the Lung', American Review of Respiratory Disease, V. 102, 1970, pp. 691-703, p. 694.
53. Muir, op. cit., p. 67 cf. Uimer, W.F., 'The Relationship between Dust Exposure and Chronic Bronchitis and Emphysema' in Shapiro, (ed.), op. cit., pp. 328-335.
54. Webster, op. cit., p. 56.
55. Hildick-Smith, G., 'Drilling Dust Problems', in Association of Mine Managers of the Transvaal: Papers and discussions 1939-1941 (Johannesburg, 1942), p. 295.
56. Enterline, P.E., and Jacobsen, M., 'Epidemiology', in Rogan, (ed.), op. cit., p. 364.
57. Le Roux, W.L., 'Recorded Dust Conditions and Possible New Sampling Strategies on South African Gold Mines', in Shapiro, (ed.), op. cit., p. 467.
58. Ziskind et al, op. cit., p. 646; Walton and Hamilton, op. cit., p. 152.
59. Kitto, P.H., 'South African Methods for the Assessment of Dust in Gold and Coal Mines', in Shapiro, (Ed.), op. cit., p. 457; Ziskind et al, op. cit., p. 646.
60. Ziskind et al, op. cit., pp. 646-647.
61. Walton and Hamilton, op. cit., pp. 152-154.
62. Ibid., pp. 155-159 passim, 161; Kitto, op. cit., pp. 457-458; Ziskind et al, op. cit., p. pp. 646-647; Le Roux, op. cit., p. 648; Beadle and Bradley, op. cit., p. 466.
63. Hamilton, R.J., 'The Control of Dust in Mining', in Rogan, (ed.), op. cit., p. 128.
64. Ibid., p. 129.
65. Ibid., pp. 128-133. See also Ziskind et al, op. cit., p. 661.
66. Hamilton, op. cit., pp. 133-135; Webster, op. cit., p. 59; Hunter, op. cit., pp. 1001-1002.
67. Hamilton, op. cit., p. 135; Webster, op. cit., p. 59.

MEDICARE IN A "COLOURED" TOWNSHIP - THE PATIENT'S VIEW

Introduction

Ocean View came into being in 1968 to accommodate the 10,000 coloured people living in the area south of a line between Kalk Bay and Chapman's Peak on the Cape Peninsula. At that time the coloured people lived in three distinctly different sorts of community. The largest concentration, at least half the total coloured population, lived in or very near Simon's Town. They were English speaking for the most part, the men worked in the naval dockyard or fished, the women were largely engaged in domestic work and the town, despite its cleavages on the basis of class, colour and religion, perceived itself as an integrated and friendly whole. A little distance from the town were two substantial and a few tiny settlements of coloured people living in poorer, if less crowded accommodation, rather closer to nature. Simon's Town and Fish Hoek provided employment for most of the men, but people also helped themselves by growing vegetables, keeping small stock and exploiting the natural resources of the veld for firewood, wild flowers and herbs. These communities were also predominantly English speaking and affiliated to the "English" churches (Anglican, Methodist and Roman Catholic) or to Islam. On the western side of the peninsula, mainly in the broad valley between Fish Hoek and Noordhoek, there had been an Afrikaans speaking rural community with a small complement of coloured workers. After 1945, both by natural growth and from migration from impoverished and overcrowded areas elsewhere, the population grew into two large shanty areas, occupying farms at Dassenberg and Sunnysdale. Most of the men and women worked in Fish Hoek, although some worked on the diminishing number of active farms and in the growing agribusinesses (battery chicken and milk farms). Most were Afrikaans speaking, affiliated to Afrikaans churches (N.G.S.K. or Apostolic) and very poor.

Simon's Town was served by some well established private doctors, by its own hospital and by the district surgeon who was resident in the town. In the rosy glow of hindsight, lit by still burning resentment that they were forced to leave their homes a decade ago, the former residents of Simon's Town recall their hospital as being a good one, well served by kindly and efficient professional staff. Their memories of their doctors are similar - "Dr. Alpha always had time to talk and explain - more of a friend than a doctor. He would greet you in the street".

Noordhoek was less well served. It had a clinic served by a dedicated public health nurse, a mid-wife who was kept very busy and doctors who would come from Fish Hoek and Simon's Town to treat its sick. But the journey to a doctor was not easy, nor was a hospital close at hand until the new False Bay Hospital was built at Fish Hoek and the Simon's Town Hospital closed. Whatever advantages of economy, privacy and space the former residents of the peri-urban shanties recall, and they recall many, most found the medical facilities inadequate or difficult of access despite their high regard for those who provided them.

This background is important if we are to understand the nature of medicare facilities available to the people, and the attitude of the people towards them. Medicare is a set of resources defined by its function, which is to maintain and restore the health of a community, the individuals in the community defining "health" in their own terms for the most part. As such the expectations of the community concerning the physical ups and downs of life, and the knowledge and skills existing within the community, are vital components. The people of Ocean View brought with them a fund of folk wisdom, learned from their parents and their peers, and a set of expectations about the behaviour of doctors and the operation of hospitals, as well as ideas about normal levels of discomfort to be tolerated and normal levels of well-being appropriate to different age groups.

This paper treats medicare as a set of resources to be drawn upon by members of the community in exchange for some other valued element - time, money, humiliation, or discomfort additional to that which made them seek care in the first place. It is assumed that given the knowledge available to them, the people

RDM 17/4/81
Bogus doctor is given some legal medicine

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Staff Reporter

BOGUS doctors preying on sick people's feelings and religious convictions are dangerous, a Johannesburg magistrate said yesterday when sentencing Nigel Harrison, who goes under the name "The Healer".

Harrison, 35, was fined R500, or six months in jail, for misrepresenting himself as a medical doctor, claiming he was an instrument of God and acting as a medium for spirit guides - dead doctor Bepo Guiseppo and Lee Fung Chang.

A further six months was suspended for five years.

The magistrate, Mr L Kotze, said the court abhorred the offence in which Harrison claimed to be able to treat a frail pensioner suffering from nerves and severe depression, Mrs M Dawe, of Hillbrow.

Harrison had received about R600 saving monies from her

for what he diagnosed as "twisted nerves in the head".

The court found Harrison was a confidence trickster claiming to be a neuro-surgeon.

Previously the court heard he had called on Mrs Dawe's flat with a camera which he said could take X-rays of the brain.

Harrison had also claimed he could cure any ailment known to man - including any form of cancer - for R10 plus "R2 travelling expenses".

Previously Harrison had pleaded not guilty, but yesterday changed his plea to guilty.

Earlier Harrison was sent for 30 days observation at Sterkfontein Hospital, but was released after a week.

Yesterday a report on his mental health stated he suffered from "hallucinations, delusions or foreign thoughts".

aches and pains. Avuru...
sorts of food," was another bit of advice. A diet which includes plenty of vegetables and fruit (both more plentiful when people had their own well established gardens and plots in the peri-urban shanty settlements), not too much "greasy food" or starch, and not too "strong" i.e. heavily spiced, food is a fair consensus of the popular recipe for good health. Exercise, whether in the form of hard work, as recommended by a lady who had had at least five children under the age of ten living with her for all of the past twenty years, or in a more congenial form, was also recommended. The longevity of "the old folk" meaning both those still alive and those who had lived in the past, was ascribed to the physical toughness of their lives and the absence of vehicles to carry them about. One old man ascribed his failing health to the fact that

RDM 17/4/81
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Increase in doctors' fees is on the cards

Pretoria Bureau

THE Government is certain to agree to an increase in doctors' fees, but the extent of the increase is only likely to be announced after the election, it was learnt in Pretoria yesterday.

In Cape Town earlier this week the chairman of the Federal Council of the Medical Association of South Africa, Professor J N de Klerk, claimed an increase of 14% could be justified.

However, the SA Medical and Dental Council, after a three-day meeting in Cape Town, has recommended an average 9.9% for doctors, 25% for dentists.

In an interview yesterday the Minister of Health, Dr L A P A Munnik, said he and his advisers would have a very close look at the recommendations before making any decision on the extent of increases.

In October last year Dr Munnik referred the Medical Council's recommendation for a 9% rise in fee back to the council for "additional motivation and clarification".

He said yesterday he and his advisers would scrutinise the latest submission to see whether the justification was strong enough to warrant an increase. Meanwhile Professor De

Klerk said it was hoped the Minister would deal with the recommended increase as swiftly as possible.

Any further delay in what was regarded as a reasonable and justifiable increase would lead to serious dissatisfaction among members of the medical profession.

Professor De Klerk made no mention in his statement of the 52% rise in doctors' fees authorised at the end of 1979.

He said taking into account the rise in living costs and the adjustments in salaries and tariffs of other professional groups, Masa was convinced that an immediate 14% increase could be justified.

Meanwhile a spokesman for the Representative Association of Medical Schemes (Rams) said the escalating costs of illness, including the coming hike in doctors' fees, would mean a review of medical fund subscriptions.

Last month, he pointed out, private hospital fees were raised, and according to the registrar of Medical Schemes, Mr J P H Steyn, the latest increase would be the third in 18 months.

Within the last 12 months, private hospital fees had increased by 25%.

Meanwhile a Rams spokesman in Cape Town has said that increases in medical and dental fees could add as much as R7 per month to each employee's medical aid contributions, reports the *Rand Daily Mail's Cape Town Correspondent*.

This was the total amount which would be required from each member to meet the proposed tariff increases for dentists, maxillo-facial and oral surgeons, and physiotherapists.

The new tariffs gave maxillo-facial and oral surgeons a 15% increase, dentists 25% and physiotherapists 36%.

The council also reaffirmed a previously recommended 9% increase in doctor's fees which was turned down by Dr Munnik last year.

"We opposed further increases for doctors at the tariff committee meetings on the grounds that the last increase in 1977 was excessive and ahead of the general rise in costs.

"We pointed out there was no justification for further increases at this stage," the spokesman said.

POLITICAL comment in this issue by Allister Sparks, Lin Menge and Stanley Uys, newsbills by John Leask, headlines and sub. editing by Paul Holroyd, cartoons by Bob Connolly, all of 171 Main Street Johannesburg

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Indian doctor told he must desert 32 000

Staff Reporter

THE only doctor serving 32 000 people in George's coloured area has been told that he may no longer do so, because he is an Indian.

The Department of Community Development has told the doctor, Dr Pillay, that he must leave Lavallia, the area in which he practises, because he is an Indian, and it has informed the South African Police accordingly.

Residents of Lavallia, however, object to losing the only doctor they have. A petition has been started protesting against the application of apartheid laws in a community which, they say, "rejects discrimination".

The man behind the petition

is local school teacher and chairman of the Lavallia Ratepayers' Association, Mr Gerrie Abdol. His community, he stated last week, did not care what colour their doctor's skin was.

Although still in his Lavallia rooms on Friday last week, Dr Pillay, who only recently bought the practice, declined to say what he proposed to do.

When the question of granting a permit to Dr Pillay to practise in the Coloured area first arose, the Department of Community Development referred it to George Town Council.

But without waiting for its opinion, the department has gone ahead and advised Dr Pillay that he will have to pack up and go.

Crisis in health care looms for Africa

STAR

29/4/81

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Own Correspondent

GENEVA — Africa's shortage of doctors, always severe, is now reaching crisis proportions, according to the World Health Organisation (WHO). The main reason is the migration of doctors and qualified nurses, the organisation said.

Only a few doctors from African countries who trained in the West, returned to their homes to help their own people.

While the world ratio is one doctor for every 1 237 people, the average ratio in Africa is one for 5 434.

The situation is the most desperate in East Africa, with a doctor-population ratio of 1:17 480. West Africa has a ratio of 1:14 965 and "middle" Africa, 1:15 387.

Southern Africa's ratio is 1:2 135.

Ethiopia has the greatest shortage of doctors with only one physician for every 73 043. The next-worst ratio is in Burundi, 1:45 430.

Between 1970 and 1980 the doctor shortage worsened in Zimbabwe with the ratio moving from 1:5 266 to 1:7 106.

There were 19 doctors to 100 000 people in Zimbabwe in 1970 but only 14 doctors for 100 000 in 1980.

The citizens of Western and communist nations are positively coddled when it comes to medical care.

Switzerland has the best doctor-population ratio of one doctor for every 498 people.

By region, Western Europe ranks first with a ratio of 1:528. Eastern Europe follows with 1:535, then come Southern Europe (1:552), North America (1:592), Northern Europe (1:629) and Australia and New Zealand (1:664).

Africa is easily the worst-off region, with an all-Africa ratio of 1:5 434 against the Asian ratio of 1:2 877.

CT 30/4/81

Doctors guilty of drug abuse

Staff Reporter



TWO doctors were found guilty of drug abuse at separate hearings held by disciplinary committee of the South African Medical and Dental Council in Cape Town yesterday.

They were Dr F van Anterwerpen and Dr D C Bower. Both were restricted to practice under supervision in an approved hospital or institution, required to undergo periodic psychiatric treatment, return regular reports on progress and relieved of authority to prescribe or handle drugs from Schedules 5, 6, and 7 (potentially dangerous or dependence producing medicines).

The committee's recommendations take effect immediately but will be placed before the next full meeting of the council in Pretoria on October 12 for ratification.

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Only 16 doctors in Soweto, says witness

Court Reporter

A TOWN planner, who wrote a book on Soweto, Miss Pauline Morris, told the Rand Supreme Court yesterday there were no pharmacies in Soweto and only 16 doctors.

Miss Morris was giving evidence before Mr Justice Coetsee in the case in which the West Rand Administration Board is claiming R7 081 900 from the Santam Insurance Company, following the damaging of buildings and other property in Soweto and other black areas on the West Rand during the 1976 riots.

Miss Morris, who has written a book on Soweto, and drawn up maps of the area which were handed into the court,

yesterday sketched the history and present conditions of Soweto. She described the moving of families from Sophiatown and Alexandra to Soweto. She referred to a book by Mr Kane Berman, who will also be called to give evidence in the case.

Single persons — 6 494 of them — were moved to hostels in Diepkloof and Meadowlands. They were mainly contract or migrant workers, but also people who could not get other accommodation, she said. "Single" did not necessarily mean that the person had no family, she said.

In some hostels there were a few single rooms, but mostly six to eight people shared a

dormitory, she said. Ablution blocks were few and there was a lack of privacy.

No food was provided but there were communal kitchens.

Adjacent to most hostels there were sport facilities and beer halls. There were no specially provided shops although one could usually find hawkers nearby. The hostels are of barrack-type construction.

There were no pharmacies in Soweto and only 16 doctors. There was no private clinic. There was no orphanage and old-age home, Miss Morris told the court.

There was no commercial focus to Soweto at all, she said.

The hearing continues on Monday.

Biko death still making waves in medical circles

CAPE TOWN — It was doubtful whether any subject other than the death of Mr Steve Biko gave rise to as much heated debate and Press comment, letters to editors, accusations and counter-accusations, recriminations, threats of mass resignations and other drastic actions, according to Professor J N de Klerk, chairman of the Federal Council of the Medical Association of South Africa.

In his report for 1980, released here with the SA Medical Journal, he says he firmly believes that in the majority of cases, this was inspired by an honest concern and a desire to promote the honour and interest of the medical profession and to maintain the highest possible standards of medical ethics and medical care.

"I cannot however, avoid expressing my disappointment at the manner in which by implication, the bona fides, honesty and integrity of members of the SA Medical and Dental Council and of the Federal Council of the MASA and its executive committee have been openly questioned by some.

"To my mind it cannot be regarded as reasonable and fair comment or criticism when men of honour are variously accused of political and racial bias and of other base and dishonourable motives.

"This activity exceeds all bounds of propriety and only succeeds in tarnishing the reputation of these respected bodies and also that of the medical profession as a whole, and this by implication must also reflect on those very persons who stoop to such levels."

Professor De Klerk recalls that an investigative subcommittee was appointed, consisting of prominent medical colleagues and a prominent legal person, to investigate all the circumstances surrounding the Biko case, which may have a bearing on the profession's ethical standards.

GUIDELINES

This sub-committee will report back as soon as possible so that the matter can be considered by the executive committee and Federal Council at its meeting this month.

"The proper, objective and unbiased investigation of the ethical issues which have emerged as a result of the medical care received by the late Mr Biko, and the establishment of a code of conduct to act as guidelines for

the medical practitioners responsible for the medical care of prisoners and detainees, are matters which will of necessity require careful consideration.

"The matter is too important for our profession, our association and our patients to be dealt with in a superficial or precipitate manner." — Sapa.

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CT 5/5/81

Biko case: De Klerk disappointed

3/2/81
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IT WAS doubtful whether any subject other than the death of Mr Steve Biko could have given rise to as much controversy, Professor J N de Klerk, chairman of the federal council of the Medical Association of South Africa, has said.

In his report for 1980, released in Cape Town with the SA Medical Journal, he says he firmly believes that in the majority of cases this was inspired by an honest concern and a desire to promote the honour and interest of the medical profession.

"I cannot however, avoid expressing my disappointment at the manner in which by implication, the bona fides, honesty and integrity of members of the SA Medical and Medical and Dental Council and of the federal council of Masa and its executive committee have been openly questioned by some.

Motives

"To my mind it cannot be regarded as reasonable and fair comment or criticism when men of honour are variously accused of political and racial bias and of other base and dishonourable motives.

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port back as soon as possible so that the matter can be considered by the executive committee and federal council at its meeting this month.

Professor De Klerk also highlighted in his report that the most serious problem the medical association had to be prepared to face was a possible move by some members of the profession to form an association of their own.

This was the one problem most likely to weaken Masa's ability to make its voice heard at government level, he said.

Discussing "The national medico-political scene," he said it appeared there was talk among some academics of forming an association or society of their own.

The need for a new body was felt because of the reputed inability of Masa to actively promote and protect the ethical standards of the profession, particularly in the way in which it failed to oppose the decision of the SA Medical and Dental Council on the matters surrounding the Biko case.

Black doctor

It was also alleged that Masa was unable to protect the interests of the black doctor, in spite of its struggle for more than a decade against discrimination on the basis of colour in salary structures and despite its active role at the time that black students were to be phased out of the Natal Medical School.

Professor De Klerk also said in his report that there was every reason to believe that the Medical Association of South Africa's application for readmission to the World Medical Association would be formally approved at the World Medical Assembly in Lisbon in September. — Sapa

Death of Biko: prof's plea

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9/5/81

Staff Reporter

A UNIVERSITY of Cape Town cardiologist has asked the South African Medical Journal to condemn "the truly depressing sequence of events" that surrounded the death of Steve Biko "and thereby put some moral muscle back into the official face of the profession in South Africa".

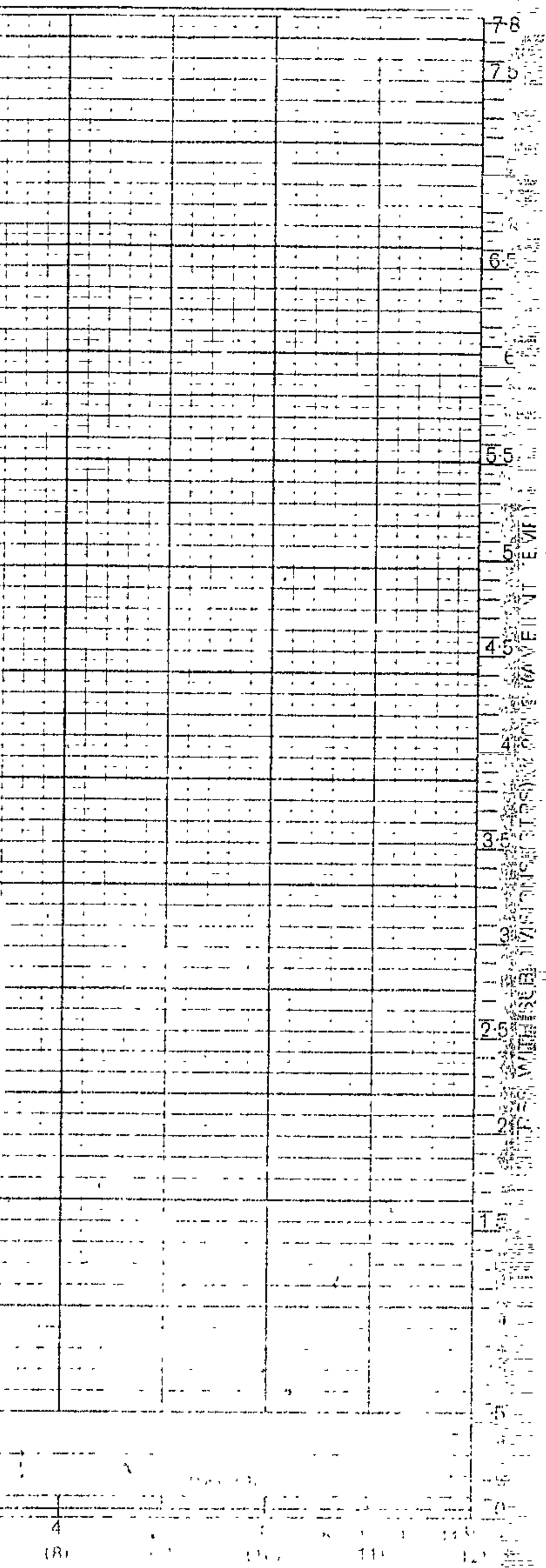
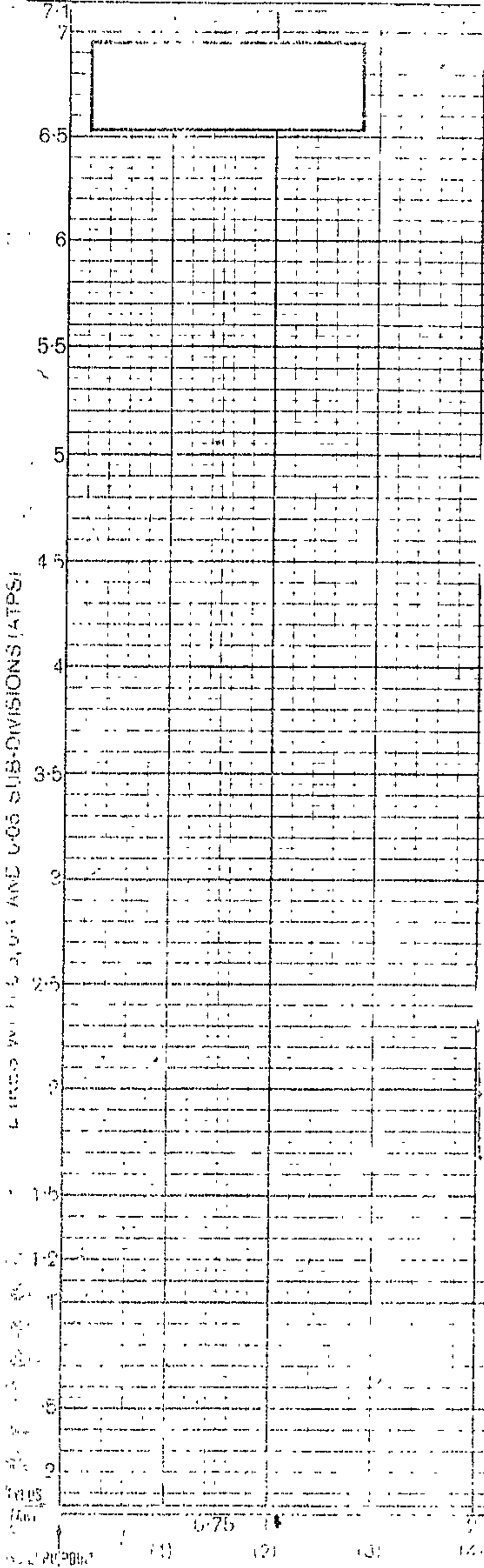
In a letter to the editor, published in the latest issue of the journal, Professor L H Opie said the Biko situation had two aspects: the "narrowly legalistic" and the "moral".

It was the moral aspect which caused most concern.

The letter said: "A man could suffer a severe head injury, show other signs of injury, and then be transported in the back of a Land-Rover from Port Elizabeth to die in Pretoria instead of being cared for throughout in a specialised neurosurgical or intensive care unit.

"But these events were, or should be, in total conflict with South African standards of medical ethics and therefore with the ethics of the Medical Association of South Africa, which presumably did not depend for its guidance on the narrow legal interpretation that the SA Medical and Dental Council needed to take.

"The above shocking events have not called forth the expected condemnation from the Masa or from the journal, which is the official organ of the association," Prof Opie said.



Biko: Masa stand slammed

Ayudo 9/5/81

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A UNIVERSITY of Cape Town medical professor has criticised the Medical Association of South Africa (Masa) and its South African Medical Journal for not condemning the 'truly appalling situation' surrounding the death of black consciousness leader Steve Biko.

In a letter to the journal, Professor L. H. Opie of UCT's department of medicine also calls on the publication to remove the impression that it is against publishing letters critical of Masa's stand on the Biko affair.

Professor Opie writes that the moral aspect of the Biko case gave most cause for concern.

'A man can suffer a severe head injury... and then be transported in the back of a Land-Rover from Port Elizabeth to Pretoria, there to die, instead of being cared for throughout in a special neurosurgical or intensive care unit.

These events are (or should be) in total con-

flict with our standards of medical ethics, and therefore with the ethics of Masa, which presumably does not depend for its guidance on the narrow legal interpretation that the South African Medical and Dental Council needs to take.

Professor Opie says the 'shocking events' had, however, not called forth the expected condemnation from Masa or the journal.

'I should be much happier if the journal were to condemn, on human and humane grounds, the

truly depressing sequence of events that occurred and thereby put some moral muscle back into the official face of the profession in South Africa.'

Professor Opie says his last letter to the journal on the issue and those of other prominent members of the medical profession had not been published.

'You should remove the impression (probably incorrectly given) that you are averse to publishing letters which are unfavourable to the Masa's attitude on the Biko affair.'



Professor L. H. Opie

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AGAINST BIKO SCANDAL!

^{S. Tribune 10/5/81}
Cape professor slams South African Medical Journal

Tribune Reporter

THE South African Medical Journal has been sharply criticised by a top University of Cape Town medic for its role in the controversy surrounding the death in detention of Steve Biko.

In a letter in the latest issue of the journal — organ of the Medical Association of SA (MASA) — Professor Lionel Opie of the Department of Medicine says the journal should condemn "on human and humane grounds, the truly depressing sequence of events that occurred and thereby put some moral muscle

back into the official face of the profession in South Africa."

Professor Opie — one of the country's most respected medical researchers — says a recent editorial in the journal defending its editorial stance "neatly skirts around the fundamental issues of the Biko case."

He writes: "The truly appalling situation surrounding the death of Biko has too aspects — the narrowly legalistic and the moral. It is the latter

aspect that give most cause for concern.

"A man can suffer a severe head injury, have a positive Babinski reflex, (which suggests damage to the nervous system) and then be transported in the back of a Landrover from Port Elizabeth to Pretoria, there to die, instead of being cared for throughout in a specialised neurosurgical or intensive care unit.

"Quite simply, these events are (or should be) in total conflict with our standards of medical

ethics, and therefore with the ethics of the Medical Association of South Africa, which presumably does not depend for its guidance on the narrow legal interpretation that the South African Medical and Dental Council needs to take.

"The above shocking events have not called forth the expected condemnation from the MASA or from the journal, which is the official organ of the association.

"It is therefore not surprising that one of your unnamed correspondents (referred to in the

editorial) finds that a real moral predicament is raised.

"Why support a journal that cannot give a simple, clear condemnation of the unsavoury aspects of the Biko incident?"

"Why must we leave the Lancet, alone among medical journals, to give editorial leadership in the Biko issue?"

Professor Opie says he will go on submitting scientific and clinical articles to the journal simply because it is the only journal which reaches so many medical practitioners in South Africa.

Biko death:

Prof raps

medical

profession

12/3/78
CAPE TOWN — South Africa's medical profession had "come off very badly" on the moral issues surrounding the death in detention of Black Consciousness leader, Steve Biko, Professor Lionel Opie of the University of Cape Town Department of Medicine, said yesterday.

"I take the view that there are really two issues in the Biko case — the legal and the moral. It is the Medical and Dental Council's duty to examine the narrow legal implications, and they found that they could not condemn the three Biko doctors on strictly legal grounds. But we as doctors need to take a stand on the moral issues," he said.

In a recent letter to the South African Medical Journal, Professor Opie attacked the Medical Association of South Africa (MASA) and its journal for not "taking a stand" on the moral aspects of Mr Biko's death in Security Police custody in September 1977.

"Here we have a man who suffered a serious head injury being transported in the back of a vehicle from Port Elizabeth to Pretoria, to die there instead of being cared for throughout in a special neurosurgical or Intensive Care Unit. Masa and the journal should condemn this shocking disregard of moral and ethical questions in the treatment of Mr Biko," he said.

CONFLICT

In his letter to the journal, Professor Opie said events leading up to Mr Biko's death "are (or should be) in total conflict with our standards of medical ethics and therefore with the ethics of the Medical Association of South Africa, which presumably does not depend for its guidance on the narrow legal interpretation that the South African Medical and Dental Council needs to take."

Yet neither Masa nor the journal had condemned

"I should be much happier if the journal were to condemn, on human and humane grounds, the truly depressing sequence of events that occurred and thereby put some moral muscle back into the official face of the profession in South Africa," Professor Opie said. — Sapa.

Prof: They're trying to drive a wedge between doctors

93 SIMK
14/9/81

Medical Correspondent

Certain organisations were trying to drive a wedge between black and white doctors, Professor J N de Klerk, chairman of the federal council of the Medical Association of SA (Masa) said yesterday.

At a Press conference in Pretoria Professor de Klerk said: "The ongoing programme aimed at division is highly undesirable."

He did not name the organisations.

The federal council of Masa is meeting in Pretoria this week to discuss a wide variety of topics of importance to medical care in South Africa.

Professor de Klerk had been asked to comment on a statement by Professor Lionel Opie, of the University of Cape Town, that South Africa's medical profession had "come

off very badly" on the moral issues surrounding the death in detention of black consciousness leader Mr Steve Biko.

Professor de Klerk said: "I have sympathy with the doctors who have shown concern.

"I do not know of a single member of Masa or the CSA Medical and Dental Council who has not been motivated to do the right thing (regarding the Biko matter)."

Masa was intensely concerned with ethical standards and had appointed a committee to investigate ethical problems created by the treatment of Mr Biko.

This committee would make recommendations to the council.

"The purpose of the investigation is to see to it that a similar case does not happen again.

"We are not making a re-examination of the case," he said.

On medical fees Professor de Klerk said the matter was in the hands of the Minister of Health Dr Munnik.

"He will decide whether fees will be increased by 9,9 percent," he said.

Last year Dr Munnik refused to grant doctors a tariff increase of 9,9 percent but the SA Medical and Dental Council's tariff committee (medical) recently reaffirmed its previous recommendation.

By MARIKA SBOROS

THE ethical conduct of the three Biko doctors will again come under scrutiny — by a commission which began an inquiry this week into the black consciousness leader's death in police detention in September 1977.

Professor Guy de Klerk, chairman of the Federal Council of the Medical Association of South Africa, this week announced the appointment of a commission of inquiry into ethical issues arising from Mr Steve Biko's death.

The inquiry will be held in camera, but the findings will be made public.

Prof De Klerk said the commission members' names would be announced shortly, adding that the inquiry was not a new investigation of the Biko affair, but a "commission which will investigate all aspects, including legislation to prevent a similar incident occurring".

Only one of the three Port Elizabeth doctors who treated Mr Biko before his death from brain injury and kidney failure — Dr Colin Hersch — has said he is prepared to testify before the commission.

Dr Benjamin Tucker and Dr Ivor Lang have refused to say whether they will testify.

The commission was instituted after more than three years of serious division in the medical profession over the doctors' conduct.

At the inquest in 1977, the magistrate decided there was a prima facie case of improper and disgraceful conduct, and

Another inquiry into Biko's death

RDM

15/5/81

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referred parts of the inquest record to the South African Medical and Dental Council (SAMDC), after it was revealed that

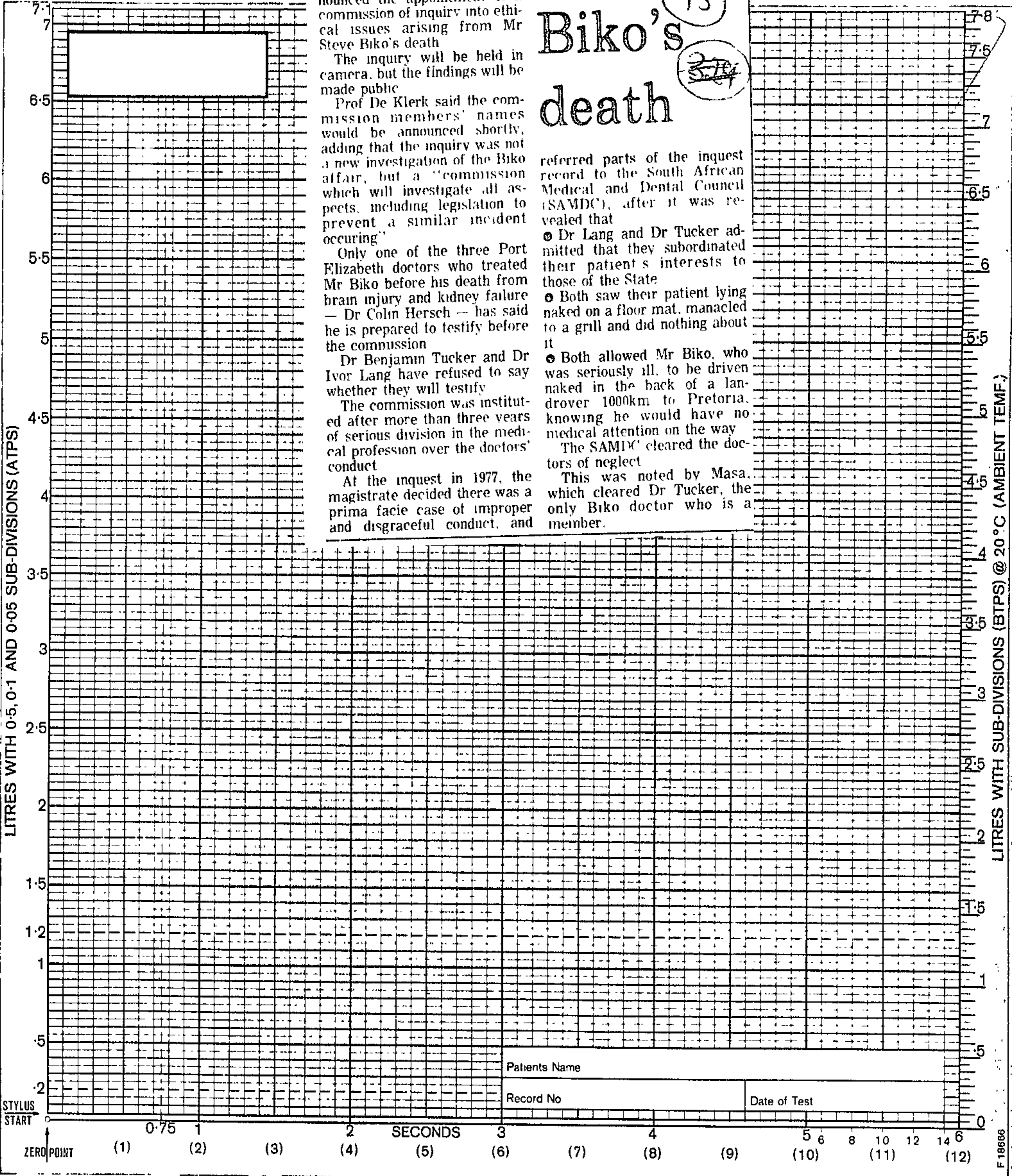
• Dr Lang and Dr Tucker admitted that they subordinated their patient's interests to those of the State

• Both saw their patient lying naked on a floor mat, manacled to a grill and did nothing about it

• Both allowed Mr Biko, who was seriously ill, to be driven naked in the back of a land-rover 1000km to Pretoria, knowing he would have no medical attention on the way

The SAMDC cleared the doctors of neglect

This was noted by Masa, which cleared Dr Tucker, the only Biko doctor who is a member.



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Biko doctors silent on new probe

Staff Reporter

TWO of the Biko doctors, Dr Ivor Lang and Dr Benjamin Tucker, yesterday refused to say whether they would testify before a commission of inquiry into ethical issues arising from the black consciousness leader's death in police detention in 1977.

The third Biko doctor, Dr Colin Hersch, has said he is prepared to testify.

The commission, which began looking into the Biko affair this week, was instituted by the Medical Association of South Africa (Masa) after pressure from the medical profession.

The names of the commissioners will be released shortly.

Yesterday Dr Lang said he knew nothing about the commission, and refused to say whether he would be prepared to testify.

Dr Benjamin Tucker also refused to say whether he would testify.

Mr Biko died from head injuries and kidney damage while in police detention in September 1977.

His death caused an international outcry and led to divisions within the South African medical profession over the issue of the conduct of the three Port Elizabeth doctors who treated Mr Biko before his death.

At an inquest into Mr Biko's death, both Dr Tucker and Dr Lang admitted subordinating their patient's interests to those of the State.

Atlantis has 2 doctors, 5 sisters

CT 21/5/81

93 95

Staff Reporter

TWO doctors and five nursing sisters were catering for the medical needs of a 30 000 population in Atlantis, the chairman of the Atlantis action committee, Mr Jeff Leonard, said this week at a ratepayers' meeting.

The meeting which was held in the Avondale civic centre in Atlantis was called to discuss medical, police, electricity and water services and several other problems facing residents since they moved to the town.

Speaking to a crowd of more than 600 ratepayers, Mr Leonard said the fact that they had to pay one cent more for their bread was political. But Mr Leonard said he did not want to talk politics at the meeting.

"All that we want is to be treated as people," Mr Leonard said.

Mr A J van Aswegen, a member of the action committee, said Atlantis had two doctors who only worked a five-day week.

Mr Van Aswegen said there were only five nursing sisters to serve the whole population in Atlantis.

Repeating to Mr Van Aswegen's charges, Mr Leonard said Atlantis must be the only place in South Africa where nursing sisters prescribed medicine for patients.

He said it was regular practice for the nursing sisters, who were heavily overworked, to use their own discretion to issue prescribed medicine. This had come about because of the shortage of doctors, he said.

Quoting soaring crime figures in Atlantis, he said that every year since the police station opened in 1977 the crime rate had climbed.

"This government finds the money to bring ships from the Republic of China on government expense, for what in my opinion is a white test val, and yet they can't pay our policemen the money to look after us," Mr Leonard said.

Mr Leonard said the government could find money to bring Taiwanese soldiers to South Africa at a cost of millions of rands yet could not pay Atlantis policemen proper salaries.

Equal pay call

Factory workers in Atlantis should be paid the same wages as in Cape Town and not the Boland, Mr Leonard said to loud cheering from the packed civic hall.

Another member of the action committee, Mr Andrew Lottering, said something had to be done about the R2.50 a month service charge on electricity bills in the town.

He said ratepayers were receiving their bills late and they had to pay interest on their accounts.

Mr Lottering said Atlantis had to pay the same price for water as Mitchell's Plain yet their water was hard and brackish.

He said a survey had shown that the alkalinity and salinity of the water in Atlantis was

Atlantis water but residents were paying the most for their water.

A pensioner at the meeting told the committee that his lights were often cut off because he received his pension on the 19th of the month and the electricity bill came on the 5th.

... projects of ... in an environment of under- or un- development. A certain amount of experience of wider systems seems necessary ... people can be able to perceive the benefits of a ... in production and also be able to participate in it effectively.

Ed and Brett writes of Tanzania that the ideal is that the organizational structure of their units be internally democratic ... that the role of consciousness of the people must correspond to the organizational requirements; if it does not, ... will not be able to carry out a complex task involved in ... production with modern machinery. (C) He then cites however backward areas have been chosen as growth points and that due to the low level of consciousness in those areas, there is a danger of the new machinery being abandoned for the units. ... by the entrepreneur class ... the dependence mentality that is likely to engender. (C) ... and ...

Bara doc charged with man's death

A CRITICALLY injured man died after being refused admission to Baragwanath Hospital because he had been wrongfully transferred from another hospital, a Johannesburg regional court was told yesterday.

Dr Abraham Klein has pleaded not guilty to a charge of culpable homicide, after being accused of causing the death of Mr John Maredi by refusing to admit him to the Baragwanath casualty department on May 1, 1979.

Dr J P Drotskie told the magistrate, Mr G Steyn, he had admitted Mr Maredi with a stab wound to his neck to the Far East Rand Hospital at about 9 pm that day.

PATIENT

After examining him, he realised he needed specialist surgery. As the Far East Hospital did not have the necessary facilities, he had decided to transfer him to Baragwanath Hospital, he said.

It would have taken him at least two hours to request blood from the Boksburg/Benoni Hospital. Transferring the patient would have been faster, Dr Drotskie said.

After filling out the necessary forms he had sent the patient by ambulance to Baragwanath.

At about 1 am, he had received a telephone call from Dr Klein at Baragwanath, who allegedly told him that the transfer had been wrongly done.

PROCEDURE

to set up small co-ops. At Keskamathoek in the Ciskei, for example, women who had left a sewing "home industry" because they did not like their conditions of employment, were keen to set up a sewing co-operative and were confident that they would earn more for their time through the co-op. Other women, however, who had not been involved in the Home Industry would not accept the idea at all. After a leatherwork factory had been closed down, ex-workers and wives of ex-workers decided to start producing some leather goods co-operatively. (Before the factory

93
Sachs
2/1/79

Carl Wadstrand writes that in Tanzania ... the most success-

The correct procedure would have been to consult the hospital superintendent and the professor of surgery before transferring the patient, Dr Klein is alleged to have said.

"I am not interested in the matter anymore, I am sending the patient back," Dr Klein is alleged to have said.

Cross-examined by the prosecutor, Mr J Pretorius, Dr Drotskie said "the condition of the patient was too critical for me to be phoning around".

He said he realised that he might have transferred the patient wrongly, but he had done it in the same way several times before.

The case continues.

... the two groups lived in urban ... was thus acquainted ... English, and able ... They were an Group 1. Group ... competitive ... of a co-op ... length with

had been set up, the initiators had been interested in establishing it as a co-operative, but people of the area had not liked the idea. ... who is involved with 2 small sewing groups in

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KWAZULU HEALTH
Permit problems

FM 29/5/81

The KwaZulu Ministry of Health believes obstruction from Pretoria is aggravating the homeland's chronic health problems. Foreign doctors who apply to work in KwaZulu wait up to a year for their applications to be processed by Pretoria, and SA doctors wait up to six months. Dr Dennis Madide, KwaZulu's Minister of Health and Pensions, says: "By the time applications are processed many doctors are no longer willing to work here. Last week six American doctors who ap-

plied for permits a year ago wrote to say they no longer wanted to come. Pretoria has given us no reasonable explanation for the delays."

KwaZulu has critical health problems and the chronic shortage of doctors is creating even more serious difficulties. KwaZulu has a population of 6m (although 50% work in "white areas") but has only 28 hospitals with an average of 300 beds each. All hospitals need more doctors. For example, the Ceza hospital — a 350-bedder — the Appelsbosch hospital, and the Catherine Booth hospital have to function without doctors at all.

According to Madide, "the SA army seconds some doctors to us but they are only at the hospital for three months at a time, so we have no stable medical contingent. We have successfully recruited doctors from Germany, the United States, England and Sweden, but protracted negotiations with Pretoria now hamper us severely."

KwaZulu has a doctor/patient ratio of 1:44 000 and the infant mortality rate between birth and five years of age is between 46%-50%. Between birth and one year it is 112/1 000 live births and in remote areas reaches 208/1 000 live births. This compares with 10/1 000 live births for whites.

Madide says Minister of Health Lapa Munnik and Deputy Minister of Co-operation and Development George Morrison, who visited KwaZulu last year, are aware of the problem.

"I think the SA authorities are insensitive and lack sympathy. If a need is proven to be urgent, as is ours, red-tape should be cut to save lives. Our health budget is also inadequate. This year we were allocated R110m, but more than half of that goes on old-age pensions, leaving only about R50m for health services — the same budget as that of Groote Schuur hospital alone.

Remote rural areas

"We also need clinics for people in remote rural areas. At present people have to travel 100 km for medical attention. We need 250 clinics which would cost R50 000 each. But it would take us 10 years to build these in terms of our current programme and rapid population growth will nullify these efforts. There is no way in which our budget can realistically cover needs."

The FM was unable to get official SA government comment on Madide's complaints before it went to press. However, Government comment on Madide's application process could be a lengthy one because up to three departments could be involved: the Ministries of Health, Co-operation and Development and Internal Affairs. In addition, the SA Medical and Dental Council has also to be consulted about doctors' credentials, sources said.

Surely the red tape should be cut"

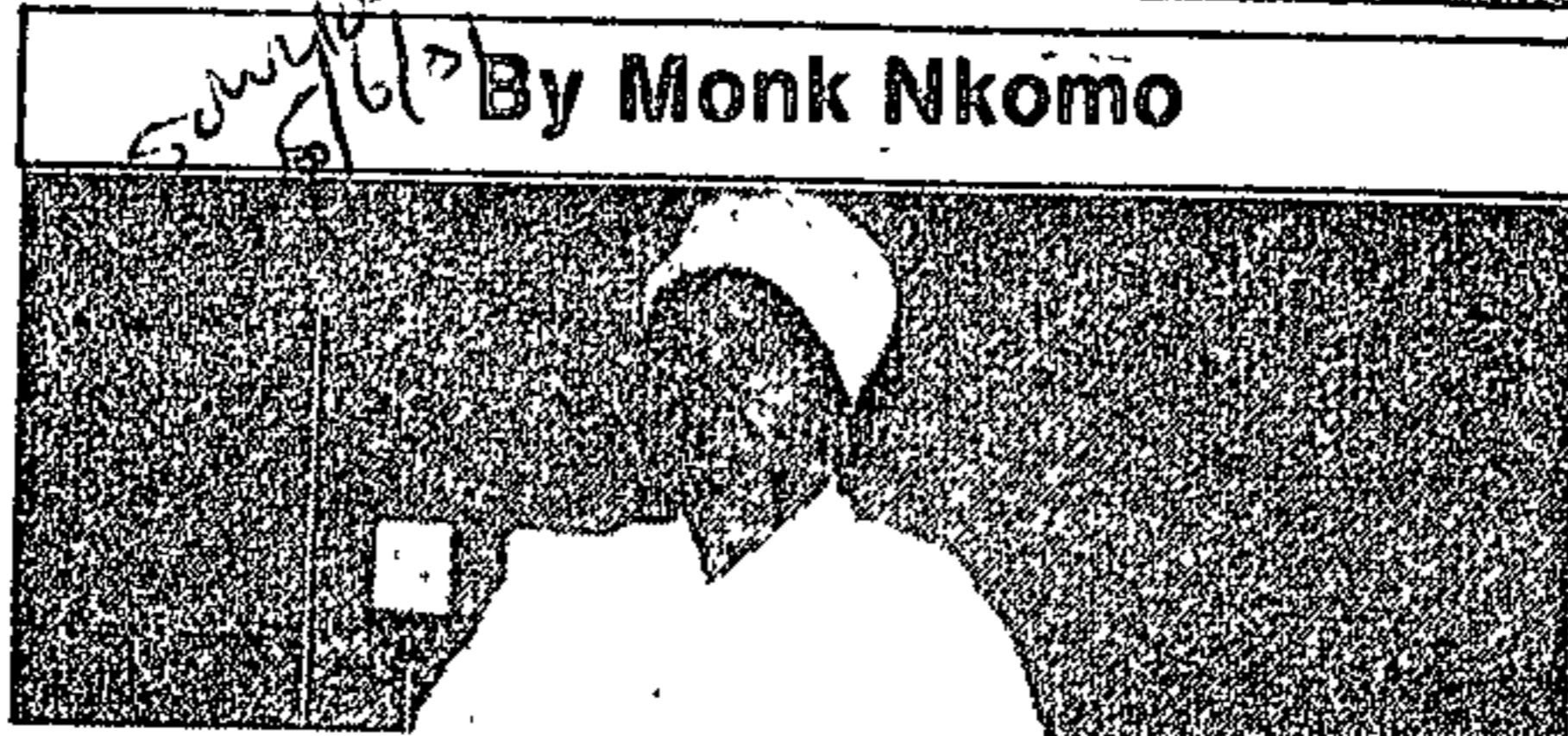
Critical shortage of doctors at the Mamelodi Day Hospital

By MONK NKOMO
THE recently opened Mamelodi Day Hospital has a doctor shortage.

This was confirmed yesterday by Dr I T Kapp, deputy superintendent at Kalafong Hospital, Atteridgeville, following complaints from a number of Mamelodi residents who claimed that the hospital was rendering insufficient services due to the shortage of doctors.

Dr Kapp said: "The number of doctors will be increased soon because of the unexpected and terribly increased number of patients at the hospital. We could not have a lot of doctors when we started because we wanted to see what the response would be. Otherwise the doctors are very few."

A hospital spokesman said there were five doctors and 89 nurses at the hospi-



Sister Mittah Matlala in the Mamelodi Day Hospital.

tal with a ratio of 40 patients to every single doctor.

Mrs Angie Monare told SOWETAN yesterday that she went to the new hospital on Thursday morning last week with a stomach pain. "I waited for about six hours without a doctor attending to me. The place was overflowing with patients awaiting to be examined. The pain was excruciating and I left to

consult a private doctor," she said.

Dr Kapp however promised that the hospital would improve soon and that the patients should have the patience to wait until examined by the doctors. "There are always

teething problems when a new hospital gets into operation," she said.

Mr Paul Nakedi said: "After waiting for long

hours at the hospital without being treated, I travelled to Kalafong Hospital where I was referred back to the Day Hospital. Instead I went to Ga-Rankuwa Hospital for treatment. The authorities should increase the number of doctors before any chaos erupts."

The hospital is administered as part of the Kalafong Hospital and has two wards sharing 30 beds each. The wards cater for short-term and maternity cases. The short-term stay ward is opened from 7 45 am to 6 pm while the maternity ward operates 24 hours a day.

The hospital has treated more than 2000 patients since it was opened last month. At least 70 babies were delivered and eight patients had undergone operations.

July 1977

Top advocate in Biko death probe

14/3/77

By MARIKA SBOROS

A TOP South African advocate, Mr Issy Maisels, SC, confirmed yesterday that he was a member of a commission inquiring into the death in police detention of black consciousness leader, Mr Steve Biko.

Mr Maisels and Professor Jan van Rooyen, former rector of the University of Stellenbosch, are conducting a closed inquiry into ethical issues arising from Mr Biko's death from brain injury and kidney failure while in police detention in 1977.

Their findings will be made public.

The inquiry was instituted by the Medical Association of South Africa in response to pressure from members of the medical profession who were shocked when the three Port Elizabeth doctors who treated Mr Biko before his death were cleared of improper and disgraceful conduct.

The doctors are Dr Benjamin Tucker, Dr Ivor Lang and Dr Colin Hersch.

Dr Tucker and Dr Lang admitted in open court that they had subordinated Mr Biko's interests to the State's.

Dr Hersch has said he is prepared to testify before the commission.

Both Dr Tucker and Dr Lang have refused to say whether they would be prepared to testify.

Yesterday Mr Maisels said he had been appointed to make a confidential report to Masa and could not comment on any aspect of his investigations.

Professor Guy de Klerk, chairman of Masa's federal ethical committee, said the full report would be made to him and he would authorise that its contents be made public.

He was responding to suggestions that the inquiry was not open as Masa had promised last year.

"The full report will be made public and it will include how the findings were reached," Prof De Klerk said.

POLITICAL comment in this issue by Tertius Myburgh John Ryan Lin Menge newsbits by Peter Bunkell, headlines and sub editing by Paul Holroyd cartoons by Bob Connolly all of 171 Main Street Johannesburg

9,9 pc medical fee increase likely

Argus Correspondent

PRETORIA. — An increase of 9,9 percent in the medical tariff appears imminent although the Minister of Health, Welfare and Pensions, Dr L A P A Munnik, has not yet endorsed it.

The Medical Association of South Africa (Masa) will present its case for the increase and the impact it is expected to have on medical costs at a press conference on Monday in Pretoria.

The minister previously refused to approve the increase and referred Masa's request to the SA Medical and Dental Council, who have subsequently again recommended that

the Minister approve the Masa tariff request.

An informed source within medical aid circles said the major objection to the present request for a tariff increase was that 9,9 percent was excessive after the average 52 percent increases in November 1979.

According to the source, it is highly unlikely that the Minister will reject the request this time. He suggested that the previous refusal was possibly made in order not to antagonise voters before the general election.

If the increases are approved, it appears likely that members of smaller medical aid schemes face inevitable increase in membership fees.

- (1) Plot this demand curve as accurately as possible, preferably using graph paper.
- (2) Now suppose that over a period of ten successive years the annual "crop" amounted to outputs of 80, 60, 70, 40, 50, 80, 60, 50, 40, and 70 million bushels respectively. Calculate and tabulate the gross value of the crop in each of these years, if the demand curve scheduled above was the demand curve of each of the ten years.
- (3) Calculate the average annual gross value of the crop over the ten years, and the output and price which would yield this value.
- (4) Construct a schedule showing what price would have to be received for each of the outputs in the demand schedule in order to make the gross value of the crop in each year equal to the average annual gross value. Plot this schedule on the same paper as the demand curve. (It will be a curve of unit elasticity).
- (5) From the demand curve find the total amount which must be offered on the market in order to fetch the prices discovered in part (4). From these amounts make a schedule showing how much the government would have to buy or sell for each total output.
- (6) Draw up a schedule showing how much the government would have to buy or sell in each of the ten successive years of part (2). Would the government have to sell a total greater than the amount it would have to buy over the ten years? Does the answer mean that impossible?

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Doctors prescribe fees rise

11/6/81
9/3

Own Correspondent

An increase of 9.9 percent in medical tariffs appears imminent although the Minister of Health, Welfare and Pensions, Dr Munnik, has not yet given his approval.

Name and Address:
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The Medical Association of South Africa (Masa) will present its case for the increase and discuss the impact it would have on medical costs at a Press conference on Monday in Pretoria.

The Minister previously refused to approve the increase and referred Masa's request to the SA Medical and Dental Council. The council has recommended that the Minister approve the request.

An informed source within medical aid circles said that the major objection to the present request for an increase was that 9.9 percent was considered excessive after the average 52 percent increase in November 1979.

The source said it was unlikely that the Minister would reject the request this time as the previous refusal was possibly aimed at not antagonising voters before the general election.

If the request is approved it appears likely that members of smaller medical aid schemes face inevitable increases in membership fees.

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Doctors, Munnik set for fees clash

11/6/21
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By GERALD REILLY, Pretoria Bureau
THE Minister of Health, Dr L A P A Munnik, and the Medical Association of South Africa (Masa) are heading for a clash over the issue of increased doctors' fees.

The Medical Association announced this week that it had called a Press conference in Pretoria next Monday to explain the justification for the 10% fee increase it had asked for.

Masa is known to be impatient with the length of time the Minister has taken to respond to the recommendation by the South African Medical and Dental Council for the higher fees.

Yesterday Dr Munnik said in an interview that he found it "very strange" that Masa had called the Press conference "while I am still studying the medical council's recommendation".

The medical council letter reached him in Cape Town on May 25. Soon after he had to leave for the Republic Festival in Durban. This was followed by a four-day trip to the border with the rest of the Cabinet.

He gave the letter his immediate attention on his return to Cape Town. It included an economist's "complicated justification" for the fee increase.

He had received the economist's comments to his own economic advisers for their comment. Until he received that he could make no decision on the council's application.

Towards the end of last year the medical council submitted its fee rise recommendation to Dr Munnik. Dr Munnik sent it back to the council and asked for further justification.

After a meeting in Cape Town in early April the medical council re-submitted its claim unaltered, asking for an increase of 9.9% for doctors and 25% for dentists.

At the time the president of Masa, Professor Guy de Klerk, said an increase of 14% could have been justified.

Doctors were last granted fee increases in October 1979 — a huge 52%, which the medical council and medical association refused to reduce in spite of appeals from the Minister.

FOOTNOTE: At that time the medical council had full autonomy to set fees. Legislation was passed last year to give the Minister a final say on fees.

Biko: Probe into ethical issues

42.

Medical Reporter
 A TWO-MAN commission has begun inquiries into the ethical issues arising from the death in detention of Mr Steve Biko amid criticism that it is unlikely to achieve anything constructive.

The commission, consisting of the former Rector of Stellenbosch University, Professor J N de Villiers, and leading South African advocate Mr I Maisels, SC, was instituted by the Medical Association of South Africa (Masa).

However, the commission did not intend to reopen the investigation into the conduct of the three Port Elizabeth doctors

who had treated Mr Biko, a spokesman for Masa's public relations company emphasised yesterday.

The three doctors, Dr Benjamin Tucker, Dr Ivor Lang and Dr Colin Hersch, were cleared of disgraceful or improper conduct by a preliminary investigating committee of the SA Medical and Dental Council in April last year.

The present commission was investigating the ethical issues arising from Mr Biko's death from brain injury and kidney failure while in police detention in 1977, the spokesman said.

It had already begun going through documenta-

tion relating to the case and would submit its findings to Masa's federal ethical committee and federal executive. After that the results would be made public.

Meanwhile, critics of Masa's handling of the Biko case have dismissed the commission as being of little consequence.

'I don't think it will be able to achieve much,' Professor Frances Ames, head of the University of Cape Town's department of neurology, said yesterday.

'The difficulty is that the inquiry does not have the status of a court of law and therefore it can-

not subpoena witnesses,' she said.

'Also, the breadth of the inquiry will be limited because witnesses might be afraid of subsequent litigation.'

Professor P Tobias, dean of the University of the Witwatersrand's medical faculty, said it was his faculty's view that 'little' could come of the inquiry.

'While I am gratified to note that an inquiry is under way, I regret that it is not being held in public' he said in Johannesburg.

The Wits medical faculty executive last year said that it had no faith in the inquiry.

41.

ii) RRAWP (35)

In the early days of the National Health Service a crude measure of control was exercised over the regional allocation of resources by forbidding GP's to take up practices in 'overdoctored areas' (those with less than a certain patient doctor ratio) and giving incentives to practice in under-doctored areas. Direct control was, however removed after a few years. Both the presence and removal of the control had its impact on the availability of doctors by region (36). Only recently (shortly following the introduction of economists to the Department of Health and Social Security) has there been a major discussion of means to improve the regional allocation of resources.

This report is concerned to establish criteria for budget size by area. It is adjusted to serve a particular purpose and is modified when considering different forms of health care, inpatient, outpatient, and psychiatric services.

For nonpsychiatric inpatient services, the committee proposes the use of a Standardized Mortality Ratio (SMR) for each region, which compares the number of deaths actually occurring in a region with those which would be expected if the national mortality ratios by age and sex were to obtain. Thus factors affecting mortality uniquely in that region are separated from the normal effects of age and sex structure of the population. This is done for each condition or group of conditions. The use of hospital facilities for each condition is then assessed for the country as a whole for age and sex groups.

35. Report of the Resources Allocation Working Party, 'Sharing Resources for Health in England', HMSO, 1976.

36. 'The Inverse Care Law', J. Hart, The Lancet, Feb. 27 1971, pp 405 - 412.

These national rates a population to obtain f hospital utilization r. then be independent of availability of hospital by condition for each e Thus 'the population, v bed utilization for eac to take account of cond region. SMR's for cond e.g. skin diseases shou of pregnancy, childbirth be replaced by an index by age.

iii) Mukerjee's index

This is discussed else

B. PERSONAL

In order that such pe should have a maximum of these services shou ideal rationing critere scarce (such as special admission) is the one Price rationing has so people are willing to are; but unfortunately placed to know the urg differences in felt ur

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Biko probe by Masa

The Medical Association of South Africa (Masa) yesterday announced the names of the two-man committee of inquiry to look into ethical questions arising from the death of Black Consciousness leader Mr Steve Biko.

They are Mr I A Maisels QC, Judge President of the Courts of Appeal of neighbouring states, including Swaziland and Botswana, and Professor I N de Villiers, former rector of Stellenbosch University.

FINDINGS

The committee's terms of reference have already been published.

Its report will be made to the federal ethical committee of Masa.

The findings will be made public at a date still to be decided, according to a statement by the Association. — Sapa.

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Biko probe by Masa *zw* *AB* *32*

cup

various views, two things are apparent, firstly, that the solution does in fact lie in some form of state intervention into the market mechanism and secondly that in view of the difficulties of establishing and ranking objectives and those of communication, such intervention is unlikely to succeed in improving the situation unless the problems arising from the other two sources are also overcome. Accurate information is obviously crucially important if one wishes to determine how the state should influence the market in order to improve the overall allocation of resources from the social viewpoint (21).

Overcoming Difficulties Resulting from Conflicting Objectives and Interests.

The growing literature on the economic theory of club formation suggests that the decentralisation of decision making, to the point where there is a reasonable consensus on objectives within the decentralised area, would do a great deal to overcome the problems that arise as a result of the presence of conflicting interests (22). An alternative proposal that has been made is that of the possibility of the introduction of a system of multiple voting, which it is argued would enable an individual not only to register the direction of his preference, but also the strength of that preference (23). This process may enable a government to order its overall objectives in a much stricter manner and even perhaps to obtain a reasonable surrogate for the weights that should be placed on each goal in terms of their relative importance. Once again, the limits within which either of these proposals will be likely to produce an articulation and ranking of social goals that is in any sense optimal will ultimately be determined by the quality of the relevant information that is obtained and processed.

(21) If this is not achieved then one has a classic example of the workings of the theory of second best.

(22) James A. Buchanan, 'An Economic Theory of Clubs', *Economica*, Vol. 32 Feb. 1965, pp. 1-14 and Martin McGuire, 'Group Segregation and Optimal Jurisdictions', *Journal of Political Economy*, Vol. 82, No. 1, Jan/Feb 1974, pp. 112-131.

Overcoming Communication Problems

Basically the major problems in this area stem either from the fact that the costs and benefits that are attributed to particular projects or action sets are in fact partly determined by the impact of other interdependent activities and so are difficult to isolate and evaluate, leading to the formulation of incorrect data for decision making. Alternatively they arise from the immediate difficulties encountered in the process of communication.

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Pretoria Bureau

THE Medical Association of South Africa (Masa) has called off a Press conference scheduled for Monday at which it intended stating its standpoint on tariff increases for doctors.

On Tuesday, the Minister of Health, Dr Lapa Munnik said he found it "very strange" that Masa had called the Press conference when he was still negotiating with the South African Medical and Dental Council on the issue of doctors' fees.

It is understood that the Minister contacted the chairman of the Masa's federal council, Professor Guy de Klerk, and that soon after it was decided to call off the conference.

Pretoria sources claim the conference was called to demonstrate Masa's impatience at the delay in announcing the fee increases.

In a statement yesterday, Prof De Klerk said: "At this point in time I deem it no longer necessary to hold the Press conference."

He said it was scheduled to

explain Masa's views on tariff increases.

Prof De Klerk said the Minister had agreed he could confirm there was "no threatening confrontation" between himself and Masa.

The Minister also confirmed that the Medical Council's recommendations for tariff increases were receiving urgent attention.

The Medical Council had said in a statement it had not received a response from Dr Munnik to its request for a 10% medical fees increase, which was submitted to the Department of Health for approval in April.

The medical profession requested the increase after an initial request submitted by them in October last year was rejected by the Minister and referred back to the council for reconsideration.

At present, the unit fee for medical services is R1. The council has requested that this be raised to R1,10.

Doctors call off Press briefing

simple unambiguous criteria to be used to evaluate various situations. Once this has been done, providing the criteria are indeed both simple and unambiguous, then their use should substantially reduce both the problems arising from the existence of conflicting interest

High doctors' fees will hit medical aid schemes

18/6/81
~~214~~ 93

Pretoria Bureau

THE rocketing cost of being ill in South Africa is placing a severe strain on the resources of the country's more than 250 medical aid schemes.

And the strain is expected to intensify when the proposed 10% increase in doctors' fees is announced soon by the Minister of Health, Dr L. A. P. A. Munnik.

Transvaal hospital fees are also expected to go up later this year or early next year.

The fees were last raised in July last year when they went up from R14 a day to R20 for a private-paying patient, and to R25 a day for medical aid scheme members.

Natal's MEC in charge of hospitals, Dr Fred Clark, announced last week that Natal provincial hospital fees would be raised by 50% from October 1.

Earlier this year private hospital fees were raised. It was the third rise in 18 months, according to the registrar of medical schemes, Mr J. P. H. Steyn.

Aggravating the costs of illness is the continuing rise in the price of medicines and drugs.

The chairman of the Representative Association of Medical Schemes, Mr J. D. Ernstzen, said the association was waiting to see whether Dr Munnik would authorise another rise in doctors' and dentists' fees.

He said the association's 250 affiliated medical aid schemes paid out about R600-million a year in aid, of which 40% went to doctors.

Mr Ernstzen said payments from the schemes for medicines had increased by 17.5% last year compared with 1979.

He said a 5% or 6% rise in costs would force many of the 250 schemes to review members' subscriptions.

It was learnt in Pretoria yesterday that the Department of Health was still studying the medical and dental councils' recommendation that doctors' fees be raised by 10% and dentists by 25%.

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5-24	0,71	0,22	0,66	0,20	1,40	0,38	0,68	0,12
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45-64	1,25	0,42	1,55	0,40	2,89	0,76	1,10	0,31
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XVII ACCIDENTS, RESISTANCE AND VIOLENCE (EXTERNAL CAUSE)

AM 30/6/81 (13)

Victory for medics?

By GERALD REILLY
Pretoria Bureau

DOCTORS appear to have won their battle for a 9.9% fee increase

Sources in Pretoria said yesterday the rise is expected to be announced later this week

According to the office of the Minister of Health, Dr Lapa Munnik, a letter has been posted to the South African Medical and Dental Council setting out the Minister's response to the council's demand for a 9.9% fee rise

The council declined to comment yesterday, but it is understood that the Minister is likely to have agreed to the council's demands

The Cabinet's decision on the fee rise, taken

at last Tuesday's meeting in Pretoria, ends an eight-month tussle between the doctors and the Minister over the higher tariffs

The battle, which began towards the end of last year and revolved around the question of motivation, came to a head earlier this month when the council scheduled a Press conference to explain its reasons for the increase

But after a sharp discussion with the Minister, the council called off the conference

Spokesmen for medical aid schemes said yesterday that rise in doctors' tariffs - and the likely 25% increase in dentists' fees - would mean a recalculation of members' subscriptions.

Medical fees rise 9,9 pc

Star 1/7/81 (93)

By Pamela Kleinot

Medical fees will go up by 9,9 percent from September 1.

This was confirmed today by a spokesman for the SA Medical and Dental Council who said the Minister of Health, Dr Munnik, had approved the increase.

The council had received Dr Munnik's letter of approval today.

The Cabinet's decision on the fee rise ends an eight-month tussle between the doctors and the Minister over the higher tariffs.

The increase means that general practitioners' con-

sultation fees will go up from R6,60 to R7,20 and that rates for house calls will rise from R13,20 to R15,80.

Weekend visits by doctors will increase from R22 to R26,40.

Specialist clinicians' fees are also increased. Gynaecologists' rates, for example, will rise from R15,40 to R16,80.

A tonsillectomy for a patient over 12 years of age will cost R57,60 — previously the fee was R52,80 — and an appendectomy will go up from R99 to R118,80.

Medical fees have gone up more than 60 percent in the past two years. In

1979 there was a storm of protest when medical fees were increased 52,45 percent, and the Representative Association of Medical Schemes stressed that the fee increase was excessive.

The latest battle over the 9,9 percent increase began towards the end of last year and centred on the question of motivation.

It came to a head earlier this month when the Council scheduled a Press conference to explain its reasons for the increase. But, the conference was called off after a discussion with the Minister.

General Practitioners Award

K Strong

For the second best student in the subject of Building Construction.

C W von During

For the best student in the subject of Building Construction.

S A Brick Association Prizes

III: No award

II: A R Low Keen

I: N D G Sessions

For the best student in each of the courses of Building Economics I, II and III in the third, fourth & fifth years respectively.

LTA Prizes

P R Swift

For the student obtaining the highest marks in Professional Practice.

Surveyors' Prize

Cape Chapter of Quantity

The Committee of the Western

P C Key

For the best all-round student in any year of study.

Bell-John Prize

(Continued)

QUANTITY SURVEYING

RDM 3/2/01
93

Racial wage scales: Barnard challenged

Staff Reporter

PROFESSOR Chris Barnard's controversial statements to the official Catholic newspaper, Southern Cross, have prompted yet another angry response from a reader, this time challenging him on racially discriminatory wage scales.

Amongst his widely-publicised remarks, which appeared in the newspaper on June 14, Prof Barnard claimed that "all over the world, labourers earn less than skilled workers".

"No one would expect a street sweeper to earn the same as a school principal," wrote Mrs J O Johannes, of Cape Town, in the latest edition of the newspaper.

But, she continued, "it is only since April this year that

white and coloured teachers in certain categories have been paid the same where their qualifications were identical".

Mrs Johannes said she taught at a high school where the 46-year-old principal held degrees from the University of Cape Town and the University of South Africa.

"Yet a young white woman, fresh out of university earned more than the principal — because she was white."

After Mrs Johannes "committed the crime of getting married" and was barred from teaching as a result, she worked in a hospital.

And a coloured radiographer had to work five years to earn the starting wage of a white counterpart.

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Bell-John Prize
For the best all-round student
in any year of study.

P C Key

The Committee of the Western
Cape Chapter of Quantity
Surveyors' Prize
For the student obtaining
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LTA Prizes
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For the best student in the
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C W von Düring

For the second best student in the
subject of Building Construction.
K Strong

QUANTITY
SURVEYING
(Continued)

Medical officers of the Department of Health have been appointed factory inspectors in terms of the Factories, Machinery and Building Work Act. They also give the Department of Labour technical and scientific advice and assist with the scrutiny of regulations pertaining to health matters. But the Commission points out that this is not what is actually happening in practice. The major functions of this sub-division are to determine toxic properties of substances and noxious conditions affecting man and his environment; to promote environmental health; to carry out spot-checks on pre-employment and follow-up medical examination of workers exposed to health hazards; to carry out inspections in connection with training and guidance of health staff responsible for prevention of occupational disease among workers. They also make on-the-spot inspections of working conditions injurious to health and to make suitable recommendations to the Department of Labour.

Other Divisions are:

2) Consumer Goods Division which has as sub-divisions: The Radiation Control Sub-division; The Foodstuffs etc. Sub-division; The Pharmacology and Toxicology Sub-division (which has as one of its general advisory functions, the effects on man of poisons and other hazardous substances).

3) Air Pollution Control Division this division exercises control under Atmospheric Pollution Prevention Act (1965) and applies to factories, mines, works and SAR & H. It must be noted that while the Air Pollution Control Division exercises control over pollution outside of building, the micro-environment (i.e. inside the mine, factory etc.) is controlled by Departments of Labour and Mines in so far as it relates to health of workers. This Division also exercises control over dust emanating from mine dumps and over the grassing of dumps.

4) Personal Health Services Branch - This branch renders personal health services: promotion of family and community health; provision of family planning services; the provision of medical services to specified groups of patients; the provision of mental health services and nursing services; and dental services.

SPECIAL FEATURES OF THE DEPARTMENT OF HEALTH.

The Department of Health has manifold functions. Readily available X-ray facilities "which can only be supplied at astronomical cost" are indispensable to efficient industrial health service. The Department of Health can provide this immediately with mobile X-ray units, which are available in all regions. The Department is in a favourable position to provide psychiatric advisory services. The Department has an epidemiological division with necessary expertise for processing surveys.

Thousands paid out after wrong surgery

Medical Reporter **93** Companies who help doctors with legal problems.

AT least 29 South Africans have had healthy parts of their bodies removed when surgeons performed the wrong operations on them, according to a report in the South African Medical Journal.

WRONG FOOT

Two of the more recent mistakes during the five-year period 1975 to 1979 involved operations on the incorrect foot and the incorrect knee, while a third involved a wedge resection of the wrong side of the nail on a great toe.

Doctors also forgot to remove swabs from at least 23 of their patients during the same period, according to the report, which was commenting on the annual reports of two

One of the companies, the Medical Protection Society, had to pay damages of R30 000 to those with retained swabs, says the report.

ABSCESS

About R4 000 went to a 36-year-old man workman who was left with a scar on the thigh after a forgotten gauze swab formed an abscess.

The Medical Protection Society also had to settle 30 claims because surgeons forgot that inflammable surgical spirit and diathermy do not go together.

One case, which cost the society R1 800, involved a 34-year-old man who was in theatre for diathermy of perianal warts.

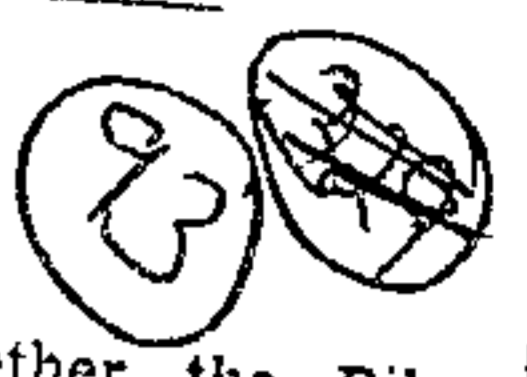
history of NRIOD must include the relationship between the erst- while "Miners' Pthisis Bureau" and the SAIMR. One of the functions of the SAIMR was the research of industrial health problems on the S.A. goldmines. From 1916, the pathological department of the SAIMR conducted cardio-respiratory examinations of organs of deceased miners and full post-mortems. The Department of Mines approached the SAIMR after the Sill-cosis Amendment Act of 1952, about the establishment of a PRU under the aegis of the Department of Mines. The unit would function to conduct examinations of hearts and lungs, but also to carry out research work on the pathogenesis of silicosis.

KDM 16/7/81

Biko's death

Star 15/7/81

Biko is issue in world medical body



The Star Bureau
 LONDON — The shadow of Steve Biko is hanging over South Africa's readmission to the World Medical Association.
 South Africa left the WMA in 1976 claiming it had received discriminatory treatment. Now the South African Medical Association intends to apply for readmission at the WMA's meeting in Lisbon in September.

The American Medical Association has supported South Africa, and it is understood the WMA's council will propose a motion calling for the SA-MA's readmission.
 But in a surprise move earlier this month, the British Medical Association gave notice they intended to oppose the South Africans' application.
 This stance could isolate the American body in

the WMA, which has a growing Third World membership.
 The BMA has been tight-lipped about the reasons for its decision, and at first would only say that a medical association seeking membership of the WMA "should be able to demonstrate that it conforms to internationally acceptable ethical criteria."
 But yesterday, when

asked whether the Biko affair had affected the British decision, a spokesman for the BMA said: "Yes, of course it did. I should think this kind of thing would be in people's minds when they discussed it."
 He said the BMA had requested further information from the SAMA, and felt that the answers it had been given were not sufficient.

of the first year.
 greatest promise at the end
 For the student who has shown
Student Planners Award

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K Strong
 For the second best student in the
 subject of Building Construction.
 C W von Düring -
 For the best student in the
 subject of Building Construction.
S A Brick Association Prizes

III: No award
 II: A R Low Keen
 I: N D G Sessions
 fifth years respectively.
 II and III in the third, fourth &
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 For the best all-round student
Bell-John Prize

QUANTITY
 SURVEYING
 (Continued)

Looking to cut costs

93

Doctors' tariffs are a politically volatile issue, and the recent 9.9% increase approved by the Minister of Health was achieved at the expense of considerable goodwill.

Yet, of the nation's total medical bill, less than 10% accrues to doctors in the form of medical fees. The major proportion is pumped into the most unlikely and least controversial of areas, from the administrative cost of hospitals to the increasing price of drugs.

The cost of prescription medicines have risen between 50%-100% in the past three years. A large part of the drug cost is the price of getting the product on to the doctor's prescription, and, to this end, the drug industry spends over R20m annually in promotion and advertising.

With the creation of Intercare Services, a group of doctors has harnessed the consumer potential of the medical profession with obvious advantages both for members, but also for those industries which regard the medical profession as a marketing target.

In the first six months of its existence, Intercare has attracted 4 000 members, from a potential total of 15 000 practitioners. This alone seems to confirm the need of the medical men to channel their market force in the right direction.

The initial fringe benefits offered by Intercare seem limited to attracting the medical membership in the first place. Hence members of Intercare can purchase certain vehicles at fleet owners' rates,

obtain short and long-term insurance at preferential tariffs, save on car hire rentals, travel packages and medical equipment at a cost of R15/year.

More significantly, however, are a range of less obvious benefits that may have a revolutionary effect on the relationship between the drug houses and the

medical profession. In an endeavour to lower the costs of running a practice, Intercare is attempting to get the drug producers to direct some of the funds that would otherwise be dissipated in promotion — such as direct mail advertising — into sponsored products of use and value to the practitioner.

Doctors say that endorsed syringes, spatulas, disposable towels and prescription pads can, if fully sponsored, reduce practice running costs by R250/month. Since the average cost of promoting drugs to the same target group is probably in excess of R4 000, the scheme would be cost effective to advertiser and invaluable to the doctor.

At the moment, some of the drug houses do provide sponsored products, but since this does not follow a regular pattern, doctors are unable to rely on this promotional material to reduce practice expenses.

Medical men are becoming increasingly aware of the cost of running their practices: in 1973 about 30% of the GP's fees went to covering his overheads; in 1980, soaring practice expenses accounted for some 65% of revenue.

If Intercare can reduce the cost of being in business, it will certainly be a less controversial way of protecting what medical men claim is a falling standard of living.

It would seem that the drug houses and their advertising and PR companies should welcome the opportunity of working with a vehicle that would guarantee them acceptable access to their target market. At present, according to one GP, direct mail advertising accounts for over 100 postal items/week, all of which are

intercepted by his staff and consigned to the waste paper basket without even a cursory glance.

But groups in the media and marketing industries are not too keen to admit the failure of their present methods or to accept a vehicle that can deal directly with their client. The medical press has been remarkably silent about the advent of Intercare, and there is no doubt that many of the entrenched selling men are hoping it will go away.

If doctors start showing a little business *kop*, there's no saying how much rope they will need before they hang themselves, nor how many salesmen might drop along the way.

Open Biko report, say medics

By MARIKA SBOROS

LEADING medical and legal experts yesterday called on the Medical Association of South Africa to release immediately a report on the death of Mr Steve Biko.

The report was tabled last month by a commission headed by Mr I Maisels, QC, and Professor J de Villiers who inquired into ethical issues raised by Mr Biko's death from brain injury in police detention in 1977.

According to reliable sources, the two Port Elizabeth district surgeons who treated Mr Biko, Dr Benjamin Tucker and Dr Ivor Lang, refused to give evidence before the inquiry.

Both Dr Tucker and Dr Lang admitted in open court that they subordinated Mr Biko's interests to the State's.

Dr Colin Hersch, the specialist surgeon who treated Mr Biko, is believed to have given evidence.

Release

Professor Frances Ames, head of the neurology department at the University of Cape Town, called for the report's immediate release.

"A lot of people are anxiously waiting to see the result," Prof Ames said.

Professor Johan van der Vyver, vice-president of Lawyers' for Human Rights, said the report should be released "urgently" because of the importance of issues involved and in the public interest.

"There have been suggestions that district surgeons were intimidated by the Security Police. If this is so, it is something which must be dealt with speedily," Prof Van der Vyver, who is also a member of the University of the Witwatersrand's law department, said.

Reasonable

Professor Theodore Sarkin, dean of the University of Natal's medical school, agreed that the report should be released immediately, but said the delays were reasonable.

"I understand Masa is waiting for an executive committee meeting and that the report will be released shortly," Prof Sarkin said.

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Census shows 12 638 doctors in SA

SOUTH Africa has at least 12 638 medical practitioners, according to the latest statistics released in Pretoria.

A statement by the Department of Statistics said the figures were preliminary results of a census of medical practitioners taken in 1979. A report with detailed information would be released later. For the 1979 census questionnaires were sent to 14 691 medical practitioners whose addresses appeared on the register of the Medical and Dental Council.

It was established that 1 586 were abroad, had died or could, for some reason, not participate. No response was obtained from 281 addresses and 186 returns could not be used because of irregularities.

Eventually 12 638 returns were processed and tabulated, the department said.

The statistics showed that 10 975 practitioners were White, 230 were Coloured, 1 266 were Asians and 167 were Blacks.

Of these 5 053 were in private practice, 6 591 were in salaried employment, 865 were retired and 129 were awaiting employment or to start practising.

Of those in private practice, 3 374 were general practitioners and 1 679 were specialists.

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12/10/81

Doctors study Biko report

93

By MARIKA SBOROS

THE Medical Association of South Africa (Masa) will discuss an independent report on the death of black consciousness leader, Mr Steve Biko, at a meeting on Friday.

The report is the result of a commission inquiring into ethical issues arising from Mr Biko's death in Security Police detention in 1977.

Mr I Maisels, OC, and Professor J de Villiers, former rector of the University of Stellenbosch, headed the commission and submitted a report to Masa last month.

Masa announced yesterday that its federal ethical committee had passed the report onto its federal council's executive committee which would discuss the matter at its meeting on Friday.

A statement will be issued next week, a Masa spokesman said.

Pressure

The commission of inquiry was instituted after pressure on Masa from the medical profession which was shocked when the three Port Elizabeth doctors who treated Mr Biko were cleared of improper conduct.

The doctors are Dr Benjamin Tucker, Dr Ivar Lang and Dr Colin Hersch.

It is reliably believed that both Dr Tucker and Dr Lang, who admitted in open court that they subordinated Mr Biko's interests to the State's, refused to testify before the inquiry.

Dr Hersch is believed to have given evidence.

SA student body on verge of being ousted

The South African Medical Students Association seems set to be expelled from the International Federation of Medical Students this month, following the walk-out of University of the Witwatersrand and Cape Town students from the local organisation this week.

The International Federation of Medical Students has discussed the expulsion of the South African member body every year since 1976.

Pressure for the expulsion, particularly since the death of black consciousness leader Steve Biko

and the resultant controversy in medical circles, has been mounting.

The walk-out by Wits and UCT students this week at the SAMSA national conference will probably be the final straw — sufficient to push through the expulsion when the world body meets in Australia on August 15.

REPRESENTATIVES

Natal University disassociated itself from SAMSA some time ago. The only universities now represented on the local association are the Free State, Pretoria and Stellenbosch Universities.

Wits and UCT represen-

tatives lay down four criteria, which would have to be met before they consider re-affiliating to SAMSA:

① The resignation of SAMSA's affiliation to the Medical Association of South Africa.

② Each individual medical students council must display a commitment to non-racism on campus and must make this known to the media and their own faculty.

③ No new organisations can be formed unless they are acceptable to Natal University.

(The motivation behind this hinges on government attempts to create ethnic or tribal universities such

as Medunsa. Student spokesmen said they had been informed of projected government plans to make Natal University for Indian students only and Durban-Westville for coloured students only. They were strongly opposed to such plans).

④ The fourth criterion was that students acknowledge that health and politics are inseparable.

Mr Mark Freedman, of Wits Medical Students Association said they and UCT had declined to have any contact on an unofficial basis with SAMSA members until they made a commitment to non-racism.

Biko Sawetani report

10/8/87

SOON ⁹³

By WILLIE BOKALA

THE report of the commission of inquiry into medical ethics arising from Mr Steve Biko's death in police custody will be discussed at two meetings this week before being made public.

The report will first be dealt with by the Medical Association of South Africa's Federal Ethical Committee at a meeting in Cape Town today, then Masa's executive committee meeting in East London next Friday.

A spokesman for Masa said this meant the report would be made public within five days from now but, it had to be withheld from public knowledge until its second discussion by the executive.

The commission, headed by Mr I Maisels QC and Professor J de Villiers, former rector of Stellenbosch University, was instituted by Masa after the organisation had been criticised.

Masa came under severe criticism last year when it cleared Dr Benjamin Tucker, the only Biko doctor who is a member of Masa, of negligence and improper conduct.

Pressure had also been mounted internationally by the British Medical Association (BMA) opposing Masa's re-admission to the World Medical Association (WMA) which is to meet in Lisbon in September.

ere

Students petition against SA medicals

Star 14/8/71 (93) 27

Seven South African student bodies have petitioned the International Federation of Medical Students Association to expel the South African medical student body from the world organisation this week.

In addition they have called on student bodies affiliated with the IFMSA — which has its international annual general meeting in Australia tomorrow — to exert pressure on their parent bodies "to refrain from supporting the application of the Medical Association

of South Africa to rejoin the World Medical Association"

MEETING

A meeting to consider this is due to take place in September.

In the petition the seven student organisations point out that SAMSA is not representative of medical students. Of the seven medical schools in this country, only three are affiliated.

The seven organisations are: the Medical Students' Council of the University of the Witwatersrand; the

executive of the Student Representative Council of the University of the Witwatersrand; the National Union of South African Students; University of Natal; Medical Students' Representative Council; Black Students Society at Wits and the BSS of the Wits Medical School.

The petition reads: "SAMSA has shown few signs in the past, nor is it ever likely to in the future, of accepting the principle that health and politics are inseparable.

"In a nation in which black and white are

treated in separate and unequal hospitals, in which an abhorrent political system is directly responsible for enormous health problems, this attitude is naive and ludicrous to say the least."

The signatories said should the IFMSA vote not to expel SAMSA, they will have ensured that racists have been given full and official recognition, which will be in conflict with the IFMSA constitution not to mention norms of behaviour accepted worldwide.

Fuller, a member of the Harbour Board, suggested that plans should be considered for the housing of dock labourers; this would help the housing problem and, thus, to protect the town from disease. As dock labourers had been amongst the hardest hit by the epidemic, Fuller was also able to suggest that the possibility of contagion would be lessened if they were to stay in the docks. On a similar note 'An Interested One' wrote to the Times on the "insanitary" and "disgusting" scenes enacted by the 'Kafirs' of Woodstock, outside the limits of municipal authority. Apparently most of these 'Kafirs' were dock labourers. Their presence and circumstances were being linked to the threat from smallpox. The letter referred to a previous attempt to get a location for these people, due to their "fractionousness" - (see Crime, below).

"The houses thus tenanted" (i.e. overcrowded), "are not all in one quarter, but on the contrary widely distributed, and thus 'scattered all abroad' the coloured labourers will be found, here ten in a room, here a dozen, here perhaps fifteen, sleeping in their clothes at night, and emitting as they pass through the streets by day a distinctly characteristic aroma".

stated that in District Six, new houses blocked the access of the stercus carts, and he singled out 'Wall's Row' as being "most disgusting". He had, whilst visiting this district, seen 20 people coming out of a house "... little more than twelve foot square".²¹ Even more dramatic cases included a room in a house in Russell Selkirk Street, 13' x 8' x 8', occupied by no fewer than than 18 people.²² The situation was summarised by T.E. Fuller:

WMA likely to admit Transkei says Pupuma

DD 19/8/81
#2 93

NQAMAKWE — Transkei had an 80 per cent chance of being admitted to the World Medical Association when it meets in Lisbon at the end of September, the president of the Transkei Medical Association, Dr A. Pupuma, said here yesterday.

Asked to comment on the decision by the Australian Medical Association to back Transkei's application to the WMA, Dr Pupuma said it had come as no surprise because the Australian association was not influenced by the United Nations, was unswayed by political pressures and was looking at the TMA as a professional body only.

Dr Pupuma said he expected support also from the British Medical Association, among others, which he felt had been persuaded that the TMA acted entirely independently of South Africa.

His association had applied for admission to the world body last year, but the application had been delayed "by one of those chaps to the north of us in Africa who thought he knew everything that was going on in Transkei."

"We are sending our chief executive officer, Dr

Mxolisi Ngewase, from Mount Frere, as a delegate to the meeting in Lisbon to answer any outstanding queries other delegates may have."

Dr Pupuma said he was an associate member of the WMA and his contacts with medical associations around the world had led him to feel optimistic about Transkei's chances of admission this year.

The WMA was not a political pressure group like the World Health Organisation and Transkei stood ready to share its knowledge and experience with other members of the medical fraternity on a common international platform, he said.

A Johannesburg correspondent reports that an international storm threatens to break over the Australian Medical Association's decision to support Transkei and South Africa's admission to the WMA.

Nigeria has already lodged an official complaint with the Australian ambassador in Lagos. The British Medical Association said it would let its opposition about the matter be known to the Australian ambassador in London.

A spokesman for the British Medical Association said yesterday the Transkei membership approval by the Australian association was "shocking".

"They are nothing but an arm of the South African Medical Association, members of a puppet government, and we will make our objections known to the Australian Government about the matter," he said.

Anti-apartheid groups in Australia have protested against the AMA's support for South Africa and Transkei's world membership.

Dr Andrew Refshauge, spokesman of the Australian Doctors' Reform Society, — which has steadily opposed the AMA's stand on South Africa and Transkei — said he could not support the decision of the association.

"The world should show its abhorrence of apartheid by barring world membership of all South African bodies," he said.

The Australian embassy in Pretoria said yesterday the Australian Government was opposed to the AMA's decision, but could not interfere in the policies of private bodies such as the AMA. — DDR.

Outcry Over Aussie backings for SA medics

By ADA STUIJT

AN INTERNATIONAL storm is threatening to break over the Australian Medical Association's decision to support the admissions of South Africa and Transkei at the World Medical Association's congress in Portugal next month.

Nigeria has already lodged an official complaint with the Australian ambassador in Nigeria, and the English Medical Association has said it would convey its opposition to the Australian ambassador in London. The Australian Government and anti-apartheid groups in the country also oppose the AMA's stand. And closer to home, independent Ombudsman, Mr Eugene Roelofse, said yesterday that it would be disgraceful to allow the Medical Association of SA as a member of the international association until the medical profession in SA changed its methods of investigating its members.

Mr Roelofse, who has had frequent dealings with Masa, referred to the medical treatment that black consciousness leader Mr Steve Biko received in the period just before his death in Security Police detention, and Masa's subsequent inquiry into the matter.

Besides the Biko case, one can cite the recent investigation against Dr Johannes Petrus Janse van Vuren as a case in point why Masa should not become a member of the world body," he said.

"The way the medical profession in SA covers for its own, is disgraceful. Any complaints about medical ethics I have, I lodge with the legal profession nowadays, as the medical profession in South Africa is truly a "closed shop", which protects its own members at all costs."

The WMA world congress, which starts on September 28, will be held in Lisbon.

A spokesman for the Australian Medical Association, Mr Nick Lloyd, said from Sydney

to conduct its delegates to the congress to support Transkei's and SA's membership application to the world body.

Mr Lloyd expressed surprise when told that Transkei has not been accepted as a member of the United Nations.

"I understand that Transkei has a separate 200-member medical association and that it is an independent country," he said.

The British Medical Association opposes Masa's application, giving as its reason the Biko incident.

A spokesman for the BMA said yesterday the Australian stand on Transkei's membership was "shocking".

"They are nothing but an arm of the Masa, members of a puppet government, and we will make our objections known to the Australian Government about the matter," he said.

Dr Andrew Renshalge, a spokesman for the Australian Doctors' Reform Society, which opposes the AMA's stand on South Africa and Transkei, said yesterday: "The world should show its abhorrence of apartheid by barring world membership of all SA bodies."

The Australian Government is also opposed to the AMA's decision, a spokesman for the Australian Embassy, Mr Fred Peppinck, said in Pretoria yesterday.

The president of the Transkei Medical Association, Dr A Puma, said he was delighted with the AMA's support.

"Last year, Nigeria objected to our membership application, stating that our association was a vassal of the Masa, which we are not.

"This year, our delegate, Dr Msolisi Mcwabe, will have a chance to put our case to the world body and I am 80% certain our application will be successful. The Australian support will make a great difference, of course," he said.

The secretary-general of Masa, Dr Marais Viljoen, is touring the border's medical facilities and was not available for comment.

Keep out SA doctors — Aussie opposition

93 Pom 20/80/87
Mail Correspondent

ADELAIDE. — The Australian Labour opposition has launched a campaign to force the Fraser Government to refuse visas to South African hospital administrators who want to attend a Sydney conference in October.

The opposition foreign affairs spokesman, Mr L. Bowen, said it would be hypocritical of the Australian Government to allow South Africans to come when it had refused transit visas to the Springboks.

Mr Bowen also criticised the support of the Australian Medical Association (AMA) for re-admission of South Africa to the World Medical Association.

While the government had no power to prevent the AMA from supporting the South African Medical Association, it could stop delegates from entering Australia.

"The South African medical authorities collaborate with their Government's racist policies," he said.

Mr Bowen said South African doctors had done nothing to save the life of black consciousness leader Mr Steve Biko after his beatings in detention.

South Africa's medical profession had a lot to answer for in tolerating appalling health care for black South Africans.

□ There are 5 641 doctors in the Transvaal, including 2 113 in the magisterial district of Johannesburg, but only 62 in all the non-independent "black states" combined, according to the latest Department of Statistics Census of Health Service figures. The census, dated 1979, surveyed 12 638 or 96% of the 14 691 medical practitioners registered with the Medical and Dental Council. Of the 21 black females. 5 053 of the total whereas 146 were black males and only 21, black females. 5 053 of the total were in private practice while 6 591 were in salaried employment. (93)

FM 21/8/81

Biko report calls for doctors to override SP chiefs

RDM
22/8/81 By ADA-STUIJT

THE death of black consciousness leader, Mr Steve Biko, has led a committee of the Medical Association of South Africa (Masa) to make recommendations which point to deficiencies in the handling of the affair by the doctors involved.

The long-awaited Biko-report -- by the ad hoc committee appointed by Masa to investigate the ethical issues surrounding Mr Biko's death in detention -- was released for publication late yesterday.

Among the findings and recommendations which the committee reported to Masa were:

- "We consider -- on the record of the inquest proceedings -- that, to put it at its lowest, Dr Ivor Lang's certificate was unsatisfactory and incomplete, if not a deliberate *suppressio veri* (suppression of facts);
- Regulation 17 of the South African Medical Council's rules does not go far enough in dealing with detainees;
- The medical practitioner should ask the detainee himself what complaints he has;

Undesirable

• The Ad Hoc committee considers it undesirable that the headquarters of the Security Police in Pretoria should have final say on whether detainees should be removed to a hospital other than a prison facility. The doctor should rather call in a second opinion and if this doctor concurs with his findings, the medical practitioners' opinions should not be overridden;

• The medical profession should not allow the doctor to "wash his hands of the case" if his advice is overruled by the Security Police head office but should make contact with the responsible Minister to resolve this. The standing police instructions should be amended to this effect; and,

• After reporting directly to the Minister if he has been overruled, the doctor should be duty-bound by his code of ethics to seek the support of his local medical association immediately.

In its report the committee said it had no subpoena powers and stated "it would have been improper for the committee even to attempt to make any findings as to whether any of the doctors concerned had been guilty of improper, disgraceful or unprofessional conduct".

The committee -- comprised of Dr I A Mairsels and Advocate J N de Villiers -- heard evidence on May 18 and 19 in Port Elizabeth.

Forbidden

But Drs Ivor Lang and Benjamin Tucker, two of the doctors involved, were forbidden to testify by the Deputy Director of Health Services, Dr J Gilliland.

"Dr Gilliland had issued specific instructions that neither Dr Lang nor Dr Tucker was to participate in the proceedings before us," the report stated.

Neither was the committee allowed to inspect the Walmer Police Station cells.

The committee based its findings on inquest records and personal testimony of the doctors. Masa documents, copies of the Consolidated Prison Regulations of the Prisons Act of 1959 and a confidential paper written by Professor S A Strauss, head of the faculty of law at the University of South Africa.

In a commentary on the committee's report, Prof Strauss said the medical association had gone as far as was legally possible to assess the ethical issues of the Biko case.

'Laudable'

In May this year the Council adopted an amended constitution which empowered it to hold an investigation into alleged misconduct of an association member and to take disciplinary steps if found guilty.

"This, as I see it, is a most laudable innovation," Professor Strauss said.

According to the constitution of the association at the time the Federal Council had no power to censure or expel an offending member.

When the Cape Midlands branch declined to take disciplinary steps the case was legally closed as far as the council was concerned.

Constitutionally there was nothing the Council could do to reopen the matter or commence its own inquiry.

"As far as I see it, it would have been improper and unconstitutional for the Federal Council to attempt to make any findings in regard to the question as to whether any of the doctors concerned had been guilty of improper, disgraceful or unprofessional conduct."

Biko death: 2 doctors 'forbidden' to testify

CT 22/8/81
93 BLA

By BOB MOLLOY

DR IVOR LANG'S medical certification of the condition of Mr Steve Biko just before his death in detention was "unsatisfactory and incomplete" if not a deliberate suppression of the truth, according to the report of the Medical Association's committee of inquiry which was released yesterday.

The report said Dr Lang and his fellow district surgeon, Dr Benjamin Tucker, had been forbidden by the Department of Health to appear before the committee.

It also criticized the inadequacy of regulations covering the health of detainees, called for changes to detention regulations and urged doctors to report breaches directly to the Minister of Police and to their medical associations.

The inquiry was commissioned by Masa after countrywide protests from the medical profession when the three Port Elizabeth doctors who treated Mr Biko before his death in detention were cleared of improper conduct.

The doctors were Dr Ivor Lang, district surgeon; Dr Benjamin Tucker, the chief district surgeon and Dr Colin Hersch, a private practitioner. The inquiry was conducted by Mr I Maisels, QC, and Professor J N de Villiers, the former Rector of the University of Stellenbosch.



Dr Benjamin Tucker



Dr Ivor Lang

Invited to appear

The report said that as the committee had no powers of subpoena, all three doctors were invited to appear. Drs Lang and Tucker were forbidden by their superior in the Department of Health, the deputy director of health services, Dr J Gilliland, to give evidence before the committee.

Dr Hersch, the only one of the three to appear, urged a public inquiry "to clear his name".

"We consider on a reading of the record of the inquest proceedings that, to put it at its lowest, Dr Lang's certificate was unsatisfactory and incomplete, if not a deliberate *suppressio veri*," the report said.

The regulations of the South African Medical and Dental Council did not go far enough in protecting detainees.

"These persons are, by the terms of the legislation, held incommunicado and the necessity for full and complete certificates, in addition to their being correct, cannot be over-emphasized.

"In addition, unless there are compelling reasons to the contrary, the medical examination of the detainee should not be carried out in the presence of a police officer and, in all cases where

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Term	DO-implied,	list	specification	DO Statement	Double Precision Exponent	Double Precision Type,	constant	field descriptor for I/O data	memory requirements	Dummy Arguments
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CT
Strauss:
Masa
can do
no more

Staff Reporter

COMMENTING on the report of the committee, Professor S A Strauss, head of the faculty of law at the University of South Africa, said that the Medical Association had now gone as far as was legally possible to assess the ethical issues of the Biko case.

According to the constitution of the association at the time, the Federal Council had no power to censure or expel an offending member. When the Cape Midlands branch declined to take disciplinary steps the case was legally closed as far as the council was concerned.

Constitutionally there was nothing the council could do to re-open the matter or commence its own inquiry.

As far as I see it, it would have been improper and unconstitutional for the Federal Council to attempt to make any findings in regard to the question as to whether any of the doctors concerned had been guilty of improper, disgraceful or unprofessional conduct.

Even if it could legally do this, it could not a summons an alleged offender or subpoena witnesses, he said.

In May this year the council adopted an amended constitution which now empowered it to hold an investigation into alleged misconduct of an association member and to take disciplinary steps if found guilty.

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From page 1
this is possible, the medical practitioner should obtain from the detainee himself what complaints (he) has.

The new standing order should, by law, be required to be brought to the attention of all medical practitioners who may be called upon to treat complaints and symptoms of illness of a detainee.

Although the standing order affords much better protection than in the pre-Biko period, we consider it undesirable that 'Head Office' should have the final say.

If his views were not accepted the doctor should be able to call in, at the state's expense, a second opinion and head office should not be allowed to override this.

We cannot accept the position that the medical practitioner should wash his hands of the case where his advice is overruled. Representations should be made to the responsible minister (and) the standing instruction should be appropriately amended.

If this wasn't possible it was the ethical duty of the doctor to report directly to the minister and also to seek the support of his local medical association.

The report added that the members of the committee of the Cape Midlands branch which had exonerated Dr Lang had also given evidence.

Their examination of the case as far as we could gather was restricted to a reading of the parts of the record of the original proceedings and certain other papers. Dr Tucker was not asked to and did not appear before them.

All these responsible and experienced members of the profession accepted Article 4 of the Declaration of Tokyo which reads:

"A doctor must have complete clinical independence in deciding upon the care of a person for whom he or she is medically responsible. The doctor's fundamental role is to alleviate distress of his or her fellowman, and no motive whether personal, collective or political shall prevail against this higher purpose."

Neither Dr Lang nor Dr Tucker had asked Mr Biko how he had sustained his injuries.

This seems strange to us and may be accounted for by the fact that they accepted beyond question what Colonel Goosen had told them. There may be less charitable reasons for this but as neither of these doctors testified before us we do not think it fair to record other possible reasons for their failure to ask the person whom they both stated was then their patient how he came to be injured.

Drs Lang and Tucker had wanted to have Mr Biko admitted to a hospital but Colonel Goosen had refused on the grounds of security.

They felt they had to yield to him, there being no doubt that, although they were employed by the Ministry of Health, their actions were subject to the control at this stage of the police and/or prison authorities.

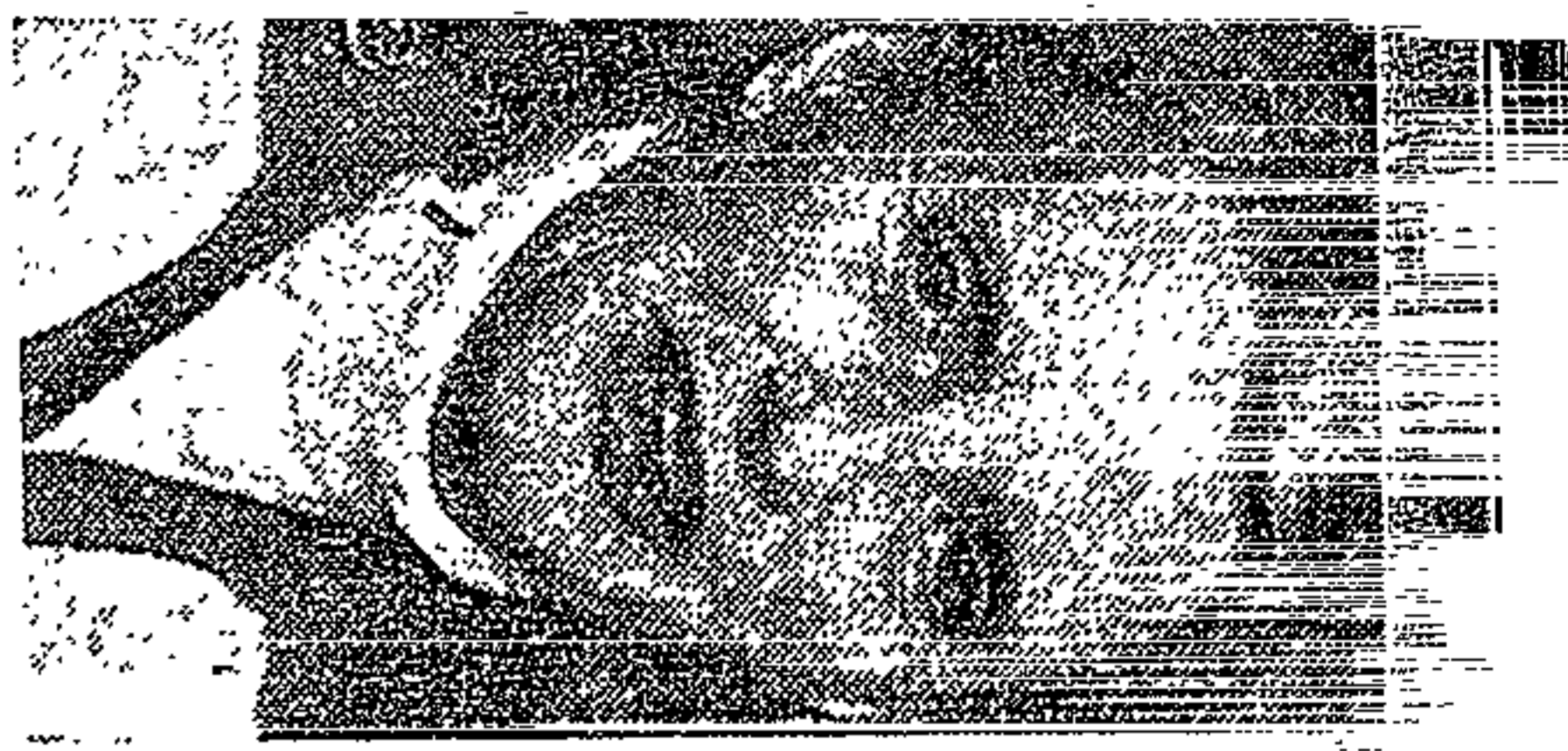
It was clear that Colonel Goosen believed he had the final say.

There is no doubt that in some respects he regarded himself and Security Police as being above the law.

New standing instructions on the medical treatment of detainees were subsequently issued "post-Biko".

The question remains whether they go far enough. There would seem to be no valid reason why these instructions should not be enshrined in some parliamentary legislation or embodied in regulations promulgated under the Terrorism Act."

22/8/81



Professor Frances Ames

THE public had a right to expect stronger action from the Medical Association of South Africa over the death in custody of Mr Steve Biko, says Professor Frances Ames, professor of neurology at Groote Schuur Hospital.

She pointed out that Masa itself had no power to do more than admonish members, and that doctors did not have to belong to the association. Ames was among doctors who resigned from Masa because of its alleged failure to take action after two district surgeons who examined Mr Biko in custody were cleared of improper conduct.

Professor Ames said she thought the report excellent considering how limited Mr I Maisels, QC, and Professor J N de Villiers (former rector of the University of Stellenbosch) were in their terms of reference and the facilities available to them.

She thought it disturbing that Drs Tucker and Lang had refused to give evidence and that their superior in the Health Department had forbidden them to do so. Professor Ames said she thought it remarkable that the report had been presented to Masa in June but not made public until yesterday.

After the Masa report was issued, Professor S A Strauss, head of the faculty of law at the University of South Africa, said Masa had now gone as far as was legally possible to assess the ethical issues of the Biko case.

They should have transcended that. They should have insisted that the Medical Council should conduct an investigation. Dr Tucker, telephoned at his home in Port Elizabeth today, refused to comment on the Masa report.

Biko: Call for new law on detainees

Ames 22/8/81

93

Masa report outcome



Dr Ivor Lang

Medical Reporter THE Medical Association of South Africa is to ask the Government to introduce a law regarding medical treatment for people detained under security laws.

The decision, taken at a special meeting of the federal ethical committee this month, is the result of a report on issues arising from the 1977 death in detention of black consciousness leader Mr Steve Biko.

The report, compiled by a two-man committee of inquiry appointed by Masa, is released as a supplement to the S/A Medical Journal.

It said the medical certification of Mr Biko's condition just before his death was 'unsatisfactory and incomplete'. The district surgeon concerned, Dr Ivor Lang,

and his fellow district surgeon, Dr Benjamin Tucker, had been forbidden by the Department of Health to appear before the committee.

The report also says Mr Biko's death prompted the issuing of standing orders for security police regarding medical treatment of detainees held under the Terrorism and General Law Amendment Acts.

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The report, compiled by a two-man committee of inquiry appointed by Masa, is released as a supplement to the S/A Medical Journal.

It said the medical certification of Mr Biko's condition just before his death was 'unsatisfactory and incomplete'. The district surgeon concerned, Dr Ivor Lang,

Professor Ted A Sarkin, dean of the University of Natal's medical school, said today he was pleased it had been brought to the public's attention that there had been an episode which was unsatisfactory in terms of medical ethics.

It would have been more satisfactory if the two district surgeons had given evidence before the committee, he said. The inquiry should not be regarded as a witch-hunt. Its task was rather to ensure that a similar situation did not occur.

Professor Frances Ames, professor of neurology at Groote Schuur, said the public had a right to expect stronger action from Masa. She still considered that the association should call for a full inquiry by the Medical and Dental Council.

Focus on detainees' care

Biko probe sparks call for new law

Own Correspondent

The Medical Association of South Africa is to ask the Government to introduce a law which will ensure proper medical treatment for people detained under the country's various security laws.

The association's decision is the result of a report on ethical issues arising from the 1977 death in detention of Black Consciousness leader Mr Steve Biko.

The report, compiled by Mr Issy Maisels QC and Advocate J N de Villiers, was released as a supplement to the SA Medical Journal today.

The report found that at the time of the "Biko incident" certain standing orders and regulations were in force. These were published in the Government Gazette, or known to the public in large, and were not law in the generally accepted sense of the word.

They were legally significant, however, in the sense that if a policeman failed to obey any particular order he might expose himself to disciplinary action under the Police Act.

From the provisions of these standing orders it was clear there was a duty upon the police to call in the district surgeon, or another medical practitioner if the district surgeon was not available, whenever a person was seriously injured or showed signs of serious illness.

"It should specifically be noted that any instructions given by the district surgeon or medical practitioner are to be carried out without delay. If removal to a hospital other than a jail hospital or sick-bay is ordered, precautions have to be taken to guard the prisoner en route and while detained in the hospital."

However, it was open to question whether these instructions apply or applied to "detainees" or people detained under the

Terrorism Act No 83 of 1967 (the act under which Mr Biko had been detained) or other acts operative at the time. None of the acts made any provision for dealing with the medical treatment of detainees.

Sub-section 6 in Section 6 of the Terrorism Act read: "No person, other than the Minister or an officer in the service of the State acting in the performance of his official duties, shall have access to any detainee or shall be entitled to any official information relating to or obtained from any detainee."

"We consider that Sub-section 6, what one might call the "sealing off provision," does not prevent a district surgeon from having access to the detainee, but this is not important. What is important is what the district surgeon may do if he finds the patient ill."

The ad hoc committee had, however, obtained a copy of a standing order from Prof S A Strauss,

head of Unisa's Faculty of Law.

The order had been issued after Mr Biko's death and read, under the heading "complaints and symptoms of illness (ongesteldheid) of a detainee:

● The services of a competent medical practitioner must be obtained forthwith. Effect must be given to the instructions of the medical practitioner, but should it be necessary for the detainee to be removed for treatment in a hospital other than a prison hospital and such a removal is regarded as involving a security risk, head office must first be consulted.

● The fact of any illness must, without delay, be reported to head office by telex so that the Minister can be informed if necessary.

● No sick detainee must, without head office's approval, be removed from one city or town to another city or town.

● Sick detainees must, in regard to sleeping and eating facilities, enjoy special attention and must be visited more often than in normal circumstances.

● Save in exceptional cases, for instance where disclosure of the fact of detention of a terrorist will harm the investigation, the nearest blood

relation (bloedverwant) or relation by marriage

(aanverwant) must be notified of such a condition

of illness which in any way may be regarded as serious. Visits to the sick detainee must, however, not be permitted without permission having been granted by head office.

"That these instructions were issued as a result of the Biko case really admits of no doubt" the

committee said. That they are an improvement on the position as it existed pre-Biko, is clear.

"The question remains, however, whether they go far enough. Firstly, they are merely standing instructions and do not have the force of law cognisable by courts.

"There would seem to be no valid reason why these instructions should not be enshrined in some parliamentary legislation or embodied in regula-

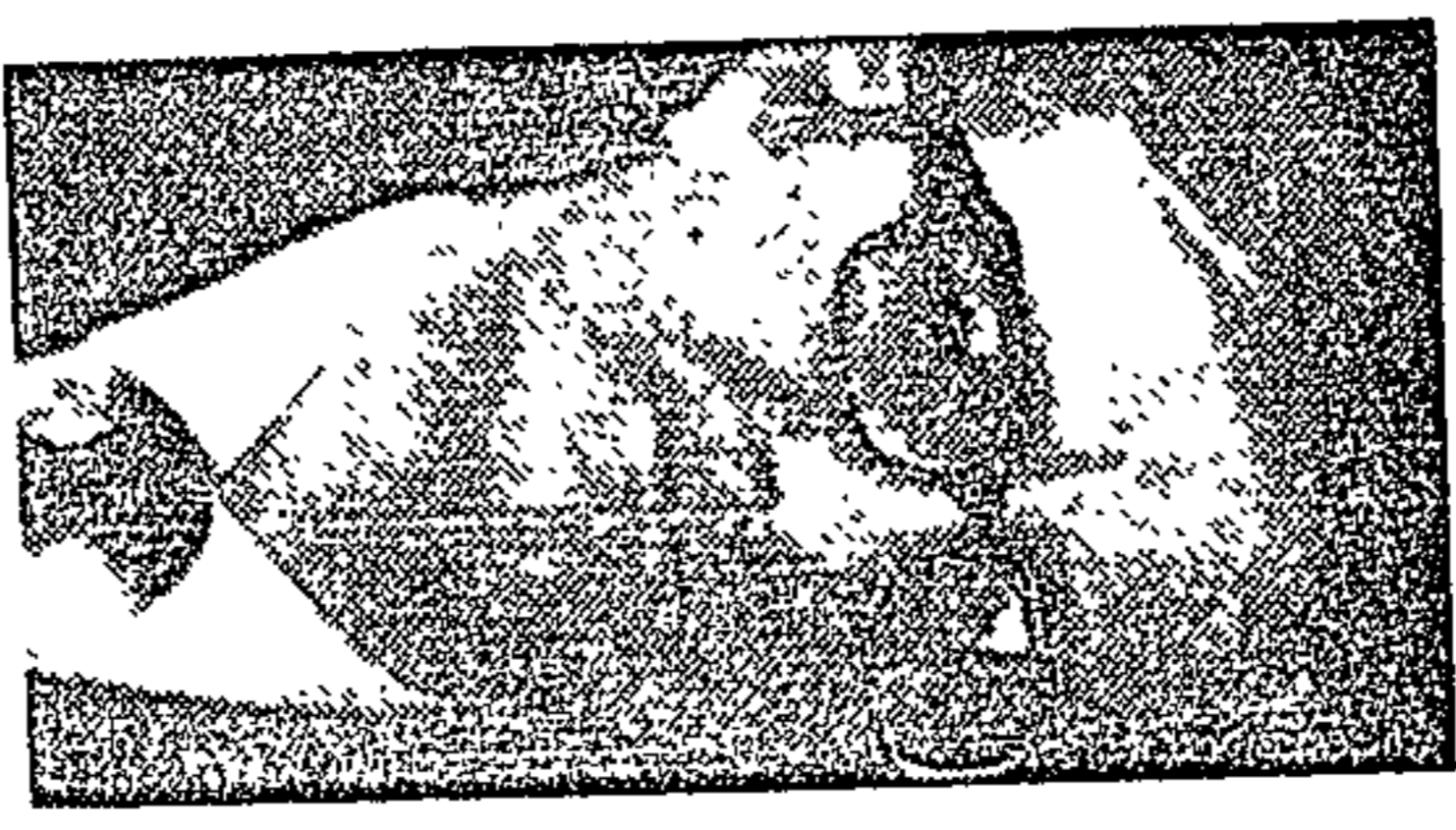
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Biko report suggests

ON treatment

ns' promulgated under the Terrorism Act. "Head office" in the finding orders must refer to the Security Branch of the police headquarters in Pretoria, and as in our view undeniable that some unknown person sitting in authority Pretoria should have, it were, the final say as to the proper treatment to be given to a person from a medical practitioner has instructed could be removed to a hospital other than a prison hospital.

"We consider it essential that these standing orders, whether promulgated by statute or regulation, be made known and copies thereof be given to all medical practitioners who may be called in by the police in the circumstances envisaged by these standing orders."



DUTY

Should it not be possible to alter and legally enforce the standing instructions in the way the committee had suggested, the commissioners believed it was ethically their duty to report directly to the Minister that his instructions had been overruled.

He should also state that if that was the case, he should report the matter to his local medical association immediately to seek support for his attitude.

"This conduct would be consistent, in our opinion, with the medical practitioner maintaining his independence and resisting interference with his independence from the executive."

Referring to the doctors who attended Mr Biko, the committee found they

PROFESSOR S A STRAUSS

had not recognised "extremely rare complications" in association with the post-mortem examination after his death.

His temperature was not recorded, his urine was not examined and no blood tests were performed. However, these routine examinations would presumably have been performed had the patient been observed in a provincial hospital.

The doctors concerned had asked the security police to admit Mr Biko to a hospital in Port Elizabeth where he could be properly observed, but

Certificate inaccurate — report

Terms of the MASA Biko inquiry

accepted beyond question what Colonel Goosen (Colonel P J Goosen, of the Security Police) had told them (alleged violent conduct by Mr Biko had necessitated him being forcibly restrained by police the night before).

"There may be less charitable reasons for this, but as neither of these doctors testified before us we do not think it fair to record other possible reasons for their failure to ask the person, whom they both stated was then the patient, how he came to be injured."

Referring to Colonel Goosen's evidence given at the inquest, the report said there was little doubt that it left the "clear impression" that whatever medical advice might have been given, he believed that the final and only say as to whether that advice should be adhered to rested with the Security Police.

"There is no doubt that in some respects he regarded himself and the Security Police as being above the law."

WITNESSES

Dealing specifically with his terms of reference, the ad hoc committee said it had permitted legal representation of any witness if this was requested.

"Dr Hersch was the only person who sought this assistance. We would undoubtedly have afforded Dr Lang and Dr Tucker the same facility had they given evidence, despite the fact that they were not by any means on trial."

"We consider on the record of the inquest proceedings that, to put it at its lowest, Dr Lang's certificate was unsatisfactory and incomplete, if not a deliberate suppression of the truth."

INCOMPLETE

"The conditions under which this examination took place could hardly be described as ideal. After Dr Lang had examined Mr Biko, he issued a certificate reading: 'This is to certify that I have examined Steve Biko as a result of a request from Colonel Goosen of the Security Police, who complained that the above mentioned will not speak. I have found no evidence of any abnormality

The senior Security Branch officer concerned with the detention under the Terrorism Act of the black consciousness leader, Steve Biko, called in a doctor after he thought the detainee had had a stroke.

This summing up of the evidence at the inquest into Mr Biko's death appears in the ad hoc committee report to the Medical Association of South Africa released today.

The report says that a full-time principal district surgeon, Dr Ivor Lang, was first called by Colonel P J Goosen on September 7 1977, to examine Mr Biko. Mr Biko was then under detention and had in fact been manacled in an office of the Security Branch.

"Colonel Goosen had become concerned about Mr Biko's condition. He thought he might have had a stroke.

Make recommendations regarding the procedures.

According to the committee's report, the certificate had the merit of being short, but was "inaccurate or even highly inaccurate."

"It is plain from a reading of the evidence that it was to use a euphemism, quite incomplete and could mislead any third party, such as a court, which might have to consider it."

"Dr Lang had been told by Colonel Goosen that his examination of Mr Biko had become aggressive and had to be forcibly restrained by the police officers in whose charge he was.

"Although there were injuries apparent to Dr Lang on Biko's lip and other in-

juries to his body, Dr Lang took no steps to enquire from Biko how he had obtained these injuries."

The next day the chief full-time district surgeon for Port Elizabeth and Dr Lang's superior, Dr Benjamin Tucker, was called in by Dr Lang to examine Biko "plainly because very properly in the circumstances which then existed, he desired a second opinion."

"Dr Tucker examined Mr Biko under the same unsatisfactory conditions as Dr Lang had. They both concluded that Dr Colin Hersch, a physician in private practice, should be consulted on the matter.

"Colonel Goosen had no objection to this course, Colonel Goosen maintained

MELANCHOLY

throughout the whole of his evidence that he was anxious to keep Mr Biko alive because he considered him an important figure in the black consciousness movement and he was anxious to have him brought to trial.

"We ought to say here that Dr Tucker and Dr Lang were puzzled about the diagnosis that should be made. It was arranged that Dr Hersch would examine Mr Biko that night (Dr Hersch not being available until then) at the Sydenham prison hospital, under guard, to which Colonel Goosen allowed him to be taken."

Dr Hersch examined the patient that night and decided to perform a lumbar puncture the next morning, which he duly did.

"It is an inescapable conclusion from a reading of the evidence that Colonel Goosen had painted a picture to Dr Lang and Dr Tucker which could have reasonably led them to the conclusion that Mr Biko was shamming.

"This picture was based largely on incidents that were alleged by Colonel Goosen, but never demonstrated or proved, to have occurred a year previously when Mr Biko had been detained in East London, and on the fact that Mr Biko had been a medical student and thus pre-eminently in a better position to sham illness than an ordinary person."

Dr Hersch had put it in his evidence at the in-

quency. "I personally had a message that here was a man certainly who may be shamming."

After having performed the lumbar puncture, Dr Hersch thought it advisable that a neurosurgeon, a Dr Keeley, should be consulted. Dr Lang agreed to this.

Dr Keeley thought there was no urgency in the matter and that he would discuss it with Dr Lang, which he duly did. He said in his affidavit that after discussing it with Dr Lang he felt he had nothing further to contribute, but suggested the patient should be closely observed and should they be worried about his condition that he be informed.

MELANCHOLY

Dr Hersch then dropped out of the case and Dr Keeley, who gave evidence before the ad hoc committee, was never consulted again.

However, Dr Keeley had made it clear that what he meant by keeping the patient under observation was a 24-hour observation by trained nursing personnel, which he had assumed would take place at the Sydenham prison hospital where he thought Biko was at that stage.

"It is a matter for comment, in the light of the subsequent events in this melancholy account, that when the decision was taken a day or two later to remove the patient at night to Pretoria in a Land Rover, no aeroplane or combi apparently being available, neither Dr Hersch nor Dr Keeley were advised of this."

accepted beyond question what Colonel Goosen (Colonel P J Goosen, of the Security Police) had told them (alleged violent conduct by Mr Biko had necessitated him being forcibly restrained by police the night before).

"There may be less charitable reasons for this, but as neither of these doctors testified before us we do not think it fair to record other possible reasons for their failure to ask the person, whom they both stated was then the patient, how he came to be injured."

Referring to Colonel Goosen's evidence given at the inquest, the report said there was little doubt that it left the "clear impression" that whatever medical advice might have been given, he believed that the final and only say as to whether that advice should be adhered to rested with the Security Police.

"There is no doubt that in some respects he regarded himself and the Security Police as being above the law."

WITNESSES

Dealing specifically with his terms of reference, the ad hoc committee said it had permitted legal representation of any witness if this was requested.

"Dr Hersch was the only person who sought this assistance. We would undoubtedly have afforded Dr Lang and Dr Tucker the same facility had they given evidence, despite the fact that they were not by any means on trial."

"We consider on the record of the inquest proceedings that, to put it at its lowest, Dr Lang's certificate was unsatisfactory and incomplete, if not a deliberate suppression of the truth."

INCOMPLETE

"The conditions under which this examination took place could hardly be described as ideal. After Dr Lang had examined Mr Biko, he issued a certificate reading: 'This is to certify that I have examined Steve Biko as a result of a request from Colonel Goosen of the Security Police, who complained that the above mentioned will not speak. I have found no evidence of any abnormality

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"Dr Tucker examined Mr Biko under the same unsatisfactory conditions as Dr Lang had. They both concluded that Dr Colin Hersch, a physician in private practice, should be consulted on the matter.

"Colonel Goosen had no objection to this course, Colonel Goosen maintained

throughout the whole of his evidence that he was anxious to keep Mr Biko alive because he considered him an important figure in the black consciousness movement and he was anxious to have him brought to trial.

"We ought to say here that Dr Tucker and Dr Lang were puzzled about the diagnosis that should be made. It was arranged that Dr Hersch would examine Mr Biko that night (Dr Hersch not being available until then) at the Sydenham prison hospital, under guard, to which Colonel Goosen allowed him to be taken."

Dr Hersch examined the patient that night and decided to perform a lumbar puncture the next morning, which he duly did.

"It is an inescapable conclusion from a reading of the evidence that Colonel Goosen had painted a picture to Dr Lang and Dr Tucker which could have reasonably led them to the conclusion that Mr Biko was shamming.

"This picture was based largely on incidents that were alleged by Colonel Goosen, but never demonstrated or proved, to have occurred a year previously when Mr Biko had been detained in East London, and on the fact that Mr Biko had been a medical student and thus pre-eminently in a better position to sham illness than an ordinary person."

Dr Hersch had put it in his evidence at the in-

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Steve Biko — he died while in police custody four years ago

By WILMAR UTTING
THE long-awaited Biko report clears the SA Medical Association from the constitutional and legal point of view — but not of moral responsibility

This is the opinion of Professor Frances Ames, head of the Department of Neurology of Cape Town University

She was commenting on the anxiously awaited report on ethical aspects of the controversial case of the black leader who died in custody

The report was prepared for Masa by Mr Issy Maisels, QC, and Professor J N de Villiers, former rector of the University of Stellenbosch

Dr Marius Barnard, PFP spokesman on health matters, said the report had restored his faith in Masa. As for as the actions of the three doctors concerned, the report speaks for itself. He hoped that the Medical Council, Masa, the Minister of Health and the Minister of Police would carefully study the committee's recommendations concerning the health of detainees

Prof Ames said "Considering the limitations imposed on the committee by the lack of cooperation from the State, the report was surprisingly bold in that it expressed surprise at the failure of the medical council to hold a public inquiry"

Prof S A Strauss of Unisa said that constitutionally,

Report on Biko poses some very pertinent questions

Masa had done all it could, whatever criticism may be brought against the Cape Medical and Dental Council for not instituting disciplinary proceedings against the doctors involved in the Biko case

"We are very concerned about this and are exploring other avenues," Prof Ames said

Since Steve Biko died in custody four years ago, it was questionable whether the medical council would now take any action unless pushed to do so

The way remained open for a fresh complaint to be lodged with the council by any member of the public

The committee's suggestion that police comply with standing orders regarding the treatment of detainees was commendable but this had to be entrenched legally, and the order had to be implemented

Regular inspections and visits to prisoners would be necessary

Prof John Dugard, head of the department of applied legal studies at the University of the Witwatersrand, said it appeared that the authorities were still determined to cover up events surrounding the death of Steve Biko

This was evident from the fact that official instructions were issued to Dr Lang and Dr Tucker not to testify before the committee, and from the refusal to allow the committee to visit the Walmer police cells

"These refusals will simply serve to confirm suspicions that the authorities have much to hide," he said

The medical and dental council has also been a party to this coverup. It is encouraging that the committee has declared that it finds the medical council's decision not to investigate the matter somewhat surprising if not unfortunate

"The finding that Dr Lang's certificate on Steve Biko's physical state was unsatisfactory and incomplete, if not a deliberate suppression of the truth, seriously questions Dr Lang's integrity"

The committee had emphasised that Dr Lang and Dr Tucker saw themselves as owing allegiance to the security

security branch officer in charge of Mr Biko's detention under the Terrorism Act

The committee found that Dr Lang and Dr Tucker yielded to the authority of Col Goosen, there being no doubt that, although they were employed by the Department of Health, their actions were subject to the control of the police and, or, prison authorities

Col Goosen's evidence showed that in some respects he regarded himself and the security branch as being above the law

The Medical and Dental Council of South Africa's decision not to hold a public inquiry into the doctors' conduct was "somewhat surprising, if not unfortunate, not only because of national and international interest but in the interests of the medical profession"

Of the three doctors involved, only Dr Hersch gave evidence to the committee

Dr Lang and Dr Tucker were expressly forbidden by the Deputy Director of Health Services, Dr J J Gilliland, to participate in the proceedings

The committee notes that a post Biko standing order was issued by the security branch on how to handle ailing detainees

While this is an improvement on the pre Biko situation, the orders are merely instructions and not embodied in law, and it is questionable whether they go far enough

The report recommends that because detainees are not communicated the need for full and accurate certificates cannot be emphasised

Detainees should be examined whenever possible, with a police officer being present

The doctor should obtain an account of illness from the detainee himself wherever possible

It was undesirable that "head office" (security branch headquarters in Pretoria) should have the final say on the treatment of a detainee

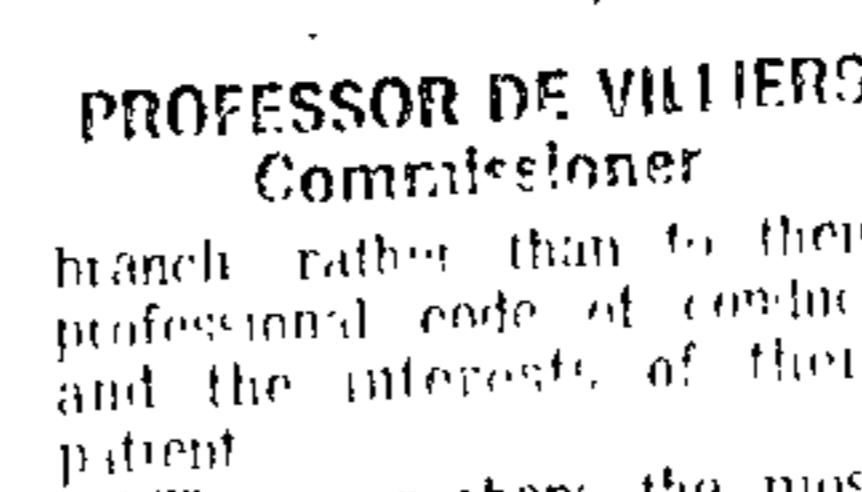
Where a doctor's advice is overruled by the security branch, he should report the conflict to the Minister of Health. What he should not do is "wash his hands of the case"

Standing orders to police officers should be embodied in law and all medical practitioners made aware of their rights when treating a detainee

Neither Dr Lang nor Dr Tucker could be reached for comment yesterday. Dr Lang is understood to be away on leave. The Sunday Times was unable to trace Professor Guy de Klerk, Masa president, or Prof Snyman, president of the Medical Council. Dr Hersch said he had not yet studied the committee's report



MR ISSY MAISELS QC
Commissioner



PROFESSOR DE VILLIERS
Commissioner

branch rather than to their professional code of conduct and the interests of their patient

"This is, perhaps the most disturbing fact of the whole unfortunate incident and one hopes the recommendations of the committee that place the interests of the patient's health above the interests of the Security Police in extracting information will be seriously considered," Professor Dugard said

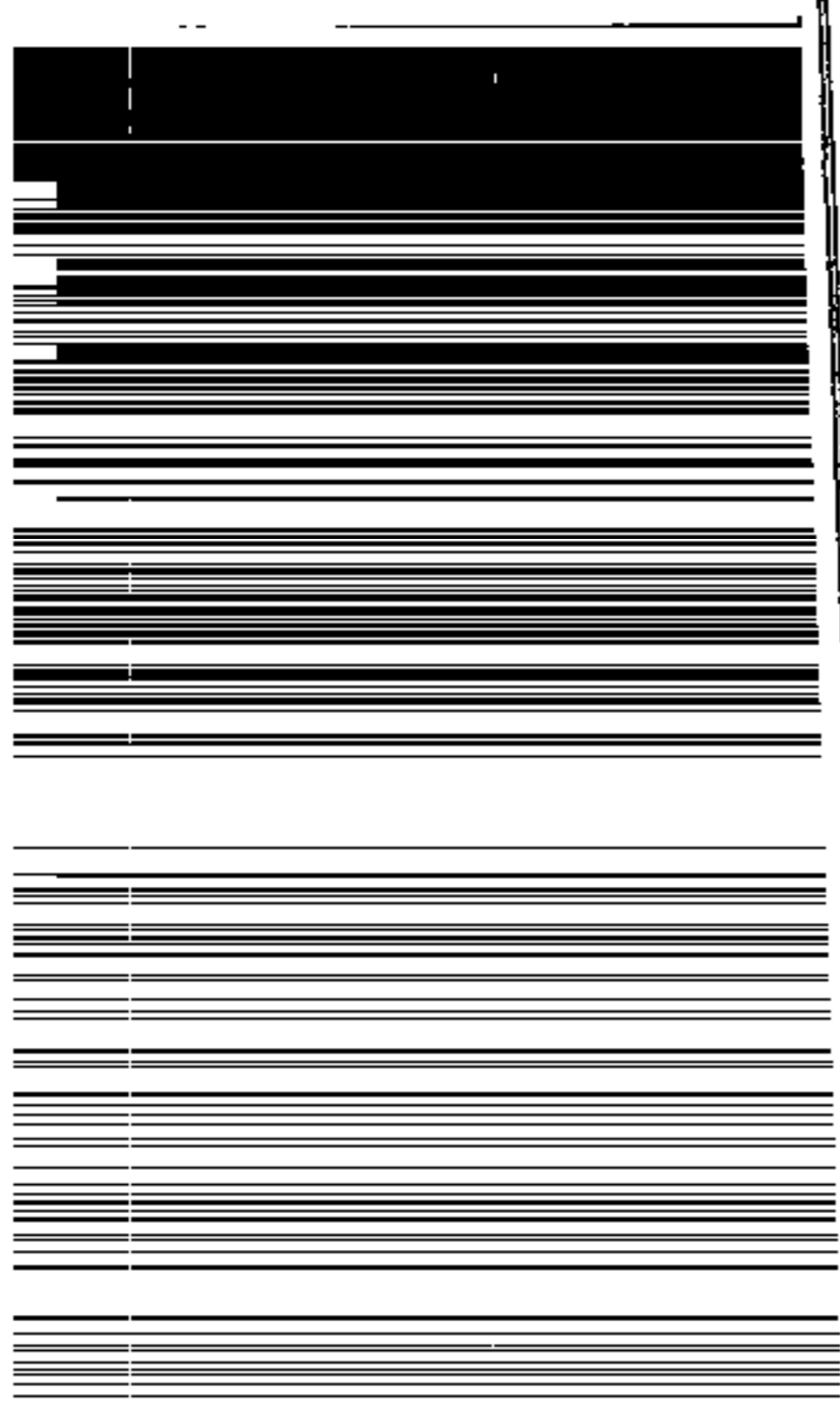
Conduct

The report, which was released this weekend, harshly criticised the conduct of Dr Lang who examined Mr Biko when he was manacled in a security branch office in Port Elizabeth

Dr Lang's certificate was, said the report, "unsatisfactory and incomplete — if not a deliberate suppression of the truth"

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DEBUG page 3



Outraged medical men now plan civil action against two doctors

BIKO DOCTORS: DRAWMATTIC TURN

S. EXP NO 23/8/51
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A GROUP of South Africa's most prominent doctors have been given the go-ahead — after seeking legal advice — to institute a civil action against the two Port Elizabeth doctors who treated the Black consciousness leader, Steve Biko, before he died in detention.

The Sunday Express can today disclose that the doctors, acting out of a "deep sense of outrage" at the lack of any public investigation into the conduct of the two district surgeons, are determined to bring the matter to court.

And they have launched a private fundraising campaign throughout the country to meet the costs.

The civil action — unprecedented in South African legal-medical history — would be brought against Dr Ivor Lang and Dr Benjamin Tucker.

The Sunday Express can reveal that the doctors — who may not be named at this stage — obtained legal advice from a senior counsel in Johannesburg.



They were advised they could proceed with a civil action against Dr Lang and Dr Tucker.

Meanwhile, Professor I Gordon, one of the medical assessors at Steve Biko's inquest four years ago, said this week he stood by his original view — at the time of the inquest hearing — that there was prima facie proof of improper or disgraceful conduct by Drs Tucker and Lang.

However, until now, all attempts by concerned medical men in South Africa to have an open hearing into the conduct of the two doctors, have been foiled.

The largely Government-appointed statutory body, the South African Medical and Dental Council, ruled that there was no need for a further investigation into their conduct.

The Cape Midlands branch of the Medical Association of South Africa decided not to pursue the matter in respect of Dr Tucker, who allowed the dying Mr Biko to be transported to Pretoria from Port Elizabeth in the

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Page 5 of 7

State didn't forbid Biko doctors to testify

From Page 1

back of a Land Rover without medical reports or supervision.

Membership of Masa is on a voluntary basis, and Dr Lang is not a member of the association.

This meant, as was reported in Friday's findings by Masa's ad hoc committee — which comprised Mr I Maisels QC and Professor J N de Villiers — into the ethical issues which were raised as a result of the medical care received by Mr Biko, that the Federal Council had no authority to take the matter further.

Since that impasse, however, Masa adopted an amended constitution which now empowers the Federal Council itself to hold an investigation into al-

leged misconduct of a full member, and to expel or reprimand or admonish him if he is found guilty of misconduct," according to the ad-hoc committee's report.

But the amendment is not retrospective and applies only to future matters.

Contrary to the findings of the ad hoc committee, the two doctors were not refused permission to give evidence to the ad hoc committee during its investigations on behalf of Masa in Port Elizabeth in May this year.

The report states: "The Deputy Director (he is now Director) of Medical Services, Dr J Gilliland, had issued specific instructions that neither Dr Lang nor Dr Tucker was to participate in the proceedings before us."

However, Dr Gilliland told the Sunday Express that the two doctors had asked whether they "had" to give evidence to Mr Maisels and Prof De Villiers.

"As they are State employees they are entitled to State protection. I took advice from the State Attorney who said they were not obliged to do so. "I communicated this to the doctors."

Feelings have run high in medical circles for years that there was no open investigation into the conduct of the two doctors concerned.

There has been international criticism and censure of the South African medical profession's failure so far to have the matter fully investigated in public. There were also many resig-

nations of prominent doctors from Masa following the inability of the Federal Council to pursue the matter, which indirectly led to the appointment of the ad hoc committee.

Dr Colin Hersch, the Port Elizabeth specialist who was called in to examine the sick Black consciousness leader, has, for four years, been the object of unfortunate publicity, linking his name with those of the two district surgeons.

After reading the report by the ad hoc committee, to which he willingly gave evidence (his conduct has never been under investigation by either the statutory body or Masa) told the Sunday Express:

"I hope, quite desperately in fact, that I will never again see my name in the paper in connection with the Biko case.

He spoke cautiously to me in a measured voice: "I am reluctant even at this stage to talk to the Press.

"I have so often wished the whole matter could be heard in public, so that in the mind of the public my name would no longer be associated with the matter.

"I was even concerned about giving evidence to this ad hoc committee in May because its hearings were closed

"However, I am obviously grateful to them for stating my case, and my willingness to give evidence to anyone at any time regarding my peripheral involvement in the Biko case."

Professor Frances Ames, an outspoken critic of the lack of any public hearing into the conduct of Drs Lang and Tucker, also commented on the issue to

the Sunday Express.

"Having spent days and nights poring over the inquest findings, I have no doubt over Dr Hersch's guiltlessness.

"I want to see him in Port Elizabeth and I was impressed by his sincerity.

"I am concerned at the continual publication of his name in this affair.

"He has suffered a grave injustice."

Mr Biko died in Pretoria.

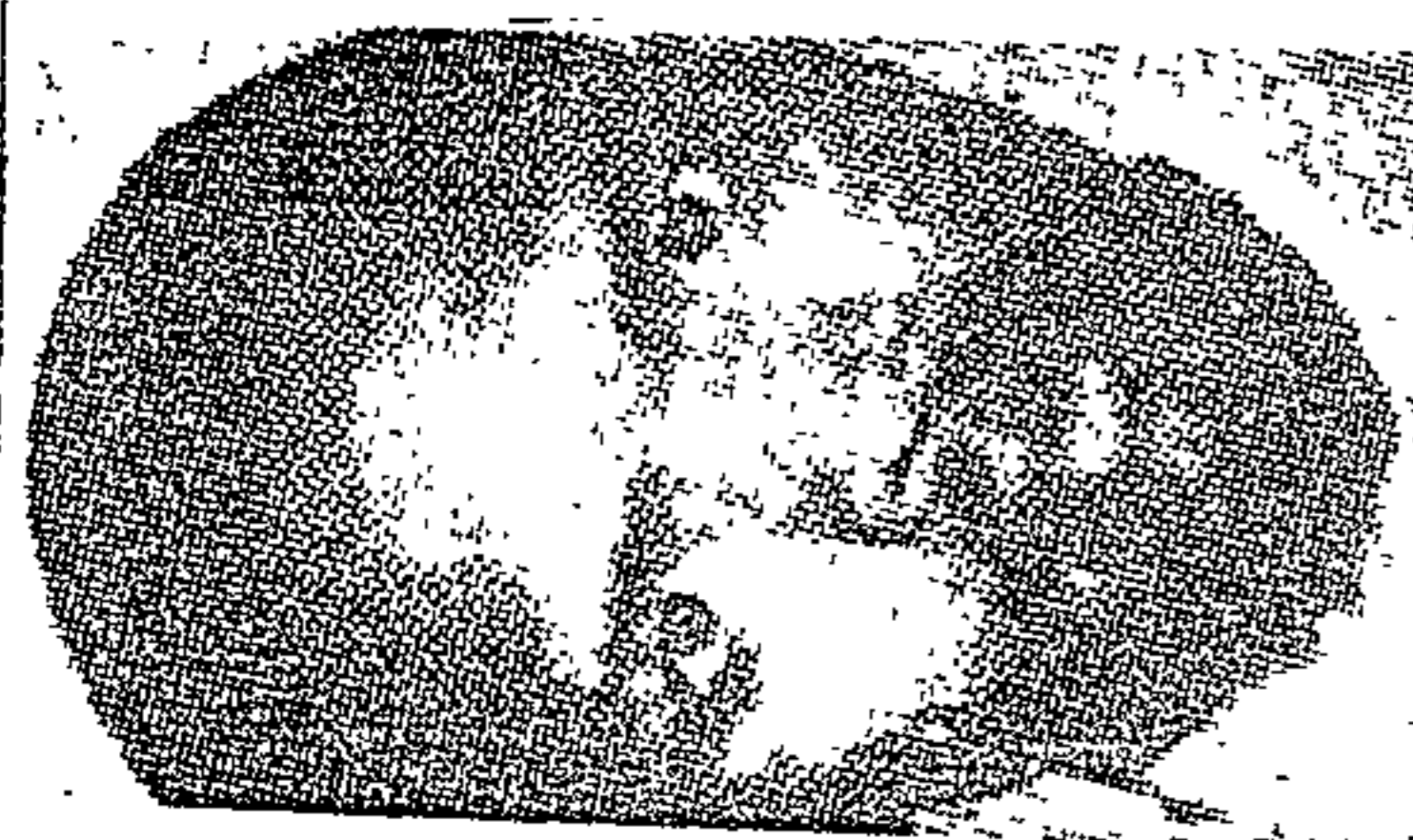
But, Dr Hersch told me this week: "I wasn't even told he had been taken to Pretoria.

"I was the third person to see Biko, and I was never, as has been reported quite often, responsible for 'handling' him.

"I have felt a certain zeal to be rid of the tag, 'a Biko doctor'."

BIKO: DOCTORS PLAN CIVIL ACTION FUND

93
S. Tribune 23/8/81



BIKO... how was he injured?

Tribune Reporter

A GROUP of prominent South African doctors has launched a private fund-raising campaign to meet the costs of a possible civil action against two Port Elizabeth doctors who treated detainee Steve Biko shortly before his death.

This was confirmed to the Sunday Tribune last night by Professor Isidor Gordon, a former dean of Natal University's medical faculty, who is a distinguished pathologist who has won international recognition for his contributions to forensic medicine as an author, lecturer and researcher.

Professor Gordon said he stood by his original finding that there was proof of improper conduct on behalf of Port Elizabeth doctors Ivor Lang and his superior Benjamin Tucker.

"I stand by my decision at Biko's inquest that there is a prima facie case of misconduct on behalf of the two doctors. I have not, and will not, change my opinion," he said.

Professor Gordon said he was aware that a fund-raising campaign had been launched.

The doctors involved in the campaign recently spoke to senior counsel in Johannesburg and were apparently told they could proceed with a civil action.

The two-man inquiry appointed by the Medical Association to examine the ethical issues relating to Biko's death found that Dr Lang issued a medical certificate about Biko which was "highly inaccurate", incomplete and possibly misleading.

Now Masa — who hopes to be readmitted to the World Medical Association next month, and therefore badly needs a good international Biko affair image — is to request an interview with Members of the Cabinet to discuss the "possibility and advisability" of legislation covering the medical treatment of detainees.

The commission, whose report was released yesterday, consisted of advocate Mr Issy Maisels, QC, and Professor Jannie de Villiers, former Rector of the University of Stellenbosch.

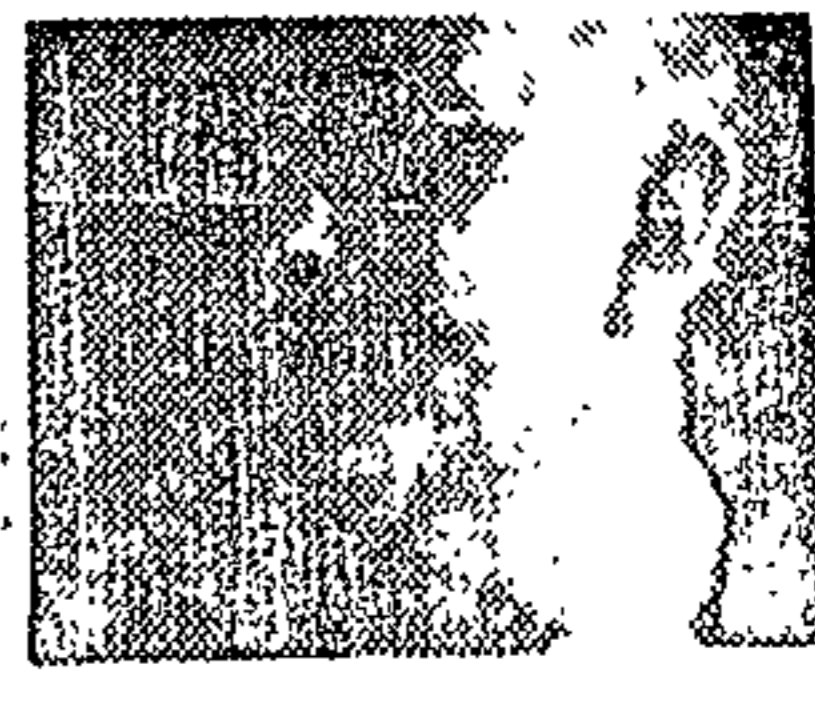
Their probe concerned mainly the actions of three doctors who treated Biko shortly before his death — Tucker, chief district sur-



Dr IVOR LANG



Dr BENJAMIN TUCKER



Dr COLIN HERSCH

Medical report inaccurate says commission

geon of PE and Lang and private physician Dr Colin Hersch.

The commission reported:

• That the medical certificate in which Dr Lang stated he had found "no evidence of any abnormality or pathology" was "highly inaccurate".

"It is plain from a reading of the evidence that it was, to use a euphemism, quite incomplete and could mislead any third party, such as a court, which might have to consider it".

• That despite the fact that he wanted Biko — whose condition had deteriorated considerably — to go to hospital, Dr Tucker agreed that the security police took him by road to Pretoria, at night, unaccompanied by medical personnel.

Protests

• That no medical report was sent along to Pretoria with the patient, and Dr Lang wrote down as a final entry in the bed letter at the Sydenham prison hospital: "Dr Hersch and myself can find no pathology".

The inquiry followed resignations and protests from top doctors about Masa's handling of the aspects of the Biko case.

Only Dr Hersch gave evidence — the commission was informed that the Deputy Director of Health Services, Dr James Gilliland, had instructed that neither of the two district surgeons were to participate in the proceedings.

The commission's report contains no criticism of the role played by Dr Hersch, but states that

despite the fact that Biko showed visible signs of injuries, including a cut lip, neither Dr Lang nor Dr Tucker ever asked him how those injuries were sustained.

That was "strange," and might be accounted for by the fact that the doctors accepted, without question, what Colonel P. J. Goosen, the senior Special Branch man in charge of Biko, had told them.

But they add: "There may be less charitable reasons for this, but as neither of these doctors testified before us we do not think it fair to record other possible reasons for their failure to ask the person, whom they both stated was then their patient, how he came to be injured."

• that although there were "bizarre incidents" at the Sydenham Prison Hospital, which could have provided corroboratory evidence of Biko having sustained brain damage — he was found in a bath filled with water fully clothed and on another occasion lying in an empty bath — Dr Lang failed to report these to Dr Hersch and a neuro-surgeon also involved in the case.

The report says Colonel Goosen's inquest evidence makes it clear that he believed the security police had the final say on whether to follow medical advice or not.

"There is no doubt that in some respects he regarded himself and the security police as being above the law."

Both Dr Lang and Dr Tucker believed Biko should go to a PE hospital where he could be

properly observed, but Colonel Goosen flatly refused on security grounds.

"They felt they had to yield to him, there being no doubt that, although they were employed by the Ministry of Health, their actions were subject to the control at that stage of the police and/or prison authorities."

The report says the decision of the SA Medical and Dental Council not to hold a public inquiry into Dr Lang's and Dr Tucker's conduct, is "somewhat surprising, if not unfortunate, considering the enormous public interest in South Africa and overseas, and the interests of the medical profession itself."

Action

The magistrate presiding at the inquest referred the record of the proceedings to the council — under the Medical, Dental and Supplementary Health Services Professions Act of 1974 — as he considered there was prima facie proof of improper or disgraceful conduct.

• The public had a right to expect stronger action from the Medical Association of South Africa over the death in custody of Mr Biko, Professor Frances Ames, Professor of Neurology at Cape Town's Groote Schuur Hospital, said yesterday.

After studying a report released by Masa, Professor Ames said Masa should call for a full inquiry by the Medical and Dental Council, which had wide power to investigate and to discipline members of the profession.

RDM
24/8/81
93 329

Biko case should go to council, says prof

THE public had a right to expect stronger action from the Medical Association of South Africa over the death in detention of Black Consciousness leader, Mr Steve Biko.

This is the view of Professor Frances Ames, professor of neurology at Cape Town's Grootte Schuur Hospital.

Commenting on the Masa-appointed probe into the ethical issues surrounding Mr Biko's death, she said Masa should call for a full inquiry by the Medical and Dental Council, which had wide powers to investigate and to discipline members of the profession.

Masa itself had no power to do more than admonish and reprimand members and doctors did not have to belong to the association, she said.

"I cannot see any other way of resolving the matter efficiently and rapidly than by insisting that the Medical and Dental Council hold a full inquiry on top of this report.

Impotent

"It is clear that Masa is impotent on matters of medical ethics."

Prof Ames, who resigned from Masa because of its alleged failure to take action after two district surgeons who examined Mr Biko in custody were cleared of improper conduct, thought the report was "excellent".

Mr I Maisels QC, and Prof J N de Villiers were very limited by their terms of reference and the facilities available to them.

She found it remarkable that the report had been presented to Masa in June but not made public until Friday. — Sapa.

BIKO'S DEATH

Doctors may be sued

LEGAL ACTION may still be taken against the two doctors who examined black consciousness leader Steve Biko while he was in detention, and found nothing seriously wrong with him.

A group of prominent South African doctors have been given the go-ahead by legal advisers to institute a civil action against the two Port Elizabeth doctors, a Johannesburg Sunday newspaper reported yesterday.

The doctors, said to be acting out of a "deep sense of outrage" at the lack of any public investigation into the conduct of the two district surgeons, are determined to

bring the matter to court.

And they have launched a private fund-raising campaign to meet the costs of the action against Dr Ivor Lang and Dr Benjamin Tucker, the paper said.

One of the medical assessors at Biko's inquest four years ago, Professor I Gordon, said last week he stood by his original view that there was prima facie proof of improper or disgraceful conduct by the two doctors.

New rules, but are they good enough?

THE ad-hoc committee which investigated the attention that Steve Biko received from doctors found that new standing orders relating to the treatment of detainees have been issued since his death.

Under the heading "Complaints and symptoms of illness of a detainee", they state:

- The services of a competent medical practitioner must be obtained forthwith. Effect must be given to the instructions of the medical practitioner, but should it be necessary for the detainee to be removed for treatment in a hospital other than a prison hospital and such a removal is regarded as involving a security risk, head office must first be consulted.
 - The fact of any illness must without delay be reported to head office by telex so that the Minister can be informed if necessary.
 - No sick detainee must without head office's approval be removed from one city or town to another city or town.
 - Sick detainees must in regard to sleeping and eating facilities enjoy special attention and must be visited more often than in normal circumstances.
 - Save in exceptional cases, for instance where disclosure of the fact of detention of a terrorist will harm the investigation, the nearest relation must be notified of such a condition of illness which in any way may be regarded as serious. Visits to the sick detainee must, however, not be permitted without permission having been granted by head office.
- The committee said: "That these instructions were issued as a result of the Biko case really admits of no doubt. That they are an improvement on the position as it existed pre-Biko, is clear.
- "The question remains, however, whether they go far enough. Firstly, they are merely standing instructions and do not have the force of law cognisable by courts.
- "There would seem to be no valid reason why these instructions should not be enshrined in some parliamentary legislation or embodied in regulations promulgated under the Terrorism Act."
- "Head office" in the standing orders must refer to the Security Branch of the police headquarters in

Pretoria, and "it is our view undesirable that some unknown person sitting in authority in Pretoria should have, as it were, the final say as to the proper treatment to be given to a person whom a medical practitioner has instructed should be removed to a hospital other than a prison hospital.

"We consider it essential that these standing orders, whether promulgated by statute or regulation, be made known and copies thereof be given to all medical practitioners who may be called in by the police in the circumstances envisaged by these standing orders."

protection" to a detainee than in the pre-Biko period, it considered it undesirable that "head office" should have the final say on the matter.

"Given the necessary co-operation by the Security Police, we have already stated that there do not appear to us to be any insuperable security risks that cannot be overcome.

"We wish to emphasise that we venture to make this recommendation not merely in the interests of the detainee or of the medical profession, but in the interests of the State. Biko is, in our opinion, sufficient justification for our views."



Biko shortly before he was detained for the last time.

Detainees by the terms of the legislation, were virtually held incommunicado and the necessity for full and complete certificates, "in addition to their being correct", could not be over-emphasised.

In addition, unless there were "compelling reasons to the contrary", the medical examination of a detainee should not be carried out in the presence of a police officer. In all cases, where possible, the medical practitioner should obtain from the detainee his complaints, as well as any information from the police officer in whose custody he was.

"The new standing order should, by law, be required to be brought to the attention of all medical practitioners who may be called in to treat complaints and symptoms of illness of a detainee."

The committee said that although the standing order now afforded "much better



Steve Biko in his coffin

Truth 'suppressed'

A CERTIFICATE issued by a doctor who examined black consciousness leader Steve Biko shortly before his death was unsatisfactory and incomplete, if not a deliberate suppression of the truth.

This is one of the conclusions of an ad-hoc committee report to the Medical Association of South Africa, referring to the certificate issued by District Surgeon Dr Ivor Lang.

The committee also found "no doubt" that the senior Security Branch officer in charge of Biko's detention, Colonel PJ Goosen, "regarded himself and the Security Police as being above the law."

The report says Lang was first called by Goosen on September 7, 1977, to examine Biko, who was manacled in an office of the Security Branch.

HARDLY IDEAL
"Colonel Goosen had become concerned about Mr Biko's condition. He thought he might have had a stroke.

"The conditions under which this examination took place could hardly be described as ideal.

"After Dr Lang had examined Mr Biko, he issued a certificate reading: 'This is to certify that I have examined Steve Biko as a result of a request from Colonel Goosen of the Security Police, who complained that the abovementioned will not speak.

"I have found no evidence of any abnormality or pathology on detainee."

The report said the certificate had the merit of being short, but was "inaccurate or even highly inaccurate."

"It is plain from a reading of the evidence that it was, to use an euphemism, quite incomplete and could mislead any third

party, such as a court, which might have to consider it.

"Dr Lang had been told by Colonel Goosen that the night previous to his examination Mr Biko had become aggressive and had to be forcibly restrained by the police officers in whose charge he was.

"Although there were injuries apparent to Dr Lang on Biko's lip and other injuries to his body, Dr Lang took no steps to enquire from Biko how he had obtained these injuries."

Referring to Goosen's evidence given at the inquest, the report said there was little doubt that it

left the 'clear impression' that whatever medical advice might have been given, he believed that the final and only say as to whether that advice should be adhered to rested with the Security Police.

There is no doubt that in some respects he regarded himself and the Security Police as being above the law."

The ad-hoc committee consisted of Mr I A Maisels, Judge-President of the Appeal Courts of neighbouring black states, and Prof J N De villiers, former rector of the University of Stellenbosch.

8

Gilliland denies barring doctors from Biko probe

RPM 25/8/81

93 29

Mall Correspondent

THE deputy Director of Health Services, Dr James Gilliland, has denied in Cape Town telling two doctors not to give evidence in an investigation into the death of Steve Biko.

He had, on advice from the Attorney-General, "strongly advised" them that they were not legally compelled to appear before a Medical Association of South Africa committee.

Dr Gilliland's denial contradicts a statement in a report, tabled before the federal council of Masa in June and released at the weekend, that both district surgeons had been forbidden to give evidence.

The report was commissioned by Masa after nationwide protests from the medical profession over three Port Elizabeth doctors not being required to answer charges of misconduct after Biko's death.

They were district surgeon Dr Ivor Lang, chief district surgeon Dr Benjamin Tucker

and Dr Colin Hersch, a private practitioner.

Drs Lang and Tucker refused to appear before the committee — which had no legal power to compel them. Dr Hersch appeared and asked for a public inquiry to clear his name.

The report to Masa said: "Dr J Gilliland had issued specific instructions that neither Dr Lang nor Dr Tucker was to participate in the proceedings before us."

Repeated

Asked to comment, Dr Gilliland said both doctors had approached him, as departmental superior, to ask if they should appear before the committee.

"I took legal advice from the Attorney-General who advised very strongly that they they need not appear."

Dr Gilliland repeated that the doctors were not told that they "should not" appear but that they "need not".

Neither doctor gave evidence "although they were told there was no question of a trial".

Doctors not 'forbidden' to testify

By BOB MOLLOY

THE Deputy Director of Health Services, Dr James Gilliland, yesterday contradicted the Masa report on the Biko case and denied that he had forbidden the state-employed doctors concerned in the case to give evidence.

On advice from the Attorney-General, he had "strongly advised" them that they were not legally compelled to appear before the Masa committee appointed to inquire into the ethical conduct of doctors who treated Mr Steve Biko just before his death in detention.

Dr Gilliland's denial directly contradicts a statement in the report which regretted that both district surgeons concerned had been forbidden to give evidence.

The report, tabled before the federal council of the Medical Association of South Africa in June and released to the media at the weekend, was commissioned by Masa after countryside protests from the medical profession when three Port Elizabeth doctors concerned in the Biko case were not required to answer charges of misconduct.

The doctors were Dr Ivor Lang, district surgeon, Dr Benjamin Tucker, chief district surgeon, and Dr Colin Hersch, a private practitioner. The inquiry was conducted by Mr I Maisels, QC, and Professor J N de Villiers, the former rector of the University of Stellenbosch.

Drs Lang and Tucker declined to appear before the committee, which had no legal power to compel them to do so. Dr Hersch appeared voluntarily and asked for a public inquiry to clear his name. The committee agreed that his conduct in "this whole unfortunate affair was in no sense blameworthy".

In regretting the refusal of the two district surgeons to give evidence, the report said that "Dr J Gilliland had issued specific instructions that neither Dr Lang nor Dr Tucker was to participate in the proceedings before us".

Asked to comment on this, Dr Gilliland said that in his capacity as departmental superior he had been approached by both doctors when they were invited to appear before the committee of inquiry. The doctors had asked him what they should do.

"I took legal advice from the Attorney-General, who advised very strongly that they they need not appear."

Questioned further, Dr Gilliland repeated that the doctors were not told that they "should not" appear but that they "need not".

"The doctors were not forbidden to appear, they were strongly advised that they need not do so," Dr Gilliland said.

The report pointed out that neither of the two doctors gave evidence when invited to do so "although they were told that there was no question of a trial".

"Steps were taken by us to explain to the regional government director of medical services the ambit of our inquiry and that there was no intention to have a trial of any kind, so that he might perhaps persuade these two doctors, who as full-time district surgeons are employees of the Department of Health, Welfare and Pensions, to assist us in our deliberations and perhaps also as a result of further steps that might be taken by the (Medical Association) to assist them in carrying out their duties, especially when, as will be shown, their recommendations were in the Biko case overruled by the security police.

"The regional director felt he could not make any decision himself and would have to seek instructions from Pretoria," the report said.

The commissioners added that Dr Gilliland had subsequently forbidden both doctors to take part in the inquiry, and commented: "Whether if this had not been issued either of the doctors would have given evidence before us we are unable to say."

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6-8	6.3.3.2	
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2-6	Table 2-2	
2-1	2.2.1	
1-11	1.6	
2-28	2.7.4.2	
6-2	6.2.1	1/0 Statement
2-11	Table 2-4	
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in DO-implicated list
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Line of Statement
Initialization Statement
in DO statement
in DO-implicated list
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Maisels stands firm on report

Mail Correspondent

THE Medical Association of SA committee of inquiry into the conduct of the Biko doctors stood firm yesterday on its finding that two of the State-employed doctors had been forbidden to give evidence.

"Our information was that the doctors were not permitted to testify," said Mr I A Maisels, QC.

Mr Maisels, one of the two members of the committee appointed by Masa to investigate ethical issues arising from the death of black consciousness leader Mr Steve Biko in Securi-

ty Police detention, said the report was "absolutely correct".

Mr Maisels was responding to a denial by Dr James Gilliland, Deputy Director of Health Services, that he ordered Dr Ivor Lang and Dr Benjamin Tucker to stay away from the inquiry. Dr Gilliland said earlier this week that he had merely "advised" the doctors they were not compelled to appear.

Mr Maisels yesterday stood by the committee's findings, including a statement that Dr Gilliland, in his capacity as departmental superior, had instructed his district surgeons not to give evidence.

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Table 7.7 and Figure 7.7 show AOP values for different lot percent defectives p. It can be seen that the highest point on the curve, the AOP is 0,93%, which corresponds to lots with 1,4%. In other words, no matter which lots are submitted, defective.

Lot percent defective	P(acceptance)	AOP
.48	.99	.475
.74	.95	.703
.91	.90	.819
1.76	.50	.880
3.01	.10	.301
3.45	.05	.173
4.38	.01	.044

TABLE 7.7 AVERAGE OUTGOING QUALITY FOR ACCEPTANCE SAMPLING PLAN (n = 265, c = 4)

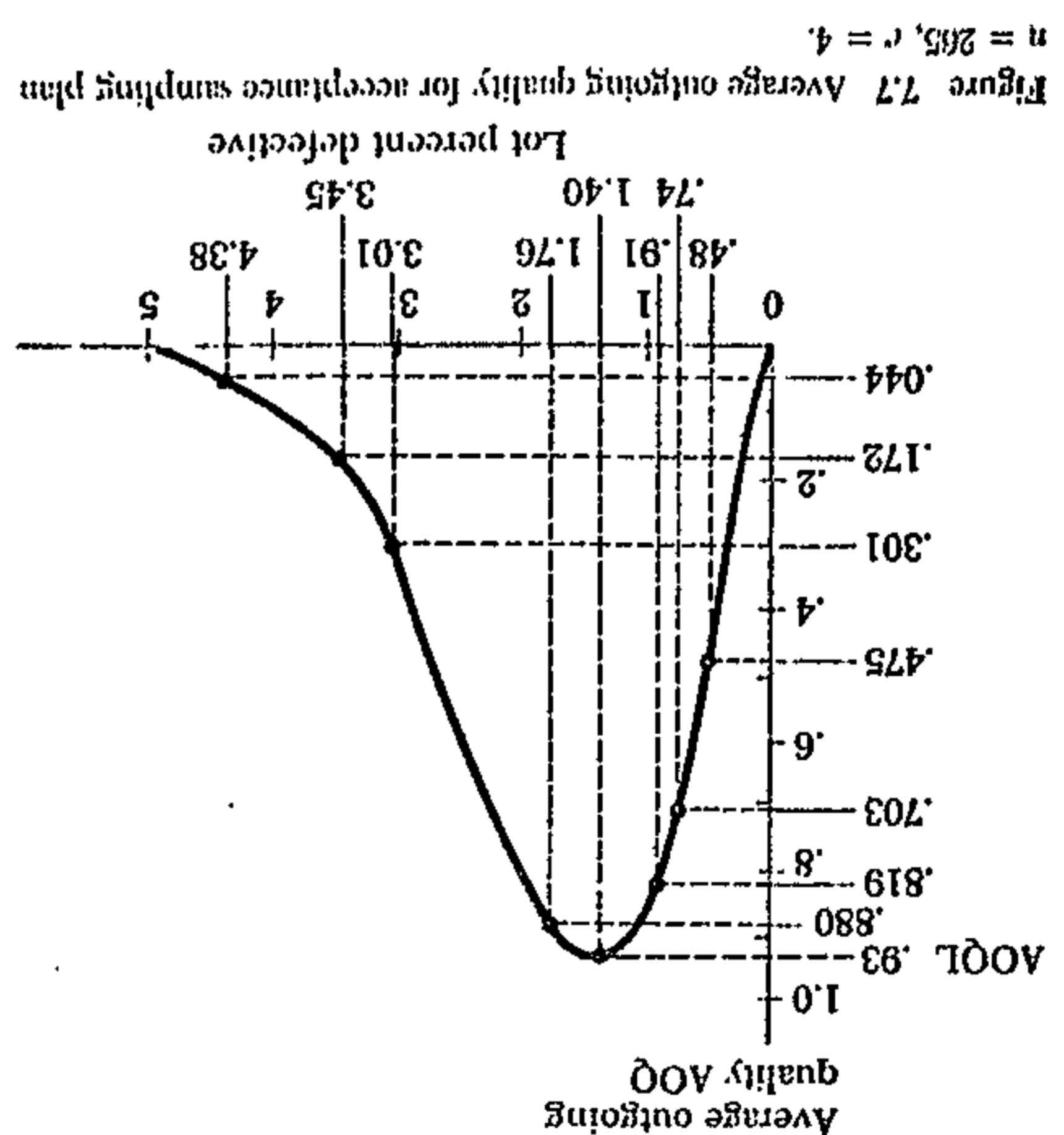


Figure 7.7 Average outgoing quality for acceptance sampling plan n = 265, c = 4

regardless of the quality of the lots being sampled. The actual average quality attained will depend on the values of p in the lots submitted. If lots have p percent defective initially, $AOP = p \cdot Prob(accept/p) + 0 \cdot Prob(reject/p)$ (7.7) (those rejected will have 0 defectives after rectification)

UNIVERSITY OF CAPE TOWN
DEPARTMENT OF ACCOUNTING

TAXATION AND ESTATE DUTY II - 1981

COURSE OUTLINE/READING LIST - 3rd & 4th QUARTER

LECTURE DATE	LECTURE NO.	TOPIC	THE INCOME TAX ACT	MEYEROWITZ	ILLUSTRATIVE EXAMPLES	TUTORIALS
31 August	20	Tax Planning for Asset Acquisitions - leasehold improvements - lease or buy decisions - leverage leasing	ss.1 'gross income' definition paras. (g), (h); 11(f), 11(g), 11(h), 12, 13, 8(4), 8(5)	513 - 524, 765 - 786, 534 - 537, 1423 - 1426	-	T.1319 T.1409 T.1411
14 September	21	Tax Planning for Business Acquisitions - partnerships and joint ventures (briefly) - acquiring assets and liabilities - acquiring shares - interest payable on acquisition	VACATION - 5 SEP ss.11(a), (22, 22A, 24A			
21 September						

Doctors' fees go up next week

By ADA STUJIT

DOCTORS' fees will rise 9.9% and private hospital tariffs by 10% next Tuesday according to a spokesman for the Department of Health, Welfare and Pensions.

But provincial hospital tariffs will remain unchanged.

Fees in general wards of private hospitals with more than 70 beds will rise from R31.50 to R34.50 per day.

And inpatient theatre fees will now be R58.50 - from R52.70 - for the first 15 minutes of an operation and R91.50 for a one-hour operation.

Out-patients will pay R22.50 for the first 15 minutes and R11.50 for every subsequent 15 minutes the operation continues.

The Minister of Health, Dr L. A. P. A. Munnik, approved the increase for doctors at the beginning of July after a recommendation by the South African Medical and Dental Council.

Spokesmen for medical aid schemes said the rise might necessitate a review of members' subscriptions.

Doctors' fees were last raised - by 52% - in November 1979.

T.1424, T.1425
T.1431, T.1432
T.1525, 14.5
16.7, 16.9

REVISION

EXAMINATION - OCTOBER 1981

N.B. THE TUTORIALS REFER TO 'QUESTIONS ON S.A. INCOME TAX 1980' AND THE SOLUTIONS ARE PREPARED ON THE BASIS THAT THE QUESTIONS ARE UPDATED BY ONE YEAR.

Masa stands firm on Biko report

Staff Reporter

THE Masa committee of inquiry into the conduct of the Biko doctors yesterday stood firm on its report that the two state employed doctors had been forbidden to give evidence.

Our information was that the doctors were not permitted to testify. Mr I A Maisels told the Cape Times.

Mr Maisels, QC, Judge President of the appeal courts of neighbouring countries and a member of the two-man committee appointed by the Medical Association to investigate ethical issues arising from the death of Mr Steve Biko in detention, said the report was "absolutely correct".

The second committee member was Professor J N de Villiers, former rector of the University of Stellenbosch. Professor De Villiers

was not available for comment yesterday.

Mr Maisels was responding to a denial by the deputy director of Health Services, Dr James Gilliland, that he ordered Dr Ivor Lang and Dr Benjamin Tucker to stay away from the inquiry. Earlier this week, Dr Gilliland told the Cape Times that he had merely "advised" the doctors that they were not compelled to appear.

Mr Maisels said that all comment on the issue had already been said in the report and he stood by the findings, including a statement that Dr Gilliland in his capacity as departmental superior had instructed his district surgeons not to give evidence.

"Our report was based on information given to the committee. Whatever Dr Gilliland says, it was not conveyed to us," Mr Maisels said.

Attempts by the Cape Times correspondent in Port Elizabeth to contact Drs Lang and Tucker for comment yesterday were unsuccessful.

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THE Masa committee of inquiry into the conduct of the Biko doctors yesterday stood firm on its report that the two state employed doctors had been forbidden to give evidence.	see logical IF statement	

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- c) Ensure that any file the canned runstream is not assigned to the demand run.
- d) The run is started by entering:

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 responsible for allowing people like Dr James Gilliland to give the state doctors the chance to testify. "If that is not an attempt to cover up their professional conduct during their treatment of Mr Biko, I don't know what is?" he said. Dr Munnik said he was unable to open an inquiry because he had no say in the matter. He contradicted the Masa report's statement that the doctors had been forbidden to testify, saying he would outline Dr Gilliland's report. Asked to testify to the Masa inquiry, Dr Lang and Dr Tucker sought the advice of Mr J D Krynauw, regional director of health in the Eastern Cape. He in turn referred the query to Dr Gilliland who asked the State Attorney for his advice. "The State Attorney, not the Attorney-General, as Mr Maisels said, strongly advised them against appearing to give evidence. They were not forbidden. This advice was passed on to them." Dr Munnik said he had no power to institute an ethical inquiry. He also charged that Mr McIntosh, a new member of Parliament, should guard against being used by others to put cases like this in debate.

Mr McIntosh said the Masa report reminded South Africans of the "sickening" events surrounding Mr Biko's death and to read the report was enough to make any decent South African hang his head in shame. He said there was a responsibility on Dr Munnik to open a full-scale investigation for the sake of the three doctors involved. "Dr Colin Hersch has tried to get an open inquiry at every opportunity but the two state doctors apparently don't want to. "What is the image South Africa has of these two district surgeons? It is that they are guilty of something. But we just don't know. It is not fair on them and for their sake I appeal to the minister to launch a full inquiry." It was up to Dr Munnik to release the doctors from the burden. It appeared that Dr Munnik was continuing the cover-up, he said. Asked by the chairman, Mr Tom Langley, what he meant by the remark, he said the minister was ultimately re-

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HOUSE OF ASSEMBLY
 Political Staff
 The Minister of Health, Dr I. A. P. A. Munnik, has denied there was a cover-up of ethical issues surrounding the medical care of Steve Biko while in detention and conducted the charge that two district surgeons were forbidden to testify to a Medical Association of South Africa (Masa) inquiry.

He said during the debate on the health vote yesterday that he had read the Masa report but that he had no feelings about it. "It does not affect me and I have no comment to offer on it."

He refused the accede to a demand by Mr Graham McIntosh, (PFP Maritzburg North) that a full inquiry be launched into the circumstances surrounding the death of Mr Biko after his detention in Port Elizabeth.

Mr McIntosh said during the debate that Dr Munnik should consider reopening the matter by launching an inquiry for the sake of the three Port Elizabeth doctors involved.

He said that one of them, a private practitioner, Dr Colin Hirsch, had tried at every opportunity to have a public inquiry, but had been unsuccessful.

Dr Munnik was critical of Mr A I Maisels, QC, one of the two signatories to the Masa ethical inquiry, who said that the two district surgeons involved in the Biko case, Dr Ivor Lang and Dr Benjamin Tucker, had been forbidden by the Department of Health to testify to the two-man inquiry commissioned by Masa.

He criticized Mr Maisels for inaccuracies in describing the posts held by top Department of Health officials and intimated that such inaccuracies could lead to concern about the report itself.

The Masa report stated that the two district surgeons had been forbidden to testify.

Dr Munnik said yesterday Mr Maisels "can do what he likes with his information."

"If he will give me his source and it leads to Dr Gilliland (deputy director of health services) or Dr Krynauw (regional director for

RECOVERED FOR BIKO DOCTORS

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DR. L. P. A. MUNNIK ACCUSED

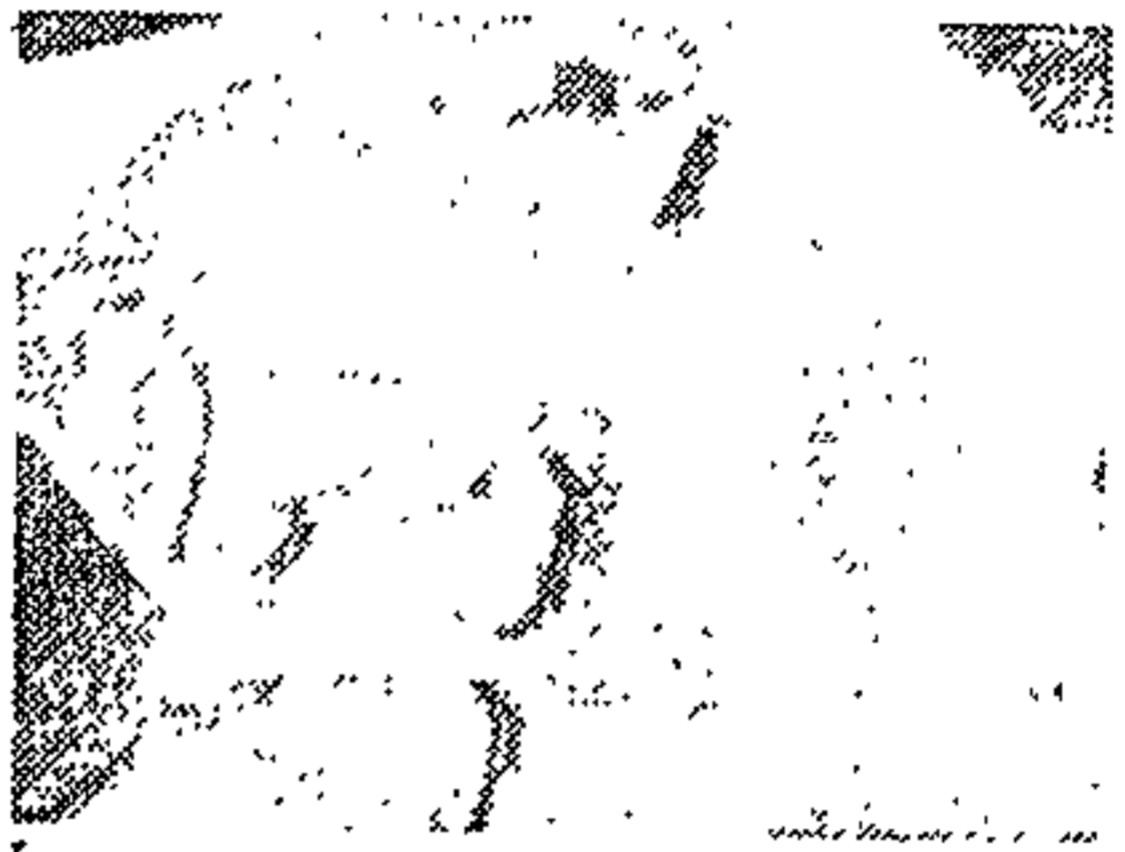
Biko doctors—Munnik

Parliamentary Staff

MR Graham McIntosh MP (PFP Maritzburg North) yesterday accused the Minister of Health Dr L P A Munnik, of being involved in a cover-up of the events surrounding the death of black consciousness leader, Steve Biko.

The accusation was strongly denied by Dr Munnik, who challenged Mr McIntosh to repeat his claims outside Parliament.

Speaking during the debate on the Health Vote, Mr McIntosh said Dr Munnik had been part of a cover-up because he had allowed Dr J Gilliland, the deputy Director of Health services, to give instructions that Dr Ivor Lang and Dr Benjamin Tucker, two district surgeons involved in the treatment of Mr Biko, should not give



Dr L P A Munnik

evidence to a Medical Association of South Africa ad hoc committee which recently investigated the Biko affair.

Mr McIntosh said the report of Mr J A Maisels, Chief Justice of the Botswana Supreme

Court, and Dr J de Villiers, former rector of the University of Stellenbosch, who had headed the inquiry, had stated that the two doctors had not been allowed to give evidence.

INVITATION

Dr Munnik denied this and said that the two doctors had been invited to testify. The matter had been raised by Dr Gilliland with the Director of Health and he had asked Dr Gilliland to refer the problem to the State Attorney.

The State-Attorney had advised that the doctors should not give evidence and this was conveyed to the doctors. 'They were not forbidden to testify they were just advised against it,' said Dr Munnik.

Dr Munnik rejected a demand from Mr McIntosh



Mr Graham McIntosh

that he should refer the matter to the Medical and Dental Council.

Mr McIntosh said it was in the interest of the doctors that the Medical and Dental Council had a full inquiry into the mat-

ter in the interests of the doctors concerned.

The public had the image that 'these people are guilty,' he said.

In replying to the debate, Dr Munnik said the matter was out of his hands. If he told the council what to do they would probably tell him to 'jump in the lake.'

If he was the Minister of Justice, or president of the Medical Council, the situation would perhaps be different.

Dr Munnik said Mr Maisels had made mistakes in the ranks of the various officials involved. Mr Alf Widman MP (PFP Fijlbrow) asked Dr Munnik if he was suggesting the report was inaccurate. Dr Munnik replied he had no comment to make on the report.

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providing housing was for the Council to "force service on

Maisels rejects Biko denial by Minister

By ADA STUJT

A TOP advocate crossed swords with the Minister of Health yesterday on whether the Health Department forbade two Government doctors to testify at the Medical Association inquiry into the Biko case.

The Minister of Health, Welfare and Pensions, Dr L A P A Munnik, attacked Mr Issy Maisels, QC, in Parliament this week, denying a report by Mr Maisels and Professor J de Villiers, former rector of the University of Stellenbosch, that Dr Ivor Lang and Dr Benjamin Tucker were forbidden by his department to testify before the committee.

The Minister said the two doctors were strongly advised

by his department against testifying — after his deputy director for health services, Dr James Gilliland, had obtained legal advice — but were not forbidden to testify.

Yesterday Mr Maisels — who, with Prof de Villiers, examined the ethical issues surrounding the medical treatment of Mr Steve Biko who died in detention four years ago — said he rejected Dr Munnik's denial "with absolute contempt".

He said: "I spoke to Prof De Villiers about it again yesterday and he, once again, confirmed the accuracy of our report."

"Dr Angus Hofmeyer, chairman of the Port Elizabeth Medical Association, confirmed with both Prof De Villiers and

myself that he received the telephone message directly — from either Dr Gilliland or his deputy — that the two doctors would not be allowed to testify.

"We stand by all the facts as stated in our report and I strongly resent Dr Munnik's statement," he said.

Dr Hofmeyer confirmed Mr Maisels' statement. He said yesterday: "What is contained in the ad hoc committee's report is fact. The events as they described them surrounding the two doctors' testimony are absolutely correct."

But Dr Gilliland, when asked for comment, was adamant that the two district surgeons were not forbidden to testify, but were merely "strongly advised not to testify" by his department.

"What my Minister said in Parliament is correct. I did speak to Dr J D Krynauw, the Eastern Cape regional director of health, and he confirmed that Dr Lang and Dr Tucker were not forbidden to testify."

● Dr Munnik and Dr Krynauw could not be reached for comment last night.

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CT 29/8/81
Maisels stands firm on report

Own Correspondent

JOHANNESBURG. — A top advocate crossed swords with the Minister of Health yesterday on whether the Department of Health forbade two government doctors to testify at the Medical Association inquiry into the Biko case.

The Minister of Health, Welfare and Pensions, Dr L A P A Munnik, attacked Mr Issy Maisels, QC, in Parliament this week, denying a report by Mr Maisels and Professor J de Villiers, former rector of Stellenbosch University, that Dr Ivor Lang and Dr Benjamin Tucker were forbidden by his department to testify before the committee.

The minister said the two doctors were strongly advised by his department against testifying — after his Deputy Director for Health Services, Dr James Gilliland, had obtained legal advice — but were not forbidden to testify.

Yesterday Mr Maisels — who, with Professor De Villiers, examined the ethical issues surrounding the medical treatment of Mr Steve Biko, the black consciousness leader who died in detention four years ago — said he rejected Dr Munnik's denial "with absolute contempt".

He said: "I stand by the remarks in our report for Masa.

"Dr Angus Hofmeyer, chairman of the Port Elizabeth Medical Association, confirmed with both Professor De Villiers and myself that he received the telephone message directly — from either Dr Gilliland or his deputy — that the two doctors would not be allowed to testify."

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But Dr Gilliland, when asked for comment, was adamant that the two district surgeons were not forbidden to testify, but were merely "strongly advised not to testify" by his department.

"What my minister said in Parliament on Thursday about this matter is correct. I did speak to Dr J D Krynauw, the Eastern Cape Regional Director of Health and he confirmed that Dr Lang and Dr Tucker were not forbidden to testify.

Dr Munnik and Dr Krynauw could not be reached for comment.

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behind the controversial new BIKO REPORT:

The recent controversial Biko report drew heavily on a survey by a Pretoria academic. The full survey was released exclusively to the Sunday Times this week, before its publication by the Faculty of Law of the University of the Witwatersrand.

THE DEATH of Black Consciousness leader Steve Biko, the unnatural death of any prisoner when in official custody, is a matter of the gravest concern to South Africa's criminal justice system, says Professor S A Strauss of the Department of Law of the University of South Africa.

And if such a death occurs while the prisoner is being, or ought to be, medically treated, it becomes a matter of the utmost importance to the medical profession as well, he says, both from the point of view of professional ethics and the potential legal liability of the doctor.

"These truths have never been better manifested than in the death of Mr S B Biko in 1977 and the circumstances surrounding that tragic event," writes Prof Strauss in a hitherto unpublished survey — "Clinical independence of the doctor in the treatment of prisoners: a critical survey of our law."

Prof Strauss says: "The treatment meted out to men behind bars — and I am not referring in this context to medical treatment only — in the modern world has become a touchstone for some of the most basic values adhered to by democratic societies."

His analysis is one of several articles to be published in a volume by the University of the Witwatersrand's Faculty of Law in tribute to the late Mr Justice Oliver D Schreiner.

Prof Strauss says provisions relating to medical treatment of prisoners are presently scattered throughout legislation, regulations, police orders and guidelines. There were apparent contradictions and this caused confusion.

"The subject of medical treatment of detainees and prisoners is so important that rights and duties should be set forth, clearly and in detail, in a single set of statutory provisions embodied in an Act of



Black Consciousness leader Steve Biko died after 26 days in detention

"The mere fact that a man is a prisoner does not divest him of the right to adequate care, however heinous his suspected crimes . . ."

The Biko row flares up again 93 ~~329~~ By Wilmar Utting

Parliament or statutory regulations," he says.

Mr Biko went into detention as a healthy man and died 26 days later, still in detention and under the general care of medical personnel.

The inquest magistrate said Mr Biko's death was the result of a probably a scuffle with the police.

There followed bitter indignation on the part of large segments of the public, embar-

rassed and embarrassing Ministerial explanations, denunciation of South Africa internationally, painful self-examination on the part of the medical profession, a protracted inquest, litigation and intense public debate ever since," says the report.

"The treatment meted out to men behind bars — not only medical treatment — in the modern world has become a touchstone for some of the most basic values adhered to by democratic societies.

"The mere fact that a man becomes a prisoner . . . is not regarded as divesting him from the right to receive adequate health care, however heinous his crime or suspected crime may be," says Prof Strauss.

In 1975 the World Medical Association, meeting in Japan, adopted guidelines for medical doctors concerning torture and other cruel, inhuman or degrading treatment or punishment in relation to detention

patient at all times. Should he believe his instructions are not being complied with, he must report to the prison commanding officer and the regional director of State health services.

If a prisoner asks for his own doctor, this should be seen as a privilege, not a right.

However, the prison doctor must at least consult the patient's private doctor

But, writes Prof Strauss, although a district surgeon is employed by the Department of Health, the Prisons Act makes it clear that the doctor works under the general control and direction of the Commissioner, and, in theory at least, the Commissioner can overrule the decisions of the doctor.

Prof Strauss says he has been assured by experienced district surgeons that prison staff are sympathetic towards recommendations for special medical treatment of prisoners.

cant in the sense that a policeman who fails to obey the law exposes himself to disciplinary action

Also, it is a criminal offence for a policeman to fail to comply with an order issued in terms of the Police Act.

Prof Strauss emphasises that the provisions, if not made law by Parliamentary legislation, should at the very least be embodied in promulgated regulations.

The Standing Order makes it clear that the police must call in the district surgeon or other doctor to attend to seriously injured or ill prisoners.

Of special significance is the provision whereby policemen are ordered to carry out, without delay, "any instructions given by the doctor called in to act for him"

This intimates that it is the doctor who has the final say regard to medical treatment.

The Standing Instruction, issued after Steve Biko's death, is evidence of special concern about the medical treatment of detainees. It lays down:

- o The services of a competent medical practitioner must be obtained forthwith.

- o Effect must be given to the instructions of the medical practitioner, but, should it be necessary for the detainee to be removed for treatment in a hospital other than a prison hospital, and such a removal is regarded as involving a security risk, Head Office (an obvious reference to Security Police Headquarters in Pretoria) must first be consulted.

- o The fact of any illness must, without delay, be reported to Head Office by telex, so that the Minister can be informed if necessary.

- o No such detainee must, without Head Office's approval, be removed from one city or town to another city or town.

- o Sick detainees must, in regard to sleeping and eating facilities, enjoy special attention and must be visited more often than in normal circumstances.

- o Save in exceptional cases, for instance where disclosure of the fact of detention of a terrorist will harm the investigation, the nearest blood relation ("bloedverwant") or relation by marriage ("aanverwant") must be notified of such a condition of illness which in any way may be regarded as serious.

Visits to the sick detainee cannot, however, be permitted without permission having been granted by Head Office.

Prof Strauss notes that of all the laws relating to the safety of the State, none contains any provision for the medical treatment of prisoners.

It has been suggested in the Terrorism Act, which makes provision for the indefinite detention of suspected terrorists, effectively prevents access of medical practitioners to detainees held under the Act.

But, says Prof Strauss, this is not so.

Sub-Section Six of the Act reads: "No person, other than the Minister (of Justice) or an officer in the service of the State acting in the performance

doctors and others who have insisted on a full disclosure of the facts of the death of the banned black-consciousness leader Steve Biko resulted in the damning report published this month by the Medical Association of SA (Masa) committee that investigated the case.

Since Biko's death in a Pretoria hospital on September 12, 1977, after being driven there, naked and sick, in the back of a utility vehicle from Port Elizabeth without a medical attendant or facilities, there have been allegations from many quarters of a massive cover-up to protect those involved.

Biko was banned in 1973, when the entire leadership of the black South African student organization Saso was crushed by bannings and arrests.

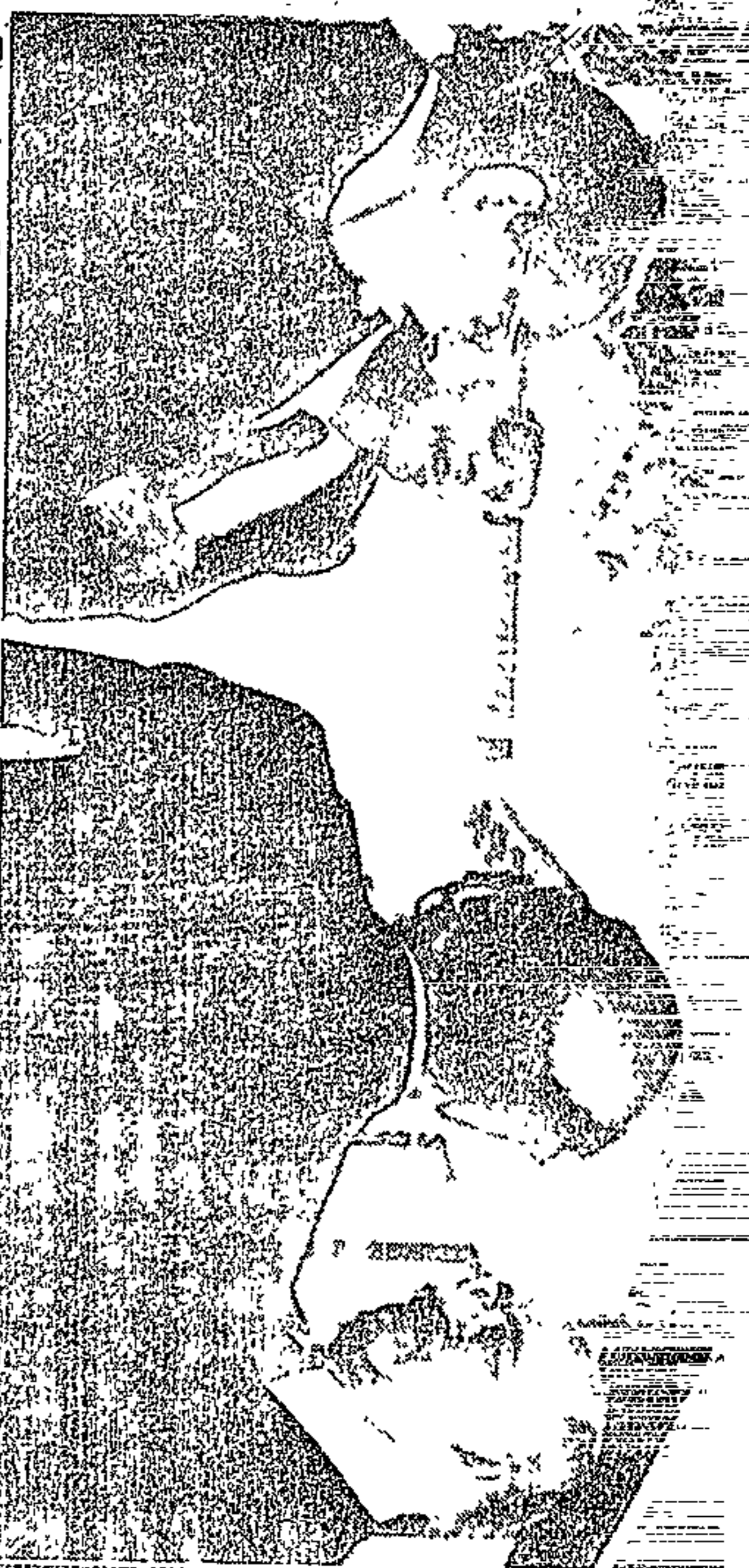
In August 1977 he was arrested a second time by police at King William's Town, with another black-consciousness leader, and was taken to Port Elizabeth where he was detained under Section 6 of the Terrorism Act.

He became ill while in solitary confinement and was taken to Pretoria for hospital treatment.

The circumstances of his death there started a storm of outraged protest around the world, and spokesmen for the two main opposition parties called for the urgent appointment of a judicial inquiry.

This is the course that events have taken since Biko's death: September 13, 1977 — The then Minister of Justice, Mr Jimmy Kruger, says Biko died eight days after starting a hunger

ON BIKO'S DOCTORS: Damning allegations



The three Port Elizabeth doctors who examined Steve Eiko before his death, with another medical witness (back to camera) at the inquest in Pretoria in November, 1977. From left: Dr Ivor Lang, Dr Colin Hersch and Dr Benjamin Tucker.

strike. He also says the government will regard the inquiry as the only judicial inquiry that will take place.

The following day Mr Kruger tells the Transvaal National Party congress that Biko was a violent revolutionary whose death left him cold. This latter remark immediately echoes around the world.

September 15, 1977 — Mr Kruger says Biko was fed intravenously during his treatment in Pretoria before he died, and Mrs Helen Suzman of the Progressive Federal Party calls on him to clear up discrepancies that have begun to appear in official statements.

A statement by Mr Kruger on SABC-TV that he never suggested at any stage that Biko had starved himself to death brought further FFP criticism that Mr Kruger was sowing "complete and utter confusion in the public mind".

September 24, 1977 — Preliminary results of the autopsy conducted on Biko

show he died of severe brain damage.

An extensive newspaper investigation in the Transvaal, said to have included interviews with the three doctors who examined Eiko while he was in detention in Port Elizabeth, reveals that Biko showed no signs of a hunger strike or of dehydration, and that in fact he was overweight.

October 1977 — Amid a growing storm of outraged protest the Sunday newspaper Rapport becomes the first of several Nationalist newspapers to call for a full inquiry into Biko's death.

The attorneys-general of the Transvaal and the Eastern Cape announce they have decided not to institute any criminal proceedings in the affair.

November 9, 1977 — Mr Kruger says in Pretoria that Biko died of brain injuries but, he adds, "a man can damage his brain in many ways".

He says he has drawn no

conclusions about the cause of death.

November 14, 1977 — It is disclosed at an inquest in Pretoria that Eiko was involved in a violent struggle with five security police interrogators in a Port Elizabeth security police office on September 7 — five days before he died in Pretoria. During the inquest the two district surgeons, Dr Benjamin Tucker and Dr Ivor Lang, and the specialist physician, Dr Colin Hersch, who saw Biko while he was in detention in Port Elizabeth, admit to oversights and wrong interpretations.

Dr Tucker admits that in spite of having taken the Hippocratic Oath he had "subordinated the interests of his patient to those of police security". He had described Biko's condition before he was taken to Pretoria as "satisfactory" because he thought Biko might be shamming, he said.

January 1978 — The chief magistrate of Pretoria refers portions of the inquest record to the SA Medical

and Dental Council, and in May 1978 — the president of the SAMDC, Professor Hennie Snyman, confirms that a committee is investigating possible action against the three Port Elizabeth doctors.

At the same time Mr Kruger says police holding Steve Biko before his death made errors of judgment — but that no further action is planned.

He categorically denies that South African policemen torture prisoners, and says such "scandalous allegations" should stop.

March 1979 — The SAMDC has, 18 months after Biko's death, reportedly not yet decided whether to investigate the conduct of the three Port Elizabeth doctors.

Exonerated

April 1980 — A decision by a preliminary investigating committee of the SAMDC to exonerate the three doctors is greeted with astonishment and dismay by opposition parliamentarians and by many members of the medi-

cal profession, in the light of evidence given at the inquest.

May 1980 — The Minister of Health, Dr I. A. P. A. Munnik, refuses to convene a special meeting of the SAMDC to probe the medical findings of the three doctors. "I have no intention of interfering with the disciplinary functions of the SAMDC," he tells Parliament.

Petition

June 1980 — A petition calling on the SAMDC to hold an urgent meeting to discuss the conduct of the three doctors circulates in all main centres of the Republic. At the same time the special committee of the SAMDC confirms that the three doctors will not face disciplinary action.

The Medical Association of SA takes the unprecedented step of asking the SAMDC and the government to state whether they are satisfied that the medical care given to Steve Biko conformed

with the standards of the Hippocratic Oath. A call for mass resignations from the MASA follows a statement by the association that the Port Elizabeth doctors exercised reasonable skill and care and were not guilty of negligence. A number of resignations followed, including that of Professor Stuart Saunders, now vice-chancellor and principal of the University of Cape Town.

'Ethical issues'

February 1981 — The federal clinical committee of the MASA appoints an *ad hoc* committee comprising Mr I. M. Misset, QC, and Prof J. N. de Villiers, former rector of the University of Stellenbosch, to investigate the medical care received by Biko before his death and to consider "ethical issues" that required "further consideration".

In its report published this month, this committee found that Dr Ivor Lang's medical certification of Biko's condition before his death was "unsatisfactory and incomplete", if not a deliberate suppression of the truth.

Changes

The report also criticized the inadequacy of regulations covering the health of detainees, called for changes in detention regulations and urged doctors to report breaches directly to the minister of police and to their medical associations.

It added that the three Port Elizabeth doctors had been forbidden by the Department of Health to appear before the committee.

In the House of Assembly this week, Dr Munnik denied that there was a cover-up of ethical issues surrounding the medical care of Biko, and he also contested the MASA committee's charge that the three doctors were forbidden to testify before it.

that the proportion of people making a living from agriculture had dropped, probably considerably, since 1960.

TABLE 8: NATIONAL ACCOUNTS OF THE HOMELANDS, 1960/1, 1970, 1973, AND 1976

(R ' 000)

1960/1		1970		1973		1976	
%		%		%		%	
56	338	49	72 111	24	127 409	25	258 711
26	235	23	81 582	27	138 839	28	278 272
32	727	28	147 158	49	235 157	47	460 927
115	300	100	300 851	100	501 405	100	997 910
G D P							
Income from	commuter	-	149 972	313 881	864 525	1 342 304	- 124 538
Income from	migrant workers	143 300		663 324			
Less: 'foreign'	payments	-		60 374			
G N P		258 600		418 236		3 080 201	
% GNP from	commuters and	55,4		68,9		71,6	
% GNP from	migrants	37		53		68	
GDP per capita	(1970 prices)	37		53		68	
GNP per capita	(1970 prices)	75		133		187	

Growth: 60/70 (real) (% p a) 70/80
 GDP per capita 1,3 8,4
 GNP per capita 3,3 10,3

Source: BENS0, 1976: Tables B. BENS0, 1979: Tables 34
 Note: The per capita population figures which are to be used in the more so as time passes

Samsa Star resigns to save face

ands have been rising er capita having risen ecting the increasing

on Dept. of Statistics or Immigration to the rates after 1970, the

The South African Medical Students Association resigned from the International Federation of Medical Students before it could be expelled.

This was confirmed today by Mr Stephen Grobler, former president of Samsa, who recently returned from the IFMS conference in Australia.

"We resigned to save face," he said.

The IFMS has discussed the expulsion every year since 1976. Pressure has been mounting since the death in detention of the Black Consciousness leader Mr Steve Biko.

Students from the University of the Witwatersrand and UCT walked out of the Samsa national conference early last month and there will be no further contact until a commitment is made to non-racism.

Natal University disassociated itself from Samsa some time ago.

A motion was passed at the IFMS conference urging the International Medical Association not to consider the Samsa application for readmission.

Munnik slated on Biko comment

By ADA STUIJT

OMBUDSMAN Mr Eugene Roelofse has written to the Minister of Health Dr L A P A Munnik, taking him to task for his comments on the MASA medical ethics report on the death in Security Police detention of the black consciousness leader Mr Steve Biko.

Mr Roelofse said in his letter to Dr Munnik:

"This morning, you were reported in the Press as having told the House of Assembly that you had read the MASA report and that you had no feelings about it.

"The papers quote you as saying 'I does not affect me and I have no comment to offer on it'.

"With respect, Mr Minister, we must point out:

• Dr Iver Lang, as district surgeon, is employed by you.

• Dr Lang is, used a highly inaccurate report on the condition of Mr Steve Biko — a patient in his care, therefore in the care of your Department and, ultimately, in your care as Minister.

• The SA Medical and Dental Council, whose members are appointed by you, refused to take disciplinary action against this doctor.

"Against this background your comment that a report which highlights these issues 'does not affect you' is to us, inexplicable.

"We believe that the accuracy or otherwise of any report issued by any person in your department is of the greatest importance to you and that you share the same view.

"Please, may we ask you to correct any misimpression which might have been created by the comment we referred to?"

• Dr Munnik was not available for comment yesterday.

Anatomy of two Johannesburg doctors, one black, one white

Recent statistics show that out of 12 638 doctors in South Africa, only 3 374 are general practitioners in private practice. Most of Johannesburg's 2 000 medical practitioners are specialists and there are possibly fewer than 400 GPs in the city. In Soweto there are only 17 GPs. **LIN MENGE** spoke to two GPs, family doctors in the warmest sense of the word. Both are middle-aged, one is white, one black. Both work a seven-day week, both start early and end late. Both see a very large number of patients daily. Both need to see many patients to make their practices pay. Yet although they may be working at opposite ends of the socio-economic scale, they, and their patients, have more in common than either might expect.



100 a day and still they come

LACK doctor's patients number several dozen by the time he arrives at the surgery at 10am. There are no appointments. Some 100 patients daily wait their turn in his Soweto surgery. Doctor works straight through, without a lunch break, until about 3.30 pm when there is usually a lull. From about 4pm the queue starts forming again and he is back in the surgery at 5 pm. He continues until 7.30 or 8 pm. On Saturdays and Sundays he consults in the mornings. He is one of 17 GPs in Soweto. And patient numbers are increasing.

"The people find it more convenient to come to a doctor than to attend the congested clinics. And they like the personal treatment, the personal touch, which they do not receive at hospitals and clinics." "You never turn patients away. You go on until the crowd has gone. Even if someone arrives just as you are leaving, you still turn back and attend to them. It is because you have compassion."

turn from work with tension headaches and migraines, pensioners who can afford neither food nor medical treatment, and a great number of chest complaints made worse by the smog which blankets Soweto.

blacks a normal consultation fee, and to give them a prescription — but where to find a pharmacy nearby remains an expensive problem. The reluctance to pay the doctor a fee for specific treatment is a hangover from the days when white doctors let underpaid black workers have their consultations and medicines for a nominal amount.

How black doctor would like his patients to be able to afford, not only their medical fees, but better food and living conditions. And free general education, for adults and children, because people's way of life is dictated by their standard of education.

If he had a personal wish it would be for a qualified partner and the opportunity to see his patients through their illnesses all the way, from consulting room to hospital ward. He does a weekly voluntary stint at a clinic and attends lectures and ward-visits one evening a week at Baragwanath. Paper work, such as filling in certificates for employers, is done as it

Consultation

The phone starts ringing early in the morning. Occasionally a home visit is needed, depending on the nature of the illness. But home visits are "bothersome" when there are so many people waiting, impatiently, at the surgery. And nowadays more township people have cars and can get themselves to the doctor.

The late afternoon consultation brings the workers, either for attention for themselves or for a child or sick person who has fallen ill during the day and has had to wait for their return.

lungs have "had it". Superstitions and ignorance are not serious problems. There are also complaints of a family nature — quickly diagnosed once the patient has confidence in the doctor. And black patients have confidence in their GPs, although increasingly they too will want to consult specialists. Inevitably there are a few blacks who prefer white or Indian doctors.

"It's a result of oppression — that some people think a white man is better than a black." He supposes he gives enough time to each patient. It varies so much with the complaint. And he needs the large number of patients to pay his way. The cost of salaries, fuel, drugs — even at wholesale prices — and rent and maintenance of a surgery are rising steadily. But blacks cannot afford ordinary medical fees, so they are charged a flat rate of either R5 or R8 a visit. The very few who can afford normal charges object to being treated differently.

Where his practice used to be 50% house calls when he first started, it is now 80% consulting. The idea that because a child has a sore throat he dare not leave the house and the doctor must call, has been outgrown. People are asked to come in if they can, although an old person with a minor illness is more likely to be

for a pension-less old age, while doctor needs a reasonably high number of patients. "It would be nice to say that one must just practice medicine and the business side will take care of itself, but it doesn't. The costs of running a medical practice have increased astronomically. And one isn't necessarily doing a shoddy job simply because one is seeing a large number of patients rapidly, provided there are all the checks and balances and the door is kept open. In fact I think one can do an interesting and good job by seeing a comparatively large number of patients."

This is a "nice" practice, an established family practice, middle class, able to afford to follow his advice, ageing with him, and including many immigrants, and of course smoking. It is not much use generalising and moralising, but the doctor will make some impact if he can show the patient his X-rays on the viewing board in the surgery, and point out, say, the

flat rate

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likely to be

the area.

and mental illness problems are often screened by the minor organic ailments which bring the patient in. Either the floodgates open, which is fine if the doctor has the time to follow up the problem, or the patient will not volunteer the information and goes away, his problem unresolved. In that case all the doctor can do is leave the door open — "If you don't feel better then I'd like to see you again." On the second visit the doctor will more easily be able to say, "Do we pursue this problem on an organic basis, or an emotional basis?"

Then there are the self-imposed illnesses — caused by over-indulgence in food and liquor, and of course smoking. It is not much use generalising and moralising, but the doctor will make some impact if he can show the patient his X-rays on the viewing board in the surgery, and point out, say, the

Let twins develop their separate identities

PARENTS of twins should make a point of differentiating between them, particularly during their first 10 years. Too many tend to treat twins as a single unit — bathing and putting them to bed together, dressing them alike, referring to them collectively as "the twins".

All of which stunts their intellectual and emotional development, says Alma Hannon, lecturer in behavioural psychology at the University of the Witwatersrand.

She is to be the speaker at a SA Multiple Birth Association seminar entitled "The Mother of Twins", which is to be held tomorrow at the Milpark Holiday Inn.

Twins treated in this way are less likely to develop a sense of their separate identities — and all sorts of complications flow from their lack of self awareness.

"Unless they are differentially treated by their parents, their closeness will be emphasized to an undesirable degree. They will, for instance, tend to develop their own closed communication system, consisting of gesture, symbols and incomprehensible sounds."

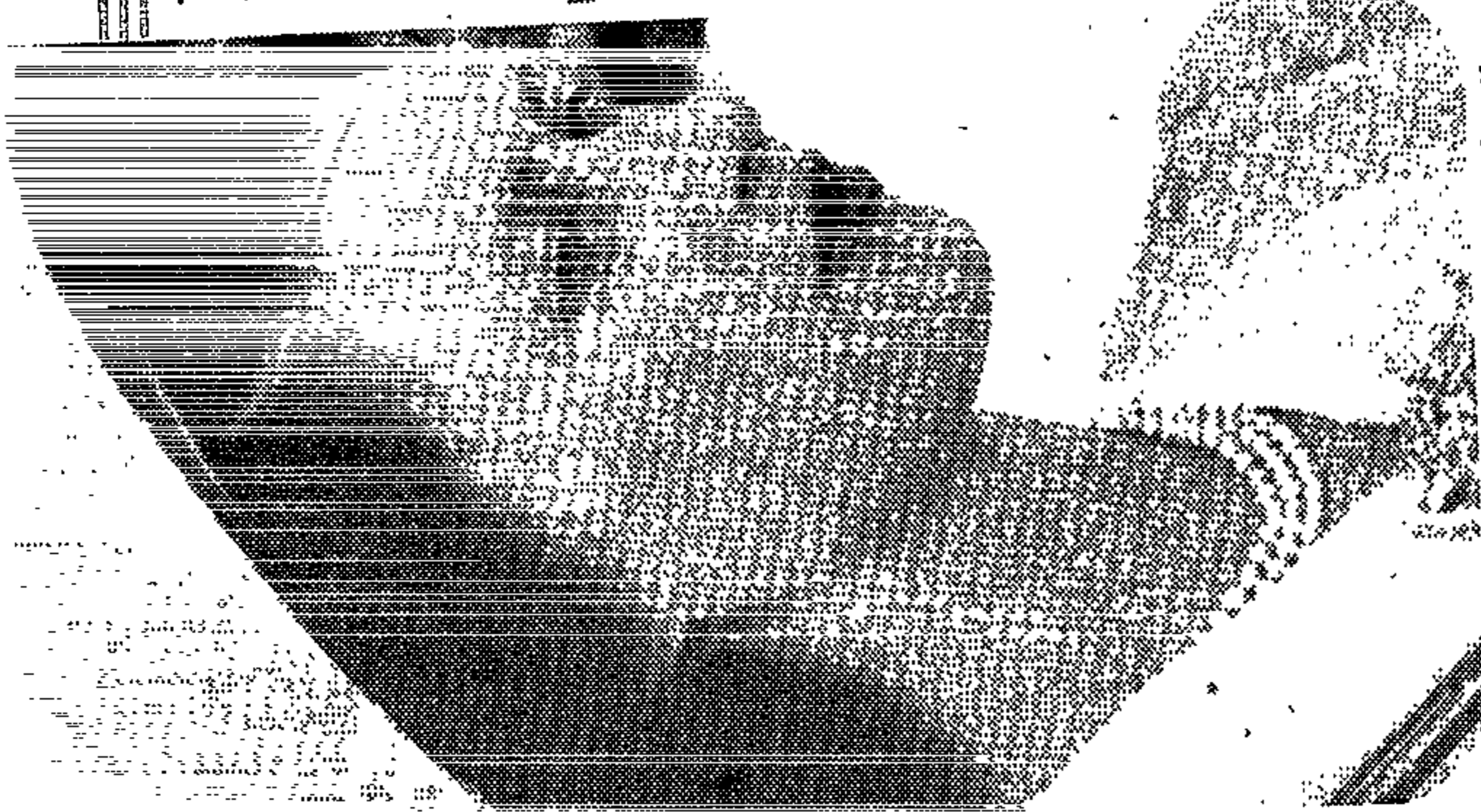
Not only does this delay the learning and use of normal speech but, often, the twins become so absorbed in themselves they cannot relate to others or to the physical world around them.

Impair

In some cases this may impair their intelligence: "If they were tested, for instance, they would not have the responses appropriate to their age. This is because they function as a separate entity — they learn to adapt to one another more than to their environment."

None of this need happen if the parents are aware of the dangers, though. "Twins will invariably develop an enormous closeness — sibling rivalry among twins is almost unknown. But parents can intercede to prevent this developing barrier — one which may be very disconcerting not only for them but for other siblings."

Some parents, however, don't even try. "In these cases, the twins end up wanting the same things, the same clothes, the same toys."



RADIANT AT 17... Margaret, in love for the first time, during her 1947 visit

Behind the Woman

SO there I was, face to face with a princess, and I forgot to curtsy. (My hairdresser will never forgive me).

It is arguable whether Princess Margaret or we were more surprised when, as she stood outside the Royal Swazi Spa after the official cocktail party which the Press had gatecrashed, waiting for her maroon Rolls, a scruffy photographer stormed in where others would not have dreamed of treading and started a conversation.

Showing true royal cool and a warm, if weary smile, Princess Margaret exchanged charming small talk for several remarkable minutes while her ever-present entourage looked on — surprised but unprotesting.

Relationship they used to with their GP, but calling the GP for emergencies while talking of my "Gynie" and my paediatrician Family, marital, schooling

are losing out, not having the relationship they used to with their GP, but calling the GP for emergencies while talking of my "Gynie" and my paediatrician Family, marital, schooling

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that Pr Never al official s and frien in-waiting Occasit they exc grumpy y her when night. What o choirs the they won dozens of but the g wished s to Zimba in the sons in th

no longer satisfied with an examination and assurance, "You've got your doctor saying, 'You've got a cold, let's watch it,' they want X-rays and blood tests and an opinion from a thoracic specialist."

"In some ways I think they are losing out, not having the relationship they used to with their GP, but calling the GP for emergencies while talking of my "Gynie" and my paediatrician Family, marital, schooling

are losing out, not having the relationship they used to with their GP, but calling the GP for emergencies while talking of my "Gynie" and my paediatrician Family, marital, schooling

While doctor snatches a half an hour for lunch at home, makes house calls and nursing home visits and perhaps assists at an operation. A bleeper keeps him in touch with his surgery. Then it's back to consulting until 7.30 or 8pm. He takes in any emergency calls on the way home. Saturday he consults until 2 pm, and takes emergency calls in the afternoon. Sunday calls are shared out between several doctors in

Black doctor's long hours leave little time for family matters. "My wife feels the burden," he says, "and he would love his own family to go elsewhere for treatment, but they won't. So he attends to them himself. But he hardly ever goes to a doctor himself, and doesn't have regular check-ups. Would he do it all again? I think so. There is satisfaction in seeing someone, who comes in suffering, get relief."

There is only one pharmacy in Soweto, which opened recently near Baragwanath Hospital. Medical aid makes it possible to charge more and more

"We dispense solely for the convenience of our patients," he says. "There is only one pharmacy in Soweto, which opened recently near Baragwanath Hospital. Medical aid makes it possible to charge more and more

And of course to scare victims of self-induced illness, such as heavy smokers and drinkers, that their liver or

The congested housing, the polluted environment, leads in patients to spread and complaints to become chronic. "There is little one can do about one's patients living conditions, except going on telling them to try to make the best of things."

A few patients come to the doctor's house later in the evening. In his younger days, black doctor went out on house calls until midnight but night-time travel simply isn't safe in Soweto nowadays, and patients are more likely to go to hospital in an emergency.

From tiny Dabites whose mothers need advice on care and feeding them, children with gastro-enteritis, adults who re-

the medicines he dispenses. This means that a child for whose treatment he has been paid R5 goes away with pills and cough mixture costing nearly R7.

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By Ingrid Stewart

A BUREAUCRATIC tangle appears to be delaying the correction of "an anomaly" which a group of Natal doctors say is widening the salary gap between black and white medical officers employed by the State.

Following last week's Sunday Tribune report which disclosed that racial discrimination still existed between some doctors employed in provincial service — through a system of double-notch increments for white medical officers only — the Department of Health and the Commission for Administration are at odds with each other as to who is sorting the problem out.

Last week Dr James Gilliland, deputy director-general of the Department of Health, told the Sunday Tribune that the matter had been handed over to the Commission for Administration.

S. Tribune 6/9/81

BUREAUCRATIC TANGLE DELAYS EQUAL PAY DEAL

93

But, on Thursday, the secretary of the Commission, Mr Gerrie van Zyl, said his department had not been officially informed and could do nothing about it until they had been notified through official channels.

He said the matter had mentioned "in passing" to one of the officials in his department.

In response to this Dr Gilliland said Mr van Zyl was "way on top" in the Commission and was probably not aware of what was happening below him.

However, Mr van Zyl said he had spoken to the person directly concerned with salary adjustments. He had told Mr van Zyl

that there had been no official input from the Department of Health on the matter.

Meanwhile, the Natal doctors are concerned that the "anomaly" has already widened the gap between white and black medical officers and will continue to do so as long as it remains in force. They claim to have salary advice notes which indicate that white medical officers are already ahead of their black colleagues who have the same experience.

Dr Gilliland, however, says doctors will not be "materially effected".

"Very few people go through all the notches. Some of them may be

promoted to senior positions," he said.

Whenever there were salary adjustments, there were anomalies, he said, "and then we make inputs to rectify them".

"We have taken a policy decision that there will be no racial discrimination and I can assure you the matter is receiving attention," he said.

The doctors reacted to Dr Gilliland's statement by saying that he seemed to be side-stepping the real issue — that parity does not exist between white and black doctors in the ranks of medical officers.

They also do not accept that the "anomaly" was an oversight.

Bara doctor in court over man's death

By MIKE LOUW

DOCTORS at Baragwanath Hospital work under extreme pressure because of the high rate of violence in Soweto, a Johannesburg Regional Court magistrate was told yesterday.

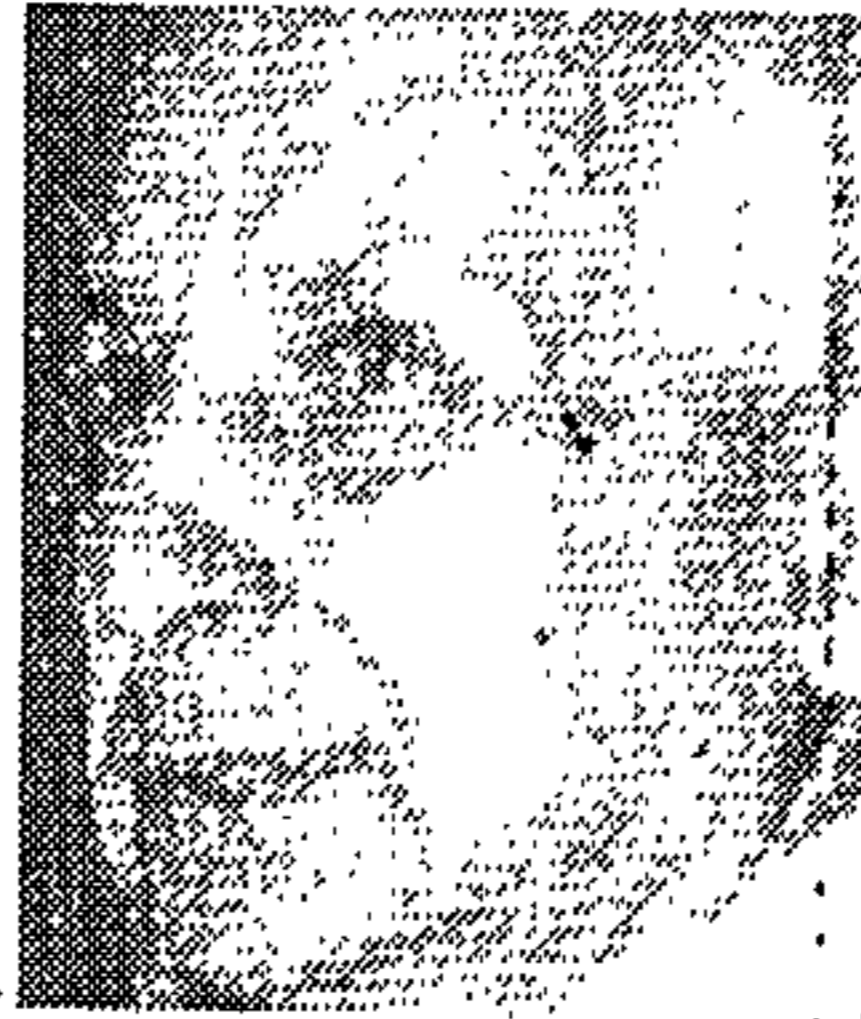
This was said in evidence by Dr Abraham Isaac Klein, 52, a trainee surgeon at the hospital.

Dr Klein pleaded not guilty to a charge of culpable homicide before Mr G Steyn.

The State alleges that he contributed to the death of Mr John Maredi on May 2, 1979, due to his alleged failure to render necessary medical treatment.

It is also alleged that:

- He failed to examine Mr Maredi on May 1, 1979, alternatively that he failed to examine him thoroughly enough to enable him to make a proper diagnosis.
- He refused or failed to give the deceased any treatment which was needed.
- He refused or failed to admit him to the hospital or failed to keep Mr Maredi under observation.
- He failed to explore the wound of the deceased to establish the seriousness of it and to make a proper diagnosis or he failed to ascertain whether the deceased needed a blood



DR KLEIN
culpable homicide charge

transfusion.

- He failed to operate on Mr Maredi.

Dr Klein told the court that doctors at Baragwanath Hospital worked under extreme pressure and were sometimes on duty for 24 hours because of the high rate of violence in Soweto.

Decisions

He and his colleagues had to make quick decisions about what treatment should be given to patients.

Mr Maredi was transferred from the Far East Rand Hospital (FERH). Dr Klein examined him in the surgical section of Baragwanath Hospital after he had earlier been checked by another doctor in the casualty section.

Dr Klein said he noticed a stab wound on the left side of the neck. Mr Maredi was conscious and his pulse and blood pressure were normal.

There were no signs that Mr Maredi had suffered loss of blood or that a major vessel had been injured.

Mr Maredi was returned to the FERH by an ambulance after it was decided that he should be kept under observation.

Dr Klein said he had believed that it was highly improbable that Mr Maredi's condition would deteriorate.

He did not make notes about the medical history of Mr Maredi because he had to attend to another patient.

Dr Klein said he later spoke to a doctor at the FERH and asked him why Mr Maredi was not attended to by a surgeon or the superintendent before being transferred.

Le Grange: Biko file is closed

APUS 11/9/81
Parliamentary Staff 93
AS far as the South African Police were concerned the 'Biko file' was closed, Mr Louis le Grange, Minister of Police, said yesterday.

Mr le Grange was speaking during the debate on his vote, after Mrs Helen Suzman (PFP Houghton) raised points concerning the recent report on the Medical Association of South Africa's ethical inquiry into the death of detainee, Mr Steve Biko.

Mrs Suzman said the committee consisted of two eminent men — an advocate, Mr J A Maisels, and Professor J N de Villiers, former rector of Stellenbosch University.

Part of the report drew attention to the fact that although certain standing orders and conditions under which a detainee should be held in terms of Section 6 of the Terrorism Act had been issued by the Commissioner of Police after the 'Biko affair,' these standing

orders did not have the force of law.

The contents of these standing orders — setting out the procedures to be adopted in regard to sick detainees, emanated from police regulations, with which only police were familiar.

Mrs Suzman said the committee had stated that the orders should be made known, and copies of them given to all medical practitioners called in by the police when a detainee was ill.

The committee had also recommended that the orders be made legally enforceable.

Another recommendation was that the headquarters of the Security Branch in Pretoria should not have the final say as to whether a detainee be removed to a hospital other than a prison hospital — this should be done on medical opinion.

'The implication is clear — the committee wants at

all costs to avoid another 'Biko,' as indeed we all do,' said Mrs Suzman.

It was interesting to note that since Mr Biko died in 1977, no other detainee had died in detention.

This was a 'welcome change' from the years preceding Mr Biko's death during which many died, some allegedly as a result of 'extraordinary accidents,' and others as a result of suicide on instructions of the 'communist party.'

She believed the cessation in deaths was because the Security Police were being more careful in their handling of detainees under interrogation.

'But there is nothing like making doubly sure that we do not have any more 'Bikos.' I ask the Minister what steps he has taken, if any, to follow the recommendations of the committee,' she said.

In reply Mr le Grange said he was not prepared to make the standing orders legally enforceable. Mrs Suzman had in fact erred — the orders were issued years before the death of Mr Biko.

Regarding the referral of detainees to hospitals, Mr le Grange said this was done on advice from the doctor, and not on instructions from headquarters.

The police had not been involved in the ethical inquiry, and all he knew of it was what he had read in the Press.

The only contact had been a request from the inquiry committee for permission to visit the police cells in Port Elizabeth where Mr Biko was detained. This request was, rightly, turned down.

'Apart from that we were not involved, and we do not want to get involved. As far as the police are concerned, the Biko file is closed,' he said.

Anatomy of two doctors, one black, one white



Recent statistics show that out of 12 638 doctors in South Africa, only 3 374 are general practitioners in private practice. A special correspondent spoke to two GPs, family doctors in the warmest sense of the word. Both work a seven-day week, both start early and end late. Both see a very large number of patients daily. Both need to see many patients to make their practices pay. Yet although they may be working at opposite ends of the socio-economic scale, they, and their patients, have more in common than either might expect.

A hundred a day and still the patients queue at the surgery

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About 100 patients daily wait their turn in his surgery. Doctor works straight through, without a lunch break, until about 3.30pm when there is usually a lull. From about 4pm the queue starts forming again and he is back in the surgery at 5pm. He continues until 7.30 or 8pm. On Saturdays and Sundays he consults in the mornings.

"The people find it more convenient to come to a doctor than to attend the congested clinics. And they like the personal treatment, the personal touch, which they do not receive at hospitals and clinics.

"You never turn patients away. You go on until the crowd has gone. Even if someone arrives just as you are leaving, you still turn back and attend to them. It is because you have compassion."

The phone starts ringing early in the morning. Occasionally a home visit is needed, depending on the nature of the illness. But home visits are "bothersome" when there are so many people waiting, impatiently, at the surgery. And nowadays more township people have cars and can get themselves to the doctor.

The late afternoon consultation brings the workers, either for attention for themselves or

for a child or sick person who has fallen ill during the day and has had to wait for their return from the city. These patients come on foot, or by car or taxi. A few patients come to the doctor's house later in the evening.

In his younger days, black doctor went out on house calls until midnight but night-time travel simply isn't safe in the black townships now and patients are more likely to go to hospital in an emergency.

The patients are very mixed — from tiny babies whose mothers need advice on care and feeding, children with gastro-enteritis, adults who return from work with tension headaches and migraines, pensioners who can afford neither food nor medical treatment, and a great number of chest complaints.

Gastro-intestinal ailments such as peptic ulcers result from stress, and large and small bowel syndrome from the too-refined diet of today's urban blacks. Stress also reveals itself increasingly in high blood pressure. Alcoholism, too, is on the increase, and with it related diseases ranging from pellagra to psychosis. There is quite a lot of mental illness.

"Although many people don't realise it, a lot of blacks suffer from depression. At first one might think these were organic illnesses, but often in talking, in discovering the history of the illness, you

Black doctor

find an underlying factor that indicates depression."

Talk and advice goes a long way, but the patient must be examined so that he feels he has been to a doctor. But no placebos — there are specific anti-depressant drugs for such patients.

The congested housing, the polluted environment, leads infections to spread and complaints to become chronic.

"There is little one can do about patients' living conditions, except go on telling them to try to make the best of things."

And of course to scare victims of self-induced illness, such as heavy smokers and drinkers, that their liver or lungs have "had it". Superstition and ignorance are not serious problems.

There are also complaints of a family nature — quickly divulged once the patient has confidence in the doctor. And black patients have confidence

in the GPs, though increasingly they too will want to consult specialists. Inevitably there are a few blacks who prefer white or Indian doctors.

"It's a result of oppression — that some people think a white man is better than a black."

He supposes he gives enough time to each patient. It varies so much with the complaint.

And he needs the large numbers of patients to pay his way. The cost of salaries, fuel, drugs — even at wholesale prices — and rent and maintenance of a surgery are rising steadily. But blacks cannot afford ordinary medical fees, so they are charged a flat rate of R5 or R8 a visit. The very few who can afford normal charges object to being treated differently.

But the flat rate charged by black doctor includes the cost of the medicines he dispenses. This means a child for whose treatment he has been paid R5 goes away with pills and cough mixture costing nearly R7.

"We dispense solely for the convenience of our patients," he says.

Medical aid makes it possible to charge more blacks a normal consultation fee, and to give them a prescription — but where to find a pharmacy nearby remains an expensive problem.

The reluctance to pay the doctor a fee for specific treatment is a hangover from the

days when white doctors let underpaid black workers have their consultations and medicines for a nominal amount.

Now black doctor would like his patients to be able to afford not only their medical fees but better food and living conditions. And free general education, for adults and children, because people's way of life is dictated by their standard of education.

If he had a personal wish it would be for a qualified partner and the opportunity to see his patients through their illnesses all the way, from consulting room to hospital ward. He does a weekly voluntary stint at a clinic and attends lectures and ward visits one evening a week. Paper work, such as filling in certificates for employers, is done as it comes. Occasionally, if he can find someone to stand in for him at the surgery, he will take an afternoon off.

Black doctor's long hours leave little time for family matters.

"My wife feels the burden," he says.

And he would love his own family to go elsewhere for treatment, but they won't. So he attends to them himself. But he hardly ever goes to a doctor himself, and doesn't have regular check-ups.

Would he do it all again? "I think so. There is satisfaction in seeing someone, who comes in suffering, get relief."

A long, gruelling day, he says, but it's worth it

WHITE doctor's telephone starts ringing at 6.30am. It's like a light switch, he says, there day and night to be switched on at will whether the need is urgent or not.

After making one or two urgent house calls, he starts his consulting at 8.15am. Appointments are set for every 15 minutes, with emergencies fitted in as they come. But people who can understand their own child being taken first for attention for a cut finger do not always understand why their appointment must wait for someone else's emergency.

"Sometimes one feels like saying 'hell with the lot of them, consulting hours are 3 to 6, they can come in and sit down and wait'. But I've never felt that I could turn people away. Some of my colleagues simply say, 'Look, I'm not seeing any new patients', but someone's got to do it."

And it takes the same time to see 10 patients as it does to see 20 because he can then spend more time talking and going into matters in greater depth — especially as such a high percentage of ailments have their origin in emotional problems which need talking out.

Where his practice used to be 50% house calls when he first started, it is now 80% consulting. The idea that because a child has a sore throat he dare not leave the house and the doctor must call has

been outgrown. People are asked to come in if they can, though an old person with a minor illness is more likely to be visited at home than a young man who goes home ill from work and who could drop by at the surgery.

White doctor snatches half-an-hour for lunch at home, makes house calls and nursing home visits and perhaps assists at an operation. A bleeper keeps him in touch with his surgery. Then it's back to consulting until 7.30 or 8pm. He takes in any emergency calls on the way home.

Saturday he consults until 2pm, and takes emergency calls in the afternoon. Sunday calls are shared out between several doctors in the area.

Why take on operations? "Because I'm interested in seeing what happens to my patients and because the patients like it. They like a familiar face there, a hand to hold."

White doctors try to leave one afternoon free of routine consulting so he can visit hospital patients and catch up on paperwork. Insurance companies expect their reports to be completed the same day, and find it hard to understand that doctors have to fit such chores between seeing patients.

The workload is heavy because of many problems that need time-consuming talking out and because white South Africans, like their American counterparts, have become sophisticated and demanding

White doctor

about health care.

"In the past they would have lived with a pain in the chest or a cough, but now they are aware of 'symptoms'. They are no longer satisfied with an examination and assurance and their doctor saying 'you've got a cold, let's watch it'. They want X-rays and blood tests and an opinion from a thoracic specialist.

"In some ways I think they are losing out, not having the relationship they used to with their GP but calling the GP only for emergencies while talking of 'my gynie' and 'my paediatrician'."

Family, marital, schooling and mental illness problems are often screened by the minor organic ailments which bring the patient in. Either the floodgates open, which is fine if the doctor has the time to follow up the problem, or the patient will not volunteer the information and goes away, his problem unresolved.

In that case all the doctor can do is leave the door open — "if you don't feel better than I'd like to see you again". On the second visit the doctor will more easily be able to say "do we pursue this problem on an organic basis, or an emotional basis?"

Then there are the self-imposed illnesses — caused by over-indulgence in food and liquor, and of course, smoking. It is not much use generalising and moralising, but the doctor will make some impact if he can show the patient his X-rays on the viewing board in the surgery and point out, say, the reduced lung capacity, irreversible damage and a graph of what will happen if he does not curb his heavy smoking.

"Smoking," he says with grim satisfaction, "gives us an enormous amount of business."

Vascular problems, resulting from stress, diet and smoking, and respiratory problems, depending on the season, form a large part of this case load.

If doctors could work at the rates plumbers charge, they could afford to say they will see so many patients and no more. But to make his practice pay, to be able to make a reasonable living and provide for a pension-less old age, white doctor needs a reasonably high number of patients.

"It would be nice to say that one must just practise medicine and the business side will take care of itself, but it

doesn't. The costs of running a medical practice have increased astronomically.

"And one isn't necessarily doing a shoddy job simply because one is seeing a large number of patients rapidly, provided there are all the checks and balances and the door is kept open. In fact I think one can do an interesting and good job by seeing a comparatively large number of patients."

His is a "nice" practice, an established family practice, middle-class, able to afford to follow his advice, ageing with him, and including many immigrants and also blacks — the domestics of his white patients.

But his family suffers from his being too tired to discuss things when he gets home. Younger doctors are more particular about putting their families first, and he thinks this is right. Even medically his family are "badly neglected". He tends to look at their ailments himself and then perhaps refer them to a colleague.

He never went to a doctor himself — until he had a coronary thrombosis four years ago. Even now he has to be persuaded to go for check-ups. He is fairly immune, he thinks, to current infections, though he has been coughing for about three months.

"But I would do it all again. Goodness knows why. But it's a privileged profession."

The very quiet and private lives of the Biko doctors

S. Express 13/9/81 93



● Steve Biko died in detention

THIS weekend marks the fourth anniversary of the death in detention of Steve Biko. To most of White South Africa it is no anniversary at all.

The Minister of Police, Mr La Grange, told Parliament this week that the police considered the Biko file closed. The medical profession — or parts of it — have tried earnestly for years to close their files too.

But, in many parts, Biko has not been forgotten. In New Zealand, on Friday, thousands of anti-apartheid protesters marched through the streets of Auckland behind a huge flaming banner spelling out the name Biko. In Black townships this weekend, memorial meetings are planned.

In this climate of continuing uneasiness, two figures have never emerged from the shadows in which they have contrived to place themselves ever since the death made world news — the two medical men, employees of the State, who were called to attend Mr Biko while he lay dying.

Many newspapers have tried to talk to them. None has succeeded.

**Sunday Express Correspondent
CLIFF FOSTER
took a closer look...**

ALMOST every working morning, Dr Benjamin Tucker drives from his home in the elite beachside suburb of Summerstrand, Port Elizabeth, to his office of Chief District Surgeon in the Ebon Donges block of government offices in the shabbier district of North End.

His ride takes him down the new North-South freeway, on an elevated course past the old Sanlam Building whose upper floors house offices of the Security Police.

If he looks to his left he is looking into the offices from which the dying Steve Biko was taken for his ride to Pretoria.

It was in these offices that Dr Tucker was one of the last people to see Biko alive. What transpired there has been the subject of heated debate since the Biko inquest, when the professional conduct of Dr Tucker and his colleague, Dr Ivor Lang,

principal District Surgeon, was called in to question.

Biko died of brain injuries after being shackled, naked, in the Sanlam offices from August 19 to September 6, lying in the end on a urine-soaked mattress, bruised, mumbling vague replies, unable to walk before home

life are from the archives of the local paper, which also contains a report on the granting of a restitution order to his wife, Adele, in 1966, who said the doctor was spending a great deal of time with his receptionist and gave her expensive presents, including a car.

The archives contain the names of three women listed as his wives over the years — Adele, Marie, and Penny.

His file in the newspaper library is a heavy one, but after the Biko affair his communication with the Press has come to an end.

In the four years since the Biko inquest, Dr Lang has not once been home to the Press.

The same goes for his senior colleague, Dr Tucker.

Demands to explain their conduct in the old Sanlam Building have howled about their ears like the window-rattling south-wester that buffets their offices from the bay, but the two doctors have maintained a silence, unbroken and profound.

The demands have come from many quarters. Apart from the usual political bodies, they have come from respected figures in the establishment.

They have come from members of their own profession, from doctors in their own city.



● Dr Benjamin Tucker four years of silence

transported 1,000km to Pretoria in the back of a Land Rover.

Why the district surgeons did not oppose the trip, report the extent of his injuries, or press the Security Police to admit him to hospital are questions which have begged answers since the inquest.

Dr Lang takes an entirely different route through the city to his office in the Ebon Donges building. He still lives on his farm, Tulbagh, in the upper reaches of the Baakens Valley, where he has lived for many years.

There, in the rural serenity, Dr Lang used to pursue the unusual hobbies of cinematography, and growing strawberries.

But he has not enjoyed the unbroken peace of the amateur dabbling in placid pursuits.

One night in May 1961 he was sitting in his lounge at 10pm, listening to a gramophone record with his mother-in-law, when a mystery marauder fired two shots through the window. Dr Lang was sitting close to the window but the shots missed him.

A few weeks later guard dogs were roaming the grounds on 15m chains.

These details of the doctor's

But for four years the Biko pair has remained silent.

The doctors sought, and failed — through the Supreme Court to block a move by the South African Medical and Dental Council to hold a preliminary inquiry into their conduct.

But the preliminary inquiry decided no further action was needed and the doctors were not called to explain themselves.

This decision shook the medical profession. Five of the six doctors on the committee taking the decision were Government appointees, and all five were Broederbonders.

Top medical men have since demanded a new probe.

But the Medical Association of South Africa also decided to take no further action in the matter. Members then threatened to resign.

More recently, a Medical Association committee of inquiry said Dr Lang's certification of the condition of Steve Biko just before his death was "unsatisfactory and incomplete".

But the report has brought no word of comment from the doctor and, when a reporter sought comment from Dr Tucker, his receptionist asked who was calling and then said: "Then he is not available."

Inquiry into
ROM. **finances of** **SA doctors**
14/9/57

93

AN INQUIRY described as "absolutely essential to dispel all misconceptions regarding the financial aspects of giving medical care in South Africa" is being undertaken by the Commission of Inquiry into Health Services.

In a letter appearing in the latest issue of the South African Medical Journal, Mr E Langeveld, secretary of the commission, says Professor P J Nieuwenhuizen and Dr A I van der Westhuizen, of the Department of Economics at the Rand Afrikaans University, have been instructed to conduct an investigation into the financial status of the medical profession in South Africa.

A questionnaire will be mailed to 25% of the doctors registered with the South African Medical and Dental Council.

Mr Langeveld said the information obtained from the questionnaire would reflect the true financial position of the profession.

The project will be handled on an "extremely confidential" basis. — Sapa.

The very private lives of the Biko doctors . . . continued

Ex Pat 15/9/81
 (13) (37)

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The Minister of Police, Mr Le Grange, told Parliament last week that the police considered the Biko file closed. The medical profession — or parts of it — have tried earnestly for four years to close their files too.

But, in many parts, Biko has not been forgotten. In New Zealand, thousands of anti-apartheid protesters marched through the streets of Auckland behind a huge flaming banner spelling out the name Biko. In black townships in South Africa thousands more attended memorial meetings.

In this climate of continuing uneasiness, two figures have never emerged from the shadows in which they have contrived to place themselves ever since the death made world news — the two medical men, employees of the State, who were called to attend Mr Biko while he lay dying.

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These details of the doctor's life are filed in newspaper archives which also contain a re-

port on the granting of a restitution order to his wife, Adele, in 1986, who said the doctor was spending a great deal of time with his receptionist and gave her expensive presents, including a car.

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16/11/81
1977

Apologise, Roelofse tells Masa

INDEPENDENT ombudsman Mr Eugene Roelofse yesterday called on the general secretary of the Medical Association of South Africa, Dr Marais Viljoen, to apologise for his attack on black medical groups opposed to Masa's application to join the World Medical Association.

Mr Roelofse said in a statement it was bizarre for Masa of all organisations to question the credibility of other groups.

"Masa at no stage laid charges against the Biko doctors with the medical council. This they could have done in terms of section 41 of Act 56 Of 1974."

It took Masa from November 1977 to July 1980 to officially discover that Steve Biko did not receive five star treatment," he said.

"How's that for a speedy diagnosis? Yet it has the cheek to apply for membership of the very body whose standards were flouted," he said. — Sapa.

Can the Biko

It was ironical that only two days before the fourth commemoration of Steve Biko's death, the Minister of Police, Mr Louis le Grange, told Parliament: "As far as the police are concerned, the Biko file is closed."

Mr Le Grange might have added that the government wished the whole Biko affair would just go away, but, as the demonstrators in New Zealand showed on their placards, there is no way the government's hopes and wishes will be respected.

Indeed, the name of Steve Biko, one of King William's Town's most noted sons, has been written into the history books for ever.

And the manner in which he died — in a Pretoria police cell of brain damage after being driven naked in the back of Land-rover from Port Elizabeth — will never be forgotten.

The police file may be closed for now, but the other files will not close so easily.

Last week, in trying to gain something positive on the whole sordid matter, the veteran spokesman on civil liberties in Parliament, Mrs Helen Suzman, the MP for Houghton, said although certain standing orders and conditions under which a detainee can be held in terms of Section Six of the Terrorism Act had been issued after the Biko affair by the Commissioner of Police, these did not have the force of law.

The Ethical Committee, appointed by the Medical Association of South Africa, had urged that these orders be known and copies given to all medical

practitioners when a detainee was ill.

The committee had recommended that the orders be made legally enforceable, Mrs Suzman said.

Another recommendation was that the headquarters of the security police in Pretoria should not have the final say on whether a detainee be removed to a hospital other than a prison hospital. This should be done on medical opinion.

Mrs Suzman said it was interesting to note that since Mr Biko had died in 1977, no other detainee had died in detention.

This was a welcome change from the years preceding his death, when a number of detainees, some allegedly as a result of "extraordinary accidents" and others as a result of suicide on instructions of the "communist party".

She believed the cessation of deaths was because the security police were being more careful in their handling of detainees under interrogation.

"But there is nothing like making doubly sure that we do not have any more 'Bikos'," she emphasised and she asked Mr Le Grange what recommendations of the committee had been implemented?

Mr Le Grange said that he was not prepared to make the standing orders legally enforceable, but in fact Mrs Suzman had been wrong because they had

File ever be

closed?

DD 17/9/81
93

remember so well Mr Kruger made the famous statement that sent shock waves around the world: Steve Biko was a violent revolutionary whose death left him cold.

It was a stupid, callous statement which led to Mr Kruger's political demise. Like his leader, Dr Connie Mulder, Mr Kruger is now espousing right-wing causes.

But it was not only that. It signified the determination of the authorities to play down the whole affair as much as possible.

Rather than go to court over Biko's death, the state settled out of court for the substantial sum of R65 000 paid to Mrs Ntsiki Biko and their children. The inquiry found no one criminally responsible for his death.

And the medical inquiries, rows within the Medical Association of South Africa, the use of government-paid lawyers for the doctors concerned, have resulted in precious little action other than the recent recommendations of the Masa inquiry which the Minister of Police reads about only in the newspapers.

One of the most able political leaders in South Africa dies of brain damage after a long trip in the back of a police van, while naked, and without medic-



Steve Biko

been issued years before Steve Biko's death.

The Minister said the referral of detainees to hospitals was done on the advice from the doctor — not from police headquarters.

But, in any event, the police had not been involved in the ethical inquiry and all he knew of it was what he had read in the press.

The only contact had been a request from the committee to visit the cells where Mr Biko had been detained, but this, rightly, had been turned down.

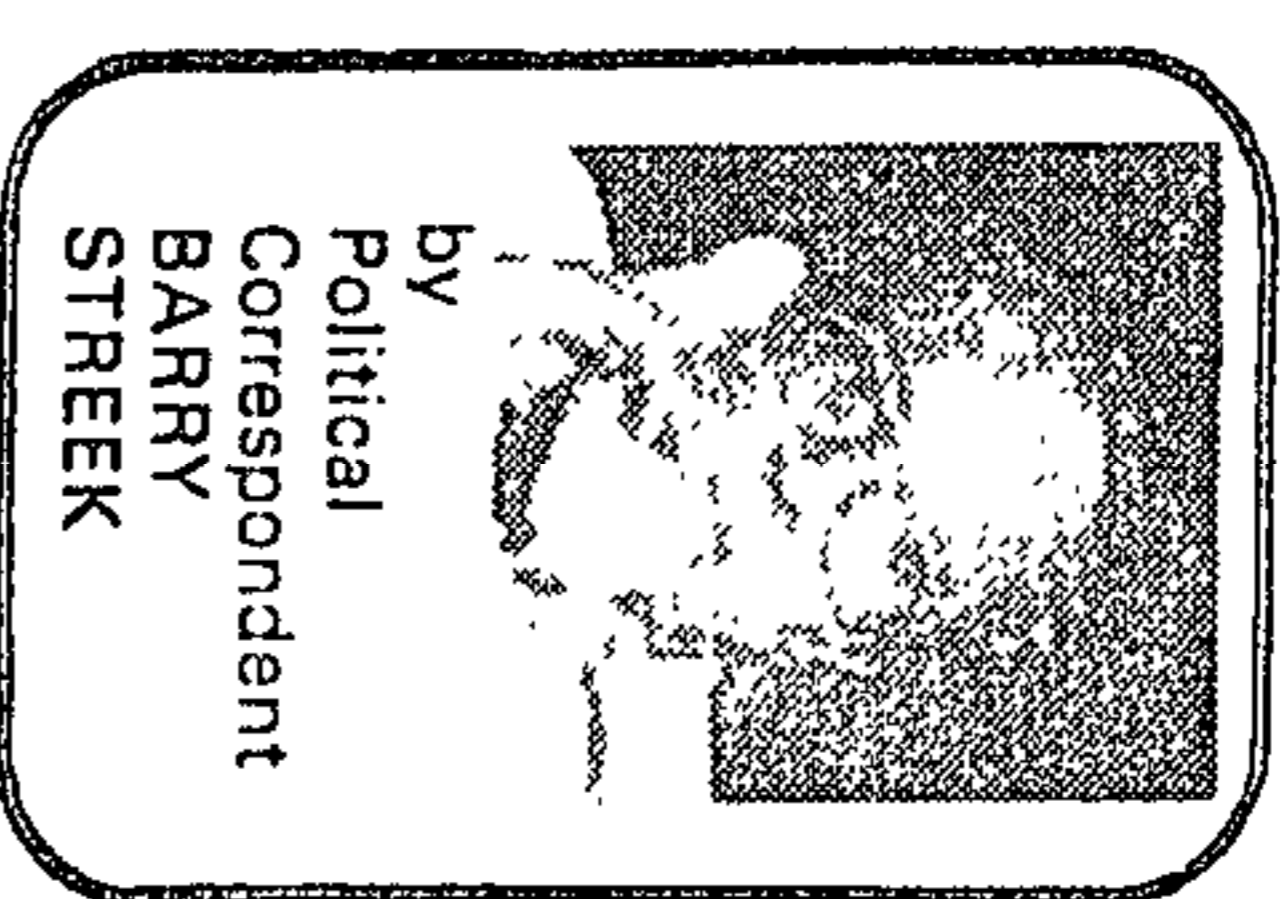
"Apart from that, we were not involved, and we do not want to get involved."

Of course, this hands-off approach is directly in line with everything the government has done since Steve Biko's death four years ago.

When the death of the Black Consciousness leader was first confirmed by the then Minister of Justice and Police, Mr Jimmy Kruger, the authorities tried to put it out that he had died because of a hunger strike.

At a Transvaal congress of the National Party, I

be



Political Correspondent BARRY STREEK

Donald Woods' Biko, which has been read throughout the world in numerous languages, is banned in South Africa.

Father Alfred Stubbs' collection of Biko writings



Minister of Police, Louis le Grange — referral of detainees to hospitals done on the advice from the doctor

and speeches. I Write What I Like, has been banned, as has a Defence and Aid book by Hilda Bernstein and the U.S. published Steve Biko, Black Consciousness in South Africa.

But in spite of all these efforts to wipe out the memory and stature of Steve Biko, there were still memorial services held throughout South Africa this week. His name is still held high by protesters outside the country.

Today, Black Consciousness is no longer as dominant as it was, say, in 1976. The emphasis on race in its basic ideology has been widely criticised and the democratic organisations which reject racial criteria have made considerable headway.

Who knows, Steve Biko might well himself have been part of that movement if his life had not been cut short.

What is clear is that he was one of the significant leaders of change in South Africa in the 1970s and nothing will change that. Nor, indeed, can his writings and sayings be removed from South Africa, whatever the actions of the authorities.

A few months before he died, Steve Biko said: "You are either alive and proud or you are dead and when you are dead you can't care any more."

"And your method of death can itself be a politicising thing. So you die in the riots. For a hell of a lot of them there's nothing really to lose."

That was the sort of comment that illustrated why neither Steve Biko, nor the manner of his death, will ever be suppressed.

Kick SA doctors out of world body, say medics

RDM 23/9/80
93

LONDON. — Fourteen medical groups in South Africa representing mainly black doctors, nurses and medical workers — have appealed to members of the World Medical Association not to re-admit South Africa to the world body.

In a lengthy document they give their reasons for this appeal. The document has been distributed among delegates who will be attending the WMA conference in Lisbon from Monday and at which the re-admission of the Medical Association of South Africa will be considered.

Medical sources who support South Africa's re-admission feel this document could torpedo Masa's chances.

Whether it will sway representatives of those countries which back South Africa — notably the United States, Australia and

By MARGARET SMITH

New Zealand — remains to be seen. What is undeniable is that it will strengthen the anti-South African lobby which will see it as representing black medical opinion within the country.

Anti-apartheid sources, which have been campaigning against South Africa's re-admission, welcome the document. They claim that at least three African countries — Nigeria, Ghana and Libya — have said they will withdraw from the world body if South Africa is re-admitted.

The following are the signatories to the document: the Natal Health Workers' Association, Transvaal Medical Society, Health Workers' Society in Cape Town, Cape Health Organisation, Port Elizabeth Doctors' Group, Durban South Doctors' Group, Port Shepstone Doctors' Guild, Durban North Doctors' Guild, Pietermaritzburg Doctors' Guild, Medical Graduates' Association of the University of Natal, Interns' Representative Committee at King Edward VIII Hospital, Islamic Medical Association, Medical Students' Representative Council at the University of Natal, Witwatersrand Medical Discussion Group and Black Students' Society at the University of the Witwatersrand.

Biko

In presenting their case against Masa, the signatories allege it is an instrument of State policy. They go on to quote statistics on the infant mortality rate among black children, compare expenditure on medical facilities for blacks and whites and refer to the case of the black nationalist leader Steve Biko, who died in detention.

In conclusion the signatories state: "We can come to no other conclusion but to find the Medical Association of South Africa guilty of failing to uphold the highest traditions and ethics of the medical profession and failing to ensure that health care is available on a non-discriminatory basis for all citizens of this country."

"We therefore ask you to reject any submissions by Masa, especially for admission to the WMA."

Black groups blast Masa

93 *Sweinn* *25/9/81*

SEVERAL black organisations last night vowed to oppose the bid by the Medical Association of South Africa to be re-admitted to the World Medical Association next week.

This dramatic move was decided upon at an emergency summit organised by the Transvaal Medical Society (TMS) at Glyn Thomas Hall, Baragwanath Hospital.

A memorandum which has been circulated to member association of the world body in Africa and other countries overseas, revealing the deficiencies of Masa, was tabled and discussed.

And the organisations, which included the Committee of Ten, Azapo, the Media Workers Association of South Africa, the anti-Republic Adhoc Committee and the Solidarity Front, intend calling on influential world organisations to assist in blocking South Africa's re-entry into the international association and accused Masa of being guilty of failing to uphold the highest tradition and ethics of the medical profession.

Masa resigned from the WMA in 1976 due to pressure from the world medical community. The WMA is meeting in Lisbon, Portugal, between September 28 and October 3, and among the issues to be resolved there will be the Masa's re-admission.

In a statement issued after last night's summit the organisations said they appraised Masa's credibility and listed the association's deficiencies as follows:

- It abets and perpetuates discrimination in health

services and is therefore a party to the state policy of apartheid. Due to the discriminatory structure in the country most of the doctors in the country are drawn from the white minority and the Masa's membership is in the main, constituted, by white doctors.

Masa has not applied itself to the eradication of the basic causes of ill-health among blacks. Masa has shirked its responsibility regarding

By WILLIE BOKALA

the prevention of acts of violence perpetrated against persons held in detention and more specifically to resolve the mysterious death of Mr Steve Bantu Biko.

• That there is apartheid in medicine in South Africa is a reality. This violates all codes of medical ethics. Masa has directly and indirectly condoned this state of affairs because the

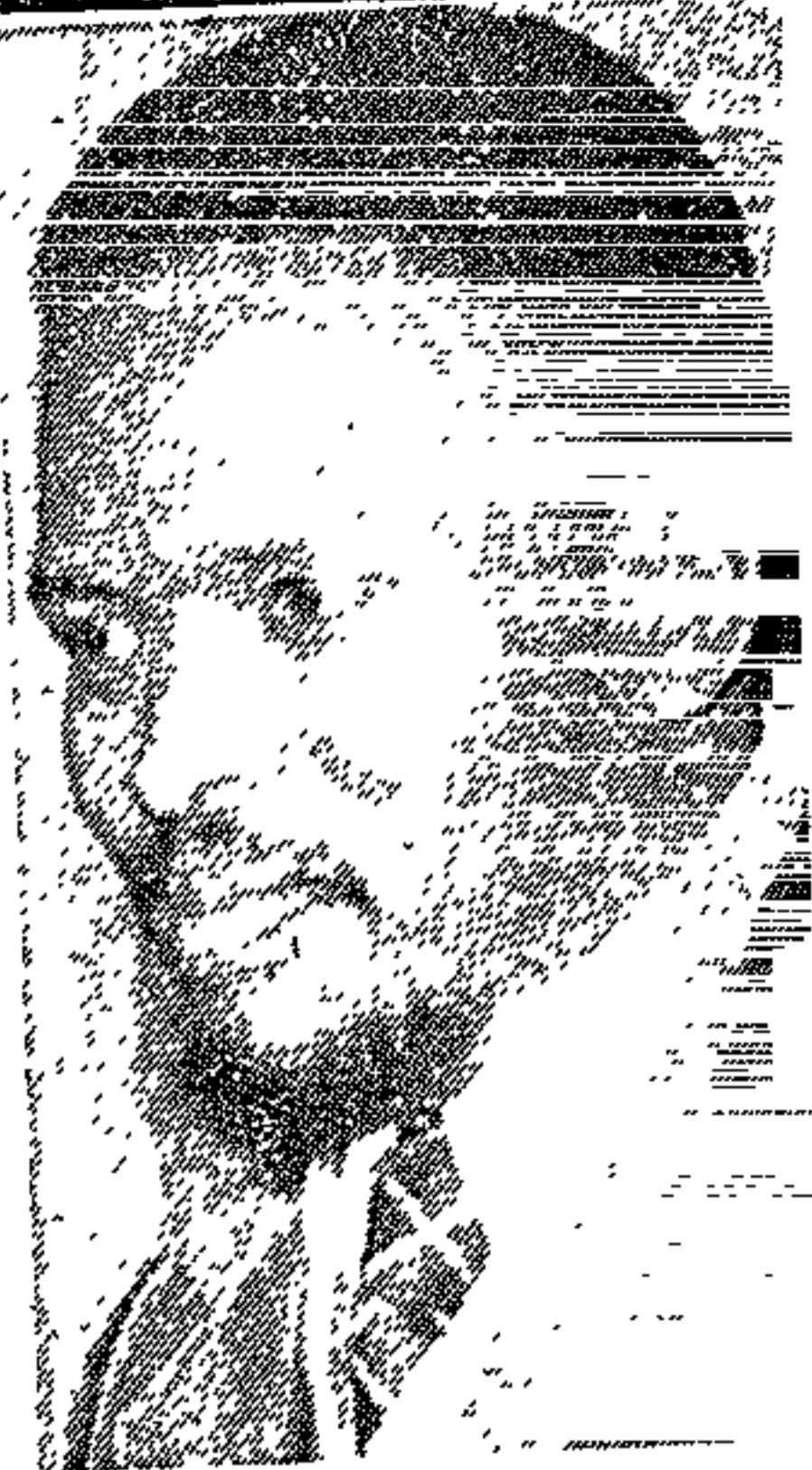
system is structured to take care of the needs of the white minority.

The bulk of diseases suffered by blacks is preventable and very little is being done to correct this situation. Malnutrition remains a scourge in South Africa, a country that has an abundance of wealth and resources. Enough food is produced in the country to cater for the nutritional needs of every man, woman and child and yet thousands of children are

dying of malnutrition every year.

Present curative and preventative services are established in services lines with qualitative and quantitative differences in services offered to whites as compared to blacks.

The organisations said they could come to no other conclusion but, to find the Masa guilty of failing to uphold the highest tradition and ethics of the medical profession.



MYSTERY DEATH: Biko.

organisations.

In a war of statements sparked off by South African black medical workers' and organisations' decision to block Masa's re-entry into the world body, Masa said in a statement issued by its secretary general, Dr Marais Viljoen, yesterday that they could not be held responsible for the Steve Biko issue.

They say South Africa did not condone or endorse the findings of the South African Medical and Dental Council regarding the conduct of the doctors responsible for the treatment of Mr Biko, but merely "noted — underline" the council's

findings. They said the credentials and credibilities of the organisations responsible for its re-admission to the WMA are, "to say the least, in question."

Masa hits back

By WILLIE BOKALA

THE Medical Association of South Africa says it is confident it will be re-admitted to the World Medical Association despite strong opposition

S. Tribune 27/9/81



(93)

INNOCENT

says Viljoera

● Didn't endorse

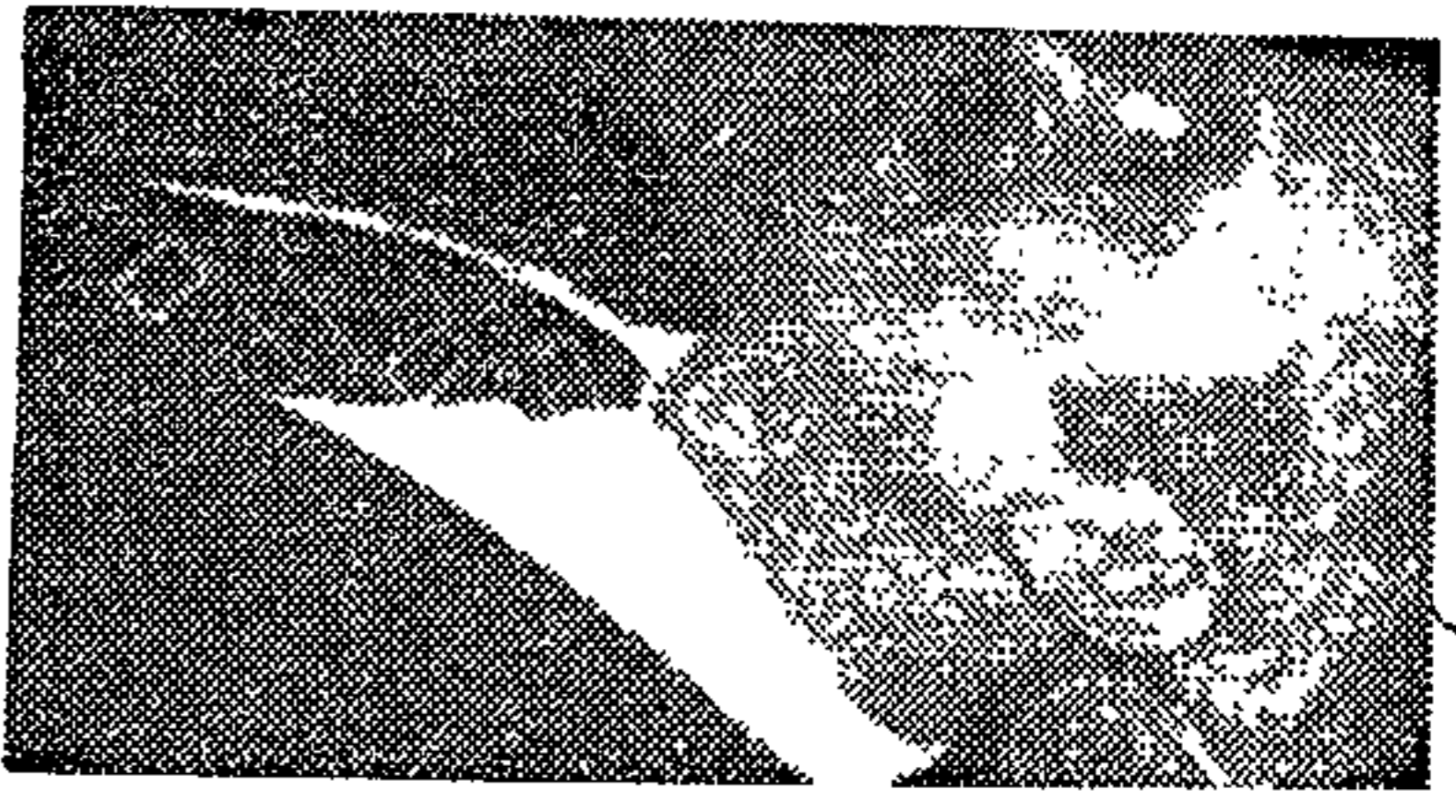
● Biko report

● Conditions

● have improved

● World medicine

● wants us back



GUILITY

says Moosa

● Half as much

● spent on blacks

● Whites have five

● times more beds

● Children

● are starving

The World Medical Association must decide on allowing SA back in — but does she deserve to be a member?

SOUTH African health workers will take on the power of American medicine in Lisbon tomorrow when the World Medical Association decides whether or not to re-admit South Africa to the world body.

Putting the case for the federal Association of South Africa's re-entry to the WMA will be the over 100 American medical Association whose representatives visited South Africa this year and made statements in support of Masa and the South African health system.

Opposing them is a 15-page memorandum, signed by 100 representatives of non-federal medical opinion, which has been circulated to delegates at a conference.

The document accuses Masa of not reflecting the needs of most South African doctors, and of implementing the State's policy of apartheid by practising "apartheid medicine".

CONCERNED behind-the-scenes lobbying this weekend could be vital to Masa's (the Medical Association) chances of readmission to the World Medical Association which meets in Lisbon tomorrow to consider its applications.

The Anti-Apartheid Movement has asked the Portuguese embassy to urge its Government to refuse entry to the South African and Transkei delegations.

But admission to Portugal is only one obstacle facing the Transkei Medical Association, which is seeking admission to the World Medical Association for the first time, and Masa.

South Africa withdrew from the world body in 1976 when delegates were refused visas to attend a conference in India.

The WMA determines voting strength by the financial contribution of each of its 45 member associations, and the number of members in each body.

200 000 members, has 20 votes, and has declared its intention to "serve as advocates for Masa." Another large association, Australia, will also back the applications from South Africa and Transkei.

The British Medical Association, with about 65 000 members has about seven votes, and will oppose the applications.

Smaller African and Third World countries are expected to oppose both applications and Nigeria, Ghana and Liberia have announced that they will walk out if the two are admitted.

Meanwhile, the Anti-Apartheid Movement has sent a memorandum compiled by 15 organisations and said to have been smuggled out of South Africa, to all WMA members.

The document urges WMA members to reject the application by Masa, which, it claims, "exists to serve the needs of an affluent minority at the expense of the majority of our citizens."

INGRID STEWART reports.

South African Medical and Dental Council, a statutory body with an in-built majority of Government-nominated members.

Turning to what it describes as "apartheid medicine", the memorandum accuses Masa of serving the needs of an "affluent minority at the expense of the majority of our citizens."

Masa, had done nothing concrete to change a situation where: Infections and parasitic disease are of minor importance among whites, accounting for two percent, while 23.5 percent of urban Africans and coloureds suffered and died from these diseases.

Of 5 000 Black children admitted to King Edward VIII Hospital in Durban, nearly half suffered from a severe form of malnutrition, Kwashiorkor, or measles and mumps.

medical workers' (The Rand Daily Mail).

"But who are they? Whom do they really represent, and what are their objectives?"

"Why, if they are doctors, did they never make use of the Platform provided by the Medical Association, seeing that the Association's membership is open to all doctors — unlike the majority, if not all of these organisations, who specifically restrict their membership to black persons."

He said it was impossible to comment in any detail on the memorandum without having read it, but he did say:

"The Medical Association did not condone or endorse the findings of the Medical and Dental Council regarding the conduct of the doctors responsible for the treatment of Mr Biko, but merely noted the council's findings."

"A resolution to this effect was adopted by the federal council of Masa. So that statement made by these organisations is devoid of truth."

"The record of the Medical Association insofar as the death of Mr Biko is concerned, is there for all to see: "It appointed an ad hoc committee and published its findings: "It prepared a code of conduct to serve as a guideline to doctors concerned with the medical treatment of prisoners and detainees; and "It has made representations regarding improvement of legislation affecting the maintenance of clinical independence and proper medical care to prisoners and detainees."

"We would these organisations be prepared to indicate what, if any, positive steps they have taken to improve either the medical care of prisoners and detainees, or to define the medical ethics involved in such care?"

"Admittedly the infant mortality rate among the black population of South Africa is high.

"The prevention and treatment of the conditions responsible for this high mortality rate has, however, improved tremendously, and is second to none anywhere else in Africa.

"The high infant mortality rate is, in any event, not unique to South Africa.

"The allegations regarding the Medical Association's links with the State, and that it has not maintained its own objectives, or upheld the highest traditions, and ethics of the medical profession, are blatantly untrue, and rejected with contempt," said Dr Viljoen.

When America "goes in to bat" for MASA this week, the basis of its argument is not going to be disputed — that South African doctors are properly trained and that hospitals and private practice are of a sufficiently high standard. But they are going to be called on to answer the most vital question in the memorandum: "Is the South African health system meeting the needs of all the people?"

doctors, nurses, radio-teachers, pharmacists and submit that its position black people is accurately portrayed by the author.

Responsibility

membership of the world body in 1976 when Japan refused to grant visas to its delegates to attend a WMA conference there.

Chairman of the federal council of Masa, Professor Guy de Klerk, who will be the only South African to attend them says, "I hope they will see through the various obstacles and get to the heart of the matter."

At least three of them draw their support from health workers, including Prof. S. J. van der Merwe, who has been a member of the Natal Health Workers' Association since its formation in 1976.

POWER!

ing hay. Frank uses real horsepower for the



...Frank Farmer

One of these, the Natal Health Workers' Association, was formed a few months ago and membership is growing rapidly, already running into the hundreds.

Chairman is Prof Allie Moosa, head of the Department of Paediatrics at the University of Natal's Medical School.

A similar organisation, the Transvaal Medical Society, of the entire membership of the staff of both Baragwanath and Coronation hospitals. Doctors in private practice have also added their voice to the memorandum through area guilds.

While they are not numerically strong, their support of the memorandum has given professional weight to it, and puts them in direct conflict with their colleagues on Masa.

Refused

According to a spokesman for the Natal Health Workers' Association, the exclusion of Masa from the world body is a tool to effect change within Masa itself.

"It stands to lose international credibility and will be tarnished until it takes a stronger stand on the issue outlined in our memorandum," he said.

"The side effects of its exclusion from the world body could mean that their members are refused permission to attend certain overseas medical conferences which could lead to medical isolation."

The memorandum itself states that while the international community include Masa and its initiatives for the health care services in South Africa. The contrary, we

upholding the following principles and to implement them in practice:

- The establishment of a non-racial and democratic health service in all districts, the desegregation of hospitals and facilities;
- The elimination of all forms of racism and exploitation, such as to create the material

The inequalities are carefully outlined in the memorandum as well as a post-mortem of Masa's handling of the death of black consciousness leader Steve Biko while in detention.

Delegates to the WMA meeting are told that over the period 1968 to 1977, more than 85 percent of medical graduates were white as against 3.4 percent Asian and 8.3 percent African.

Particularly distressing, says the memorandum, is that the numbers of African and coloured doctors graduating hasn't risen, in contrast to the white and Asian groups over the same decade.

Of the total of 12 638 graduating doctors in 1979, 10 975 were white, 1 000 Asian, 230 coloured and 167 African. Thus Masa would be predominantly white.

Because of the political make-up of the country here, says the memorandum, 80 percent of citizens do not have voting rights, no organisation, especially an established body, is truly rooted among all the people and can indicate their needs or articulate their demands.

"Accordingly, no association of medical personnel, in particular one which is so overwhelmingly dominated by members of the privileged minority, and with close links with the organs of State, can pretend to reflect the medical needs of the majority of South Africans at present," it says.

Masa has close links with the State," an organ of repression."

The president of Masa is also the president of the

white patients and hospital expenditure on whites is more than double that spent on blacks.

"We recognise that it is not the responsibility of Masa to provide health services. Nevertheless, in keeping with the highest principles of democracy and medical ethics, we consider it the responsibility of Masa to eradicate all forms of discrimination in the health services and to contribute to the creation of a non-discriminatory and non-exploitative health service," it says.

It describes the attitude of Masa to the injustice perpetrated against Mr Biko as well as the medical care received by him as a matter for concern.

It found the findings of the ad-hoc committee regarding the death of Mr Biko four years after his death as "both timely and opportunistic" in view of the recent moves by Masa to gain readmission to the WMA.

Question

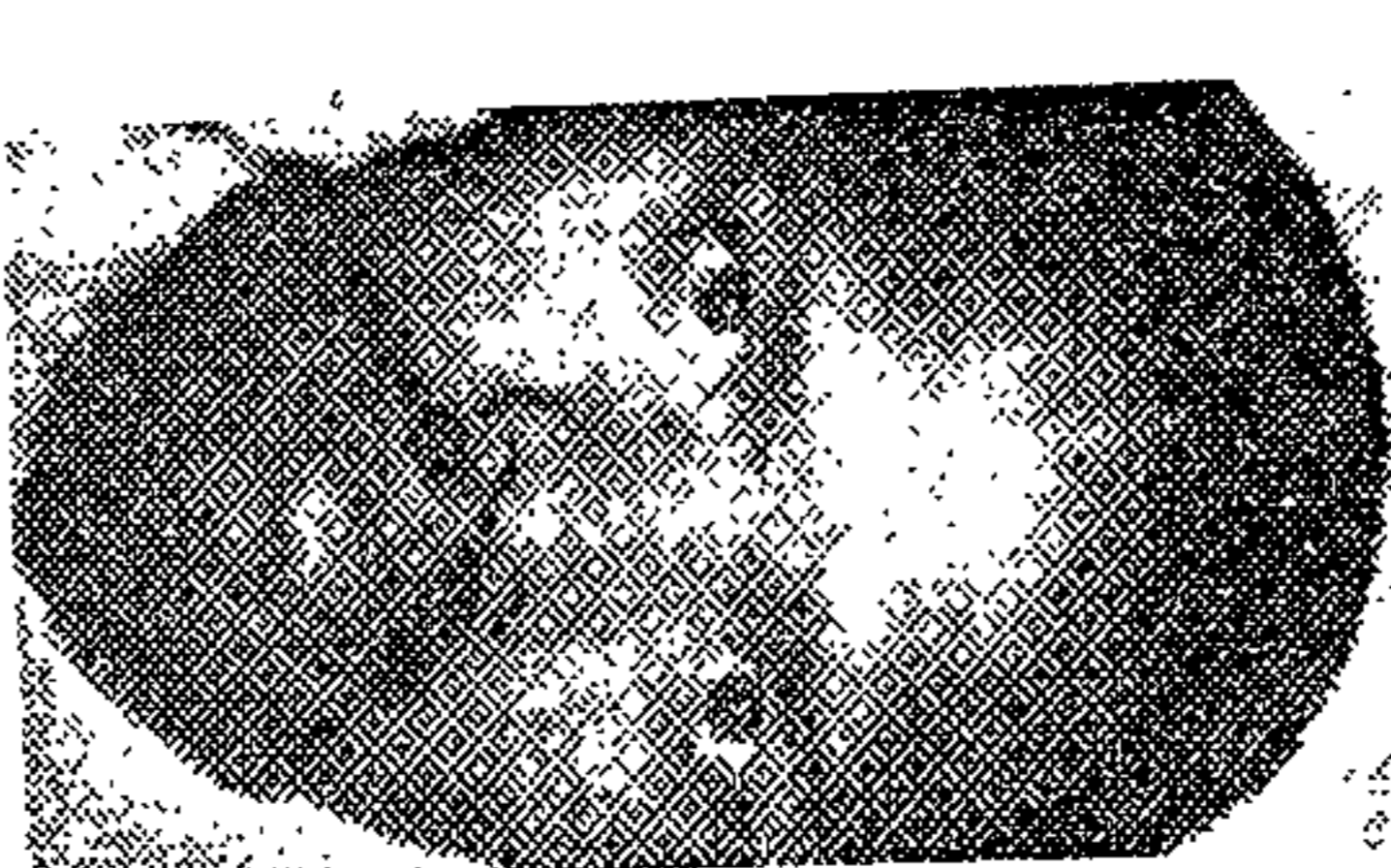
The findings of the committee "minimises the shortcomings of the medical care accorded to Mr Biko". The committee failed to ensure that similar events would not recur, and it also failed to insist on a formal commission of inquiry by the Medical and Dental Council into the conduct of the doctors concerned.

In reply to the memorandum, Masa secretary general Marais Viljoen said:

"The credentials and credibility of the organisations responsible for the memorandum are, to say the least, open to question.

"They are variously described as 'black South African health organisations' (The Argus) and as 'representing mainly black

South Africa. The discrimination suffered by



Steve Biko — his death still raising questions

conditions essential for the health and well-being of all citizens; and

- Adherence to, and implementation of, the UN Declaration of Human Rights, to ensure the democratic participation of all citizens."

The essence of their case against Masa is contained in one paragraph of the memorandum.

"It is the firm belief of all of us that Masa has not worked sufficiently hard or with sincerity to identify and challenge the basic causes of inequalities in health care services in South Africa. The discrimination suffered by

the contrary, we

UCT head
Apr 28/9/81
silent on
rejoining
Masa

Medical Reporter

UNIVERSITY of Cape Town vice-chancellor Dr Stuart Saunders has agreed with the conclusions of a report by the Medical Association of South Africa on ethical issues arising from the death in detention of Steve Biko but he is tight-lipped about whether this will prompt him to rejoin Masa.

Dr Saunders resigned from Masa last September because of its stand on the Port Elizabeth doctors who had treated Mr Biko.

Writing in the latest edition of Masa's official mouthpiece, the SA Medical Journal, Dr Saunders said the report — compiled by a two-man committee of inquiry appointed by Masa — 'comes to exactly the same conclusions which I reached in September 1980.'

'The issues raised by Advocate I A Maisels and Professor J N de Villiers (the members of the committee) were among those pointed to by myself in a letter to the Journal dated September 17 1980 which was not published.'

Dr Saunders wrote he fully supported Masa's recent decision to seek an interview with the ministers concerned, in an attempt to introduce legislation on medical treatment for people detained under security laws.

The Argus today asked Dr Saunders if his acceptance of the committee's report meant that he would rejoin Masa, but he said he did not wish to comment for the time being.

The character and composition of the modules in these disciplines are aimed at satisfying all needs as far as possible. There is the opportunity to specialise, there is the opportunity to concentrate on the more practical aspects of these subjects, and there is the opportunity to only become acquainted with either one or both of these important areas.

7.7.1 Syllabuses

STA101 Probability and Statistics

STA204 Design of Experiments

Introduction to analysis of variance, elementary concepts, factorial designs, fractional designs, more complicated designs.

STA301 Stochastic Processes

Conditional probability and expectation, Poisson process and generalizations, renewal theory, discrete parameter Markov chains.

STA302 Distribution Theory 3

Basic definitions, functions of variates, linear minimum mean square error regression, the multivariate normal distribution, quadratic forms in normal variates, the multivariate t-distribution.

Reference A

Point estimation, interval estimation, theory of hypothesis testing.

Reference B

Further topics in point estimation and hypothesis testing.

Analysis of Variance and Regression

One- and two-way analysis of variance, fixed effects and mixed models, simple and multiple linear regression.

Quality Control and Applied Statistics

Probability and non-probability samples, sampling theory, acceptance inspection, quality control.

Project

Practical project on a topic selected in consultation with the Head of the Department.

OPE101 Quantitative Techniques for Commercial Sciences

Introduction to the use of functions and their derivatives in the commercial sciences, solution of systems of linear equations, introduction to linear programming.

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World congress divided over SA membership

LISBON. — Efforts to re-admit South Africa to the World Medical Association (WMA) at its 34th annual congress in Lisbon this week are certain to generate heated controversy and may even split the association, medical sources said yesterday.

The sources felt the re-admission attempt — strongly supported by the WMA's secretary-general, Dr A Wynan — was "clumsy and ill-timed".

Anti-apartheid groups in London and Lisbon have mounted a vociferous campaign against the re-admission of the South African Medical Association.

This is mainly because of the Biko affair, which they claim is proof of the subordination of the South African profession to the apartheid system.

Split

The powerful British Medical Association has already mandated its representative at the congress to vote against the re-admission proposal.

But their American and Australian counterparts are believed to favour re-admission.

The Portuguese medical profession is split over the issue.

Conservative doctors of the Portuguese Medical Association are hedging on the decision, pending more information about the Biko affair.

But Leftwing medical men in the Portuguese doctors' trade union bitterly oppose the move.

Death of Biko still haunts doctors

They are backed by a growing campaign in the communist-supporting Press against the re-admission.

The Press has claimed re-admission would jeopardise ties between Portugal and its former African colonies.

The six-day congress, which began yesterday, is not expected to announce a decision on the issue until the end of the week.

The congress will first discuss proposed alterations to the statutes giving South Africa greater say in the association's ruling body between congresses.

The London based Anti-Apartheid Movement has distributed detailed pamphlets to congress participants about the Biko affair.

Black leader Steve Biko died from brain injuries while in security police detention in 1977.

STA202

Distribution theory 2
Jointly distributed random variables, moments and generating functions, standard continuous distributions, distributions of functions of independent random variables.

STA203

Applied Statistics 2
The assumptions of normality, independence and equal variances, hypotheses concerning means, regression.

SA's doctors readmitted to world body

8/20
29/9/87
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Own Correspondent

LISBON — South African doctors yesterday won their hotly contested battle to join the World Medical Association and end their four-year absence from the independent international body.

The WMA opened its annual assembly, held in Lisbon this year, to overwhelmingly approve the US-backed request for readmission of the 9740-member Medical Association of South Africa (Masa).

Under the WMA's proportional voting system favouring nations with large doctors' associations, the final vote was 77 to 10 to admit South Africa. There were eight abstentions.

The individual vote tally by country was much closer — 10 to 9 in favour of South Africa, with five abstentions.

Masa resigned from the WMA in 1977 amid increasing hostility from other delegations in the international body.

The 400 delegates to the WMA's five-day assembly, representing 24 of 45 nations in the non-governmental world medical organisation, earlier rejected a compromise motion by Great Britain

Medical representatives from throughout the world voted 77 votes to 10 for South Africa's readmission to the World Medical Association. South Africa's main backers were from the United States.

to set up a fact-finding mission to investigate black African nations' charges of unethical medical practices by South African doctors. The motion was defeated 26 to 69.

Following the roll call vote's announcement approving South Africa's readmission black African delegates stormed out of the conference hall to give an improvised press conference in a room adjacent to the assembly hall.

"This is a vicious, inhumane decision," said Nigeria's Dr O O Adekunle. The African regional secretary to the WMA said Ghana, Liberia, Lesotho, Egypt and Venezuela would join Nigeria in abandoning the WMA "within a few months."

The black African nations were absent from later nitty-gritty debates on WMA finances, but observers said resignation threats from the black nations and Venezuela would dissolve under ef-

orts to "continue fighting South Africa from within the WMA."

The black African nations distributed a communique to the delegates before the assembly's meeting that charged Masa of "collaborating with the discriminatory health policies of (South Africa's) apartheid Government."

Citing the 1977 Steve Biko case, the black Nations said Masa had violated the WMA's Tokyo declaration of doctors' independence from government or political pressures.

"The Biko case is a shameful act and a cross which the Masa must bear," said Professor de Klerk. "But Masa has nothing to hide, nor need to hang its head in shame. Aren't there crosses that other countries bear, as well?"

Countries joining the US vote for SA's readmission were Australia, West Germany, Japan, Italy, Belgium, Cuba (exiled doc-

tors), Brazil, Formosa and Portugal.

As expected, Great Britain joined Argentina, Columbia, Ghana, Greece, India, Ireland, Nigeria and Venezuela to vote against South Africa's readmission.

Abstaining delegations were from France, Hong Kong, South Korea, Spain and the Vatican

The black nations backed Great Britain's Mr Anthony Grabbham who proposed an "independent" fact-finding team of WMA doctors to "clarify some of the allegations and statements" against Masa.

Many of the (black nation's) allegations are matters of judgment, said Mr Grabbham. His motion was defeated.

The WMA accepted the request for membership by the Republic of Transkei.

Professor de Klerk said South Africa withdrew from the WMA four years ago after "farical" moves by Japan, which "forgot" to distribute visas to South African delegates for its hosted WMA assembly in 1975. India also refused Masa visas the following year.

World medical body admits SA, Transkei

DD29/9/81

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LISBON — South Africa, backed by the United States, West Germany and Japan, was readmitted to the World Medical Association (WMA) at its 34th annual congress here yesterday after a four-year absence.

The overwhelmingly favourable vote — 77 votes to 10 with eight abstentions — prompted a walk-out by black African member nations and a threat that all African medical associations belonging to the body would now quit.

Cuba was one of the countries to vote for South Africa.

An application by the Transkei Medical Association to join the body was also accepted by majority vote but this decision occurred after the black states had left the proceedings and there was no indication of their position on the matter.

The decision to readmit South Africa was treated with dismay by the Nigerian and Ghanaian delegates, who warned that

African medical associations would be obliged to reconsider their memberships. "The WMA has now become the white medical association," Dr B. Banjo of the Nigerian Medical Federation said shortly before the black delegates walked out.

An attempt by the British Medical Association, which had earlier been mandated to oppose South Africa's entry, to delay discussion of the proposal while a fact-finding mission was sent to South Africa was outvoted by the American and West German delegations, which, in conjunction with Japan and Australia, control the largest number of votes.

The South African delegation, led by Professor J. N. de Klerk, a Pretoria neurologist, expressed great satisfaction at being readmitted, calling the decision a positive step for the medical association.

South Africa left the WMA in 1977 in a row over credentials and what it called "discriminatory conditions."

In a heated two-hour debate which preceded South Africa's readmission on the first day of a seven-day congress, members of the 45-nation body told of the damage the association would suffer if South Africa rejoined. British delegates said their association would have to reconsider its position following the decision to allow South Africa back.

Most opposition to the South African Medical Association was based on the controversial death in security police detention of Steve Biko, the black consciousness leader, and the subsequent medical profession inquiry into the behaviour of three doctors, called to examine Mr Biko before his death. Prof De Klerk, in answering allegations, called it "a cross which our profession has to live with". — DDR.

Transkei delegate sets off for WMA congress

DD 29/9/81

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MP

UMTATA — A Transkei delegate to the World Medical Association, Dr Mxolisi Ngcwabe, has left for Lisbon to attend the association's meeting despite threats by the Third World to stage a walk-out if South Africa and Transkei were admitted.

The chairman of the Transkei Medical Association, Dr A. Pupuma, said he thought the threat was directed against South Africa and not Transkei because there was no apartheid in Transkei.

He said there was no

problem of apartheid in Transkei. If there was any threat at all against Transkei it was based on a wrong premise. His association was not deterred by threats

He said Dr Ngcwabe had been granted an entry visa by the Portuguese Government.

The British Anti-Apartheid Movement last week announced it was making urgent representations to the Portuguese Government to refuse entry visas to the South Afri-

can and Transkei delegates.

The movement said it had been informed that Nigeria, Ghana and Liberia would walk out and other countries were likely to follow suit if the South African and Transkei delegates were admitted.

Dr Pupuma, however, was confident that the Transkei association would be admitted to the world body. He said they had an 80 per cent chance of being admitted. — DDR.

Masa in WMA: A blow to resistance

By WILLIE BOKALA

THE Medical Association of South Africa (Masa) has been accepted back into the World Medical Association — a move that South Africa's pro-Government media and members of Masa have lauded as significant.

Masa's argument during its fight for re-entry into the international medical community — as the organisation also argued before its resignation in 1977 — was that politics should be kept out of medicine. But does the international world itself sees politics as an impediment in the world's drive for high medical standards or not. The bulk of black doctors in the country and other progressive forces fighting for a democratic South Africa have described this acceptance as imper-

missible.

Masa resigned from the WMA in 1977 when increasing pressure was mounted on them by other delegations following the 1976 riots in the country and the apartheid and oppressionist system of the minority rulers of the country.

That there is still apartheid in medicine in South Africa is a reality and the Transvaal Medical Society, a medical body formed by mostly black doctors who could not accept Masa's stand on the Steve Biko 'death in detention' issue, tabled this clearly in a widely circulated memorandum to other medical bodies the world round, and member associations of the WMA.

Citing the Biko issue, they stated Masa has shirked its responsibility regarding the prevention of acts of violence perpetrated against persons held



MYSTERY DEATH: Black Consciousness leader Steve Biko.

in detention, the mysterious death of Mr Biko being one such example.

The fear now that has been generated by the acceptance of Masa into the WMA is that other South African organisations

clamouring for international recognition are likely to put up a relentless fight with the obvious argument of people mixing politics with sports, culture or even navigation. A significant point which

the world medical association has failed on — even after they had sent a fact-finding mission to investigate black Africa's charges of unethical medical practices by South African doctors — according to

TMS and the other organisations is that apartheid and oppression themselves violate all codes of medical ethics, and Masa, being a predominantly white body, has directly and indirectly condoned this state of affairs.

But Masa also argues that allegations that they do not uphold the objectives of the declaration of Geneva and that it exists to serve the needs of an affluent minority at the expense of the majority, are not borne out by the facts, and they reject them with contempt.

The acceptance of Masa will forever be regarded a breakthrough for apartheid and oppression of the black majority in the country and a damning and adverse blow to resistance against the status quo and discrimination of man by man.

93 SWEETMAN

FRASER AND MULDOON'S STUNNING ATTACK ON APARTHEID

Sunday Tribune 4/10/81

THE only major surprise in what has so far proved to be the most tranquil Commonwealth conference for 20 years has been provided by New Zealand's squat and pug-nacious Prime Minister, Mr Robert Muldoon, who is known to his country as "piggy".

Angered by the bruising violence unleashed by the recent Springbok rugby tour, Mr Muldoon arrived in Melbourne a few days ago with both fists flying and threatened a showdown with his critics.

They had accused him of defaulting on the Gleneagles Agreement which pledged its signatories to do everything possible to discourage sporting links with South Africa.

In his first Press conference he was as good as his word, rejecting the advice of his colleagues to try to defuse the angry controversy.

Yet, after his first intervention in the conference itself, he won the praise of no less an adversary than President Julius Nyerere, chairman of the "Frontline" African states for his speech.

It was indeed a remarkable performance. Although Muldoon defended his stand in refusing to ban the tour after his Government had declared itself against it, he then went on to make one of the strongest attacks delivered against South Africa and its apartheid system.

The arguments over the Gleneagles Agreement, he thundered, should have been secondary to the Commonwealth concerns "which ought to be apartheid in South Africa and the obstructive aggressive role that the SA Government is now playing in the Southern African region."



COLIN LEGUM (9) in Melbourne

Warning to his passionate denunciation, he promised that if the United Nations were to take action to impose sanctions against South Africa, despite general uncertainty about its efficiency, New Zealand would go along with it.

Pointing out that his country had no diplomatic representative in Pretoria, he said that New Zealand placed far greater importance on developing diplomatic links with African countries.

Namibia

He urged his colleagues not to be diverted from what was going on in Angola, Namibia and in South Africa itself.

"We should come to grips with the issue of Namibia and South African defiance of the United Nations."

It is small wonder that President Nyerere should have led the applauding Commonwealth in praising Muldoon's speech. He even thanked Muldoon for having produced the occasion

a large number of New Zealanders.

He now looks like losing many of those rugby-loving rural New Zealanders who saw in him a champion of their cause in defending their absolute right to maintain their sporting links with South Africa.

But Muldoon is not the only Commonwealth leader to take an unpopular stand with his own party. Australia's Prime Minister Malcolm Fraser has perhaps gone even further than the New Zealander. It is being freely

for the Third World and his hard line against South Africa.

On the eve of the Commonwealth conference a score or so of the Government's MPs hosted a lunch for the South African representative in Canberra as an open sign of their disaffection with the Prime Minister's vigorous stand on apartheid, and Namibia.

But Fraser, a Thatcherite in his domestic policies, has shown himself determined to take the lead in championing African causes.



"DULL fellow — all he wants to do is talk football!" — Cartoon by JEFF of the Sun News — Pictorial, Melbourne

should have concentrated his fury against Pretoria rather than against his African critics.

He faces an election in November which he looks like losing. His behaviour during the Springbok tour offended

predicted that Fraser is on the brink of being deposed as Prime Minister by critics in the two parties that form his Government. A number of his ministers are publicly critical of what they regard as his love

His strongly liberal views on Third World issues appear to have infuriated the rising number of radical Aborigines who have been lobbying hard on the sidelines of the

conference to draw attention to their position in Australia, and denouncing Fraser as a hypocrite.

The Australian Government has taken pains to produce a long document showing what it is trying to do to help the Aborigines while admitting that much still remains to be done.

The Aborigines would undoubtedly have gained a much more sympathetic ear from the assembled Commonwealth delegates if the latter were not so convinced of the genuine concern felt by the archly-conservative Australian Prime Minister for the less privileged nations of the developing world.

An angry Prime Minister Muldoon — who could well lose his post in next month's New Zealand general election — this week cast political caution to the winds. Embarrassed and exasperated by the Springbok rugby tour of his country, he bitterly attacked South Africa's apartheid policy and said he would support sanctions if the United Nations imposed them.



A PRETORIA doctor has attacked "black sheep" in the medical profession who have cast their standards to the winds and insist on exploiting their professional privilege.

Dr Elwin Buchel, who works at a large hospital, refers in a letter in the SA Medical Journal to the "dregs of the medical community" who usually manipulate their practices according to the fluctuations in their bank overdrafts.

"They can be found performing unnecessary operation or making reckless diagnoses accompanied by unnecessary procedures and/or hospitalisation, followed by suitable accounts.

"To deny their existence is unrealistic.

"It is accepted that to practise medicine is a precarious endeavour fraught with problems and pitfalls.

"Mistakes can be made by even the most experienced practitioner

...but others casting ethics to the wind, says Prof

who endeavours to follow the rules and maintain professional standards and ethics. How much easier to run into trouble when you knowingly disregard the norm and generally sacrifice your standards on the altar of avarice."

Dr Buchel said this week that his letter was not an attack on the medical profession but a defence of Prof Chris Barnard, who was recently severely criticised for comments in the Press about poor medical standards in South Africa.

"I'm not in a position to add anything to the letter -- but I would like to emphasise that I point out there that Prof Barnard should, if he had complaints, have taken them to the Medical Association and not the Press."

Dr Buchel said he had contacted Prof Barnard personally.

In his letter he says there has been an emotional overreaction to Prof Barnard's statements. "As has previously often been the case where doctors are concerned.

"It never was and never will be his intention to cast doubt on the ability of the average general practitioner or any other respectable colleague.

"Professor Barnard cannot be expected to answer all the criticisms directed at him, certainly not to demean himself by penning a reply to a direct frontal assault full of unreasonable suppositions and a broadside full of eloquent sarcasm, the writer of which prefers

to name him only by innuendo.

"Prof Barnard remains one of the more sensitive people in our medical fraternity.

"He has, when possible, always defended his medical colleagues as well as the nursing and paramedical professions

"...or imagine that if the original text of his remarks is examined, the context in which they were stated explained and the circumstances surrounding them looked at more closely, they will be seen in their correct perspective.

Dr Buchel said that Prof Barnard merely wanted to let the "daredevils" (waaghalse) of the profession know that their existence was noted.

YOU'RE WELCOME, DOCTOR

Sunday Tribune 4/10/81

Tribune Correspondence

(23)

World

Gives

Masa

clean

bill

of

health

LISBON: Professor Johan de Klerk, chairman of the Medical Association of South Africa, was obviously pleased.

The comfortably dressed 62-year-old Stellenbosch University neurologist could afford to relax near the end of a gruelling five-day assembly of the World Medical Association.

The 9740-member Masa had won its hotly contested battle to join the international non-government body, thus ending its four-year absence.

Only formalities remain before South African doctors join the WMA representing doctors in 51 organisations worldwide.

In accepting Masa into its fold, the World Medical Association, a 34-

year-old body of theoretically non-political doctors, risks international condemnation and possible resignations by angry black African delegates before its next assembly scheduled for New Delhi, India, in 1983.

Reflecting on the five-day assembly, politically ignited on its first plenary session with debate on Masa's readmission, Prof De Klerk was calm, but adamant.

"The moment you allow politicians to enter national medical associations, you sow the seeds of destruction. The sooner our black friends understand that, the better."

With a proportional voting system favouring nations with large doctors' associations — and the key backing of 35 US delegates — the WMA passed the South Africa's request for readmission.

77 to 10, with eight abstentions.

Debate was fierce, with 19 Western associations voting for Masa, Nigeria, Ghana, and Britain joined six other national organisations against Masa, while five groups abstained.

The Medical Association of South Africa resigned from the WMA in 1977 after two years of an era of hostility from fellow WMA delegates and the United Nations that began when the Japanese Government refused to issue visas to the Masa delegates for the 1975 Tokyo assembly.

The key to Masa's return originated with the revision of the WMA constitution from a one-association, one-vote to a proportional voting system in 1978.

Prof De Klerk attended the 1977 Sao Paulo, Brazil, assembly, but "by then the WMA

was in absolute shambles. When the WMA council allowed the seating of one of the African delegations which had not paid its dues for two years, and allow it to vote, we decided the hell with it.

"We were paying R15 000 yearly and not getting much for it."

With promises of a new constitution favouring the larger associations, and the American Medical Association's entry in 1976, Masa began to rethink its return to the WMA.

Dr A. Witten, the sober-faced WMA general secretary from Belgium, visited South Africa two years ago to investigate medical practices, then returned to convince fellow members to readmit Masa.

Nigeria's Dr O. O. Adekunle promised to resign after South

Africa's return, along with Ghana, Liberia, Lesotho, Egypt and Venezuela.

"There is no doubt," said Adekunle, "that South Africa will be the only African country left in the WMA by the 1983 meeting."

Black African delegates vehemently accused Masa of not making apartheid policies hard enough back home.

Prof de Klerk firmly disagreed.

"Whatever government policies have emerged upon their right of a patient to choose the doctor of his choice, we have kicked hard."

Prof de Klerk said he hopes African delegates don't resign from the WMA "because what better place than the WMA to bring out problems?"

QUALITY & PRICE

FRANK'S GENERAL STORES 714 VICTORIA ROAD, WIMBORNE, DORSET, ENGLAND



**Biko: UK
doctors**

may quit

The Star Bureau

LONDON — The British Medical Association is to consider pulling out of the World Medical Association because of its decision to readmit South Africa to membership.

The BMA council has decided to debate the matter at its next meeting.

Mr Anthony Grabham, chairman of the council, told the meeting that he had interviewed leading South African medical figures, including Dr Gluckman the pathologist who carried out the post mortem on Mr Steve Biko the Black Consciousness spokesman who died in police custody.

White doctors' double increase is under fire

Star 8/10/81 93

Own Correspondent

DURBAN — Natal's Provincial Executive Committee and the dean of the medical school have backed calls for a swift end to a salary anomaly that gives white medical officers double the increase of other population groups.

A group of black Natal doctors has brought the disparity to light.

Since April this year, all medical personnel employed by the State and province have been on the same salary scales — re-

gardless of race.

The double-notch increase for white medical officers is based on a Natal Provincial Administration circular dated April 1980.

Now the black doctors are waiting to see how the Commission for Administration and the Department of Health, Welfare and Pensions sort out the disparity.

Their question is whether the double-notch increase issue was deliberate or an oversight.

The MEC in charge of

hospitals, Dr Fred Clarke, said: "This was brought up at an executive committee meeting. We viewed it as unsatisfactory. I have asked them (the Commission for Administration) to rectify it."

Dr Clarke said double-notch increases were used as a means of attracting people. "I do not know whether or not it was deliberate — and do not see why it should be there. There is nothing to be gained by putting it in," he said.

The dean of the Medical School, Professor T L Sarkin, thought it was an anomaly left over when the scales were equalised. "But that is no excuse and I am not defending it," he said.

The president of the Medical Graduates' Association, Dr R W Green-Thompson said: "This discrimination should be immediately reversed.

"To prove its credibility, the department should give black doctors back-pay to when parity was established."

'Disgrace' to cut off woman's toes

93

2017 10/19/87

A SASOLBURG doctor who had unnecessarily amputated two toes of a woman patient was found guilty in Pretoria yesterday of disgraceful conduct.

A disciplinary committee of the South African Medical and Dental Council said it would forward a recommendation that Dr Douglas Kroon's practice be suspended for three months and conditionally suspended for two years.

The full Medical and Dental Council would meet in April next year to consider the recommendations.

Dr Kroon had pleaded not guilty to improper conduct.

He denied it was not necessary or justified to remove the toes of Mrs Catherine Meyer of Sasolburg, or that he did give her the correct treatment.

'Hammer toes'

The summons also stated he had not acted in the interest of his patient.

Dr Kroon said he had not wanted to perform the operation but was persuaded by Mrs Meyer "who had complete faith in him" to do so. She had complained about "hammer toes."

She was under the impression that he would only remove her second toe but when she gained consciousness the fourth one had also been removed.

Dr L. Nainkin, an orthopaedic surgeon, testified that in the case of an "irreversible operation" one should have the consent of the patient.

"But if it is in the interests of the patient, one could also go ahead," he said.

After Dr Kroon's operation, Mrs Meyer had to undergo three more to her foot as the condition had degenerated.

Mrs Meyer denied Dr Kroon had ever suggested, as he had testified, that she first consult a specialist. — Sapa.

Masa bears Biko's cross

THE South African medical profession would have to bear "the cross" of Steve Biko's death, but without interference from outsiders, the chairman of the Federal Council of the Medical Association of South Africa, Professor J N de Klerk said. *Sweden 12/10/77*

Replying to questions at a press conference at the Stellenbosch University Medical School in Tygerberg, Prof De Klerk spoke of the "enormous role" which the Biko issue played during last month's meeting of the World Medical Association in Lisbon.



STEVE BIKO: Masa must bear his cross.

South Africa was re-admitted after a four-year absence.

The general comment on the detainee's death from delegates of countries that backed South Africa's re-entry, was: "There but for the grace of God, go we."

Prof De Klerk said his address to the gathering "did not gloss" over the Biko situation, but added the South African medical profession did not need to be told how to live with the "cross."

Although the country could now take part in the international medical forum, the medical profession was not going to sit back on its "laurels."

Some method had to be found to combat the "tragedy of misinformation" which was being released to the world media to promote the interests of both the patient and profession.

Prof De Klerk said the country was now reaping the anti-South African indoctrination of the past 30 years and during the congress delegates from Nigeria, Ghana and Kenya, had launched a "rabid attack" using information "devoid of truth" on the South African medical situation.

"They believed they had the facts, yet none of them had been to South Africa."

He said he could encourage fact-finding missions by delegates from other WMA-member countries and was confident South Africa would be admitted to India in 1983 for the next congress in New Delhi. The WMA had assured him that if visas were refused, the venue would be changed.

De Klerk blames ^{Star 12/10/81} 'department of ⁹³ misinformation' for WMA bias

Own Correspondent

CAPE TOWN — The death in detention of black-consciousness leader Steve Biko was "a cross that the medical profession of South Africa will always have to bear," says Professor Guy de Klerk, chairman of the Federal Council of the Medical Association of South Africa.

Professor de Klerk, who was speaking after returning from the Lisbon meeting of the World Medical Association, said the Biko issue had played an "enormous role" during the debate that preceded MASA's readmission to the body.

A committee of the London-based Anti-Apartheid movement had circulated a thick document about the three Port Elizabeth doctors who had treated Mr Biko and accused them of causing South Africa's medical isolation.

Professor de Klerk said that during his address to the world body he had not tried to gloss over the Biko situation.

"I'm prepared to accept

that the South African Medical profession has a cross to bear in this connection.

"It will bear this cross, but we can take care of it ourselves and don't need anybody to tell us how to do so," he told a Press conference.

Describing the "well-orchestrated" but unsuccessful campaign to keep MASA out of the WMA, he said a "department of misinformation" existed somewhere in the country.

This "department" existed to send biased, erroneous and misinformed information to the world media, said Professor de Klerk.

This had resulted in some African medical associations, notably those of Ghana, Nigeria and Kenya, making claims that were so "spurious and completely wrong" that one could only believe they were sincere but misinformed.

Some of these allegations included statements that white South African doctors would not treat black patients. That MASA was a Government agency; that MASA portrayed the official Government policy regarding medical education; and that black patients were being used as guinea pigs in drug trials.

One of the "rather unhappy" aspects of the Lisbon meeting was that statements made by heart surgeon Professor Chris Barnard had been used to imply that the standard of South Africa's medical care was low.

"This is an example of well-intentioned comments being misused," said Professor de Klerk.

He said that MASA, which resigned from the WMA almost three years ago, had been readmitted by an overwhelming majority.

Doctors call for another pay rise

RDP 15/10/81 (193) 2/4
By GERALD REILLY

THE cost of being ill will rise further if the Minister of Health approves tariff increases recommended by the Medical and Dental Council in Pretoria yesterday.

Fees went up 9.9% only six weeks ago — though doctors had to wait nine months for that increase to be implemented. The new recommendation seeks another 6%.

The council is also to recommend to the Minister, Dr Lapa Munnik, that dental fees be raised by 25% and physiotherapy fees by 50%.

Medical Association president Professor Guy de Klerk, who is also a medical council member, pointed out that the previous nine-month wait for the Minister's approval had cost income while inflation continued. One source put the figure at R20-million.

"What has happened now? We will probably have to wait another nine months for the 6%," he said.

"It's an impossible situation which no profession should tolerate."

The Medical Association, he said, had recommended an immediate increase of 15% to the council's tariff committee. In the past 10 months practice costs had risen by about 12% "and now we have this recommendation for 6%".

He said a stand should be taken purely on economic factors, which should determine rates.

Tariff committee chairman Mr W M C Davidson said public reaction to another tariff rise within six weeks of the previous one had had to be considered.

Part of the motivation for the 6% recommendation, he said, was that there should be an annual review of tariffs.

He stressed that if the minister referred the recommendation back to the council, as with the previous one, it could take up to nine months to be implemented.

Mr Davidson said the committee did not want to return to approval delays — if they persisted the council might have to recommend 40% or 50% increases.

● Dental tariffs have not been raised for two years and physiotherapy tariffs for four years.

my 'Op ruined chance of having children'

93. RSM 15/10/81
Mail Reporter

A WOMAN has alleged in papers before the Rand Supreme Court that a doctor employed by a provincial hospital negligently performed an operation on her, as a result of which she is unable to have children.

The woman, Mrs Lilian Phephelape Masimula, of Mokoena Section, Katlehong, Germiston, intended to institute an action against the doctor, Dr A Valley, now of the Coronationville Hospital, and the Administrator of the Transvaal, the court was told yesterday.

She had suffered R40 000 damages in pain and suffering, loss of amenities of life and was now unable to bear children, it was alleged.

Mr Justice Gordon granted Mrs Masimula leave to institute the action.

Mrs Masimula said in an affidavit she married Mr Wonder Sanyana Masimula on December 14, 1977.

Her husband was a forklift driver and a car driver for Litemaster, Wadeville, Germiston, earning a wage of about R44 per week.

They had had no children and now she was precluded from ever giving birth.

She had practised birth control, using a device which had been recommended and fitted by a Dr Bouler of the Northern Clinic in Natalspruit, Germiston.

Later, she and her husband had decided to have children and she fell pregnant in October, 1979.

During the pregnancy, she began to bleed and visited her doctor, Mrs Masimula told the court.

Operated on

Her condition did not improve and she went to the hospital in Natalspruit in the first week of February 1980.

She attended the hospital as an out-patient on three or four occasions and was admitted as an in-patient on February 20.

On February 21 she was admitted to the theatre for an operation. She had been told that the foetus was dead and she would have to undergo a dilation and curettage.

The operation was performed by Dr Valley, who was then employed at the Natalspruit Hospital.

After the operation she awoke to find herself in the intensive care unit where she remained for some days, Mrs Masimula said.

While she was there, a Dr Rabie told her a mistake had been made. Her womb had been removed and she could never have children.

"I was distressed and very shocked," she said.

On the same day, Dr Valley came to her bedside and accused her of having tried to commit an illegal abortion on herself.

Stab wound

He said he had found the foetus dead with a stab wound in the stomach.

"I had not attempted to have an abortion," Mrs Masimula told the court.

"The knowledge that I can no longer bear children has caused me to feel a great sense of loss and extreme distress.

"Intercourse is no longer as enjoyable or as freely exercised as it was before.

"Intercourse is infrequent, painful and uncomfortable and leaves me quite exhausted. I no longer have the physical strength which I enjoyed before the accident".

Her husband was also affected by this, she said.

She alleged that Dr Valley had been negligent in attempting to undertake an operation for which he was not qualified or for which he lacked the skill needed by the average doctor who undertook such an operation.

**Court
told of
doctor's
message
of
heartbreak**

Alternatively, she claimed that Dr Valley had not been adequately supervised and that he had been permitted to undertake an operation for which he lacked the necessary skill and expertise.

She also claimed that the Transvaal Administration, through its employees, including Dr Rabie and others, had been aware of the defective operation carried out on her by Dr Valley.

Munnik is

urged to

dump doctors' fee rise

By GERALD REILLY

LABOUR leaders yesterday called on the Minister of Health, Dr L A P A Munnik, to reject out of hand the SA Medical and Dental Council demand for a further 6% rise in doctors' tariffs.

They claimed the public was "sick and tired" of the "grasping" attitude of the medical profession — especially since doctors were among the country's highest-paid workers.

Members at the SAMDC's general meeting in Pretoria this week stressed Dr Munnik had delayed for nine months the implementation of the 9.9% increase requested at the end of 1980 and that this had cost doctors R20-million in lost income.

The increase was implemented six weeks ago.

The doctors claimed the 9.9% was to compensate for the increased costs of running a practice up to the end of 1980.

Since then, inflation had been running at about 15%. In fact, the Medical Association of SA asked the SAMDC to negotiate a 15% fee increase.

But yesterday the general secretary of the Trade Union Council of SA, Mr Arthur Grobbelaar, said the "grasping approach" of doctors could not be too strongly condemned.

The Government and private sector organisations such as Assocom had warned against the exploitation of consumers.

Mail Correspondent

LONDON. — Mr Paul Eakins, the secretary of Britain's Ecology Party, yesterday appealed for restraint by fellow ecologists who left soil containing deadly anthrax spores in Wiltshire and Blackpool.

He appealed to the "Dark Harvest Commandos" group not to distribute more of the germ laden soil.

"Anthrax is usually fatal and this action is irresponsible," Mr

'Dark Harvest' group gets anthrax appeal

Eakins said. "Although we agree with the object of the group which wants to bring public attention to the fact that these experiments in germ and chemical leave a deadly legacy we can't condone their actions."

Mr Eakins said that the Scottish island of Gurenard where the soil came from was a deadly place but the Ecology Party was aware that similar experiments were being made at the Portland Down research establishment.

Rewarded

"What is happening now in the medical world comes very close to exploitation," Mr Grobbelaar said.

Doctors were already more than adequately rewarded for their services.

They should not be permitted to keep on "milking" the public, which was fighting a losing battle to maintain living standards.

"If the cost of illness continues to rise at the rate of the past few years, there will be an outcry for the nationalisation of all medical services," Mr Grobbelaar said.

Obudsman Eugene Roelofse said: "I would have thought there would have been a limit to the avarice of the medical profession. I have been proved wrong."

The chairman of the Federal Consultative Council of Railway Staff Associations, Mr Jimmy Zurich, appealed to the SAMDC to withdraw its application for a 6% increase.

He agreed with Mr Grobbelaar that for doctors to seek another tariff rise only six weeks after the 9.9% increase came close to exploitation.

Brunt

He hoped the Minister of Health would also see it in this light.

Thousands of low-paid workers in South Africa did not belong to medical aid schemes. This group would take the brunt of continually rising medical costs.

The chairman of the Representative Association of Medical Aid Schemes (RAMS), Mr J D Ernstzen, said that the system of determining doctors' tariffs was basically wrong.

The aid schemes that footed doctors' bills should have a greater say.

"We have made representations to the Minister of Health and to the Browne Commission investigating the country's health services."

RDM
21-10-81
93

Medical aid move welcomed

THE Representative Association of Medical Schemes (Rams) has welcomed a Government move to prevent doctors and dentists from submitting accounts directly to the medical scheme concerned.

The method of direct submission of accounts to medical schemes cut across certain fundamental principles in the doctor-patient relationship, according to the association.

After medical schemes had received numerous complaints, Rams made an urgent appeal to the Minister of Health to repeal this section of the Medical Schemes Act.

The effect of this repeal, Rams claims, is that doctors, dentists and other suppliers of services will once more have to submit accounts for medical treatment to their patients, who will be responsible for forwarding them as claims to their medical schemes.

Rams urged the public to forward claims as quickly as possible so that their doctors and dentists could be paid in good time.

— Sapa.

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Nurses angry at doctors' hygiene

Staff Reporter

NURSES at Grootte Schuur Hospital are angry because, they say, many doctors are not observing the hospital's strict hygiene rules.

Standing instructions have been in force at the hospital for many years in terms of which doctors and nurses have to wash their hands after dressing a patient's wound, or inspecting it, before attending to the next patient.

Since an outbreak of staphylococcus infection at the hospital about a year ago, nurses and doctors now also have to spray their hands with an antiseptic aerosol spray after dealing with each patient.

A number of nurses said this week that they understood the reasons for these precautions and were happy to take them. However, they claimed that "very few" doctors were conscientious about the hygiene regulations.

"It makes me cross to see a doctor lifting dressings and looking at the wound, replacing the dressing and then re-

peating the procedure with the next patient without even bothering to wash his hands. let alone use the spray," one nurse said.

"I can understand that they are rushed, but then so are we. What's the point of our doing it if they don't?" she asked.

A spokesman for Grootte Schuur said yesterday that the hygiene regulations, accurately described by the nurses, applied to everybody, and it was most important that nurses and doctors applied them thoroughly.

"The rule about hand washing, particularly, is one of the most important when it comes to infection control," he said.

The problem was that hospital authorities were "dealing with human nature". There were signs up all over the hospital reminding staff to adhere to hygiene regulations.

The spokesman said it was up to anyone who noticed a nurse or a doctor not obeying the hygiene rules to report this to the departmental head, who would take action.

'Masa not responsible for equal salaries'

93

By SAM MABE
A JOHANNESBURG

doctor last week reacted angrily to reports that the Medical Association of South Africa (Masa) was responsible for the equalisation of salaries of black and white medical officers.

Describing Masa as an "ineffective puppet organisation", Dr Joe Variava, who spoke in his private capacity, accused Masa of being opportunistic and of claiming "undeserved credibility".

Masa's secretary-general, Dr Marais Viljoen, was reported in a morning newspaper last week saying it was through Masa's 13 years of campaigning that as from April 1 this year, salary discrimination based on race and sex was abolished in the ranks of medical interns and medical officers.

Dr Viljoen said Masa's policy had been the removal of race discrimination in medical practice. He also said a number of letters, memoranda and requests were sent to authorities and interviews were conducted with health authorities during the campaign.

"Eventually," he said, "it was confirmed that no longer be salary discrimination between medical personnel of different race groups in the employ of the Government."

Dr J Gluckman, deputy secretary-general of Masa, said last week that Dr Variava was entitled to his opinion. He stressed that it was because of Masa's efforts that pay discrimination was done away with.

"We had been battling for the last 13 years and everything of what we had been doing was made known to the public. But I know absolutely nothing about these other allegations being made against Masa by Dr Variava," Dr Gluckman said.

Dr Variava confirmed that salary discrimination was abolished in April but argued that Masa did not deserve credit for that.

"They are saying all this in an attempt to regain credibility because although they claim to be a multiracial organisation, there is nothing they are doing to protect blacks against apartheid."

"The equalisation of salaries was part of the general trend in various spheres where the Government is trying to appease blacks, but it has absolutely nothing to do with Masa."

Dr Variava said Masa was predominantly white and had only a 15 percent black membership. He said the association was unpopular with many blacks, more so because of the presence of a member of the Broederbond in its executive.

He said it was not possible for Masa to become an effective body because the Broederbond stood for white domination. Masa was an instrument of the State policy and was involved in the practice of race medicine.

Dr Variava added that in protest against the ineffectiveness of Masa black doctors were planning to form their own organisation. A preliminary meeting to prepare for the formation of the organisation is to be held in Durban at the weekend.

(93) (15) (100)

Maseru doctors' strike continues

MASERU — Doctors at the Queen Elizabeth II hospital here were continuing their sit-down strike yesterday. The strike started on Monday.

The doctors, all Lesotho nationals, have been joined by doctors from other government hospitals in the country.

They have complained to the Minister of Health, Mr Patrick Lehloenyane, about their conditions of service and salaries. The minister has referred the matter to the cabinet and Prime Minister Leabua Jonathan.

A government statement issued last night said that only 14 doctors were on strike and not 25, as stated by the SABC.

The statement said a meeting between doctors and the Health Minister had taken place and that it was expected that the doctors would return to work.

However, some of the doctors said they were going ahead with their strike until their grievances had been attended to.

Government hospitals are being manned by foreign medical personnel, seconded to Lesotho as consultants.
— DDC

DAILY DISPATCH
30/12/81