

Health AND DISEASE - Doctors

1985

AREA A: Camperdown, Uitenhage and Umzimto.

AREA B: Mosselbay, Newcastle and Rustenburg,

AREA C: Harrismith, Klip River and Port Shepstone.

AREA D: All other areas excluding Malmesbury.

40 doctors face axe

Sowetan 8/1/85 (93)

THE FATE of about 40 Baragwanath Hospital doctors, most of them senior housemen and registrars, last night hung in the balance.

This follows reports that the Director of Hospital Services, Dr H van Wyk, sent a directive to the hospital ordering that hospital costs, including the employment of doctors be cut by ten percent. The 40 doctors were employed at the beginning of this month.

The fear that the doctors may lose their jobs in this move by the Provincial Administration to cut running costs was reportedly confirmed by Professor D Moyes, deputy Dean of the University of

By SELLO RABOTHATA

the Witwatersrand's Medical School. Talks on the issue were still being held yesterday and when The SOWETAN tried to get a comment from Dr van Wyk, he was said to be still in a meeting.

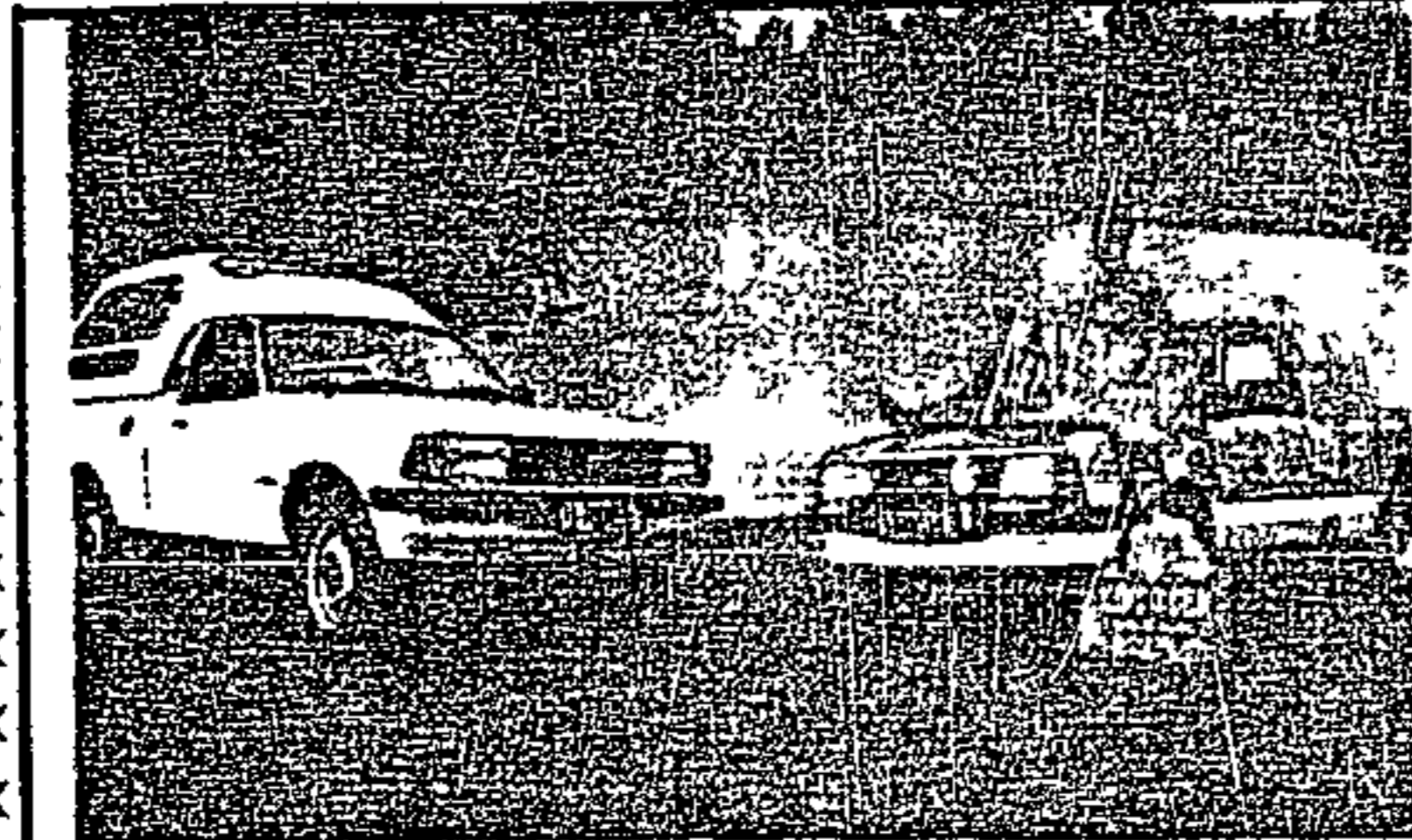
This decision is also seen as racially inspired as Baragwanath has always suffered a staff shortage and this reduction could seriously reduce the efficiency of the hospital, always stretched to the limit.

News of the move has not been taken lightly by the Black Health and Allied Workers' Union. The union's president, Mr Daniel Ko-

maphe, said: "We are watching with a keen eye. It is not good to retrench people because they do not have any retrenchment procedure.

Dr Nthato Motlana said he acknowledges the fact that the economy is in a shambles but cost-cutting should be made at white hospitals, not at black ones.

"The white patient has so much at his disposal while the black one has to endure overcrowding and lack of proper medical care etc. It is therefore out of the question for costs to be cut at black hospitals. Instead, the money should be used to improve these hospitals," he said.



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How doctors are suffering

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28
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9/11/85

By Sue Leeman,
Pretoria Bureau

The sweeping savings drive launched in November by the Transvaal Hospital Services to save R28 million is now in full swing, says Director of Hospital Services Dr Hennie van Wyk.

The drive has so far led to cutbacks of staff and tightening up on overtime pay, he adds.

Hospital services have not divulged many specifics of the programme.

But reports are filtering in from individual hospitals about the measures being taken.

● This week there were rumours that 40 new doctors at Baragwanath Hospital in Soweto had been retrenched.

● Individual doctors in other centres have said they fear for their job prospects as the province appears to be curtailing

its employment of physicians.

● It is understood that more than 110 hourly-paid workers were laid off at H F Verwoerd Hospital in Pretoria, but 11 hourly-paid nurses accepted full time or five-hour days.

● At Johannesburg Hospital about 60 hourly-paid staff members are believed to have been laid off.

● Dr van Wyk said overtime pay had been tightened up and individual hospitals now had to make specific requests for overtime allocations.

● The length of patient stays in hospital, he added, was being cut as far as reasonably possible without jeopardising

patient care.

And all unnecessary pathological investigations had been dispensed with.

However, Dr van Wyk said, no doctor who had an official appointment was in danger of being retrenched.

It is understood that some of the 40 doctors at Baragwanath Hospital did not have official appointments.

When it came to the appointment of additional doctors, said Dr van Wyk, specific workloads would be evaluated to see if additional appointments were warranted.

If they were, another doctor would be hired.

Several newly-qualified doctors are understood to be having difficulty finding employment at provincial

hospitals.

As far as hospital administrative and nursing staff were concerned, said Dr van Wyk, the same austerity measures were being applied and there had to be a very good reason for every new appointment.

He stressed that no qualified nurses had been retrenched by hospital services.

Students and housewives working on an hourly-paid basis had been told their services were no longer needed.

Qualified nurses who were working on an hourly basis had been offered full time or five-eighths work, meaning a five-hour day.

Dr van Wyk said he knew of only four nursing sisters who had declined to accept this offer

Patients may negotiate fees with doctors

93
S/ew
11/11/85

By Sue Leeman,
Pretoria Bureau

The new Medical Schemes Amendment Act gives patients a certain leeway to "negotiate" the cost of treatment with doctors, according to Dr Rene le Roex of the Medical Association of South Africa (MASA).

At a Press conference yesterday Dr le Roex, who is chairman of MASA's federal council, said the new legislation, effective from December 21 last year, meant that doctors could charge patients either according to a MASA tariff or in terms of a new scale of benefits compiled by medical aid schemes.

In future it would be up to the patient to explain his financial position to the doctor so that an equitable arrangement could be made.

Dr le Roex said the new law had done away with the old system of "contracted in" and "contracted out" and the fixed tariffs involved.

The new scale of benefits would be based on what medical aid schemes were prepared to pay for various services, he

said.

If a doctor charged according to this lower scale of benefits he would be guaranteed direct payment in full by medical schemes. And, if he charged less than the scale demanded, the benefit would be passed to the patient.

But, if a doctor charged higher MASA tariffs he would claim payment direct from the patient who would be reimbursed by his medical aid.

Doctors were legally obliged to state on accounts which system they were using. MASA would step in if patients were charged unreasonably high fees.

Dr le Roex said patients charged in terms of the scale of benefits would receive the first two accounts for passing on to their medical aids. The third account would go direct to the medical scheme.

He said that MASA was unhappy about this aspect of the new scheme because it felt this method of billing would delay payments to doctors. The association had approached the Minister of Health on this matter, he said.

SAMDC charges 'political doctor' with improper conduct 93

MARITZBURG — A close associate of the late black consciousness leader Steve Biko, Dr Aubrey Mokoape, is being charged by the South African Medical and Dental Council (SAMDC) with improper or disgraceful conduct after a conviction under the Terrorism Act.

Tomorrow his lawyers will ask for a postponement to March when Mr Sydney Kentridge QC, will be available to defend him.

Dr Mokoape was arrested in 1974 while completing his internship at the King Edward Hospital in Durban. He was convicted in 1976 and released from Robben Island in December 1982.

After completing his internship, he went into private practice.

11/1/85
Star
The SAMDC has been criticised by doctors who say Dr Mokoape's political activities have nothing to do with his profession.

Dr Joe Variawa, one of the doctors asking the Pretoria Supreme Court to find that the SAMDC should institute an investigation into the doctors involved with Biko when he died, said he found it disturbing the council should call Dr Mokoape to a disciplinary hearing without evidence that he had been involved in violence.

He suggested the SAMDC was an extension of repressive State machinery: it was victimising Dr Mokoape but also going out of its way to protect the Biko doctors, against whom a magistrate had found a prima facie case of misconduct. — Sapa.

93 (A) 253 S. Express
13/1/83

Doctor faces medical ban after terror conviction

By JO-ANNE RICHARDS

A YOUNG doctor, who served six years on Robben Island for a political offence, is now threatened with being struck off the medical roll.

Dr Aubrey Mokoape, a Durban general practitioner, has been accused of improper or disgraceful conduct by the South African Medical and Dental Council because of his conviction under the Terrorism Act.

He was one of six former leaders of the banned SA Students' Organisation and the Black People's Convention convicted and jailed after a marathon trial in 1976.

Inquiry

A political conviction has never before been used as grounds for a disciplinary inquiry by the medical council.

If he is found guilty, the council could strike him from the roll, either temporarily or permanently.

Dr Mokoape appeared before a disciplinary committee of the council yesterday, but the inquiry was postponed to February 20.

Counsel for Dr Mokoape, Mr E D Moseneke, asked for a postponement to prepare for the inquiry, which would have "far-reaching" implications.

Dr Mokoape and his Durban attorneys, Bagwa and Company, said in a statement the implications of the case "will impinge on the whole definition of medical ethics".

"At stake here is not only the career future and livelihood of an individual, but the entire professional world."

Mr Moseneke said the obvious question was whether professional bodies could



● Dr Aubrey Mokoape and Ché, the youngest of his three children, at yesterday's hearing

make what amounted to political decisions.

Dr Joe Veriava, who attended the hearing, said the inquiry made it appear the council was "an extension of the South African repressive machinery".

Detention

Dr Veriava was one of the doctors who recently brought an action in the Pretoria Supreme Court in an attempt to force the council to hold an inquiry into the medical treatment of Mr Steve Biko before his death in detention.

"It appears to me that the council is indirectly trying to tell doctors that they should

not be involved in any kind of political activities which are extra-parliamentary," he said.

Mr Moseneke said that although the case had no precedent in the medical world, there had been cases in which attempts were made to bar lawyers because of their political actions.

But, as in the Supreme Court action brought by Nelson Mandela against the Transvaal Law Society, the court had found that a political conviction did not necessarily constitute unprofessional conduct.

Mr Sydney Kentridge SC will appear for Dr Mokoape in February.

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Star 28/1/85

Doctor inquiry condemned

By Joe Openshaw,
Medical Reporter

The National Medical and Dental Association (Namda) said yesterday that expression of political beliefs by members did not undermine their professional integrity.

"Health professionals should be free to express their political beliefs," it said.

Namda, which ended its two-day annual conference in Johannesburg yesterday, was condemning the inquiry by the disciplinary committee of the South African Medical and Dental Council (SAMDC) into the conviction under security laws of Dr Aubrey Mokoape. He was sentenced to six years' jail in 1976. He did his internship after release and began practising this year.

"By (holding an inquiry), SAMDC is politically allying itself with the status quo in this

country," said a resolution. "It should confine disciplinary inquiries to cases involving negligence or misconduct."

The conference also expressed its solidarity with Dr Essop Jassat, a Namda national executive member and a member of the United Democratic Front who is facing charges of high treason in terms of the Internal Security Act. He was detained during the coloured and Indian elections last year.

In the keynote address to the conference, Professor Jerry Coovadia, of the University of Natal, called for the drawing up of a charter for health and nationalised health services.

He said social causes of ill-health were as much to blame for disease as germs, chemicals and toxins.

He said the core of the charter should include:

- The elimination of the structural and ideological foundations of apartheid.
 - Dismantling of the Bantustans; no forced removals; no influx control; no migrant labour.
 - Removal of harsh security laws.
 - Repeal of the Constitution Act.
 - Adequate residential environments; houses at affordable rents; sanitation; water; sewerage and recreational facilities.
 - Guaranteed employment for those able and willing to work; a just wage; safe working condition.
 - Nationalised health services which will provide for all those who need care.
- The conference also called for immediate changes in health fees at provincial hospitals so that most patients could afford them.

And it recommended that dependants be taken into account when determining hospital fees, and that the cost of return visits to hospitals be reduced.

The conference was told by the association's tariff group there has been a noticeable reluctance of patients to return for follow-up treatments for acute illness because they were charged for return visits.

Dr Diliza Mji, the new Namda president, said at a Press conference: "Budget cuts because of the worsening economic situation should not be made where medical and health services are concerned.

"The Government should do away with duplication of health and other services based on ideological considerations.

"Cuts in health and medical services for blacks — stretched to the limit already — are unthinkable."

Prof hits out at English medic students

913
E. Post
28/1/83

Post Correspondent

JOHANNESBURG — English-speaking medical students are so little concerned with community health they would rather forego medical school than spend two years doing compulsory service at rural hospitals before being registered as doctors.

A proposal formulated in a bid to improve community health in rural areas has been scorned by medical students in Johannesburg, who are against giving up two years before setting up practices of their own, or specialising.

Professor John Gear, head of the Community Health Department at the University of the Witwatersrand, predicted if a proposal of "forced post-graduate conscription" was implemented, it would dramatically decrease the number of English students applying for admission to medical schools.

"Any doctor who sees the

consequences of the lack of infrastructure in the rural areas and doesn't protest is being neglectful," he said. "Doctors are obliged to speak out constructively."

The professor predicted that if registration requirements were changed to suit the two year service proposal, there would be an increase of black medical school applicants.

The number of Afrikaans applicants would remain the same, but English medical applications would drop sharply.

"There is a higher incidence of immigration among doctors with an English background and a poorer record of rural service amongst them," he said.

There is one doctor for every 300 patients in the urban areas and one for every 24 000 patients in the rural areas.

Professor Gear said that the present medical curriculum did not create the

social pressure, or offer the appropriate education, encouraging doctors to take up their social responsibility in the rural areas.

At his inaugural speech last year, Professor Gear accused medical students — particularly those from the University of the Witwatersrand and the University of Cape Town — for "turning their backs on those in greatest need".

"I should like to be explicit and say loudly and clearly that South African medical graduates have largely abrogated their responsibility," he said.

English Wits medical students' reacted strongly to Professor Gear's extra two year proposal.

"Babies are dying of basic illnesses like measles, malnutrition and gastro-enteritis. Immunisation, hygiene, trained nurses, clean water and other basic health requirements are needed in the rural areas — not specialised doctors," said one student.

Biko doctors: Court orders new inquiry

Argus 26/1/77 22

Argus Correspondent

PRETORIA. — The Supreme Court here has ordered the South African Medical and Dental Council (SAMDC) to hold an inquiry into the conduct of the doctors who treated black-consciousness leader Steve Biko in the five days preceding his death.

There was prima facie evidence of improper or disgraceful conduct on the part of the "Biko doctors", Dr Ivor Ralph Lang and Dr Benjamin Tucker, in a professional respect, the Judge-President of the Transvaal, Mr Justice Boshoff, said in a judgment handed down today.

The court order is the result of an application by six doctors concerned that the reputation of the medical profession had been sullied by the conduct of Dr Lang and Dr Tucker.

Inquest finding

The six doctors' complaints related to the medical diagnosis and treatment Dr Lang and Dr Tucker, respectively district surgeon and chief district surgeon of Port Elizabeth at the time, gave Mr Biko from September 7 to 11, 1977. They were also dissatisfied with the two doctors' subsequent evidence at the inquest.

Mr Biko was detained under the Terrorism Act in August 1977 and died 26 days later in a Pretoria prison.

An inquest found the cause of Mr Biko's death to be a "head injury with associated extensive brain injury" probably caused in a scuffle with security police which he initiated.

The inquest court found there was prima facie evidence that the doctors' conduct was disgraceful. A record of the court proceedings was sent to the SAMDC.

No action taken

The SAMDC, however, neither took action at that stage nor on three occasions thereafter when complaints were lodged about the doctors. A preliminary inquiry committee of the SAMDC decided no action should be taken.

Today's court order set aside this resolution adopted by the preliminary committee. The committee was directed to "resolve that evidence furnished in support of these complaints discloses prima facie evidence of improper or disgraceful conduct".

The SAMDC was ordered to pay the costs of the application.

'Some justice left'

● Professor Frances Ames of the University of Cape Town today welcomed the judgment as "an indication that there is some justice left".

"The most exciting thing that has happened to us in years," was how Professor Ames, who has been involved in the controversy since the outset, described the judgment.

She was called from a neurology tutorial at the medical school and told about the judgment by a Cape Town attorney.

"I am extraordinarily happy," she said. "If this means that detainees will be assured of adequate medical care, it will be wonderful. I am quite overcome."

'Very dangerous'

She said she had been appalled by the SAMDC legal team's argument that a statutory body could not be challenged by anybody, not even the courts.

"This is very dangerous. They had put themselves above the law," said Professor Ames.

"They also maintained there were no absolute standards in medical practice. The inference here is that if you have a detainee at your mercy behind closed doors you can get away with anything. It made my blood run cold."



Dr Ivor Lang



Dr Benjamin Tucker

Doctors welcome Biko decision

CAPE TOWN

31/1/85

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MEDICAL professionals and the Azanian People's Organization welcomed yesterday's judgment ordering the South African Medical and Dental Council to hold an inquiry into the conduct of the doctors who treated Mr Steve Biko.

The Pretoria Supreme Court yesterday had found prima facie evidence of improper or disgraceful conduct on the part of the two doctors involved in the scandal surrounding the death in 1977 of the black consciousness leader.

Professor Frances Ames, head of the department of neurology at Groote Schuur and a senior lecturer in neurology at the University of Cape Town, said yesterday that she believed that the SAMDC had put themselves above the law on the Biko issue.

Professor Ames quit the Medical Association in 1980 in protest against the organization's handling of the Biko issue.

She said at the time that she felt "it was the only honourable thing left to do".

Yesterday she said: "I'm delighted that we still have a judiciary to which we can appeal.

"The SAMDC behaved in a way that suggested that it believed itself above the law.

"In court the SAMDC argued that neither doctors nor the courts could criticize decisions made by the council. The council also argued that there was no absolute stan-



Professor Ames

dard of medical practice, making a mockery of the Hippocratic Oath.

"The argument that circumstances change the way one practises medicine is all very well in the middle of Africa where there may be no specialist on hand to perform, say, brain surgery. But when it comes to detainees... that sort of argument is dangerous," she said.

Professor Philip Tobias, head of the anatomy department at the University of the Witwatersrand's Medical School, hailed the judgment as a "considerable boost to restoring the honour of the South African medical profession".

Professor Tobias said: "We are most gratified that the court has or-

dered the Medical Council to do what we consider to be its duty in the upholding of the ethical standards of our profession."

He emphasized that their complaints were directly related to the Medical Council's handling of the affair and that there was no desire to crucify the doctors concerned.

Dr Stuart Saunders, principal of the University of Cape Town, also resigned from Masa in the same year because he disapproved of Masa's decision to clear the three Biko doctors.

Dr Saunders said last night that he was pleased with the ruling.

Dr Josuf Veriava, from Coronationville Hospital, said that although yesterday's judgment was crucial to the maintenance of medical ethics, there were still areas that needed attention.

"The detention laws and problems in the country which led to Biko's death and the actions of his captors which may have resulted in his death still remain."

Professor Trevor Jenkins, of the Medical Research Council, said the decision meant the SAMDC would have to take well-formulated complaints by medical professionals seriously

The chairman of the Federal Council of the Medical Association of South Africa, Dr R D le Roex, said the judgment should clear the air surrounding the long-standing issue.

Professor F G Geldenhuys, president of the Medical and Dental Council, said the council would study the verdict before deciding either to hold an inquiry or lodge an appeal against the judgment.

"The matter is now receiving attention and will be considered by the relevant committees," he said.

Azapo's vice-president for political education, Mr George Wauchope, said his organization welcomed the ruling.

He said Azapo noted with interest that it had taken eight years and a court order to make the SAMDC take action. — Own Correspondent and Staff Reporter

● Court orders inquiry, page 2

Six-year battle to have doctors probed

Elation as court rules that Biko inquiry must be held

Doctors and black leaders yesterday welcomed the watershed ruling by Pretoria Supreme Court that the South African Medical and Dental Council hold an inquiry into the conduct of the Biko doctors.

The decision finally ended a six-year battle with the council to investigate the conduct of doctors who treated Black Consciousness leader Steve Biko before his death.

And the decision was greeted with elation by six doctors who brought the case to court.

However the council, which held an urgent meeting late yesterday, declined to indicate whether it intended to appeal against the court decision, a move which would prolong the debate.

There was an international outcry when Mr Biko died in police detention in September 1977 after being held for 26 days, the last five of which were spent under medical supervision.

Judge President of the

Transvaal Mr Justice W G Boshoff yesterday said in his judgment that there was prima facie evidence of improper or disgraceful conduct in a professional respect on the part of the Biko doctors, Dr Ivor Lang and Dr Benjamin Tucker.

One of the six doctors who brought the case to court, Professor Phillip Tobias of Wits University, said he believed the honour of the organised South African medical fraternity was vindicated and restored by the court decision.

Professor Trefor Jenkins, of the South African Institute for Medical Research, said although he was thrilled by the judgment he was distressed that the South African Medical and Dental Council should have to be told how to run its affairs.

He said the judgement indicated that the council had not properly applied itself to the issues at stake.

Professor Jenkins added that it was alarming that the 43-member council had decided to

take no action.

He went on: "I fear that council members do not separate their personal views from the medical issues and confuse medical and ethical questions with what they see as being in the interests of the country."

He said the six doctors had spoken out for many others who wanted to see justice done. Doctors from many quarters had helped to finance the cost of the case.

Professor Frances Ames, head of Groote Schuur Hospital's department of neurology, said if the ruling meant detainees would be assured of adequate medical care in future it was wonderful.

She said the South African Medical and Dental Council's assertion in court that it could not be dictated to by a court of law was very dangerous, as the council was thereby placing itself above the law.

She deplored the council's contention that there were no absolute standards in medical

practice.

"The inference," she said, "is that if you have a detainee at your mercy behind closed doors you can get away with anything. It makes my blood run cold."

Mr Terror Lekota, spokesman for the United Democratic Front, welcomed the decision, saying: "It is our hope that the reopening of this case will help prevent a recurrence of this death."

The Azanian People's Organisation welcomed the decision to reopen the Biko doctors file, but called for an investigation into the conduct of the Security Police.

"The Biko case serves as a reminder that white society in South Africa is involved in a conspiracy to defeat the ends of any real justice," said a spokesman.

The chairman of the council of the Medical Association of South Africa, Dr René le Roex, said he would be very pleased if the judgment meant the mat-

ter would finally be cleared up, adding: "It has been hanging over the profession for a long time."

The Medical Association of South Africa was thrown out of the World Medical Association shortly after the Biko affair.

From Cape Town Political Correspondent David Braun writes: The Progressive Federal Party yesterday welcomed the Supreme Court decision.

At the same time the party's spokesman on health and welfare, Dr Marius Barnard, renewed calls that the South African Medical and Dental Council should be composed solely of representatives elected by the medical profession and not mainly by Government appointees.

Opposition Leader Dr Van Zyl Slabbert welcomed the court decision but, he said, nobody could undo damage done as a result of the first decision of the council (that the doctors involved were not guilty of professional misconduct).

3/1/85

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Doctors welcome court order on Biko

Argus Correspondent

JOHANNESBURG. — Doctors and black leaders have welcomed the ruling by the Pretoria Supreme Court ordering the South African Medical and Dental Council (SAMDC) to hold an inquiry into the conduct of the "Biko doctors".

The decision — the culmination of a six-year battle to get the SAMDC to investigate the conduct of the doctors who treated black-consciousness leader Steve Biko before his death — was greeted with elation by six medical practitioners who brought the case to court.

Disgraceful conduct

However, the SAMDC has declined to indicate whether it intends to appeal against the court decision.

A spokesman for the United Democratic Front said he hoped that the reopening of this case would help prevent a recurrence of this type of death in detention.

An international outcry followed Mr Biko's death in detention in September 1977. He had been held for 26

days, the last five of which were spent under medical supervision.

The Judge-President of the Transvaal, Mr Justice W G Boshoff, yesterday said there was prima facie evidence of improper or disgraceful conduct on the part of the "Biko doctors", Dr Ivor Lang and Dr Benjamin Tucker, in a professional respect.

One of the six doctors who brought the case to court, Professor Philip Tobias, of the University of the Witwatersrand, said he believed the honour of the organised medical fraternity was restored by the decision.

Professor Frances Ames, head of the department of neurology at Groote Schuur Hospital, said if the ruling meant detainees would be assured of adequate medical care in future it was "wonderful".

The chairman of the council of the Medical Association of South Africa, Dr René le Roex, said he would be pleased if the judgment meant the matter would finally be cleared up.

The president of the SAMDC, Professor Frans Geldenhuys, said the council had not had time to study the 52-page judgment.

Biko rulings ⁹³stirs up ^{S. Times 3/7/89} medical circles

Many doctors angry that their cash was used to fight action

By SYLVIA VOLLENHOVEN

In South African history that the council, a statutory body, has been legally ordered to hold a hearing.

Costs

In addition, the court ruled that the council should pay the costs of both parties.

The action was sought by six South African doctors:

Professor Ames, head of Groote Schuur's department of neurology; Professor Philip Tobias, head of the anatomy department at the Medical School at the University of the Witwatersrand; Professor Trevor Jenkins of the Medical Research Council; Dr Yusuf Veriava of Johannesburg's Coronation Hospital; Dr Dumisani Vuyishe Mzamane of Baragwanath Hospital and Dr Timothy

cerned about risking their jobs or their promotion opportunities.

"Intimidation was widespread from student level up to anybody trying to establish a place in academic medicine.

"I was surprised at how little support we got, and doctors are not exactly indigent people," Professor Ames said.

Struggled

She said the Supreme Court action had almost made her cry with joy.

"We had struggled for so long and there seemed to be so little sustained interest in it.

"People were asking why we kept on hassling, as Mr Biko died seven years ago. "Or they would ask what was so special about him. They didn't see the wider issue."

For her the court finding that there had been improper and disgraceful conduct on the part of the two doctors who attended the black-consciousness leader before his death in detention had

several implications. "The SAMDC has been shown that it is not above the law. The message to it is that it is a servant of the people and financed by the medical profession. It seems to have forgotten this.

"In addition, the whole point of the exercise has been to ensure that detainees get proper medical attention," Professor Ames said.

According to her the Biko issue — more than any other incident — had "hardened the rift between black and white doctors."

Gratifying

"The importance of the Supreme Court action was that it was a combined black and white effort. It was very gratifying to be working together," she said.

Mr Nico Prinsloo, registrar of the SAMDC, said the council's executive committee would decide what further action would be taken. "Taking the matter on appeal is obviously a possibility, but I would not like to pre-empt the executive committee's decision."



Prof Frances Ames... "Support not plentiful if all!"

THIS week's historic Supreme Court ruling in the Biko case has had widespread repercussions in medical circles.

Many doctors are up in arms about the fact that their money — by way of compulsory contributions to the South African Medical and Dental Council (SAMDC) — has been used to fight the action.

And the SAMDC, which cleared the doctors' five years ago, is still considering the possibility of appealing against the order to hold the inquiry — running up further costs in legal fees.

According to Professor Frances Ames — one of the leading campaigners in the legal drive to urge a fresh Biko inquiry — doctors are appalled at how much it could cost the council.

"Many doctors have approached me and expressed resentment about the fact that the council is 'wasting' their money," she said.

The Pretoria Supreme Court this week handed down the historic ruling against the SAMDC — it is the first time

Professor Jenkins said: "My main motive in bringing the matter to court was to see that the high ethical standards of the medical profession were maintained.

"I think taking the matter on appeal would show complete insensitivity to the mood of the profession.

Imperative

Nonisikelelo Biko, this week expressed gratitude to the doctors and said she was excited that the "real truth" had at last come out.

"It is very touching to know there are people who care about what happened and I deeply appreciate what has been done," she said.

Wilson, who is studying in America.

Mr Biko's widow, Mrs Nonsikelelo Biko, this week expressed gratitude to the doctors and said she was excited that the "real truth" had at last come out.

"The whole point is that they have never been given a chance to explain their side of the story or oppose or refute the case against them. Therefore it is imperative that an inquiry be held."

So far the six doctors and academics have paid out of their own pockets for the case to proceed.

Financial and other support for the action was not plentiful, according to Professor Ames.

Apart from apathy, there was also a lot of intimidation in medical circles because doctors were discouraged from becoming involved in what was seen as a hot political issue.

"People became con-

Prima facie case of 'improper conduct'

Court orders inquiry into Biko doctors

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30/1/85

By Sue Leeman,
Pretoria Bureau

The Pretoria Supreme Court has ordered the South African Medical and Dental Council (SAMDC) to hold an inquiry into the conduct of the doctors who treated Black Consciousness leader Mr Steve Biko during the five days before he died.

The Judge President of the Transvaal, Mr Justice W G Boshoff, said in a judgment

handed down today that there was prima facie evidence of improper or disgraceful conduct on the part of the "Biko doctors" — Dr Ivor Ralph Lang and Dr Benjamin Tucker — in a professional respect.

The court order is the result of an application by six doctors who are concerned that the reputation of the medical profession in South Africa has been sullied by the conduct of Dr Lang and Dr Tucker.

The six doctors' complaints related to the medical diagnosis and treatment Dr Lang and Dr Tucker — respectively district surgeon and chief district surgeon of Port Elizabeth at the time — gave Mr Biko from September 7 to 11 1977.

They were also dissatisfied with the two doctors' subsequent evidence at the inquest.

Mr Biko was detained under the Terrorism Act in August 1977 and died 26 days later in prison in Pretoria.

His death caused an international outcry and condemnation of South African security laws — particularly detention without trial.

The Medical Association of South Africa (Masa) was expelled from the world medical body.

At the inquest, the magistrate found that Mr Biko's death was not caused by an act or omission on the part of any person, and ruled that nobody could be held criminally responsible.

But the court, consisting of the Chief Magistrate of Pretoria and two doctors, found unanimously that there was prima facie evidence of improper or disgraceful conduct by Dr Lang and Dr Tucker.

However, in 1980 a SAMDC disciplinary committee found there was no prima facie case against the two doctors.

Court orders inquiry

into two Biko doctors

Own Correspondent

PRETORIA. — There was prima facie evidence of improper and disgraceful conduct on the part of two medical doctors who treated former black consciousness leader Steve Bantu Biko while he was in security police detention, the Supreme Court here found yesterday.

Mr Justice W G Boshoff, the Judge President of the Transvaal, with Mr Justice B P O'Donovan concurring, ordered that the South African Medical and Dental Council (SAMDC) hold an inquiry into the professional conduct of Dr Ivor Ralph Lang and Dr Benjamin Tucker.

The resolution by the SAMDC not to consider the complaints against the two doctors was set aside.

Review action

Professors Timothy Wilson, Frances Rix Ames, Trevor Jenkins and Phillip Valentine Tobias, and Doctors Yusuf Veriava and Dumisani Mzamane, brought the review action against the president of the council, the chairman of the inquiry committee of the SAMDC and Drs Lang and Tucker.

Mr Biko, who was arrested near Grahams-town on August 18, 1977, and detained at Port Elizabeth until his removal to Pretoria, died on September 12.

Mr M J Prins, the then Chief Magistrate of Pretoria, found at an inquest that Mr Biko died as a result of injuries received after a "scuffle with members of the security police" at Port Elizabeth.

Dr Lang, the district surgeon, and Dr Tucker, the chief district surgeon of Port Elizabeth, treated Mr Biko from September 7 to 11.

Mr Prins said in his inquest report that there was prima facie evidence of improper or disgraceful conduct on the part of Drs Lang and Tucker.

The inquiry committee of the SAMDC issued a statement that there was no prima facie evidence of improper and disgraceful conduct against Drs Lang and Tucker following a complaint of the former ombudsman of the South African Council of Churches, Mr Eugene Roelofse.

Judge Boshoff said in his 52-page judgement that the next step in the action was the complaint lodged by the six doctors

"The complainants emphasized that their charges and complaints were not a continuation of the complaints of Mr Roelofse nor an appeal against the dismissal of that complaint, but new and independent complaints," the judge said.

He said the SAMDC had not embarked on "an inquiry proper" into the charges and complaints.

"The reason why the inquiry committee and the council misdirected themselves on the validity and acceptability of the charges and complaints of the applicants is to be found in the manner in which they dealt with the charges and complaints," Judge Boshoff said.

The judge said further that it was "not clear" why the inquiry committee decided on April 24, 1980 to recommend that the Roelofse complaint was to be turned down.

However, the charges and complaints by the six doctors were "properly formulated and motivated" and much more "comprehensive" than the complaints by Mr Roelofse, the judge said.

The judge said the council did not give due

and proper consideration to the charges of the six doctors when it refused to hold an inquiry into the action of Drs Lang and Tucker.

"The inquiry committee and the council could not have dealt with the charges and the complaints in the manner they should have done," the judge said.

Applying minds

The two bodies had misdirected themselves by not applying their minds properly, or at all, to the charges and complaints of the six doctors, the judge said.

"All this had led to both the inquiry committee and the council wrongly passing the resolutions turning down the charges and complaints of the applicants."

Mr D de Villiers QC and Mr S Kentridge SC, instructed by Syret, Godlonton, Fuller Moore Inc, and Mr I Mohamed SC, with Mr P Solomon and Mr B Doctor instructed by Priscilla Jana and Associates, appeared for the six doctors. Mr P Roux SC, with Mr S J Mynhardt, appeared for the SAMDC. Dr Lang and Dr Tucker were represented



Mr Steve Biko

THE recovery of the rand had last night's viewers questioning the reason for the large increase in the price of petrol.

Mr D R Pols of Diep River: "I find the sudden recovery by almost seven cents of the rand against the US Dollar in a matter of five days after the petrol increase rather suspicious. To me this stinks of a set up. Was the value of the rand against the dollar deliberately forced down in order to get such a huge increase in the price of petrol? And will the petrol price now be decreased?"

Mr Don Sheasby of Ottery: "It was announced on the news that the exchange rate is now more than 50 cents to the dollar. Isn't it about time the government brought down the price of petrol?"

Mr Hammond of Rondebosch: "I have always been a great fan of Steve Lawrence as a singer but this cool cat survived nine lives as an actor on the Super Train. A super film even if the continuity was not always on the same track. One thing I would like to know is: where does Steve buy his drip-dry clothes?"

Mr M L Wilson of Tamboerskloof: "After sitting through Pop Shop last night I can understand what it might be like being at Melkbos during a

SA grenade killed two

WINDHOEK. — Two Ovambo-speaking children died in the explosion of a South African-made M79 rifle grenade near a military base in northern SWA/Namibia, according to evidence before an Ondangwa inquest court yesterday.

Paulus Petrus, 3, and Mathews Ingula, 6, died about 300m from Okavango military base in the Ovambo region on July 1, 1984.

According to sworn statements, there had been no eyewitnesses to the blast about 12.40pm, but explosives experts identified shrapnel on the scene as that of an M79 grenade, also known as "the snout nose".

The grenade was being used exclusively by the military and had not been issued to other branches of the security forces in SWA/Namibia.

The inquest magistrate, Mr A P J Kotze found that "unknown people" had caused the death of the two children — Sapa

more face the prospect of being axed in coming weeks.

This was confirmed yesterday by Mr Richard Savage, chairman of the Natal Clothing Manufacturers' Association, and Mr Yunus Shaik, a spokesman for the Garment Workers' Industrial Union.

Game/Discount World laid off 115 workers from its Durban and Maritzburg stores yesterday and 161 OK Bazaars workers in Natal will lose their jobs.

Mr Alex Hurter, president of Game, said the retrenchments were at all levels at Game's head office and their Durban and Maritzburg stores but none of the other stores in Johannesburg or Cape Town will be affected.

About 30 workers at the Four Seasons Hotel have been laid off in recent weeks, general manager Mr V Grantham said yesterday.

At James North in Pinetown, about 150 workers face retrenchment at the end of February. Mr Shaik said the company had already informed the union and had called for a meeting to discuss the proposed staff cuts.

Commenting on clothing-industry layoffs, Mr Shaik said last night that the rate at which people were losing their jobs was "frightening". — Sapa, Own Correspondent and Staff Reporter



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'Ignorant' doctors criticized

CAL TRIPS
5/2/85
93

By CHRIS ERASMUS
Medical Reporter

IGNORANCE, fear, prejudice and monopolistic self-interest are the motives behind the medical profession's opposition to the reopening of the chiropractic and homoeopathic registers, according to leading members of these professions.

Last week the Medical Association of South Africa (Masa) come out strongly against reopening the registers, both of which were closed in the early 1970s, largely at the insistence of the medical profession which claimed these alternative systems were "unscientific".

This accusation was again the basis for Masa's opposition to the reopening of the registers.

Spinal link

Dr R le Roex, chairman of the Federal Council of Masa, said: "Our opposition is based on the fundamental philosophy of the causes of disease held by these systems.

"Chiropractors say for instance that most diseases are caused by abnormalities of the spinal column. We just don't believe this is based on scientific principles, although some conditions are helped by spinal manipulations.

"Homoeopaths in general have, to our minds, completely inadequate knowledge to make diagnoses, although some homoeopaths are not unsuccessful in certain cases and some doctors use homoeopathic and orthodox allopathic methods of treatment simultaneously."

Dr Reg Engelbrecht, president of the South African Chiropractic

Association, said the medical viewpoint was "absolutely biased".

"As a profession, what medical doctors have to say in public and in private shows no understanding of our principles. Their statements about our so-called unscientific methods are based on the Munnik Commission of Inquiry conducted in the early 1960s, more than 20 years ago.

"The official medical approach is based on four inter-related aspects Ignorance leads to reactions of fear and prejudice, while at the same time there is an element of monopolistic self-protection."

'Equal claim'

Others in the associated health professions agree with Dr Engelbrecht.

Dr W J van der Veen, registrar of the Associated Health Service Professions Board, a statutory body legally on a par with the SA Medical and Dental Council, said his board would refrain from a public fight with Masa on the registration issue, but whatever claims it was making about "unscientific" practices could be made equally of doctors.

"The AHSPB has approached the Minister of Health and Welfare to open the two registers, and to include some of the other professions such as osteopaths and naturopaths on these.

"We have investigated and put forward for approval a study programme of five years' academic work, the first two or three of which would be exactly the same as in a medical degree, with a final-year housemanship."

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such (i) males and (ii) females were 17 years of age or younger?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

Year 1984.

(a) (i) 15 081

(ii) 14 123

(b) (i) 3 417

(ii) 3 429

Howard Q. 61. 39
Medical doctors who left Republic

11/2/85

49. Mr A B WIDMAN asked the Minister of Constitutional Development and Planning:

(a) How many medical doctors left the Republic permanently in 1984 and (b) what was the age distribution of these medical doctors?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(a) 38

(b) Age

Age	Number
20-24	1
25-34	19
35-44	10
45-54	1
55-64	3
65+	4

Howard Q. 61. 39
Opening of cinemas to all races: permits

11/2/85

66. Mr D J DALLING asked the Minister of Constitutional Development and Planning:

Whether any applications were received in 1984 for permits to open cinemas to members of all races; if so, (a) from whom, (b) in respect of which cinemas; (c) when were such applications received and (d) what was the result of each application?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

Yes—one application.

(a) Mr R Quibell on behalf of Gold Enterprises (Pty) Ltd.

(b) Three Arts Theatre, Plumstead.

(c) 4 December 1984.

(d) The application is still under consideration because various authorities and institutions have to be consulted.

Air traffic controllers

79. Mr D J N MALCOMESS asked the Minister of Transport Affairs:

Whether there is a shortage of air traffic controllers in his Department at present; if so, how many vacancies are there?

The MINISTER OF TRANSPORT AFFAIRS:

No.

Pollution of sea by oil

104. Mr D J N MALCOMESS asked the Minister of Transport Affairs:

(1) How many cases of pollution of the sea by oil occurred in 1984;

(2) (a) what was the cost of combating such pollution in this year and (b) what amount was recovered from the owners of the vessels concerned?

The MINISTER OF TRANSPORT AFFAIRS:

(1) 18.

(2) (a) R28 908,61

(b) R22 710,84

The Department of Transport is negotiating with representatives of the owners with regard to the outstanding amounts.

HOA

Amounts borrowed by Government/Reserve Bank

160. Mr H H SCHWARZ asked the Minister of Finance:

(1) Whether any amounts have been borrowed by the (a) Government and (b) Reserve Bank from the private banking sector since 1 April 1984; if so, (i) what amounts and (ii) when;

(2) whether any of these amounts have been repaid; if so, which amounts?

The MINISTER OF FINANCE:

(1) (a) No.

(b) No.

Amounts invested in public issues of government stock and treasury bills by the private banking sector or the Reserve Bank, are not, in this context, regarded as "borrowing".

(2) Falls away.

Questions on own affairs for written reply:

Howard Q. 61. 41
Old-age homes: subsidy

12/2/85

Mr S S VAN DER MERWE asked the Minister of Health Services and Welfare:

What in each category was the per capita subsidy paid to old-age homes for Whites in 1984?

The MINISTER OF HEALTH SERVICES AND WELFARE:

The maximum subsidy payable per sub-economic aged per month during 1985/85 is as follows:

CATEGORY

A R133,14

B R201,22

C R382,15

Children's homes

Mr A B WIDMAN asked the Minister of Health Services and Welfare:

(a) How many (i) State and (ii) privately administered children's homes are there for Whites in the Republic and (b) how many children were accommodated in these homes as at the latest specified date for which figures are available?

The MINISTER OF HEALTH SERVICES AND WELFARE:

(a) (i) None.

(ii) 78

(b) 5436—As at 30 September 1984.

TUESDAY, 12 FEBRUARY 1985

†Indicates translated version.

For oral reply:

General Affairs:

Questions standing over from Tuesday, 5 February 1985:

Howard Q. 61. 42
Exercise Thunder Chariot

12/2/85
*1. The LEADER OF THE OFFICIAL OPPOSITION asked the Minister of Defence:

(a) What was the total cost to the State of Exercise Thunder Chariot and (b) what specified items are included in this calculation?

The DEPUTY MINISTER OF DEFENCE:

(a) The provisional total cost is R24 668 315. The cost analysis for the repair of vehicles and equipment has not yet been completed.

HOA

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The MINISTER OF FINANCE:

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(b) No.

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HOA

...CAPL TIMB 13/2/85

Natal doctors' politics to be monitored

DURBAN. — The political activities of doctors and medical staff employed jointly by the province and the University of Natal's Medical School were being carefully monitored, Dr Fred Clarke, MEC in charge of Natal hospitals, said this week.

He said he also had asked the Department of Hospital Services for an inquiry into the absence from services by some doctors and staff.

Dr Clarke said the provincial authorities were watching doctors and other medical staff, particularly at King Edward VIII Hospital, following complaints from medical superintendents at hospitals in Natal that doctors were involving themselves in political activities.

He said he had had complaints regarding the political activities of some doctors at the University of Natal's Medical School and it was of concern to the provincial

authorities.

Regarding an inquiry into the absence from services by certain doctors, Dr Clarke said he was aware of several cases.

"The recent absence from work by staff employed jointly by the province and the university, without the knowledge of the provincial authorities is of growing concern," he said, adding, it was for this reason he had called for the inquiry.

The inquiry follows claims by provincial authorities that it had not sanctioned the recent trip to London by Prof Jerry Coovadia, a lecturer at the Medical School.

Prof Coovadia, who is also a senior official of the United Democratic Front, travelled to London with a Durban advocate, Mr Zac Yacoob, for talks with the British government regarding the six fugitives in the British consulate.

Prof Coovadia said he had gone to London on short notice and had only made an application after his return.

"I don't expect to be paid for the two days and I have made this clear when I was informed by the university that in the future there would be no retroactive leave and that I should abide by the rules," he said.

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**Doctor is
defended**

Any action taken by the disciplinary committee of the SA Medical and Dental Council (SAMDC) against Dr Aubrey Mokoape for his political activities as a student 10 years ago would create a precedent giving them power to gag doctors, a meeting of the Committee of Health Organisations was told in Johannesburg last night.

Dr L Holland, a member of the committee, said Dr Mokoape was convicted in 1976 under the Terrorism Act to six years' imprisonment. He will appear on February 20 before the disciplinary committee on charges of improper or disgraceful conduct.

SA leaders out of UK debate

Own Correspondent

LONDON. — A member of the South African cabinet, the Rev Allan Hendrickse, and the Kwazulu leader, Chief Gatsha Buthelezi, have withdrawn from an Oxford University debate on the new constitution following a political storm on the campus.

Organizers of the March 7 student debate confirmed yesterday that Mr Hendrickse, who was to have argued against the motion that the new constitution entrenches apartheid, had indicated his withdrawal in a telegram from Cape Town.

Chief Buthelezi, who was to have argued in support of the motion with the Leader of the Opposition, Dr Van Zyl Slabbert, indicated his withdrawal during a visit to the United States, the organizers said.

Their withdrawal follows a political storm on the campus about the wording of the motion and the choice of participants.

Mr Hendrickse was to have been supported by the New Republic Party leader, Mr Bill Sutton.

The Oxford Union, which is organizing the debate, and its vice-president, South African Rhodes scholar Gareth Penny, have been the target of vitriolic attacks in the campus newspaper.

Mr Hendrickse said in a telegram that he had been motivated by the opportunity of debating against Dr Allan Boesak, who turned down an invitation to take part.

Dr Boesak is due to take part in an alternative debate at Oxford organized by the Anti-Apartheid Movement for the same night as the union debate, and will deliver the Oxfam memorial lecture the night before the debate as part of a week of focus on South Africa.

According to campus sources, it has now been decided to abandon the original motion and to substitute it with one which would be a debate between the government and the United Democratic Front or African National Congress rather than between opposing participants in the government system.

SAMDC to hold Biko inquiry

Own Correspondent

PRETORIA. — The executive committee of the South African Medical and Dental Council will meet on March 1 to appoint a disciplinary committee to establish whether the two "Biko doctors" are guilty of improper or scandalous conduct.

The two doctors, Dr Benjamin Tucker and Dr Ivor Lang, treated black consciousness leader Mr Steve Biko shortly before he died in security police detention in 1977.

The council decided at an extraordinary meeting at the weekend not to appeal against a ruling by Mr Justice W G Boshoff, Judge-President of the Transvaal, that an inquiry should be held into the doctors' conduct.

The council had previously decided against such an inquiry.

The registrar of the council, Mr N M Prinsloo, said yesterday that the disciplinary inquiry would be open to the public.

Workers want danger money

Own Correspondent

JOHANNESBURG. — More than 1 000 workers at the AECI dynamite and chemical plant at Modderfontein stopped work yesterday to voice their dissatisfaction with safety conditions at the factory, following the death of 14 people in a blast last week.

And at the Rietspruit colliery near Witbank the strike by more than 1 000 workers entered its fourth day with management threatening to fire those who do not return to their jobs this morning.

A spokesman for the Cusa-affiliated South African Chemical Workers' Union (Sacwu) said the AECI workers were striking because they questioned the safety of the plant.

An AECI spokesman said the workers were striking over wages, but the Sacwu spokesman said the only wage issue was that they were demanding a danger allowance for working at the plant.

At Rietspruit, the mine has been declared under

curfew, replacement labour is already being sought and Rand Mines has warned that its agreement with the National Union of Mineworkers (NUM) has been placed in jeopardy.

This follows an incident at the mine late on Sunday night when mine security staff fired tear-smoke and rubber bullets on a group of about 150 workers who were marching on the white village.

Mr Allen Cook, deputy head of Rand Mines' coal division, said 28 alleged "agitators" had been taken into custody by mine security and an internal inquiry was being held at the mine yesterday.

He said 192 of the total day shift of 612 reported for work yesterday and that unless the others returned to work today, they would be dismissed "on the turn".

Gold Fields of South Africa has applied to the Rand Supreme Court for an urgent order to evict hundreds of workers fired from the East Driefontein goldmine at the weekend for striking.

Charges against Mokoape dropped

By Colleen Ryan,
Pretoria Bureau

Star 20/2/35

The South African Medical and Dental Council (SAMDC) today dropped charges of improper conduct against Durban doctor and political activist Dr Aubrey Mokoape.

The charges were brought against Dr Mokoape because of his 1976 conviction under the now defunct Terrorism Act.

The council's disciplinary committee accepted an application for Dr Mokoape's acquittal brought by his advocate, Mr Ismail Mohamed, SC.

Mr Mohamed argued that the disciplinary committee was not legally competent because it had acted without receiving a written complaint.

He said the SAMDC's action had exceeded its powers in terms of the Medical, Dental Supplementary and Health Services Act.

The SAMDC had not led any specific evidence to prove that Dr Mokoape had acted in a disgraceful manner.

After a short adjournment, the president of the SAMDC and of the disciplinary committee, Professor F J Geldenhuys, said Dr Mokoape was free to go.

In earlier evidence it was revealed that Dr Mokoape had re-registered as an intern and later been registered as a doctor, after he had completed his prison sentence.

After the hearing Dr Mokoape said he was elated with his acquittal.

Cleared doctor asks: why accuse me?

93 Star 21/2/81
Pretoria Bureau

Dr Aubrey Mokoape, cleared of charges of disgraceful conduct, yesterday hit out at the South African Medical and Dental Council for bringing the case against him.

"They should be embarrassed at calling the case in the first place," he said.

The charges were brought against Dr Mokoape because of his conviction and sentence under the now-defunct Terrorism Act in 1976.

"It is obvious my conviction was of a political nature," he said.

"This could never fall under

the jurisdiction of a medical council."

Dr Mokoape said he strongly believed doctors should have a social conscience, adding:

"Doctors as guardians of health need to concern themselves not only with the removal of disease, but also with the removal of social ills."

He said South Africa's political system contributed to malnutrition and alcoholism.

"If I had been found guilty," he went on, "it would have posed a threat to all doctors

who hold political views, whether rightwing or left.

"I am not unique; my views are shared by many others in the young intelligentsia. Any of them could get convicted."

The South African Medical and Dental Council's disciplinary committee decided to drop the Mokoape charges.

It accepted an application for acquittal brought by his advocate, Mr Ismail Mohamed SC.

Mr Mohamed had argued that the disciplinary committee was not legally competent because it had acted without

receiving a written complaint.

Also, he said, it had not proved disgraceful conduct.

Professor H Coovadia, executive member of the National Medical and Dental Association, welcomed the acquittal.

The South African Medical and Dental Council has received a spate of unfavourable criticism lately regarding its political motives.

Recently it was ordered by the Supreme Court to investigate the conduct of Dr Ivor Lang and Dr Benjamin Tucker, who attended Steve Biko before his death.

Beyond the stethoscope and the syringe

People such as Dr Aubrey Mokoape see medicine as involving more than the stethoscope and the syringe, it was said yesterday by the Rev Joe Seoka, deputy president of the Azanian People's Organisation.

He was commenting after disgraceful conduct charges against Dr Mokoape were dropped.

The charges were brought by the South African Medical and Dental Council against Dr Mokoape, a member of the Azanian People's Organisation, ap-

parently because of his political activities in the 1970's.

Mr Seoka said the attempt of the South African Medical and Dental Council to conduct an inquiry into Dr Mokoape's political activities gave content to a belief that in South Africa, apartheid medicine was designed to oppress, exploit and subjugate the black people.

He added: "It confirmed our belief that the Council is nothing but an arm of the South African oppressive system."

"It is people like Dr Mo-

koape who are being truly faithful to their calling to preserve human life.

"We call on all medical practitioners of conscience to dedicate themselves to the liberation struggle."

Dr Mokoape was one of Steve Biko's former close associates in the Black Consciousness movement in the 1970s

While doing his internship in 1974, Dr Mokoape was arrested for political activities and held for two years.

In 1976 he and eight other South African Students' Organisation and Black People's Convention men were sentenced to six years jail on Robben Island.

The head of the Azanian People's Organisation health secretariat, Dr Abu-Baker Asvat, who led a demonstration outside the South African Medical and Dental Council's offices in Pretoria, said the allegation against Dr Mokoape was significant because it related to political activities that took place more than 10 years ago.

SAMDC lets off convicted doctor

Own Correspondent

PRETORIA. — Charges of improper and disgraceful conduct against a Durban medical doctor, who served a six-year sentence for political offences, were withdrawn without reasons by an inquiry of the South African Medical and Dental Council (SAMDC) here yesterday.

Dr Aubrey Nchaube Mokoape was mobbed by well-wishers, friends and family members after a three-man disciplinary committee of the SAMDC decided to drop the charges.

Earlier, placard demonstrations against the SAMDC were held outside the building.

Dr Mokoape, a former official of the banned

Black People's Convention, was charged with improper and disgraceful conduct as a result of his conviction under the Terrorism Act on December 21, 1976 at the marathon South African Students' Organization and BPC trial in the Supreme Court, Pretoria.

Mr I Mahomed SC, counsel for Dr Mokoape, said a number of distinguished witnesses, including the former principal of the University of the Witwatersrand, Professor DJ du Plessis, were to be called.

Mr Mahomed firstly challenged whether the inquiry was legally competent to hear the case against Dr Mokoape.

Secondly, he asked whether there was any

evidence of disgraceful and improper conduct after the testimony of the SAMDC registrar, Mr NM Prinsloo.

Mr Mahomed said there was no written complaint against Dr Mokoape as required by law.

The charges of misconduct and disgraceful conduct were based on a conviction nearly ten years ago under the "controversial" Terrorism Act.

"The pro forma complaint has not elected to rely on any circumstances, fact or evidence other than the conviction itself."

Mr Mahomed said the complaint against Dr Mokoape based per se on the conviction was in law untenable.

Traffic offence

It was an "over-simplification" on the part of the pro forma complaint that the case against Dr Mokoape was based only on a record of conviction because doctors might now be brought before the SAMDC inquiry for a traffic offence.

Mr Prinsloo earlier said he knew of no case where a medical doctor in the country had been brought before an inquiry after his conviction for a politically motivated crime.

Mr Prinsloo said the SAMDC came to know about Dr Mokoape's conviction on August 28, 1978.

Efforts were made to trace the missing court record of the case from the registrar of the Supreme Court and a recording company.

Mr Prinsloo said no action was taken against Dr Mokoape for about four years — between April 26, 1978 and September 6, 1982 — "because no step could be taken against a person who was not registered with the SAMDC".

HMSAS NATAL

Original ship's company of HMSAS Natal, commissioned at Newcastle-on-Tyne in March 1945, to muster for 40th-anniversary reunion, on March 14, in Cape Town.

• For details contact Roger Williams, 24 2233 x 345 in office hours or 44 1657 (home); or Rear-Admiral "Chips" Biermann, 88 5776, or Bill Meek, 70 5100, before 7am or after 7pm.

TONIGHT

(and every Thursday weather permitting)

FISH BRAAI

at Europa Restaurant

Phone 49 3369



5.30: Ezakwazulu (Zulu Culture). We see how witcl

(93) ~~9~~ C. Press 24/2/85



Doc may sue SAMDC

DR NCHAUPE Aubrey Mokoape (above) may take legal action against the SA Medical and Dental Council, who dropped charges of improper and disgraceful conduct against him this week — without giving any reasons.

Dr Mokoape will consult his lawyer on whether he should claim for time wasted, financial loss and strain suffered.

Dr Mokoape claims he was victimised by the SAMDC. "They played the role of an extension of the repressive regime, which harasses

WE are relieved and grateful that Dr Aubrey Mokoape has been vindicated and cleared of the charges hanging over his head.

But we still want to know why these charges were brought against him in the first place.

The SA Medical and Dental Council has lost whatever vestige of credibility it may have had after this affair.

For a body that closed its eyes to the cruel and terrible way black consciousness leader Steve Biko died at the

By **DERRICK LUTHAYI**

and intimidates blacks who disagree with them," he said.

He regards the verdict as "a victory for black people in their fight for an equitable society".

The SAMDC based its charges against Dr Mokoape on the fact that he was imprisoned for six years on Robben Island — from December 1976 to December 1982 — after being convicted under the Terrorism Act. "That means the

SAMDC should inquire into every conviction among its members — even into dog licences and traffic offenses," advocate Ismail Mahomed told the three-member inquiry committee in Dr Mokoape's defence.

Chants of "Amandla" vibrated in the chambers of the SAMDC building in Pretoria when SAMDC president F G Gildenhuys ruled that the council had no jurisdiction in the matter.

Dr Mokoape was a close associate of the late black consciousness leader Steve Biko.

Press COMMENT

February 24 1985

hands of the police while in the care of two of its members, it was scandalous for it to act against Dr Mokoape.

The SAMDC had to be forced by a Supreme Court judge to initiate an inquiry into the behaviour of the two doctors — eight years after the event.

How can such a body be entrusted

How dare they talk of ethics?

with the enforcement of ethical standards in the medical profession?

And how can the public have confidence that the highest codes will be safeguarded?

In the light of the Biko affair and Dr Mokoape's acquittal, can anyone blame us for being cynical about that body?

sions in regard to removals no particulars can be given at this stage.

(2) (a)(i) and (ii) and (b) fall away.

Air pollution monitoring points

355. Dr A L BORAINÉ asked the Minister of Health and Welfare:

(1) Whether there are any air pollution monitoring points in the areas comprising the electoral division of Pine-lands; if not, why not; if so, (a) where are they located, (b) what was the average recorded atmospheric (i) lead level, (ii) sulphuric acid level and (iii) level of other significant pollutants measured at these points in winter and summer, respec-

(1) Yes.
 (a) In the Pinelands Municipal Nursery.
 (b) The following results (averages) for the undermentioned periods are all expressed in micrograms per cubic metre:

	Summer October '83/ March '84	Winter April '84/ September '84	Summer October '84/ January '85
(i) Lead	0,4	0,88	0,275
(ii) Sulphur dioxide	15,05	14,8	24,7
(iii) Smoke pollution	9,18	24,74	7,14

(2) The results indicate very low levels of pollution in this area so that no further action is deemed necessary.

Commissions/departamental committees

404. Mr K M ANDREW asked the Minister of Finance:

(1) How many (a) commissions and (b) departamental committees of inquiry were appointed in respect of his Department in 1984;

(2) whether any of the reports of such commissions and committees have been completed; if so, (a) how many and (b) of which commissions and committees;

(3) whether any of the reports of such commissions and committees have

tively, during the latest specified 12-month period for which figures are available;

(2) whether any action has been taken by his Department as a result of these measurements; if so, what action?

THE MINISTER OF HEALTH AND WELFARE:

(1) Yes.

(a) In the Pinelands Municipal Nursery.

(b) The following results (averages) for the undermentioned periods are all expressed in micrograms per cubic metre:

(4) what is the total estimated cost relating to each of these commissions and committees?

THE MINISTER OF FINANCE:

(1) (a) One.

(b) None.

(2) (a) One interim report.

(b) Commission of Enquiry into the Tax Structure of the Republic of South Africa.

(3) No.

(4) R950 000.

HO4

Transportation of passengers in buses: insurance

431. Mr D J N MALCOMESS asked the Minister of Transport Affairs:

Whether the (a) National Transport Commission and/or (b) local road transport boards are taking any steps to ensure that, when granting permits for the transportation of Black passengers in buses, the passengers are adequately covered by insurance against death or injury; if not, why not; if so, what steps?

THE MINISTER OF TRANSPORT AFFAIRS:

In terms of sections 21(2)(a) and (b) of the Road Transportation Act, 1977 (Act 74 of 1977) and regulation 5 of the Motor Transport Regulations, 1977 the applicant for a public permit must satisfy the National Transport Commission or a Local Road Transportation Board that he is in possession of a certificate of fitness in respect of the vehicle for which a public permit is required. The applicant, is furthermore, under an obligation to insure the vehicle in terms of section 2 of the Compulsory Motor Vehicle Insurance Act, 1972 (Act 56 of 1972) in order to ensure the payment of compensation for certain loss or damage unlawfully caused by the driving of the vehicle.

Coloured/Indian farmers' loans

539. Mr E K MOORCROFT asked the Minister of Finance:

How many loans were granted by the Land and Agricultural Bank to (a) Coloured and (b) Indian farmers in 1984?

(a) Applications received

University	890
Witwatersrand	651
Pretoria	451
Stellenbosch	1 067
Cape Town	696
OFS	—
Natal	—

THE MINISTER OF FINANCE:

(a) 15
 (b) 25.

Own Affairs:

Students who qualified as doctors
 6/3/85

30. Mr H E J VAN RENSBURG asked the Minister of Education and Culture:

How many students in each race group qualified as doctors at the end of 1984 at each specified medical school falling under the control of his Department?

THE MINISTER OF EDUCATION AND CULTURE:

University	White	Black	Coloureds	Indians
Witwatersrand	271	4	4	28
Pretoria	186	—	—	—
Stellenbosch	210	—	7	—
OFS	81	—	—	—

At the University of Cape Town 146 students qualified as doctors but the University could not furnish the information per race group. The statistics of the University of Natal will only be available at the end of March.

Medical schools: first-year students

33. Dr M S BARNARD asked the Minister of Education and Culture:

How many applications by students in each race group for admission to the first-year course were (a) received and (b) accepted in 1984 at each medical school falling under his Department?

THE MINISTER OF EDUCATION AND CULTURE:

	White	Black	Coloureds	Indians
University	890	323	65	345
Witwatersrand	651	—	—	—
Pretoria	451	—	91	—
Stellenbosch	1 067	319	197	247
Cape Town	696	—	—	—
OFS	—	346	55	549
Natal	—	—	—	—

HO4

(b) Applications accepted

	White	Black	Coloureds	Indians
University				
Wurwaterstrand.....	369	39	16	39
Pretoria.....	230	—	—	—
Stellenbosch.....	274	—	18	—
Cape Town.....	195	1	36	9
OFS.....	135	—	—	—
Natal.....	—	37	—	39

THURSDAY, 7 MARCH 1985

†Indicates translated version.

For written reply:

General Affairs:

Hansen Q. 60/455

Old/New Crossroads

191. Mr K M ANDREW asked the Minister of Education:

- (1) How many (a) teachers, (b) pupils and (c) classrooms were there at each specified Black (i) pre-primary, (ii) primary and (iii) secondary schools in (aa) Old Crossroads and (bb) New Crossroads in 1985;
- (2) whether all children from (a) Old Crossroads and (b) New Crossroads who applied for accommodation in these schools were accepted; if not, how many children were unable to be accommodated in each specified school?

The MINISTER OF EDUCATION:

- (1) (aa) (i) None
- (ii) Mkhangel Primary School
- (a) 28
- (b) 1 999
- (c) 10 shacks
- (iii) None
- (a), (b) and (c) Fall away

Veterinarians

250. Mr E K MOORCROFT asked the Minister of Co-operation, Development and Education:

How many Black veterinarians are being trained at present at universities falling under his Department and (b) how many persons qualified as veterinarians in 1984 at each specified university?

The MINISTER OF CO-OPERATION, DEVELOPMENT AND EDUCATION:

(a) and (b) The honourable member is referred to table 8.2.5, page 251, in the 1984 annual report of this Department.

Foreign service officers

271. Mr C W EGLIN asked the Minister of Foreign Affairs:

(a) How many (i) White, (ii) Coloured, (iii) Indian and (iv) Black persons are serving as foreign service officers in South African diplomatic missions abroad and (b) what are the ranks held by such persons in each of the above-mentioned categories?

The MINISTER OF FOREIGN AFFAIRS:

- (a) (i) 344.
- (ii) 2.
- (iii) None.
- (iv) None.

For the sake of perspective it should be pointed out that the Department of Foreign Affairs continually endeavours to recruit candidates from the Coloured and Indian communities as Foreign Affairs Officers.

Applications are, indeed, received from suitable candidates, but many candidates lose interest once they are informed of the salaries attached to the posts. It should be mentioned that the salaries and service conditions for officials within the same professional groupings are the same for each of the population groups.

It should be mentioned further that 17 Coloured, 5 Indian and 21 Black Officials are presently serving in the line-function in the Republic at Regional Offices and at Head Office

(b) Line-Function Officials:

Chief Director.....	9	Whites
Director FA.....	18	"
Deputy-Director FA.....	24	"
Senior Foreign Affairs Officer.....	66	"
Foreign Officer.....	54	"
Media Officer.....	2	Coloureds
Cadet FA.....	4	Whites
Total	16	"
Total	193	

Administration Officials:

Deputy-Director....	1	White
Assistant-Director Senior Foreign Affairs Administration.....	9	Whites
Foreign Officer.....	9	Whites
Foreign Affairs Administration Officer.....	35	"
Foreign Affairs Administration Clerk.....	13	"
Chief Foreign Assistant.....	12	"
Senior Foreign Assistant.....	39	"
Foreign Assistant.....	24	"
Total	142	"

Specialist Groups:

Deputy-Director Finance.....	1	White
Senior Public Accountant.....	1	"
Assistant-Director Personnel.....	2	Whites
Senior Personnel Officer.....	2	"
Senior Personnel Clerk.....	1	White
Industrial Technician.....	3	Whites
Senior Security Assistant.....	1	White
Total	11	

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(2) (a)(i) and (ii) and (b) fall away.

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ively, during the latest specified 12-month period for which figures are available;

(2) whether any action has been taken by his Department as a result of these measurements; if so, what action?

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been made public; if so, (a) how many and (b) of which commissions and committees;

(4) what is the total estimated cost relating to each of these commissions and committees?

The MINISTER OF FINANCE:

(1) (a) One.
(b) None.

(2) (a) One interim report.
(b) Commission of Enquiry into the Tax Structure of the Republic of South Africa.

(3) No.
(4) R950 000.

HeA

Transportation of passengers in buses: Insurance

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Whether the (a) National Transport Commission and/or (b) local road transport boards are taking any steps to ensure that, when granting permits for the transportation of Black passengers in buses, the passengers are adequately covered by insurance against death or injury; if not, why not; if so, what steps?

The MINISTER OF TRANSPORT AFFAIRS:

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Pretoria	
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Cape Town	
OFS	
Natal	

The MINISTER OF FINANCE:

(a) 15
(b) 25.

Own Affairs:

Students who qualified as doctors

30. Mr H E J VAN RENSBURG asked the Minister of Education and Culture:

How many students in each race group qualified as doctors at the end of 1984 at each specified medical school falling under the control of his Department?

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	White	Black	Coloureds	Indians
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Pretoria	651	—	—	—
Stellenbosch ..	451	—	91	—
Cape Town	1 067	319	197	247
OFS	696	—	—	—
Natal	—	346	55	549

HeA

The MINISTER OF MANPOWER:

Industry	(a) Whites	(b) Coloureds	(c) Asians	(d) Members of the Black Population groups
Aerospace	200	—	—	2
Automobile Manufacturing Industry	71	45	5	58
Building	487	673	101	125
Coalmining	54	6	—	1
Diamond Cutting	1	—	—	—
Electricity Supply Undertaking	639	23	9	—
Explosives and Allied Industries	87	2	3	—
Furniture	23	55	6	12
Government Undertakings	449	51	—	2
Hairdressing	398	33	8	1
Jewellers and Goldsmiths	29	7	1	3
Local Authority Undertakings (Northern Transvaal)	45	—	—	—
Metal (Engineering)	2 872	392	—	—
Mining and Building-Mines	1 413	27	233	262
Motor	1 309	238	7	98
Printing	334	67	95	65
SA Transport Services	1 399	—	18	10
Sugar Manufacturing and Refining	12	4	1	2
Tyre and Rubber Manufacturing PE Uitenhage and Brits	29	30	1	8
Totals	9 851	1 653	503	654

481. Dr A L BORAINÉ asked the Minister of Manpower:

How many Whites, Coloureds and

The MINISTER OF MANPOWER:

Asians, respectively, were registered as unemployed in each inspectorate area as at the latest specified date for which figures are available?

	Whites	Coloureds	Asians	Members of the Black Population groups
Johannesburg	5 954	3 009	616	7 831
Cape Town	2 213	4 738	16	360
Durban	3 230	1 592	4 802	7 797
Pretoria	1 032	72	24	4 326
Port Elizabeth	1 482	949	47	2 102
Bloemfontein	949	402	—	1 346
East London	389	293	16	1 256
Kimberley	218	1 189	9	316
George	166	249	—	12

These figures are as at 31 December 1984.

HoA

483. Dr A L BORAINÉ asked the Minister of Manpower:

How many Black males and females, respectively, were registered as work-seekers in the White areas of the Republic in each month of 1984?

The MINISTER OF MANPOWER:

Month	Male	Female	Total
January	36 376	16 887	53 263
February	58 694	28 950	87 644
March	47 137	23 239	70 376
April	44 284	22 483	66 767
May	44 857	22 427	67 284
June	42 265	20 544	62 809
July	42 799	20 404	63 203
August	46 330	23 497	69 827
September	45 035	21 469	66 504
October	44 521	20 416	64 937
November	46 305	21 350	67 655
December	34 119	14 336	48 455

Members of the Black Population Groups registered as work-seekers: 1984

Police vehicles: accidents

484. Mr P H P GASTROW asked the Minister of Law and Order:

Whether any police vehicles were involved in accidents in 1984; if so, (a) how many and (b) what was the total cost to the State of such accidents?

The MINISTER OF LAW AND ORDER:

Yes.

- (a) 4 846.
- (b) R2 477 517,57. An amount of R610 290,10 has however been recovered from the parties liable.

What is the present estimated cost to the State of the training per student for the MB Ch B degree at each of the medical schools falling under the control of his Department and (b) in respect of what date is this information furnished?

The MINISTER OF EDUCATION AND CULTURE:

(a) Estimated cost per Student per annum	Estimated cost per Student over 6 years	University
R 5 832	R 34 992	Natal
5 418	32 508	Pretoria

HoA

26. Mr K M ANDREW asked the Minister of Education and Culture:

(1) How many (a) commissions and (b) departmental committees of inquiry were appointed in respect of his Department in 1984;

(2) whether any of the reports of such commissions and committees have been completed; if so, (a) how many and (b) of which commissions and committees;

(3) whether any of the reports of such commissions and committees have been made public; if so, (a) how many and (b) of which commissions and committees;

(4) what is the total estimated cost relating to each of these commissions and committees?

The MINISTER OF EDUCATION AND CULTURE:

(1) (a) and (b) None; and

(2) to (4) fall away.

Medical students: cost to State
29. Mr H E J VAN RENSBURG asked the Minister of Education and Culture:

What is the present estimated cost to the State of the training per student for the MB Ch B degree at each of the medical schools falling under the control of his Department and (b) in respect of what date is this information furnished?

The MINISTER OF EDUCATION AND CULTURE:

(a) Estimated cost per Student per annum	Estimated cost per Student over 6 years	University
R 5 832	R 34 992	Natal
5 418	32 508	Pretoria

HoA

(a) Estimated cost per Student per annum

Estimated cost per Student per annum	Estimated cost per Student over 6 years	University
R	R	
5 909	35 454	Cape Town
6 083	36 498	Witwatersrand
5 867	35 202	Stellenbosch
5 474	32 844	O.F.S.

(b) The estimates are based on the subsidy formula used for calculating the 1985 subsidies.

How many (a) White, (b) Coloured, (c) Asian, (d) Black and (e) other students were registered in 1984 at each university falling under the control of his Department?

University	Whites	Coloured	Asian	Black	Other
Rands Afrikaans	6 173	18	2	27	—
Rhodes	2 900	107	123	282	—
Potchefstroom	7 914	3	3	21	5
O.F.S.	8 312	13	—	31	—
Natal	8 206	227	1 298	723	—
Pretoria	17 388	2	3	1	—
South Africa	39 536	3 318	6 105	14 238	—
Cape Town	10 141	1 167	276	316	—
Stellenbosch	12 387	158	3	17	6
Witwatersrand	14 417	251	1 002	868	—
Port Elizabeth	3 213	218	28	62	—

Foreign students

TUESDAY, 5 MARCH 1985

32. Mr H E J VAN RENSBURG asked the Minister of Education and Culture:

(a) How many foreign Black students were enrolled at universities for Whites in the Republic as at the latest specified date for which figures are available, (b) what was the country of origin of each such student and (c) at which university was each enrolled?

†Indicates translated version.

For oral reply:

General Affairs:

Question standing over from Tuesday, 26 February 1985:

The MINISTER OF EDUCATION AND CULTURE:

Former Secretary for Information: visits to East Africa

The same question was asked by Mr P R C Rogers as question no. 21. The honourable member is therefore referred to the reply already furnished on that question.

*17. Mr W V RAW asked the Minister of Foreign Affairs:

(1) Whether a former Secretary for In-

formation visited any states in East Africa during the last 10 years with a view to securing flight and landing rights for a more direct route for South African Airways services to Europe; if so,

(2) whether the negotiations for such a route were successful; if so,

(3) whether the route so negotiated was taken into use; if not, why not?

The MINISTER OF TRADE AND INDUSTRY (for the Minister of Foreign Affairs):

(1) The Department's records contain no information in this regard.

(2) and (3) fall away.

New Questions:

Bop TV broadcasts

*1. Mr D J DALLING asked the Minister of Foreign Affairs:

(1) Whether a petition was submitted to him during November 1984 in connection with Bop TV broadcasts; if so, (a) what was the graveness of the request contained in the petition, (b) by how many persons was it signed and (c)(i) what was the Government's response and (ii) what were the reasons for this response;

(2) whether he has taken and/or intends taking any steps pursuant to the receipt of this petition; if not, why not; if so, what steps?

†The MINISTER OF TRADE AND INDUSTRY (for the Minister of Foreign Affairs):

(1) (a) That the SABC should not take any steps to limit the spillage of the transmissions of Bop-TV. The petitioner's main reason for this point of view was that the SABC's programmes do not sat-

isfy the public's need for entertainment and recreational programmes.

(b) Approximately 58 300.

(c) (i) and (ii) and (2): The Government's reaction was contained in a press statement issued by the Honourable Deputy Minister of Foreign Affairs on 15 November 1984 which in essence stated the following: the representations were received with great understanding but the specific request to limit the spillage of Bop-TV's transmissions could not be accepted to, for *inter alia* the following reasons: it is generally accepted that TV-broadcasts may not be transmitted from one country across the border into another country unless such transmissions take place in accordance with an agreement between the two countries. In the case of Bop-TV the Government decided to react sympathetically to the representations of the Bophuthatswana Government in order to enable Bophuthatswana to reach its citizens with TV-transmissions in certain agreed areas in the RSA. An operational agreement was concluded between the Government of Bophuthatswana and the SABC in terms of which the SABC would act as an agent to relay the programmes to the agreed areas. When Bop-TV started its transmissions on 31 December 1983, incidental signals could also be received in certain areas in the vicinity of Johannesburg, outside of the agreed target areas. The public was however informed by the Government and the SABC that any reception of Bop-TV in areas outside of the target areas would be incidental and temporary and would disappear in time. An important aspect which at that stage had to be borne in

CAPE TIMES 11/3/85
**Pay cut:
Doctors
warn of
exodus**

Staff Reporter

A GROUP of full-time hospital doctors have warned of an exodus from teaching hospitals into private practice or overseas if salaries in the civil service are cut.

In a joint letter to the SA Medical Journal, 12 doctors at Groote Schuur Hospital and the University of Cape Town said they were concerned about calls by leading economists for cuts in the civil service payroll.

They said many seemed to be unaware that doctors, medical technologists, teachers, nurses and other paramedical staff were civil servants.

There was also wide agreement that these civil servants were underpaid at present.

They said that if conditions of employment in academic practice deteriorated further there would be a "haemorrhage of doctors into private practice or overseas".

As a first step towards rectifying the situation doctors should, like judges, be removed from the ambit of the Commission for Administration.

● Sapa reports that the Trade Union Council of South Africa issued a statement on Saturday deploring bonus reductions for public servants as a "dictatorial action".

And the government's call on the private sector to follow its lead was an "unwelcome interference" with workers' and managers' freedom to make their own decisions, said Tucsa.

The reason for the nation's economic plight was "the government's maladministration" and not the fault of the workers.

Mercury 11/3/85 9

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(11/3)

Doctors warn of exodus after pay-cut threats

Mercury Correspondent

CAPE TOWN—A group of full-time hospital doctors has warned of an exodus from teaching hospitals into private practice or overseas if salaries in the public service are cut.

And the SA Transport Services staff has told President Botha it will take legal action unless the bonus cut issue is resolved to its satisfaction.

In a joint letter to the SA Medical Journal, 12 doctors from Groote Schuur Hospital and the University of Cape Town said they were concerned about calls by leading economists for cuts in the civil service payroll.

They said many seemed to be unaware that professionals such as doctors, medical technologists, teachers,

nurses and other paramedical staff were civil servants.

Grievances

There was also wide agreement that these categories of civil servants were, in fact, underpaid at present.

Among their particular grievances they listed: Progressive impoverishment because of the failure of salaries to be adjusted for inflation and possible salary reductions.

Lack of essential equipment, overloading with clinical and teaching duties, and deficient secretarial facilities and inadequate computerisation.

They said if conditions of employment in fulltime academic practice deteriorated further there would be a 'haemorrhage of doctors from the teaching hospitals into private practice or overseas'.

'Thus we are likely to lose the most highly skilled segment of our medical manpower,' they said.

They suggested that as a first step towards rectifying the situation doctors should, like judges, be removed from the ambit of the Commission for Administration.

Telegram

Sapa reports that in a telegram to Mr Botha last Friday, the executive committee of SATS and Harbours Salaried Staff Association expressed disappointment at the President's response to a previous message, sent on Wednesday, requesting that the bonus cuts be reconsidered.

Two days later Mr Botha responded with a telegram telling the association that everybody must contribute to efforts to bring down the rate of

inflation. 'Labour unrest will improve nothing, but will probably hurt our country and its workers,' the President said.

His position was rejected in the staff association's second telegram, signed by its president, Mr B L Currie. It told Mr Botha the association 'is deeply disappointed with your position that the envisaged reduction of the bonus for SATS personnel can be considered negligible'.

Tucsa

It stated that, according to legal advice already obtained, the bonus cut was tantamount to a breach of contract. 'It is the intention of this association, unless this matter is resolved satisfactorily, to proceed with legal action,' the association's second telegram to Mr Botha said.

Meanwhile, the Trade

Union Council of South Africa has issued a statement deploring bonus reductions for public servants and the Government's call on commerce to follow suit.

The statement, issued yesterday after a two-day meeting of the Tucsa national executive, said the reduction of public servant's bonuses and freezing of their pay increments, announced by the Government last week, was 'a dictatorial action'.

And the Government's call on the private sector to follow its lead was an 'unwelcome interference' with workers' and managers' freedom to make their own decisions.

The reasons for the nation's economic plight was 'the Government's maladministration' and not the fault of the workers, the Tucsa statement said. — (Sapa)

Women in Police Force: benefits/allowances

*5. Mrs H SUZMAN asked the Minister of Law and Order: *12/3/85*

- (1) Whether women in the Police Force are entitled to (a) maternity benefits and (b) any other beneficial allowances; if so, (i) on what scale, (ii) for what period of time and (iii) what other beneficial allowances are involved; if not, why not;
- (2) whether these women are entitled to (a) paid and (b) unpaid maternity leave, if not, why not; if so, for what period?

The MINISTER OF LAW AND ORDER:

- (1) (a) Yes.
- (i) and (ii) A woman in the Police Force at all times enjoys all medical and related benefits to which her husband is entitled if she is the wife of a member of the Force. If, however, she is married to a person who is not a member of the Force she enjoys no maternity benefits and her husband or his medical aid scheme (if any) is accountable. All other service benefits to which male members are entitled and subject also to the same conditions.
- (b) (iii) No, but after three months pregnancy she is entitled to a portion of her clothing credit to purchase maternity wear.
- (2) (a) Yes. All vacation leave she may have to her credit at that stage.
- (b) Yes, 184 days vacation leave without pay may be granted in each cycle of 18 calendar months.

HoA

it anticipated that it will be completed and (c) what progress has been made in regard to this study; if so, (i) when was it completed and (ii) what were the findings?

The MINISTER OF WATER AFFAIRS:

No.

- (a) The feasibility study was not programmed to be completed at this stage.
- (b) March 1986.

(c) The study has established that there are no major technical, legal or environmental reasons against such a project and it appears to be in the economic interest of both countries to proceed therewith. A layout which has been identified is now under detailed study.

*8. Mr P G SOAL asked the Minister of Law and Order: *12/3/85*

- (1) Whether the South African Police have taken any action against the five members of the Security Branch of the South African Police found guilty by a judge of the Supreme Court in the case brought in 1984 by a certain person, whose name has been furnished to the South African Police for the purpose of the Minister's reply; if not, why not; if so, (a) what action, (b) when and (c) what are the names of the (i) judge and (ii) person concerned;

- (2) whether he has issued any instructions to members of the Security Branch concerning the treatment and interrogation of detainees as a result of this judgment; if not, why not; if so, what instructions?

*7. Mr P G SOAL asked the Minister of Water Affairs:

- (1) No. Arising from a civil action instituted against ten members of the Se-

HoA

curity Branch of the South African Police, only one member, and not five, was ordered by the presiding judge to pay a certain amount of money to the claimant. The claimant has lodged an appeal against the judgement. No departmental action has been taken against these members as such a step was not justified.

- (2) No, because standing directives in this regard are considered adequate.

Income Tax Act

*9. Dr M S BARNARD asked the Minister of Finance:

- (1) Whether he has received any representations concerning the reinstatement of section 16 of the Income Tax Act; if so, (a) from whom and (b) what was (i) the nature of the representations and (ii) his response thereto;

- (2) whether he will make a statement on the matter?

The MINISTER OF FINANCE:

- (1) Yes.

(a) Representations were received from various professional bodies, such as for example the Dental Association of South Africa, the Federation of Societies of Professional Engineers, the Medical Association of South Africa and also from individual professional persons.

- (b) (i) The necessity for professional persons to improve their qualifications, to keep abreast of developments in their fields and to maintain and foster their contacts with their colleagues in overseas countries.

- (ii) The reinstatement of section 16 could not be sup-

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- (2) whether these women are entitled to (a) paid and (b) unpaid maternity leave; if not, why not; if so, for what period?

The MINISTER OF LAW AND ORDER:

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(i) and (ii) A woman in the Police Force at all times enjoys all medical and related benefits to which her husband is entitled if she is the wife of a member of the Force. If, however, she is married to a person who is not a member of the Force she enjoys no maternity benefits and her husband or his medical aid scheme (if any) is accountable. All other service benefits to which male members are entitled and subject also to the same conditions.

(b) (iii) No, but after three months pregnancy she is entitled to a portion of her clothing credit to purchase maternity wear.

- (2) (a) Yes. All vacation leave she may have to her credit at that stage.

(b) Yes, 184 days vacation leave without pay may be granted in each cycle of 18 calendar months.

it anticipated that it will be completed and (c) what progress has been made in regard to this study; if so, (i) when was it completed and (ii) what were the findings?

The MINISTER OF WATER AFFAIRS:

No.

- (a) The feasibility study was not programmed to be completed at this stage.

- (b) March 1986.

(c) The study has established that there are no major technical, legal or environmental reasons against such a project and it appears to be in the economic interest of both countries to proceed therewith. A layout which has been identified is now under detailed study.

~~Howard~~ Howard Q.61.497 12/3/85
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- (1) No. Arising from a civil action instituted against ten members of the Security Branch of the South African Police, only one member, and not five, was ordered by the presiding judge to pay a certain amount of money to the claimant. The claimant has lodged an appeal against the judgement. No departmental action has been taken against these members as such a step was not justified.

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- (2) whether he will make a statement on the matter?

The MINISTER OF FINANCE:

- (1) Yes.

(a) Representations were received from various professional bodies, such as for example the Dental Association of South Africa, the Federation of Societies of Professional Engineers, the Medical Association of South Africa and also from individual professional persons.

(b) (i) The necessity for professional persons to improve their qualifications, to keep abreast of developments in their fields and to maintain and foster their contacts with their colleagues in overseas countries.

(ii) The reinstatement of section 16 could not be supported.

Doctors' consultation fees could rise by R4

Pretoria Correspondent

Consulting your doctor could soon cost you R4 more.

The Medical Association of South Africa (Masa) announced guidelines at a Press conference yesterday which will raise general practitioners' fees by an average 9 percent.

A Masa spokesman said the minimum increase for certain services would be 2,5 percent, and the maximum 20 percent.

The new tariff unit will rise from seven to nine units of R2,10 — increasing consultation fees from about R14 to R18.

The previous tariff unit was between R1,75 and R2,65.

The adjustment is the first under the new medical fee system implemented last year whereby doctors can choose between Masa's private tariff or the statutory one determined by the Representative Association of Medical Schemes (Rams).

Other professional medical people doing consultation work — such as dermatologists, paediatricians, specialist physicians and psychiatrists — will also benefit from the increase.

The spokesman said the medical profession was aware that the announcement came at the "wrong time" because of the economic situation, but general practitioners were the cornerstone of medicine.

Masa believes the tariff units for medical procedures have been too high in the past, but those for consultations too low — which caused an imbalance.

"The increased fees will also be a disincentive for a patient to visit his general practitioner for a minor complaint which could be cured by visiting a chemist," said Dr B Mandell, a member of the Masa executive committee.

He said the increase could in some cases be more than 20 percent, depending on the type of practice and its patients.

He suggested that patients needing major medical treatment first discuss the costs with their doctor.

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29/3/85

1985, the investigation of the inquest docket relating to the death of one Mododana Tyuka in Port Alfred Township has been concluded; if so,

- (2) whether the inquest docket has been referred to the Attorney-General; if not, why not; if so, (a) when and (b) with what result?

The MINISTER OF LAW AND ORDER:

- (1) Yes.
(2) Yes.

(a) On 4 February 1985.

(b) The Attorney-General has instructed that an inquest be held, which will now take place in the magistrates court at Port Alfred on 16 April 1985.

Hansen and Q. 61/939
Black train drivers: Foot Plate Staff Association

*17. Mr D J N MALCOMESS asked the Minister of Transport Affairs:

- (1) Whether Black train drivers are employed by the South African Transport Services in (a) Transkei, (b) any other specified independent Black states and (c) the Republic; if not, why not; if so,

- (2) whether these drivers are allowed to join the Foot Plate Staff Association; if not, why not;

- (3) Whether there is any union and/or staff association of which they can become members; if so, which union and/or staff association; if not, why not?

The MINISTER OF TRANSPORT AFFAIRS:

- (1) (a) Yes.

(b) and (c) No, the need has not arisen yet.

Hansen and Q. 61/941 7/4/85
*19. Mrs H SUZMAN asked the Minister of Law and Order:

(2) (a) and (b) No.

- (1) With reference to his reply to Question No 6 on 12 March 1985, (a) how many members of the South African Police visited the doctor in question in Kwanobuhle Township in Uitenhage on or about 29 January 1985,

(b) what was the rank of each of these policemen and (c) why was only one doctor visited;

(3) (a) (i) Yes.

(ii) No.

(b) (i) and (ii) No.

(aa) On 29 January 1985.

(bb) Three.

(cc) Gunshot wounds caused by bird-shot.

- (2) whether this doctor was requested to (a) inform the police of treatment given to any persons with gunshot wounds, (b) refer such person to any hospital and (c) take any other specified action in regard to such persons; if so, why in each case;

- (3) whether the police (a) questioned and (b) arrested any persons (i) in any hospitals and (ii) on any doctors' premises in Kwanobuhle Township or Uitenhage in connection with incidents of public violence in 1985; if so, (aa) when, (bb) how many persons were involved and (cc) what was the nature of their injuries in each case;

(4) Yes, one. He was discharged from the hospital on 5 March 1985 and detained in the police cells at Uitenhage until 8 March 1985 when he was entrusted to the care of his parents

(5) Yes, on 5 March 1985.

(6) Yes, all three of them for public violence.

Hansen and Q. 61/942
Fort Hare University: refusal to re-admit certain person 9/4/85

- (4) whether any of the persons arrested were under 18 years of age; if so, where were they held;

- (5) whether their parents were informed of their arrest; if not, why not; if so, when;

- (6) whether any of the persons arrested have been charged; if so, what were the charges in each case?

The MINISTER OF LAW AND ORDER:

- (1) (a) Three.

(b) One lieutenant and two constables.

(c) Because only one doctor was available at that time.

*20. Mr E K MOORCROFT asked the Minister of Co-operation, Development and Education:

- (1) Whether a certain person, whose name has been furnished to the Minister's Department for the purpose of his reply, has been refused re-admission to the Fort Hare University in this year; if so, (a) why and (b) what is the name of this person;

(2) whether any other students have been refused re-admission to this university in this year; if so, (a) how many have been refused on non-academic grounds and (b) what were the surrounding circumstances in each case?

1985, the investigation of the inquest docket relating to the death of one Mododana Tyuka in Port Alfred Township has been concluded; if so,

- (2) whether the inquest docket has been referred to the Attorney-General; if not, why not; if so, (a) when and (b) with what result?

The MINISTER OF LAW AND ORDER:

- (1) Yes.
 (2) Yes.
 (a) On 4 February 1985.

(b) The Attorney-General has instructed that an inquest be held, which will now take place in the magistrates court at Port Alfred on 16 April 1985.

Hammond Q.61.939
 Black train drivers: Foot Plate Staff Association

*17. Mr D J N MALCOMESS asked the Minister of Transport Affairs:

- (1) Whether Black train drivers are employed by the South African Transport Services in (a) Transkei, (b) any other specified independent Black states and (c) the Republic; if not, why not, if so.

- (2) whether these drivers are allowed to join the Foot Plate Staff Association; if not, why not.

- (3) Whether there is any union and/or staff association of which they can become members; if so, which union and/or staff association; if not, why not?

†The MINISTER OF TRANSPORT AFFAIRS:

- (1) (a) Yes.
 (b) and (c) No, the need has not arisen yet.

(2) Although the constitution of the S.A. Footplate Staff Association provides for multiracial membership, the Labour Relations Act, 1956 (Act 28 of 1956), as amended, in accordance with which this Trade Union has been registered, is applicable in the Republic only. Black employees working and residing in Transkei cannot, therefore, become members of this Trade Union. However, their interests are adequately being catered for by means of self chosen workers representatives who have direct channels of representation and/or access to the Regional Manager, East London, and the Management.

- (3) No, not in the Republic of South Africa for the reason given in part (2) of the reply. Transport Services is not acquainted with the position in the Republic of Transkei.

National Policy Transport Study

*18. Mr D J N MALCOMESS asked the Minister of Transport Affairs:

What was the total cost of (a) the National Policy Transport Study as at the latest specified date for which figures are available and (b) furnishing the committee room in the Forum Building used for the purposes of the National Policy Transport Study?

The MINISTER OF TRANSPORT AFFAIRS:

- (a) R5 389 983,83.
 (b) No facilities were made available for the exclusive use of the National Transport Policy Study (NTPS) and the NTPS has not made use of the committee room of the NTC to date. As the previous committee room facilities of the National Transport Commission (NTC) had become, however, totally inadequate a new committee room had to be provided for the NTC at a total cost of R123 105,00.

Hammond Q.61.941 9/4/85
 Kwanobuhle Township: Visits to doctor
 *19. Mrs H SUZMAN asked the Minister of Law and Order:

(1) With reference to his reply to Question No 6 on 12 March 1985, (a) how many members of the South African Police visited the doctor in question in Kwanobuhle Township in Uitenhage on or about 29 January 1985, (b) what was the rank of each of these policemen and (c) why was only one doctor visited;

(2) whether this doctor was requested to (a) inform the police of treatment given to any persons with gunshot wounds, (b) refer such person to any hospital and (c) take any other specified action in regard to such persons; if so, why in each case;

(3) whether the police (a) questioned and (b) arrested any persons (i) in any hospitals and (ii) on any doctors' premises in Kwanobuhle Township or Uitenhage in connection with incidents of public violence in 1985; if so, (aa) when, (bb) how many persons were involved and (cc) what was the nature of their injuries in each case;

(4) whether any of the persons arrested were under 18 years of age; if so, where were they held;

(5) whether their parents were informed of their arrest; if not, why not; if so, when;

(6) whether any of the persons arrested have been charged; if so, what were the charges in each case?

†The MINISTER OF LAW AND ORDER:

- (1) (a) Three.
 (b) One lieutenant and two constables.
 (c) Because only one doctor was available at that time.

(2) (a) and (b) No.

(c) Yes, to inform the police of such persons with a view to effecting their apprehension for public violence.

(3) (a) (i) Yes.

(ii) No.

(b) (i) and (ii) No.

(aa) On 29 January 1985.

(bb) Three.

(cc) Gunshot wounds caused by bird-shot.

(4) Yes, one. He was discharged from the hospital on 5 March 1985 and detained in the police cells at Uitenhage until 8 March 1985 when he was entrusted to the care of his parents.

(5) Yes, on 5 March 1985.

(6) Yes, all three of them for public violence.

Hammond Q.61.942

Fort Hare University: refusal to readmit certain person 9/4/85

*20. Mr E K MOORCROFT asked the Minister of Co-operation, Development and Education:

(1) Whether a certain person, whose name has been furnished to the Minister's Department for the purpose of his reply, has been refused re-admission to the Fort Hare University in this year; if so, (a) why and (b) what is the name of this person;

(2) whether any other students have been refused re-admission to this university in this year; if so, (a) how many have been refused on non-academic grounds and (b) what were the surrounding circumstances in each case?

three years and negative publicity regarding the alleged presence of salmonella in certain samples of rooibos tea.

(b) None, except for higher processing costs.

Leaf tobacco

(a) Favourable climatic conditions.

(b) Exports at reduced prices.

Beef

(a) Forced marketing mainly as a result of the drought.

(b) Decrease in the auction prices and possible sales at reduced prices.

(3) *Wheat*

(a) Surplus stocks are exported at competitive prices.

(b) Incidental surpluses are mainly due to favourable climatic conditions.

Dairy products

(a) Sales at the best prices that can be realized in the market.

(b) Surpluses are mainly the result of the adverse effects of drought conditions in the northern crop production areas.

Eggs

(a) and (b) Application of an effective marketing strategy to improve the demand for and the sale of eggs and egg products.

Rooibos tea

(a) and (b) Marketing quotas were introduced last year, foreign markets were exploited and steps are being taken to enhance

the market acceptance of stocks and new production.

Leaf tobacco

(a) and (b) Voluntary limitation of production is applied by the producers.

Beef

(a) and (b) Price- and marketing arrangements to effect an equilibrium between demand and supply as far as possible.

Agricultural products: shortage

363. Mr E K MOORCROFT asked the Minister of Agricultural Economics:

(1) Whether any shortages of agricultural products exist or are expected in 1985; if so, of which products;

(2) what in each case are the (a) reasons for such shortages and (b) price implications;

(3) what steps have been taken or are contemplated in each case to (a) counter the effect of such shortages and (b) avoid them in future?

THE MINISTER OF AGRICULTURAL ECONOMICS:

(1) Yes, sunflower seed (for pressing purposes to provide in the cooking oil requirements) and cotton.

(2) *Sunflower Seed*

(a) Mainly unfavourable climatic conditions.

(b) Not quantifiable owing to variable factors such as variation in supply and demand (locally) and price fluctuations on the world market.

Cotton

(a) Mainly unfavourable climatic conditions.

(b) None.

(3) *Sunflower Seed*

(a) and (b) It is customary to supplement shortages of cooking oil by means of imports.

Cotton

(a) and (b) It is customary to supplement shortages by means of imports.

424. Mr D J DALLING asked the Minister of Co-operation, Development and Education:

(1) Whether any civil unrest and/or school boycotts occurred in Alexandria in 1984; if so,

(2) whether any inquiries have been instituted in this regard; if not, why not; if so, who is or was in charge of these inquiries;

(3) whether these inquiries have been completed; if so, what were the findings; if not, (a) why not and (b) when is it anticipated that they will be completed;

(4) whether any action has been or is to be taken as a result of the inquiries; if not, why not; if so, what action?

THE MINISTER OF CO-OPERATION, DEVELOPMENT AND EDUCATION:

(1) Yes, only a boycott at a school.

(2) Yes. The governing body of the school instituted inquiries with the chairman of the governing body in charge.

(3) Yes. The governing body came to the conclusion that the main reason had been the influence which persons and organizations outside the school exercised on the pupils. A further reason for dissatisfaction with the pupils was their demand that money which they

had paid for wood for the construction of woodwork models, be paid back to them, could not be met as the wood had already been used in models which they had not completed.

(a) and (b) Fall away.

(4) Yes. A former Inspector of Schools was appointed as acting principal for the beginning of 1985 to restore order.

454. Dr M S BARNARD asked the Minister of Home Affairs:

What are the present salary scales for (a) doctors and (b) paramedical personnel of each race group employed in provincial hospitals?

THE MINISTER OF HOME AFFAIRS:

Explanatory notes:

1. The salary scales indicated are Public Service scales which, as far as is known, are also applied by the Provincial Administrations.

2. Salary scales for the different population groups are specified up to the point where posts exist.

3. List of abbreviations/symbols used hereafter:

- PA: Pensionable Allowance
- NPPA: Non-pensionable Professional Allowance
- (W): White
- (C): Coloured
- (I): Indian
- (B): Black

(A) Salary Scales: Medical Staff

- (All population groups)
- Intern (Medical)
- R12 030 + 12% PA
- Registrar
- R18 288 × 849 - 25 080 + 12% PA
- + R11 037 NPPA

Medical Officer	Student Radiographer
Dentist	(W): R3 633 x 249 - 4 629 + 12%
R18 288 x 849 - 25 080/24 231 - 25 080 x 1 035 - 27 150 + 12% PA plus NPPA of R11 037 (first leg of scale) and NPPA of R12 420 (second leg of scale)	(C)(I): R3 135 x 249 - 4 131 + 12% PA
Deputy Director (Head- and Regional Office Personnel)	(B) (Male): R2 301 x 195 - 2 886 - 3 135 + 12% PA
Medical Superintendent	(B) (Female): R2 106 x 195 - 2 886 + 12% PA
Senior Medical Officer	Occupational Therapist
Senior Dentist	Physiotherapist
R31 290 x 1 320 - 33 930 + 12% PA + R7 710 NPPA	Speech Therapist and Audiologist
Senior Medical Superintendent	Radiographer
R33 930 x 1 320 - 35 250 + 12% PA + R7 425 NPPA	(W)(C)(I): R7 470 x 312 - 8 406 x 414 - 10 890 x 570 - 12 600/11 460 x 570 - 16 020 + 12% PA
Medical and Dentistry Specialists	(B): R6 846 x 312 - 8 406 x 414 - 10 890 . . . 11 460/10 476 - 10 890 x 570 - 14 880 + 12% PA
R33 930 x 1 320 - 35 250 + 12% PA + NPPA of R8 745 payable at the notch R33 930 and NPPA of R9 495 payable at the notch R35 250.	Chief Occupational Therapist
Director (Head- and Regional Office Personnel)	Chief Physiotherapist
Chief Medical Superintendent	Chief Speech Therapist and Audiologist
R39 630 (fixed) + 12% PA + R4 080 NPPA	Chief Radiographer
Principal Family Practitioner	(W)(C)(I)(B): R16 020 - 16 590 x 849 - 19 137 + 12% PA
Principal Clinical Pharmacologist	Control Occupational Therapist
Senior Specialist	Control Speech Therapist and Audiologist
R39 630 (fixed) + 12% PA + R9 255 NPPA	Control Physiotherapist
Chief Director (Head- and Regional Office Personnel)	Control Radiographer
R44 850 (fixed) + 12% PA	(W)(C)(I)(B): R21 684 x 849 - 23 382 + 12% PA
Chief Family Practitioner/Professor	Occupational Class Chiropodist
Chief Clinical Pharmacologist/Professor	Chiropodist
Chief Stomatologist/Professor	(W)(C)(I)(B): R16 020 - 16 590 x 840 - 19 137 + 12% PA
Chief Specialist/Professor	Occupational Class Medical Orthotist and Prosthetist:
R44 850 (fixed) + 12% PA + R8 475 NPPA	Pupil Medical Orthotist and Prosthetist

(B) Salary Scales: Paramedical Staff

Occupational Classes Occupational Therapist, Physiotherapist, Speech Therapist and Audiologist, Radiographer:

Student Occupational Therapist

Student Physiotherapist

Student Speech Therapist and Audiologist

(W): R4 380 x 249 - 4 878 x 276 - 6 534 - 6 846 + 12% PA	Control Occupational Therapist
(C)(I): R3 882 x 249 - 4 878 x 276 - 6 258 + 12% PA	Control Speech Therapist and Audiologist
(B): R2 886 x 249 - 4 878 - 5 154 + 12% PA	Control Physiotherapist
Medical Orthotist and Prosthetist	Control Radiographer
(W)(C)(I): R9 648 x 414 - 10 890 x 570 - 14 880/16 020 - 16 590 x 849 - 19 137 + 12% PA	Occupational Class Chiropodist
(B): R8 820 x 414 - 10 890 x 570 - 13 740/14 880 x 570 - 16 590 x 849 - 17 439 + 12% PA	Chiropodist

HOA

Senior Medical Orthotist and Prosthetist	Control Oral Hygienist
(W)(C)(I): R18 288 x 849 - 21 684 + 12% PA	(W)(C)(I)(B): R21 684 x 849 - 23 382 + 12% PA
Chief Medical Orthotist and Prosthetist	Occupational Class Optometrist:
(W)(C)(I)(B): R21 684 x 849 - 25 080 + 12% PA	(W)(C)(I)(B): R16 020 - 16 590 x 840 - 19 137 + 12% PA
Control Medical Orthotist and Prosthetist	Occupational Class Dental Therapist:
(W)(C)(I)(B): R31 290 x 1 320 - 33 930	Student Dental Therapist
Occupational Class Medical Technologist:	(B) (Male): R2 301 x 195 - 2 886 - 3 135 + 12% PA
Pupil Medical Technologist	(B) (Female): R2 106 x 195 - 2 886 + 12% PA
(W): R4 878 - 5 430 - 5 982 - 6 258 + 12% PA	Dental Therapist
(C)(I): R4 131 - 4 629 - 5 154 - 5 706 + 12% PA	(C)(I): R7 470 x 312 - 8 406 x 414 - 10 890 x 570 - 12 600/11 460 x 570 - 16 020 + 12% PA
(B): R3 135 - 3 633 - 4 131 - 4 629 + 12% PA	(B): R6 846 x 312 - 8 406 x 414 - 10 890 - 11 460/10 476 - 10 890 x 570 - 14 880 + 12% PA
Medical Technologist	Chief Dental Therapist
(W)(C)(I): R9 648 x 414 - 10 890 x 570 - 12 600/13 740 x 570 - 16 020 + 12% PA	(C)(I)(B): R16 020 - 16 590 x 840 - 19 137 + 12% PA
(B): R8 820 x 414 - 10 890 - 11 460/12 600 x 570 - 14 880 + 12% PA	Teachers: number required
Senior Medical Technologist	570. Mr R M BURROWS asked the Minister of National Education:
(W)(C)(I)(B): R16 020 - 16 590 x 849 - 19 137 + 12% PA	(1) Whether his Department has undertaken a study concerning the numbers of teachers required for White, Coloured and Indian schools; if not, why not; if so, how many teachers in each race group will be required to be trained between now and the year 2000 in order to accommodate the natural growth of each community;
Chief Medical Technologist	(2) whether there is currently a shortage of teachers; if so, how many teachers in each race group will have to be trained during the same period to overcome such shortages as might persist?
Control Medical Technologist	
(W): R24 231 - 25 080 x 1 035 - 27 150 + 12% PA	
Occupational Class Oral Hygienist:	
Student Oral Hygienist	
(B) (Male): R2 301 x 195 - 2 886 - 3 135 + 12% PA	
(B) (Female): R2 106 x 195 - 2 886 + 12% PA	
Oral Hygienist	
(W)(C)(I): R7 470 x 312 - 8 406 x 414 - 10 890 x 570 - 12 600/11 460 x 570 - 16 020 + 12% PA	
(B): R6 846 x 312 - 8 406 x 414 - 10 890 - 11 460/10 476 - 10 890 x 570 - 14 880 + 12% PA	
Chief Oral Hygienist	
(W)(C)(I): R16 020 - 16 590 x 840 - 19 137 + 12% PA	
(B): R14 880 x 570 - 16 590 - 17 439 + 12% PA	

The MINISTER OF NATIONAL EDUCATION:

- (1) (a) Yes.
- (b) Falls away.
- (c) The study has not been finalized

HOA

three years and negative publicity regarding the alleged presence of salmonella in certain samples of rooibos tea.

(b) None, except for higher processing costs.

Leaf tobacco

(a) Favourable climatic conditions.

(b) Exports at reduced prices.

Beef

(a) Forced marketing mainly as a result of the drought.

(b) Decrease in the auction prices and possible sales at reduced prices.

(3) *Wheat*

(a) Surplus stocks are exported at competitive prices.

(b) Incidental surpluses are mainly due to favourable climatic conditions.

Dairy products

(a) Sales at the best prices that can be realized in the market.

(b) Surpluses are mainly the result of the adverse effects of drought conditions in the northern crop production areas.

Eggs

(a) and (b) Application of an effective marketing strategy to improve the demand for and the sale of eggs and egg products.

Rooibos tea

(a) and (b) Marketing quotas were introduced last year; foreign markets were exploited and steps are being taken to enhance

the market acceptance of stocks and new production.

Leaf tobacco

(a) and (b) Voluntary limitation of production is applied by the producers.

Beef

(a) and (b) Price- and marketing arrangements to effect an equilibrium between demand and supply as far as possible.

Agricultural products: shortage

363. Mr E K MOORCROFT asked the Minister of Agricultural Economics:

(1) Whether any shortages of agricultural products exist or are expected in 1985; if so, of which products;

(2) what in each case are the (a) reasons for such shortages and (b) price implications;

(3) what steps have been taken or are contemplated in each case to (a) counter the effect of such shortages and (b) avoid them in future?

The MINISTER OF AGRICULTURAL ECONOMICS:

(1) Yes, sunflower seed (for pressing purposes to provide in the cooking oil requirements) and cotton.

(2) *Sunflower Seed*

(a) Mainly unfavourable climatic conditions.

(b) Not quantifiable owing to variable factors such as variation in supply and demand (locally) and price fluctuations on the world market.

Cotton

(a) Mainly unfavourable climatic conditions.

(b) None.

(3) *Sunflower Seed*

(a) and (b) It is customary to supplement shortages of cooking oil by means of imports.

Cotton

(a) and (b) It is customary to supplement shortages by means of imports.

Howland 10/4/85

424. Mr D J DALLING asked the Minister of Co-operation, Development and Education:

(1) Whether any civil unrest and/or school boycotts occurred in Alexandra in 1984; if so,

(2) whether any inquiries have been instituted in this regard; if not, why not; if so, who is or was in charge of these inquiries;

(3) whether these inquiries have been completed; if so, what were the findings; if not, (a) why not and (b) when is it anticipated that they will be completed;

(4) whether any action has been or is to be taken as a result of the inquiries; if not, why not; if so, what action?

The MINISTER OF CO-OPERATION, DEVELOPMENT AND EDUCATION:

(1) Yes, only a boycott at a school.

(2) Yes. The governing body of the school instituted inquiries with the chairman of the governing body in charge.

(3) Yes. The governing body came to the conclusion that the main reason had been the influence which persons and organizations outside the school exercised on the pupils. A further reason for dissatisfaction with the pupils was their demand that money which they

had paid for wood for the construction of woodwork models, be paid back to them, could not be met as the wood had already been used in models which they had not completed.

(a) and (b) Fall away.

(4) Yes. A former Inspector of Schools was appointed as acting principal for the beginning of 1985 to restore order.

Doctors/paramedical personnel: salary scales

454. Dr M S BARNARD asked the Minister of Home Affairs:

What are the present salary scales for (a) doctors and (b) paramedical personnel of each race group employed in provincial hospitals?

The MINISTER OF HOME AFFAIRS:

Explanatory notes:

1. The salary scales indicated are Public Service scales which, as far as is known, are also applied by the Provincial Administrations.

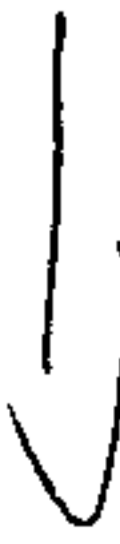
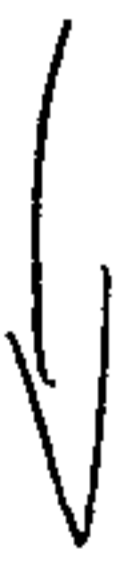
2. Salary scales for the different population groups are specified up to the point where posts exist.

3. List of abbreviations/symbols used hereafter:

- PA: Pensionable Allowance
- NPPA: Non-pensionable Professional Allowance
- (W): White
- (C): Coloured
- (I): Indian
- (B): Black

(A) Salary Scales: Medical Staff

- (All population groups)
- Intern (Medical)
- R12 030 + 12% PA
- Registrar
- R18 288 x 849 - 25 080 + 12% PA
- + R11 037 NPPA



Medical Officer	Student Radiographer
Dentist	(W): R3 633 × 249 - 4 629 + 12%
R18 288 × 849 - 25 080/24 231 -	PA
25 080 × 1 035 - 27 150 + 12% PA	(C)(I): R3 135 × 249 - 4 131 +
plus NPPA of R11 037 (first leg of	12% PA
scale) and NPPA of R12 420 (second	(B) (Male): R2 301 × 195 - 2 886 -
leg of scale)	3 135 + 12% PA
Deputy Director (Head- and Re-	(B) (Female): R2 106 × 195 -
gional Office Personnel)	2 886 + 12% PA
Medical Superintendent	Occupational Therapist
Senior Medical Officer	Physiotherapist
Senior Dentist	Speech Therapist and Audiologist
R31 290 × 1 320 - 33 930 + 12% PA	Radiographer
+ R7 710 NPA	(W)(C)(I): R7 470 × 312 - 8 406 ×
Senior Medical Superintendent	414 - 10 890 × 570 - 12 600/11 460 ×
R33 930 × 1 320 - 35 250 + 12% PA	570 - 16 020 + 12% PA
+ R7 425 NPPA	(B): R6 846 × 312 - 8 406 × 414 -
Medical and Dentistry Specialists	10 890 . . . 11 460/10 476 - 10 890 ×
R33 930 × 1 320 - 35 250 + 12% PA	570 - 14 880 + 12% PA
+ NPPA of R8 745 payable at the	Chief Occupational Therapist
notch R33 930 and NPPA of R9 495	Chief Physiotherapist
payable at the notch R35 250.	Chief Speech Therapist and Audiolo-
Director (Head- and Regional Office	gist
Personnel)	Chief Radiographer
Chief Medical Superintendent	(W)(C)(I)(B): R16 020 - 16 590 ×
R39 630 (fixed) + 12% PA + R4 080	849 - 19 137 + 12% PA
NPPA	Control Occupational Therapist
Principal Family Practitioner	Control Speech Therapist and Audio-
Principal Clinical Pharmacologist	logist
Principal Stomatologist	Control Physiotherapist
Senior Specialist	Control Radiographer
R39 630 (fixed) + 12% PA + R9 255	(W)(C)(I)(B): R21 684 × 849 -
NPPA	23 382 + 12% PA
Chief Director (Head- and Regional	Occupational Class Chiropodist
Office Personnel)	Chiropodist
R44 850 (fixed) + 12% PA	(W)(C)(I)(B): R16 020 - 16 590 ×
Chief Family Practitioner/Professor	840 - 19 137 + 12% PA
Chief Clinical Pharmacologist/Profes-	Occupational Class Medical Orthotist
sor	and Prosthetist:
Chief Stomatologist/Professor	Pupil Medical Orthotist and Prosthet-
Chief Specialist/Professor	ist
R44 850 (fixed) + 12% PA + R8 475	(W): R4 380 × 249 - 4 878 × 276 -
NPPA	6 534 - 6 846 + 12% PA
	(C)(I): R3 882 × 249 - 4 878 × 276
	- 6 258 + 12% PA
	(B): R2 886 × 249 - 4 878 - 5 154
	+ 12% PA
(B) Salary Scales: Paramedical Staff	Medical Orthotist and Prosthetist
	(W)(C)(I): R9 648 × 414 - 10 890
	× 570 - 14 880/16 020 - 16 590 × 849
	- 19 137 + 12% PA
	(B): R8 820 × 414 - 10 890 × 570
	- 13 740/14 880 × 570 - 16 590 × 849
	- 17 439 + 12% PA

Senior Medical Orthotist and	Control Oral Hygienist
Prosthetist	(W)(C)(I)(B): R21 684 × 849 -
(W)(C)(I): R18 288 × 849 - 21 684	23 382 + 12% PA
+ 12% PA	Occupational Class Optometrist:
Chief Medical Orthotist and	Optometrist
Prosthetist	(W)(C)(I)(B): R16 020 - 16 590 ×
(W)(C)(I)(B): R21 684 × 849 -	840 - 19 137 + 12% PA
25 080 + 12% PA	Occupational Class Dental Therapist:
Control Medical Orthotist and	Student Dental Therapist
Prosthetist	(B) (Male): R2 301 × 195 - 2 886 -
(W)(C)(I)(B): R31 290 × 1 320 -	3 135 + 12% PA
33 930	(B) (Female): R2 106 × 195 -
Occupational Class Medical Technol-	2 886 + 12% PA
ogist:	Dental Therapist
Pupil Medical Technologist	(C)(I): R7 470 × 312 - 8 406 × 414
(W): R4 878 - 5 430 - 5 982 -	- 10 890 × 570 - 12 600/11 460 × 570
6 258 + 12% PA	- 16 020 + 12% PA
(C)(I): R4 131 - 4 629 - 5 154 -	(B): R6 846 × 312 - 8 406 × 414 -
5 706 + 12% PA	10 890 - 11 460/10 476 - 10 890 ×
(B): R3 135 - 3 633 - 4 131 - 4 629	570 - 14 880 + 12% PA
+ 12% PA	Chief Dental Therapist
Medical Technologist	(C)(I)(B): R16 020 - 16 590 × 840
(W)(C)(I): R9 648 × 414 - 10 890	- 19 137 + 12% PA
× 570 - 12 600/13 740 × 570 - 16 020	
+ 12% PA	Teachers: number required
(B): R8 820 × 414 - 10 890 -	
11 460/12 600 × 570 - 14 880 + 12%	
PA	
Senior Medical Technologist	
(W)(C)(I)(B): R16 020 - 16 590 ×	
849 - 19 137 + 12% PA	
Chief Medical Technologist	
(W)(C)(I)(B): R19 137 × 849 -	
25 080 + 12% PA	
Control Medical Technologist	
(W): R24 231 - 25 080 × 1 035 -	
27 150 + 12% PA	
Occupational Class Oral Hygienist:	
Student Oral Hygienist	
(B) (Male): R2 301 × 195 - 2 886 -	
3 135 + 12% PA	
(B) (Female): R2 106 × 195 -	
2 886 + 12% PA	
Oral Hygienist	
(W)(C)(I): R7 470 × 312 - 8 406 ×	
414 - 10 890 × 570 - 12 600/11 460 ×	
570 - 16 020 + 12% PA	
(B): R6 846 × 312 - 8 406 × 414 -	
10 890 - 11 460/10 476 - 10 890 ×	
570 - 14 880 + 12% PA	
Chief oral Hygienist	
(W)(C)(I): R16 020 - 16 590 × 840	
- 19 137 + 12% PA	
(B): R14 880 × 570 - 16 590 -	
17 439 + 12% PA	

Teachers: number required

570. Mr R M BURROWS asked the Minister of National Education:

- (1) Whether his Department has undertaken a study concerning the numbers of teachers required for White, Coloured and Indian schools; if not, why not; if so, how many teachers in each race group will be required to be trained between now and the year 2000 in order to accommodate the natural growth of each community;
- (2) whether there is currently a shortage of teachers; if so, how many teachers in each race group will have to be trained during the same period to overcome such shortages as might persist?

The MINISTER OF NATIONAL EDUCATION:

- (1) (a) Yes.
- (b) Falls away.
- (c) The study has not been finalized

Doctors take 50 percent pay cut

ARGUS 23/4/85

Medical Reporter

GENERAL practitioners working at Woodstock Hospital have volunteered to take a 50 percent salary cut as their contribution to easing economic problems.

The medical superintendent of the hospital has confirmed that nine private doctors, working on a "sessional" basis in the outpatients department, had agreed to a drop in earnings.

One of the doctors, who asked not to be named, said they valued the other benefits they received from attachment

to the hospital more than their sessional salaries.

He said: "Not one of us relies on the very small sessional salary and I do not think we would expect any full-time hospital doctor to volunteer the same thing.

"It was purely a gesture to show we like being attached to the hospital and are prepared to do our little bit in hard times."

The Director of Hospital Services, Dr N S Louw, said he had not had official confirmation of the cut but it was "wonderful — a fantastic gesture".

03
Doctors
take big
NM 24/7/85
cut in pay

Mercury Correspondent

CAPE TOWN—Nine doctors working at Woodstock Hospital have voluntarily taken a substantial cut in salary to help reduce health costs.

Dr P J Turner, medical superintendent of the hospital, confirmed the gesture yesterday.

However, he declined to confirm or deny reports that they had taken cuts of 50 percent.

Discussion of hospital salaries, he said, was a delicate matter and not for public comment.

'I will say, though, that I think this is a very fine gesture.'

The doctors are among about 40 who do part-time duty at the hospital while still keeping their own practices.

SA DRUGS

FIRMS IN

COURT WAR

w/c ARGUS

27/4/85

93
60
76
73

By IRVING STEYN

Weekend Argus News Editor
DRUGS manufacturers are to take the Pharmacy Board to court for ruling that pharmacists may substitute cheaper alternatives to medicines prescribed by doctors.

The ruling has brought a major split in the industry's Pharmaceutical and Chemical Manufacturers' Association (PCMA) — one of its largest members is siding with the Pharmacy Board.

The association has voted financial support to a number of members who are to take the board to court over an ethical rule which allows pharmacists to substitute cheaper brands of the same medicines on doctors' prescriptions.

The row, which has been simmering for some time, erupted at a meeting of the association yesterday at which money was voted for the court action.

Copied

This led one of the country's largest pharmaceutical manufacturers, SA Druggists, and its subsidiary, Lennox, the largest manufacturer of generic medicines, to withdraw from the association.

Generic drugs are those on which the original manufacturer's patent has expired and

which may therefore be copied and sold under other names by other companies — generally at prices about 25 percent lower.

The deputy managing director of SA Druggists, Mr Tony Karis, said it was "absolutely nonsensical" for the industry to try to prevent what was happening all over the Western world.

Of the 62 members of the PCMA (out of about 80 drug manufacturers), only five major companies, all South African-owned, make generic medicines.

It is estimated that generic medicines account for only 10 percent of the R400-million total wholesale turnover in pharmaceuticals.

Statement

If generally implemented, replacement of other medicines with generics will give the local pharmaceutical industry an opportunity to expand considerably.

The Pharmacy Board's ruling, in November last year, came after a statement by the late Minister of Health, Dr "Nak" van der Merwe, in February last year that the pharmacy profession should help the nation by adopting generic substitution.

Opposition to the step has come primarily from the multinational drug companies, which say lower sales of their brand name drugs will reduce finance available for research.

The Pharmacy Board rule permitting substitution was, the PCMA decided, not necessarily in the public interest nor in the interest of the pharmaceutical industry.

Those in the industry say it is a "non-starter" and the minimal saving does not warrant the risk of cheaper drugs being pushed on the market. And more important, they say, doctors could lose control of their patients' medication.

Pharmaceutical industry turmoil

By CHRIS ERASMUS
Medical Reporter

SOUTH AFRICA'S pharmaceutical industry is in turmoil over a decision taken at a special meeting of the Pharmaceutical and Chemical Manufacturers' Association (PCMA) on Friday to fight in court against the generic substitution of brand-name drugs.

Friday's meeting ratified an earlier recommendation by the PCMA executive to fight against an amendment to one of the association's ethical rules which allows generic medicines to be used instead of patented medicines, where appropriate.

The amended ethical rule of the SA Pharmacy Board, published on November 16, 1984, permits substitution of one brand of medicine with another, provided it contains the same ingredients and is cheaper.

Withdrawals

According to a statement issued by Mr John Toerien, executive director of PCMA, the amended rule was "not necessarily in the public interest nor in the interest of the pharmaceuti-

cal industry in South Africa".

Mr Toerien said individual members of the association would be applying to court to have the rule set aside.

But immediately after the meeting, South African Druggists and its subsidiary Lennon, the country's largest producer of generic medicines, announced that they had voted against the move to fight the generic substitution rule and would withdraw from the association. Two other companies also voted against the PCMA move.

Generic drugs are those on which the original manufacturer's patent has expired, allowing exact copies to be made and sold under other names by other companies. In South Africa patents on drugs expire after 20 years.

An example of such a drug is aspirin, which has been copied by numerous manufacturers and is sold under many different names.

These drugs, because their marketing has not involved substantial research and development expenses, are generally

cheaper, costing about 25 percent less on average.

Most of the opposition to the amended rule has come from the multinational drug companies, which say lower sales of their brand-name drugs will reduce finance available for research. They also suggest that if profitability is reduced, some of them may withdraw from the South African market.

Only five of the PCMA's 62 members make generic medicines and all are South African-owned. They are: Lennon Limited, Adcock Ingram, Propan, Rolab and Noristan. In all there are about 80 drug manufacturers in South Africa.

Generic medicines account for an estimated 10 percent of the country's R400-million total wholesale turnover in pharmaceuticals.

The Pharmacy Board's ruling in November last year followed a statement by the late Minister of Health, Dr "Nak" van der Merwe, in February, 1984, that the pharmaceutical profession should help the nation by adopting generic substitution.

ARGUS 7/5/85 (93)

NATIONAL/INTERNATIONAL

Trading doctors warned of rules

Argus Correspondent

JOHANNESBURG. — Trading doctors were cautioned today not to make large investments in medicines for dispensing purposes, because their activities will be controlled by new regulations.

This warning was made by Mr Gavin Bamber, president of the Pharmaceutical Society of South Africa (PSSA) in a statement issued at the conference of the society in Pretoria.

He said he strongly supported a joint declaration as a result of a meeting between the South African Medical and Dental Council and the Pharmacy Board. He welcomed the participation of the Medical and Dental Council in formulating new regulations to control the activities of the trading doctor.

Suffering severely

"Our profession is suffering severely as a result of doctors supplying medicines direct to their patients," Mr Bamber said. "If the number of trading doctors increases any further, a number of pharmacies will have to close."

He said one profession should not encroach upon the territory of another and he believed it was wrong

that some doctors are usurping the role of pharmacy in society.

Dispensing doctors were able to purchase their medicines direct from many manufacturers at prices much lower than those offered to pharmacists and there had been cases of doctors making exceptional profits.

"I would underline the caution expressed in the joint declaration of the ad hoc committee, which is drawing up guidelines under which doctors can dispense medicines, that doctors should not make large investments in medicines for dispensing purposes.

According to Mr Bamber, there are important benefits for the patient in keeping the dispensing of medicines in the hands of pharmacists.

"A doctor could not hope to stock the range of medicines which are routinely kept by a retail pharmacist.

"If the doctor dispenses the choice is extremely limited, whereas he might write a prescription for one of about 10 000 medicines a pharmacy could supply.

"I am also concerned that in a trading doctor's practice, the dispensing is often done by totally unqualified personnel," said Mr Bamber.

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- (2) whether it will submit or has submitted a report, if so, when;
- (3) whether the report will be released; if not, why not; if so, (a) when and (b) to whom will it be made available?

THE MINISTER OF AGRICULTURAL ECONOMICS:

- (1) Yes.
- (2) Yes, the Committee has already submitted its report.
- (3) No, not at this stage. I am in the process of obtaining the comments of the parties concerned on a confidential basis and will thereafter decide on the possible publication of the report.

Verwoerdburg: new business centre

*4. Mrs E M SCHOLTZ asked the Minister of Constitutional Development and Planning:

- (1) Whether his Department has been notified of a new business centre which is being erected in Verwoerdburg; if so,
- (2) whether this business centre is going to be a free trade zone for all racial groups in terms of section 19 of the Group Areas Act, No 36 of 1966; if so, why;
- (3) whether he will make a statement on the matter?

THE MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

- (1) No.
- (2) Falls away.
- (3) No.

Verwoerdburg: land/houses for members of Ministers' Councils

*5. Mrs E M SCHOLTZ asked the Minister of Public Works:

- (1) Whether his Department intends pur-

chasing any (a) land and (b) houses for members of the Ministers' Councils of the (i) Administration: House of Representatives and (ii) Administration: House of Delegates in the (aa) Swartkops and (bb) Irene residential area in the municipal area of Verwoerdburg; if so,

- (2) (a) why, (b)(i) where and (ii) when in each case and (c) what is the estimated total cost of these purchases?

THE MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING (for the Minister of Public Works):

- (1) No.
- (2) Falls away.

*6. Mr R M BURROWS asked the Minister of Constitutional Development and Planning:

- (1) Whether his Department has been approached to grant exemption from the application of the Group Areas Act to university residences; if so, (a) by which bodies or persons and (b) what was his reaction in each case;
- (2) whether the bodies or persons concerned requested blanket exemption in respect of such residences; if not, what type of exemption was requested;
- (3) whether any restrictions in this regard apply to such residences at present; if so, what restrictions;
- (4) whether he will make a statement on the matter?

THE MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

- (1) Yes,

(a) the University of Cape Town;

- (b) the application is still under consideration.

- (2) Yes.
- (3) Yes, restrictions contained in the Group Areas Act pertaining to residential occupation by disqualified persons are also applicable to university hostels.

- (4) No.

Heuns and
National Senior Certificate Examination
Q. Co 1. 1405 7/5/85

*7. Mr R M BURROWS asked the Minister of Co-operation, Development and Education:

- (1) Whether, with reference to his reply to Question No 26 on 12 February 1985, the investigations by the Department of Education and Training into irregularities regarding the writing of the National Senior Certificate examination have been completed; if not, when is it anticipated that they will be completed; if so, (a) when and (b) what were the findings;
- (2) Whether any further action is to be taken as a result; if so, what action?

THE DEPUTY MINISTER OF EDUCATION AND OF CO-OPERATION:

- (1) Yes.
- (a) 11 March 1985.
- (b) Where it could be ascertained beyond any reasonable doubt that candidates were guilty of irregularities, their examinations were cancelled. All other results were released.
- (2) Yes. Further investigations into measures to prevent irregularities in examination rooms.

Mr R M BURROWS: Mr Speaker, arising from the hon the Deputy Minister's reply, can he give us the assurance that these candidates will be given the opportunity to write the examinations the following year?

The DEPUTY MINISTER: Yes.

De Hoop missile testing range

*8. Mr P A MYBURGH asked the Minister of Environment Affairs and Tourism:

- (1) Whether, with reference to the reply of the then Minister of Environment Affairs and Fisheries to Question No 6 on 7 March 1984, any steps have been taken in regard to the monitoring of the implementation of the recommendations of the Hey Committee on the missile testing range on the Southern Cape Coast; if so, (a) what steps, (b) when and (c) what are the names of the persons in charge of the monitoring; if not, why not;
- (2) whether he intends taking any steps in this regard; if not, why not; if so, (a) what steps, (b) when and (c) who will be in charge of taking these steps;
- (3) whether he has received any representations from any persons or organizations regarding this area since surveying and construction were commenced by Armscor; if so, (a) from whom, (b) when and (c) what was (i) the nature of the representations and (ii) his response thereto;
- (4) whether he will make a statement on the matter?

THE MINISTER OF ENVIRONMENT AFFAIRS AND TOURISM:

- (1) Yes, but not for the purposes of direct monitoring as such.
- (a) A committee of the Council for the Environment has been appointed as a Review Committee with the terms of reference of a continuous reviewing of the developments in the area against the background of the recommendations of the Hey Committee.

(b) 5 October 1984.

Doctors warned not to overstock with medicines

(93) Star 7/5/85

By Joe Openshaw,
Medical Reporter

Trading doctors were cautioned today not to make large investments in medicines for dispensing purposes because their activities would be controlled by new regulations.

This warning was made by Mr Gavin Bamber, president of the Pharmaceutical Society of South Africa (PSSA) in a statement issued at the conference of the society in Pretoria.

He said he strongly supported a joint declaration as a result of a meeting between the

South African Medical and Dental Council and the Pharmacy Board and welcomed the participation of the Medical and Dental Council in formulating new regulations to control the activities of the trading doctor.

"Our profession is suffering severely as a result of doctors supplying medicines directly to their patients.

"If the number of trading doctors increases any further, a number of pharmacies will have to close," said Mr Bamber.

He said one profession should not encroach upon the territory of another

and he believed it was wrong that some doctors were usurping the role of pharmacies.

Dispensing doctors were able to purchase their medicines directly from many manufacturers at prices much lower than those offered to pharmacists.

There had been cases of doctors making exceptional profits from the sale of these medicines.

"It is wrong that doctors make such profits from medicines to form the major source of their income," he said.

According to Mr Bamber, there were im-

portant benefits for the patient in keeping the dispensing of medicines in the hands of pharmacists.

"A doctor could not hope to stock the range of medicines which are routinely kept by a retail pharmacist.

"If the doctor dispenses, the choice is extremely limited whereas he might write a prescription for one of about 10 000 medicines, a pharmacy could supply.

"I am also concerned that in a trading doctor's practice, the dispensing is often done by totally unqualified personnel," said Mr Bamber.

Pharmacists' leader raps manufacturers

Star 8/5/65
9.3

By Joe Openshaw, Medical Reporter

Pharmaceutical manufacturers were condemned today by the president of the Pharmacy Board, Dr Kosie van Zyl, for supplying dispensing doctors with medicines at much lower cost than they charge wholesale and retail chemists.

Speaking at the annual general meeting of the Pharmaceutical Society of South Africa, Dr van Zyl said this type of trading could not be strongly enough condemned because it created suspicion, especially against the retail pharmacist.

He wondered whether the practice was not perhaps a calculated attempt to destroy retail pharmacy in favour of dispensing doctors.

PRICE UNIFORMITY

He welcomed the formation of a committee by the executives of the South African Medical and Dental Council and the Pharmacy Board to give urgent attention to the dispensing doctors and to what extent dispensing by them is affecting retail pharmacies.

Dr van Zyl said that the Pharmaceutical and Chemical Manufacturers Association (PCMA) has levied R3 000 from members in order to test in court the validity of the rule relating to generic substitutes.

He announced the formation of a permanent committee consisting of three members each of the Medical Council and the Pharmacy Board which will meet for the first time on May 20 to consider the question of dispensing doctors.

The Medical Council will be represented by Colonel N J Niewoudt, Dr John van der Rit and Dr A le Roux. Board representatives are Mr Graham Clarke, Mr Carl Schnell and Mr André Sonnekus.

Hospital job freeze to cut costs

A total of 95 of the 4 336 posts for medical practitioners at Transvaal provincial hospitals have been frozen and 3 050 out of 25 463 nursing posts put on ice as part of the hospital services' drive to save money.

And according to figures provided by Mr Daan Kirstein, (member of Executive Committee for Hospitals) yesterday, 135 out of 2 427 para-medical positions have been left unfilled as part of the plan.

This action has been slammed by the PFP provincial spokesman on health, Mrs Irene Menell, who said desegregation and rationalisation of the service would make better use of resources.

How to avoid high blood pressure

Medical Reporter

If you want to avoid an untimely death because of high blood pressure, stay slim, don't over-salt food, don't smoke and drink only two sundowners per day.

This is the expert advice of visiting Professor Herbert Langford, of the Mississippi School of Medicine, attending the Southern African Hypertension Congress in Johannesburg.

Although Professor Langford addressed the congress yesterday on the new and exciting therapeutic drugs now available to control and even reverse hypertension, he believes the disease — described by local and visiting experts as the major killer epidemic of the century — can be prevented.

He listed the causes of high blood pressure as genetic, overweight and high intake of salt.

"Smoking is not a cause of high blood pressure, but co-operates in making it a lethal disease.

"A heavy social drinker can also expect his high blood pressure to be aggravated by his lifestyle," the professor said.

He complimented South African restaurants on the high quality of their food, but had strong reservations about the seasoning of the fare he was offered.

"Far too much salt," he said.

Americans have already become conditioned to using very little salt in food.

"The rule is low on sodium (salt) high on potassium, as found in the wonderful fruit your country is blessed with," said Professor Langford.

Dispensing doctors threaten the livelihood of Reef pharmacists



by
Joe Openshaw,
Medical Reporter

Star 11/5/85
(93)

Organised computer dispensing by doctors on the East Rand threatens to put many retail pharmacists out of business.

About 15 dispensing doctors in the Alberton area have got together after several meetings and decided to make money out of the irresistible discount prices offered them by pharmaceutical companies on medicines.

Dispensing doctors in the Boksburg, Brakpan and Benoni area have banded together to make package deals with drug companies for medicines at preferential prices and have jointly purchased a computer to label medicines and provide instant information on where to buy drugs at the best prices.

The dispensing doctor team is a new facet of a growing, nationwide threat by trading doctors to the beleaguered pharmacists.

Alarm and dismay was expressed at the 300-delegate annual general meeting of the Pharmaceutical Society of South Africa in Pretoria this week at the inroads the trading doctor is making on the traditional preserve of the retail pharmacy.

Pharmacists from Transvaal, Natal and the Cape told *The Star* dispensing doctors are robbing them of business and they fear the retail pharmacist — who provides an invaluable primary health care role — may disappear.

The one-stop service for diagnosis, prescription and dispensing offered by East Rand trading doc-

tors has found favour with many people who normally took their scripts to pharmacies for cashing (dispensing)

Trading doctors point out the convenience of the service and can persuade patients — who still want to tender their scripts at the local pharmacy — their prices are cheaper.

It is estimated 14 pharmacies — five in Benoni, seven in Boksburg and two in Springs — face ruin because the scripts they used to make up for doctors have fallen by as much as 85 percent.

One woman pharmacist in Springs has already closed down

A man who established a pharmacy in the Alberton area 13 months ago fears he may have to close down if the dispensing doctor practice spreads.

"Since April 9 when when the doctors in Alberton teamed up to dispense I have lost a lot of business.

"Last May I had on average 162 scripts a day. This May my average has been 63 scripts a day.

"I can no longer afford the R2 000 a month rent I pay," said the pharmacist.

He used to employ three extra members of staff to cope with the late afternoon rush, but no longer does.

Another pharmacist in Alberton said his dispensing has dropped by 50 percent.

The question of the trading doctor will be discussed on May 20 at the first meeting of the permanent committee established this week consisting of the three executive members each of the South African Medical and Dental Council and the Pharmacy Board.

HOUSE OF REPRESENTATIVES

Freezing of nursing vacancies and creating no new posts while student nurses were being trained at great cost to the State defied logic, Mr Nicholas Isaacs (LP Bishop Lavis) said yesterday.

Speaking in the committee-stage debate on the Own Affairs Budget vote on Health Services and Welfare, he said these restrictive measures, taken because of the poor state of the economy, were exacerbating the "chronic shortage" of nurses in State hospitals and other institutions.

The work-load in these institutions was heavy and increased considerably at weekends, and greater reliance was having to be placed on student nurses.

The present situation was causing nurses who qualified

Nurse freeze 'illogical'

after their two-year training period to join the ranks of the unemployed, or to work as domestic servants or shop assistants until they were lucky enough to get a nursing post.

The position was not so bad for white

people and when their training was not put to use, it led to frustration.

● Mr Desmond Lockey said health was the cornerstone of the improvement strategy of the Labour Party for coloured people

people of the same race to look after their own people."

There was a chronic shortage of doctors in the coloured community and no facilities to provide them. The planned medical faculty at the University of the Western Cape should be expedited, he said.

Mr Luwellyn Landers (LP Mitchells Plain) said a general hospital was needed in Mitchells Plain to serve the Cape Flats and to provide a training hospital for the University of the Western Cape.

He welcomed the planned community health centre for Mitchells Plain, but said it was not enough.

The Cape Flats was served by clinics which mainly provided family planning and child-care facilities. There was not even an ambulance service. — Sapa

House of Representatives

nurses, who had more chance of employment in private practice, but coloured nurses were becoming very frustrated, Mr Isaacs said.

Their communities were affected because their training elevated their ex-

pectations and when their training was not put to use, it led to frustration.

Apartheid was rife in provincial hospitals, where coloured people sat all day waiting to be attended to and white doctors showed no concern for them.

"Let us take the NP policy to its full consequence and allow

Namda hits at actions after Langa

973
E. Post
17/5/85

Post Reporters

ALLEGATIONS that police interfered with patients being treated by doctors following the Langa shootings have been made by the East Cape branch of the National Medical and Dental Association.

Namda was formed three years ago and has 400 members nationwide, 25 in the Eastern Cape, mainly in Port Elizabeth's northern areas.

Its chairman, Dr J Moodliar, told the Evening Post today all the allegations could be substantiated by doctors present at the time. But he said Namda had not asked the police about them.

Dr Angus Hofmeyr, chairman of the Eastern Province branch of the South African Medical Association, said today his branch had received similar information from the Black Sash but in the absence of corroborative evidence had been unable to act.

In the statement released to newspapers, Namda accuse the police of interfering with doctor/patient relationships at the Uitenhage and Livingstone Hospitals after the Langa shootings.

It says: "In one section of the Uitenhage hospital children and adults of both sexes were treated in the same small ward with completely inadequate facilities and with no respect for privacy, even in pain.

"The condition under which these patients were treated leaves much to be desired."

The statement also alleges:

- That "sections of both hospitals were closed to the public and relatives were not able to establish the fate of next of kin.

- That many injured did not seek medical attention because they feared being arrested at the hospital.

- That some general practitioners were instructed not to attend the wounded in their room.

- The some of the injured were under armed guard during their stay in hospital and arrested immediately on discharge.

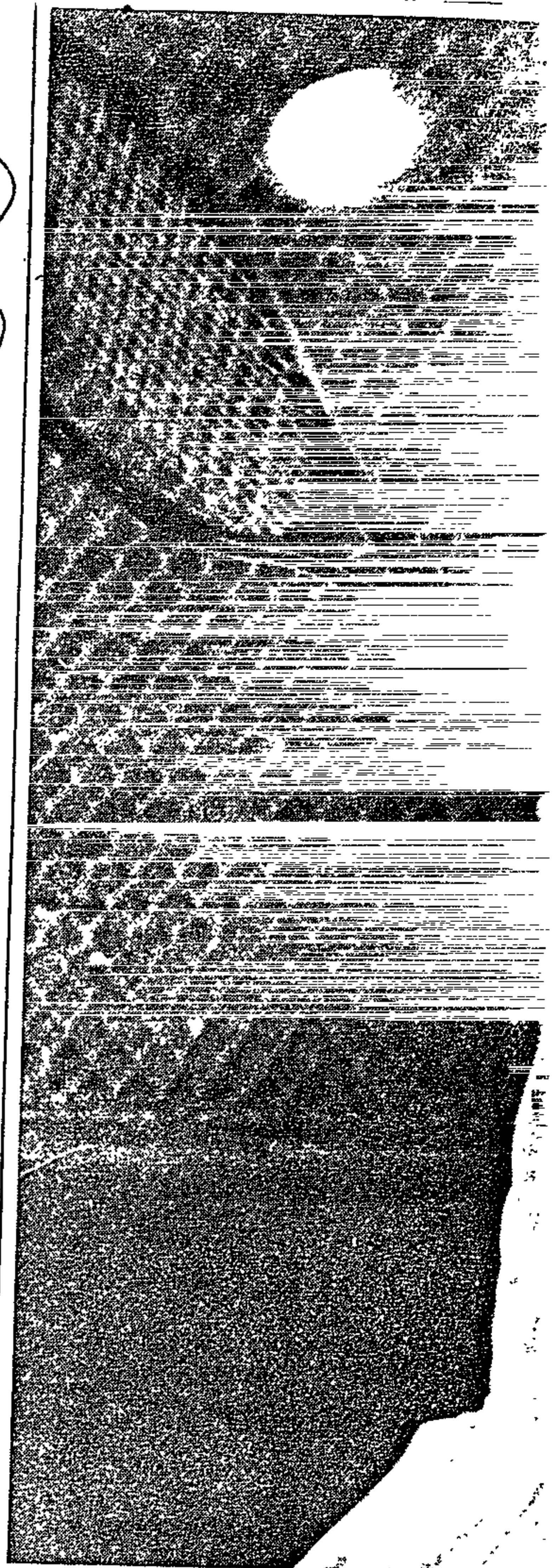
Asked to comment on the allegations the police directorate of public relations in Pretoria said: "Since we do not know the parameters of the Kannemeyer Commission's terms of reference we are unable to comment."

Dr Moodliar told the Evening Post the allegations were investigated for about two weeks by a group of members and each could be substantiated by doctors present at the time.

"We heard a lot more, but we couldn't substantiate the reports and we left this out," he said.

Dr Hofmeyr called the allegations "sensational to say the least" and said unless there was proof of the allegations, Namda's credibility would suffer.

"Doctors should concern themselves only with their patients and the practise of medicine," he said.



KATHLEEN SCOTT, 9, of Port Elizabeth, junior winter tennis tournament held

Tiny pocket telephones predicted

Post Correspondent

LONDON — A pocket telephone no bigger than a pocket diary will be commonplace before the end of the century, says Mr John Carrington, the British Telecom chief executive of mobile systems and services.

Research was going on around the world to make the vital improvement needed to construct a suitably powerful small battery.

Gatsha to stay

Political Correspondent

CAPE TOWN — The Chief Kwazulu, Chief Gatsha Bhebe, last night he would not participate in the Government's proposed meeting to discuss blacks' constitutional future unless the State President, P. W. Botha, first made a declaration.

Questioned by two senior members of the press and the presenter, Mr Pat F. SABC-TV programme, *Eye on the Future*, until President Botha had made his decision on which direction he was taking the constitutional future of his country, Botha made known his viewpoint on sharing, black leaders would

Biko doctors probe

Sowetan 20/5/85
AN INQUIRY by the South African Medical and Dental Council into the conduct of the two doctors who treated the late Steve Biko before he died in detention will hear evidence on July 1. The probe has been ordered by the Transvaal Supreme Court.

The two doctors are Dr Ivor Lang and Dr Benjamin Tucker. *93* Mr Nicholas Prinsloo, the SAMDC registrar, said the hearing would take place before a disciplinary committee of three to five council members headed by the SAMDC president, Professor Frans Geldenhuys.

Both doctors tended Mr Biko during the five days before he died, but the exact wording of the charges against them will be made public before the hearing.

Mr Biko died in police custody on September 12, 1977. A court inquiry found his death had probably resulted from head injuries sustained during a scuffle with policemen questioning him. But no-one was found responsible for his death.

In previous SAMDC and State hearings, applicants have argued that there was a prima facie evidence of improper or disgraceful conduct on the part of both doctors.

The MINISTER OF FINANCE:

(1) Nil.

(2) Falls away.

900. Mrs H SUZMAN asked the Minister of Law and order:

How many persons in possession of South African reference books were arrested by the South African Police on suspicion of being illegal immigrants in each month from 1 January 1984 up to the latest specified month for which figures are available?

January	1984—	30
February	1984—	19
March	1984—	22
April	1984—	31
May	1984—	58
June	1984—	39
July	1984—	54
August	1984—	43
September	1984—	34
October	1984—	34
November	1984—	33
December	1984—	263
January	1985—	180
February	1985—	102
March	1985—	69
April	1985—	43

The MINISTER OF LAW AND ORDER:

The MINISTER OF LAW AND ORDER:

1 September 1984 to 30 April 1985: 5 Persons.

911. Mr P C CRONJE asked the Minister of Trade and Industry:

(1) Whether any applications have been received for the extension of factories in terms of section 3(5)(c) of the Physical Planning Act, No 88 of 1967; if so, (a) how many, (b) from whom, (c) in respect of how many Black employees and (d) when in each case;

(2) whether any applications were refused; if so, (a) how many and (b) what was the reason for the refusal in each case?

The MINISTER OF TRADE AND INDUSTRY:

Section 3(5)(c) of the English text of the Physical Planning Act, 1967 contains only a definition of the word "extension" and it is assumed that the honourable member requires particulars of applications in terms of section 3(1) of the Act, which are as follows for the period 19 January 1968 to 14 May 1985.

(1) Yes.

(a) 15 452 of which 11 applications are under consideration at present.

(b) Apart from the fact that the information is of a confidential nature, the honourable member will appreciate that it would be an impossible task to furnish the particulars in respect of 15 452 applications.

(c) 429 818.

(d) The information is not readily available for the reasons mentioned in the reply to (1)(b).

Reference books/influx control

903. Mr E K MOORCROFT asked the Minister of Law and Order:

What total number of Black persons was arrested by the South African Police in the area of the Eastern Cape Development Board for offenses relating to reference books and influx control from 1 September 1984 up to the latest specified date for which figures are available?

(2) Yes.

(a) 1 495.

(b) Information in respect of individual cases is not readily available. In general, the applications were refused because of an unacceptable labour ratio or proposed extensions on non-industrial land.

915. Mr P R C ROGERS asked the Minister of Law and Order:

(1) How many national servicemen (a) rendered their national service in the South African Police in each of the latest specified five years for which figures are available and (b) were accepted by the South African Police from the 1985 intake;

(2) (a) how many members of the South African Police are currently rendering their national service and (b) in respect of what date is this information furnished?

The MINISTER OF LAW AND ORDER:

1 (a) 1980—234.
1981—343.
1982—235.
1983—167.
1984—161.

(b) 61.

2 (a) 294.

(b) From July 1983 to date.

Own Affairs:

Amount spent on schools/pupils

75. Mr R M BURROWS asked the Minister of Education and Culture:

What amounts were spent by his Department on (a) school textbooks, (b) li-

brary books, (c) hostel accommodation subsidies, (d) pupil transport subsidies, (e) school audio-visual equipment, (f) school buildings, (g) stationery and (h) school furniture during the latest specified period for which figures are available?

The MINISTER OF EDUCATION AND CULTURE:

It is not possible to furnish the information since records are not being kept of expenditure items, in the form requested.

WEDNESDAY, 22 MAY 1985

+ Indicates translated version.

For written reply:

General Affairs: Q. 601. 1566

913 Kwashiorkor/marasmus
22/5/85
800. Dr M S BARNARD asked the Minister of Health and Welfare:

Whether his Department keeps statistics on the incidence of (a) kwashiorkor and (b) marasmus in the Republic; if not, why not; if so, (i) how many patients suffering from (aa) kwashiorkor and (bb) marasmus were admitted to hospitals in the Republic in 1983 and 1984, respectively, and (ii) what other statistics in this regard are kept by his Department?

The MINISTER OF HEALTH AND WELFARE:

No. This would have to be based on notification. It is regarded that such procedure would not give scientifically usable data.

Occupational diseases: claims
804. Dr M S BARNARD asked the Minister of Health and Welfare:

(a) How many claims in respect of occu-

The MINISTER OF FINANCE:

- (1) Nil.
- (2) Falls away.

Handwritten: Hendriks and Q. 61. 21/5/85
 Illegal immigrants 1563

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Handwritten: Hendriks and Q. 61. 1564 21/5/85
 Physical Planning Act
 911. Mr P R CRONJE asked the Minister of Trade and Industry:

- (1) Whether any applications have been received for the extension of factories in terms of section 3(5)(c) of the Physical Planning Act, No 88 of 1967; if so, (a) how many, (b) from whom, (c) in respect of how many Black employees and (d) when in each case;
- (2) whether any applications were refused; if so, (a) how many and (b) what was the reason for the refusal in each case?

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- (c) 429 818.
- (d) The information is not readily available for the reasons mentioned in the reply to (1)(b).

(2) Yes.

- (a) 1 495.

(b) Information in respect of individual cases is not readily available. In general, the applications were refused because of an unacceptable labour ratio or proposed extensions on non-industrial land.

Handwritten: Hendriks and Q. 61. 1565 21/5/85
 National Service
 915. Mr P R CROGERS asked the Minister of Law and Order:

- (1) How many national servicemen (a) rendered their national service in the South African Police in each of the latest specified five years for which figures are available and (b) were accepted by the South African Police from the 1985 intake;

(2) (a) how many members of the South African Police are currently rendering their national service and (b) in respect of what date is this information furnished?

The MINISTER OF LAW AND ORDER:

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- 2 (a) 294.

(b) From July 1983 to date.

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HOA

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 Occupational diseases: claims
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(a) How many claims in respect of occu-

Natal's doctor ratios

Pietermaritzburg
Bureau 93

NATAL has one doctor's post for every 10,7 provincial hospital beds, according to figures released in the Provincial Council. NM 29/5/85

The MEC in charge of hospitals, Dr Fred Clarke, said there were 1 090 doctors' posts (including part time posts) and 5 602 beds.

The ratios for the Cape are 1:7,2, Transvaal 1:5,2, and Free State 1:5,4.

The ratio for Durban is 1:6,9 and for Pietermaritzburg 1:8,5.

Langa deaths: 'Vital issues at stake'

ARGUS 30/5/85
93

Argus Correspondent

JOHANNESBURG. — The Langa, Uitenhage, shootings may have led to some medical and legal practitioners abdicating their responsibilities to their clients.

This was suggested here last night by advocate Mr Gilbert Marcus, of the Centre for Applied Legal Studies. He was addressing a meeting called by the National Medical and Dental Association (Namda) to discuss problems faced by the health profession in treating victims of political unrest.

Mr Marcus said it had been repeatedly alleged that after the shootings some doctors had co-operated in pointing out patients who had buckshot or bullet wounds. The patients had then been arrested and taken to police cells.

"If these reports are accurate they raise issues of vital concern to the medical profession from both a legal and ethical point of view," he said.

At least a doctor should compile a medical history of the patient, to be made known to the arresting officer and the district surgeon. Then the obligation was on the district surgeon to ensure the patient received proper medical care.

"It is strongly arguable that a doctor who fails to take these elementary precautions... would be guilty of improper or disgraceful conduct.

"If there has indeed been disgraceful conduct by the (Uitenhage) doctors, then the remedy lies with the medical profession itself," Mr Marcus said.

Firms, doctors highlight costs, keep

10/6/85 NM

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93

93

Mercury Correspondent

CAPE TOWN—Drug manufacturers were sabotaging efforts to contain escalating health-care costs in their hunt for profits, the head of the Pharmaceutical Society of South Africa has charged, and inquiries last night suggested that many doctors were helping them.

Mr R. van der Merwe, executive director of the society, alleged that the companies, in a massive bid to beat recent legislation that cuts health-care costs dramatically, had instructed representatives to campaign among doctors to back their more expensive products.

Mr van der Merwe pointed out, in a letter published in the latest South African Medical Journal, that legislation had been enacted last year permitting pharmacists to substitute lower-priced, but 'generally equivalent', medicines unless the prescriber specifically said they should not.

Now medical representatives were being told by big drug makers to ask doctors to write 'no alternative' or 'very prescription'.

One Durban doctor said he had been approached by a few medical representatives on this subject.

'Most doctors are not in favour of generically equivalent medicines. Although they have much the same ingredients as the original medicines the reactions are not always the same.'

He said he felt that the firms which did the hard work in detailed research of medicines should be entitled to have preference over other, cheaper medicines.

Another doctor said: 'Some of the medicines have very slight variations but the decision should be left to doctors, who can take into account the financial means of their patients.'

He cited an example of a 'generic equivalent' which cost only 10 percent of the price of an original drug.

Mr van der Merwe wrote: 'The effort is being sabotaged by some sections of the pharmaceutical manufacturing industry, who apparently see it as a threat to the profitability of their companies.'

This group within the industry had exposed itself as being primarily interested in profit instead of the interests of patients, he added.

It had also been issuing statements to the profession and to the Press on what it had called 'the dire consequences' of substitution.

The manufacturers had even impugned the competence of trained pharmacists to supply alternatives, and had made veiled threats of legal action against the South African Pharmacy Board for amending the ethical rule, Mr van der Merwe added.

No comment

The Deputy Minister of Health, Dr de Villiers Morrison, said in Cape Town last night he did not want to comment on the allegations.

'All I can say is that I hope the two groups find a way to resolve their differences. This sort of thing is not good for retail pharmacy or the producers.'

Most doctors contacted last night were not prepared to comment on the subject, which they said was a 'very complicated and sensitive' area in the medical profession.

Drugs man hits at pharmacists

Mercury Reporter

DRUG companies, chemists and doctors were embroiled in a growing row yesterday over rocketing health-care costs.

The companies have been accused of pushing their own expensive brand drugs at the expense of cheaper 'generic equivalents', but a

spokesman for them yesterday underlined the cut the pharmacist was taking.

The companies had a right to advise doctors to veto generic equivalent drugs, the vice-president of the Pharmaceutical and Chemical Manufacturers' Association of South Africa, Mr Sean Lance, claimed.

He denied charges by Mr PR van der Merwe, executive director of the Pharmaceutical Society of South Africa, representing retail pharmacists, that major companies were sabotaging efforts to contain health-care costs.

'No alternative'

Mr van der Merwe had written to the South African Medical Journal accusing companies of launching a bid to beat recent legislation allowing pharmacists to substitute cheaper generic equivalents for prescribed medicines by instructing medical representatives to ask doctors to write 'no alternative' on every prescription.

Mr Lance claimed: 'Representatives have a duty to inform doctors that they may write "no alternative" on the prescription if they want the patient to receive an original product.'

'We are out there to defend the integrity of our trademarks. That is what a free market is all about and it is not sabotaging

attempts to keep prices down.'

Mr Lance said he did not believe generic substitution would lead to big savings, even if it was widely practised.

But a doctor told the Mercury of one generic equivalent which cost only 10 percent of the original drug's cost and others had indicated that savings of up to 50 percent could be achieved.

Mr Lance felt that the cost of drugs could be eased if the Government reviewed the amount of sales tax on medicines.

'If the Government is sincere in wanting to bring prices down they should look at sales tax and at ways of bringing about parity between the private and public sectors.'

While the Government bought about 60 percent of the volume of drugs sold in South Africa, it accounted for only about 35 percent of the money paid for them.

The private sector was subsidising free medical care for thousands who could afford to pay their own way, Mr Lance said.

Wholesalers, he said, marked up medicines by an average of 21,2 percent, and these prices were then marked up by about 50 percent by retail pharmacists, who also received a dispensing fee of R1,30 an item and a 'bro-

■ TURN TO PAGE 2

ot traps way soon

of 'speed prosecutions by camera' were erected on the freeway recently.

Sub-surface sensors have been laid at only two points so far, both on the southern freeway, one in each direction.

Mr Taylor said: 'It is our intention to create numerous other camera points on the city's freeway network. We will begin trapping in the very near future.'

The new device will have to be manned, but the use of a camera would drastically reduce the danger in stopping motorists on busy, multi-lane highways after they had been trapped.

The sophisticated camera link will be restricted to the city's freeways.

Mr Taylor said the device was 'actually an extension to the existing equipment'.

Medicines row rages

■ FROM PAGE 1

ken bulk fee of 50c an item.

Mr John Bamber, a Durban pharmacist and past president of the Pharmaceutical Society of Southern Africa, said the society was busy with negotiations with the medical profession and drug manufacturers in an attempt to bring about agreement on the issue.

'Generic substitution is a part of a much larger whole. We are looking at massive changes in the way medicine is supplied in this country.'

The main thrust of this would be to shift the burden of supplying health care from the public to the private sectors and would ultimately benefit the taxpayer.

Biko case: two doctors face lengthy charge list

Star 1/7/85

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By Sue Leeman, Pretoria Bureau

The two "Biko doctors" were today formally accused of failing to make accurate diagnoses and of not providing professional medical care to Black Consciousness leader Steve Biko in the five days before his death in detention in 1977.

Dr Ivor Ralph Lang and Dr Benjamin Tucker, respectively district surgeon and chief district surgeon of Port Elizabeth at the time, are appearing before a disciplinary committee of the South African Medical and Dental Council in Pretoria.

Both men pleaded not guilty to a long list of charges of medical misconduct.

Mr Biko died in a Pretoria prison in September 1977 after 26 days in detention.

Other charges facing the doctors include:

- The falsification of medical reports detailing his physical condition during the last few days he was alive.

'MANIFEST URGENCY'

- Failing to notice the "manifest urgency" of his situation in the period between September 7 and September 11 1977.
- Not keeping proper notes and records of their dealings with him.
- Failing to notice a wound on his temple.
- Failing to get details of Mr Biko's previous medical history.
- Subordinating the best interests of their patient to the wishes of the Security Police.

The two doctors are also charged with not doing anything to prevent Mr Biko from being taken from Port Elizabeth to Pretoria in a Land-Rover, even though Dr Tucker was aware Mr Biko had been hyper-ventilating, and frothing at the mouth and had collapsed.

Dr Tucker is charged with failing to arrange a medical attendant to look after Mr Biko on his journey, and not ensuring the detainee's medical report went with him.

Dr Lang is charged with issuing false medical certificates.

World Press expected at probe into Biko medics

NM. 1/7/85

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Mercury Correspondent

JOHANNESBURG— Overseas observers and the international Press will be at a top-level inquiry, starting today, into the professional conduct of the two doctors who treated black consciousness leader Steve Biko before his death in detention nearly eight years ago.

The South African Medical and Dental Council was ordered by the Transvaal Supreme Court earlier this year to hold an inquiry into the conduct of the two district surgeons, Dr Ivor Lang and Dr Benjamin Tucker, after six South African doctors brought an action urging a fresh

inquiry.

The Judge President of the Transvaal, Mr Justice W G Boshoff, said then there was *prima facie* evidence of 'improper and disgraceful' conduct on the part of the two doctors in a professional respect in their treatment of Mr Biko during the five days preceding his death.

Historic

The Pretoria Supreme Court hearing was an historic one: it was the first time the council, a statutory body, was legally ordered to hold a hearing.

The Court found a medical certificate on Biko, issued by Dr Tucker at the request of the security police, was 'materially false and misleading'.

The doctor had said on the certificate he had found 'no evidence of any abnormality or pathology'.

Charges

A spokesman for the South African Medical and Dental Council in Pretoria said yesterday the charges against Dr Lang and Dr Tucker would not be made public before the start of the hearing at 9 a m today.

The disciplinary committee, consisting probably of five doctors, will be headed by the president of the Medical Council, Prof Frans Geldenhuys. The names of the other doctors would be available only at the start of the hearing, the spokesman added.

CAP (= Tucker) 1/7/81 (93)

Biko doctors under scrutiny

From WINNIE GRAHAM

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SOWETAN

TUESDAY, JULY 2, 1985

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BIKO

Two doctors facing probe

95 Sowetan ~~2/7~~ 2/7/85

HEARING



TWO white doctors who treated Steve Biko, the black consciousness leader who died in detention in 1977, were yesterday accused of lying and failing to keep proper records when they appeared before a disciplinary committee of the South African Medical and Dental Council.

Dr Ivor Lang and Dr Benjamin Tucker appeared before the council's disciplinary committee in Pretoria on two charges of improper or disgraceful conduct. They have pleaded not guilty. They are accused of having failed to comply with their professional responsibilities when they treated Mr Biko shortly before he died in September 1977.

False

According to the summonses issued against them, the council alleges that Dr Lang had issued a false certificate stating that he had examined Mr Biko and had found no evidence of abnorm-

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HEARING: Steve Biko who died in detention on September 12, 1977.

To Page 2

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Biko doctors found nothing wrong — police

By Sue Leeman,
Pretoria Bureau

A senior security policeman has told a South African Medical and Dental Council (SAMDC) inquiry that the two "Biko doctors" told him they could find nothing wrong with the Black Consciousness leader and did not mention the possibility that he had brain damage.

Former Eastern Cape Divisional Security Police Chief, Brigadier Pieter Johannes Goosen, also denied during his evidence that the security police had assaulted Mr Biko, adding that "we merely put pressure on him".

Biko doctors accused of falsifying reports

The summons handed to Dr Ivor Ralph Lang and Dr Benjamin Tucker include some very specific charges under the heading "failure to perform professional duty".

The charges include:

- Failure to make proper notes of findings about Mr Steve Biko's condition and failure to ascertain his medical history.
- Neglecting to inquire about previous head wounds and failure to notice a wound on his temple.
- Failing to remove Mr Biko from police premises to a place where he could be properly examined, cared for or observed.
- Failure to have his hand-cuffs and leg-irons loosened or removed in spite of his condition.
- Failing to conduct the medical tests necessary

for a proper diagnosis.

- Permitting or failing to prevent his being transferred to Pretoria in a Landrover even though his poor condition was evident.

Dr Tucker is most severely indicted here for failing to find an ambulance or to provide medical personnel and reports to accompany Mr Biko.

Both doctors are also charged with falsifying written reports about Mr Biko's condition.

Dr Lang is accused of alleging on one occasion that Mr Biko's strange walk was due to "lack of co-operation" when it was in fact caused by swollen feet.

Dr Tucker is also charged with giving "inconsistent and contradictory" evidence at the inquest. — Pretoria Bureau.

Brigadier Goosen was testifying before an SAMDC disciplinary committee which is inquiring into the professional conduct of Dr Ivor Ralph Lang and Dr Benjamin Tucker, who treated Mr Biko in the last few days before his death.

Mr Biko died in detention in Pretoria on September 12 1977, probably from head injuries resulting from brain damage, an inquest found.

Both Dr Lang and Dr Tucker have pleaded not guilty to a long list of charges involving failure to provide Mr Biko with adequate medical care between September 8 and September 11 1977 and to the falsification of written reports on his condition.

The defence today rested its case without calling any witnesses. Mr Louis Harms said the committee could rely on the recorded evidence given by Dr Lang and Dr Tucker at previous court hearings.

In his evidence for the pro forma complainant, Brigadier Goosen said he had called in Dr Lang and Dr Tucker on various occasions between September 7 and 11 because he was worried about the patient, who could not communicate and appeared to have had a stroke.

Both doctors had said they could not make a diagnosis and Mr Biko was ultimately transferred to Pretoria Central Prison for observation.

Brigadier Goosen said in the case of a serious diagnosis such as brain damage he would have acted differently, possibly allowing the patient to be moved to a local hospital.

The hearing continues.

Biko 'should have had constant care'

Argus Correspondent

PRETORIA — A person with the symptoms apparently displayed by black-consciousness leader Steve Biko before he died in detention would need round-the-clock observation and particularly if he went on a long journey, a disciplinary committee of the South African Medical and Dental Council heard

Johannesburg neuro-surgeon Dr Reuben Plotkin was giving evidence in the case in which Dr Ivor Ralph Lang and Dr Benjamin Tucker are charged among other things with giving Mr Biko inadequate medical care and with allowing him to be sent on a 1 200km journey — his last — from Port Elizabeth to Pretoria, without the most basic medical precautions.

Mr Biko died in a Pretoria prison on September 12 1977 after 26 days in detention. He was found to have died of head

injuries resulting in brain damage.

Dr Lang and Dr Tucker, district surgeon and chief district surgeon of Port Elizabeth respectively at the time, tended Mr Biko during the last few days of his life.

Yesterday both men pleaded not guilty to a number of charges listed under two main counts: failure to provide adequate medical care for Mr Biko between September 8 and 11 and the falsification of certain medical reports about him.

Dr Plotkin told the committee that a person who was incoherent, was frothing at the mouth, hyperventilating, apathetic, lacking some reflexes, weak on one side of his body and had collapsed — all symptoms apparently registered in Mr Biko — was obviously not in a stable condition.

"VERY ILL"

And a patient found lying in urine-soaked bedclothes, as Mr Biko allegedly was, was obviously "very ill indeed".

This person would need constant monitoring by highly trained medical personnel.

Port Elizabeth neurosurgeon Dr Roger Keeley said that after seeing blood in a lumbar puncture sample taken from Mr Biko he had recommended to Dr Lang that Mr Biko be closely observed.

The five-man committee is chaired by Professor FG Geldenhuys. Mr Justice WG Trollip has been co-opted as legal assessor. Mr Louis Harms is appearing for the two doctors. Mr Ismail Mohamed SC is observing on behalf of the Biko family.

From WINNIE GRAHAM

JOHANNESBURG. — The last five days of black consciousness leader, Mr Steve Biko, who died in detention nearly eight years ago, came under the spotlight yesterday when the two doctors who treated him appeared before a medical disciplinary hearing charged with disgraceful or improper conduct.

The inquiry follows a decision by the Transvaal Supreme Court in January this year, ordering the South African Medical and Dental Council (SAMDC) to inquire into the professional conduct of two Port Elizabeth district surgeons, Drs Ivor Lang and Benjamin Tucker.

Mr Biko died in detention on September 12, 1977 — 26 days after being detained. An inquest court later found he had probably died of a brain injury apparently sustained in a scuffle with police who were questioning him at a Port Elizabeth police station.

A Johannesburg specialist neurosurgeon, Mr Reuben Plodkin, yesterday told the inquiry that if a patient frothed at the mouth, had blood in his

8 years later Biko doctors face inquiry

spinal fluid, was hyperventilating and uncommunicative but had to be transported 1 200 kms. it should be by air or, at least, by intensive-care ambulance.

He was referring to the transfer of Mr Biko from Port Elizabeth to Pretoria by Landrover a day before his death in 1977.

He said no doctor could decide whether a patient was fit to travel unless he had examined him three or four hours before he was to be transported.

When a patient was transferred, said Mr Plodkin, it was clearly the doctor's duty to send a report on the patient ensure the hospital knew the patient was on his way and was aware of his problems.

"This is routine," he said "It is done every

day of the year and was the case in 1977 — as it was in the last century."

Dr Colin Hersch, the Port Elizabeth physician specialist who examined Mr Biko on one occasion, yesterday said the patient had walked in for his examination limping. Mr Biko was wearing pants but no top.

He attempted to take a statement from Mr Biko but had given up because the patient had a speech defect and seemed confused.

He tested his memory by showing him a watch and a pen and asking him what they were.

Mr Biko had answered "watch" and "pen", but sometimes repeated the question "What is it?", "What is it?". Dr Hersch said he could not get a reliable history.

Dr Hersch said he had

not noticed the injury on Mr Biko's forehead. He had possibly missed it because a bruise against a black skin was less noticeable.

Asked if he thought the patient was "feigning", Dr Hersch said he had rejected the idea after his examination as this could not have been "the sole diagnosis".

Cross-examined by Mr Louis Harms, Dr Hersch said he was concerned about the patient but this did not mean he thought the patient was about to die.

"I did not expect him to die of a neurological condition," he said.

The Regional Director of Health in Johannesburg, Dr Willem Lindeque, when asked if a doctor's attitude was affected when he treated a detainee, said it made no difference though the patient could sometimes be hostile.

"Some patients wouldn't give us the time of day," he said.

"There is no communication. We then have to ask the police why we

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To page 4



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with a proper degree of competence and care

● Failing to take customary medical tests which could have helped with a proper diagnosis of the patient

Dr Lang is charged with making a false, misleading or incorrect written report on about September 13, 1977, in that he attributed the ataxic gait of the patient to "lack of co-operation" while in truth he was of the opinion the ataxic gait was caused by swollen feet

A written statement on October 11 stated Mr Biko was able to give a good account of himself whereas he (Dr Lang) had not taken all steps reasonably necessary to ensure this statement was correct.

Dr Lang was charged that although he was aware of the possibility the patient could have sustained a head injury or could have suffered from an organic lesion of his brain, he failed to mention this possibility in written reports.

In addition, the summons reads, the written report was false or misleading in that he stated: "Mr Keeley was of the

opinion the findings present were not evidence of cerebral haemorrhage and, for that matter, any other brain injury". Mr Keeley had not informed him of this.

Dr Tucker, in addition was charged for:

● Allowing his diagnosis and treatment of the patient to be unduly influenced by the opinions of others to the effect that the patient was possibly feigning illness notwithstanding the presence of symptoms which were incompatible with such opinion.

● Having found the patient frothing at the mouth, hyperventilating, apathetic and unable to communicate, and having found a possible extensor plantar reflex to be present, failed to prevent the patient from being transported in spite of knowing the result of the lumbar puncture showed the presence of red cells in the cerebrospinal fluid of the patient.

● Failing to inspect the vehicle for transportation of the patient.

● Failing to insist the patient be transported by ambulance

● Knowing the patient would be transported without a medical attendant, failing to make arrangements for a medical attendant to accompany him.

have been called to treat the patient."

The neurosurgeon who was telephonically consulted by Dr Hersch on Mr Biko's condition, Mr Roger Keeley, said he had been told a detainee had been given a lumbar puncture, the result of which had shown the fluid was lightly blood stained. The patient also appeared to have been behaving abnormally.

He (Mr Keeley) suggested the patient should be kept under observation in hospital.

Asked if he was aware the patient was in a police cell and that Dr Lang was seeing only twice a day, he said he understood the patient was in hospital.

Had he known this was not the case, he would have insisted the patient be transferred to a provincial hospital.

Mr Keeley told the inquiry he thought he was dealing with an insignificant brain trauma. He was not asked to see the patient and did not presume to usurp the rights of the physician for whom he had a high regard.

Mr W J du Plessis, who appeared for the pro forma complainant, Mr R Filmalter, told the hearing it had been agreed the two inquiries should be held simultaneously.

He added: "It is not the function of this inquiry to determine whether Drs Lang and Tucker caused or contributed to the death of Mr Biko."

Charges

Drs Lang and Tucker are charged with failing to give their patient certain treatment and neglecting their medical duties.

Although separate charge sheets were served on the doctor, many of the charges are the same. Both doctors are charged with improper or disgraceful conduct in that during the period of September 7 to 11, they:

● Failed to observe the presence of an injury on the patient's forehead.

● Failed to treat an injury on the patient's mouth.

● Failed to keep proper notes or records

● Failed to take steps to ensure that, in view of the patient's condition, the use of handcuffs or leg-irons be terminated or restricted

● Failed to ensure the patient was removed timely from Room 619, Sanlam Building, Port Elizabeth, to a suitable place for a medical examination.

● Sanctioned or failed to object to a decision to have the patient trans-

ported to Pretoria by Landrover.

● Allowed their diagnosis of the patient to be unduly influenced by the opinions of others to the effect the patient was possibly feigning illness.

● Subordinated the best interests of the patient to the wishes (real or assumed) of the security police.

Proper history

● Failed to inquire about the origins of the injuries the patient had sustained.

● Failed to take a proper history from the patient.

● Failed to direct questions pertaining to the patient's memory and his orientation to person place or time.

● Failed to apprehend the manifest urgency of the patient's situation.

● Failed to inquire from the patient or others about a possible head injury.

In addition Dr Lang was charged for:

● Suggesting or recommending the patient be transferred from the Sydenham Prison Hospital to the Walmer police cells when such suggestion was not justified or in the interests of the patient.

● Having consulted with Mr Keeley on the condition of the patient, failing or neglecting to keep the patient under

● Failing to ensure a medical report was sent with the patient.

● Failing to make a proper examination of the patient.

Wet clothes

● Failing at any stage to insist all reasonable steps be taken to have the patient removed from Sanlam Building and placed in circumstances where he could be properly examined, treated or observed.

● Failing to inquire from the patient or others the reason why the clothing or bedding of the patient had become wet with urine.

Dr Tucker is also charged with writing incomplete reports for the inquest on Mr Biko.

He neglected to mention he found the patient hand-cuffed by one ankle to a grille and that he found abrasions on his feet and ankles.

In addition, the summons states, the written statement was false or misleading in that he said the patient's condition on September 8 was "he was mentally alert, but answered questions in an indistinct manner which might have been due to the swelling of his upper lip" while in truth the patient had not answered questions indistinctly.

In addition, Dr Tucker was charged with saying the patient's central nervous system had shown no change when, in fact, he had not taken the necessary steps to ensure this was true.

It was also incorrect to state there were "no positive signs to indicate organic disease" while, in truth, he knew there were positive signs.

He had also incorrectly stated that on September 11 the patient's condition was satisfactory and he could be transported to Pretoria by motor vehicle while, in truth, this was not so.

The inquiry continues.

The five doctors who heard evidence at the SAMDC offices in Pretoria yesterday were the president of the council, Professor Frans Geldenhuys, Vice Chancellor of the University of Witwatersrand, Professor R W Charlton, president of the Federal Council, Dr R D le Roux, Professor G W van der Riet, and Dr E W Turton. They were assisted by Mr Justice W G Trollip, who acted at the council's legal assessor.

93
CARE TROOPS
nesday, July 3, 1985

Brigadier claims ignorance

PRETORIA. — The police officer who led the interrogation of black-consciousness leader Mr Steve Biko before his death in detention told a medical inquiry yesterday that the police would have handled the prisoner's case differently if two doctors had told him that Mr Biko was in a serious condition.

Brigadier Pieter Goosen, who was the divisional chief of the security police at the time of Mr Biko's detention in 1977, was testifying at a disciplinary hearing into the professional conduct of Drs Ivor Lang and Benjamin Tucker.

The two Port Elizabeth district surgeons are being charged by the South African Medical and Dental Council (SAMDC) with improper or disgraceful conduct in their treatment, or lack of treatment, to Mr Biko during the five days before his death.

Mr Biko died in Pretoria on September 12, 1977, after being transported 1200km from Port Elizabeth in the back of a Landrover, Brigadier Goosen told the inquiry yesterday.

'Worried'

Brigadier Goosen said he first called in Dr Lang and then Dr Tucker because he was worried about the condition of the prisoner, who was being questioned in a Port Elizabeth security police office.

"I was concerned about the patient because he was very aggressive and would not communicate or react."

Although he was responsible for the interrogation, Brigadier Goosen said he did not personally question Mr Biko.

On September 7, Dr Lang issued a certificate in which he said he could make no diagnosis of Mr Biko, who was manacled and was lying on a urine-soaked mat in the office. The *pro forma* complainant, on behalf of the SAMDC, alleges that the certificate was false or misleading.

At least 30 charges

have been made against each of the doctors. The inquiry was ordered earlier this year by the Transvaal Supreme Court, which found there was *prima facie* evidence of disgraceful or improper conduct by Drs Lang and Tucker.

The two doctors were called in to examine Mr Biko on September 8, Brigadier Goosen said, because the prisoner was taking in no food or liquids and was not going to the toilet.

Although Drs Lang and Tucker found nothing wrong with Mr Biko, they suggested that he be moved to the Livingstone Provincial Hospital, he said.

He rejected the request because there was unrest in the area and he said Mr Biko could have escaped.

Mr Biko was being held under Section 6 of the Terrorism Act. An inquiry later found that he had probably died of a head injury received during a scuffle with police.

Brigadier Goosen said he agreed that Mr Biko should be transferred to the sickbay at Sydenham Prison, and later to the Walmer police station.

He said the two doctors never mentioned that Mr Biko could possibly have some serious injury.

"A brain injury was never mentioned," he said. "If something serious had been discov-

ered, our actions would have been completely different."

Pretoria

When Dr Tucker suggested that Mr Biko be moved to better medical facilities, Brigadier Goosen said that although various hospitals were considered, it was decided to transfer the prisoner to Pretoria Prison Hospital.

He told the hearing Dr Tucker had told him he had no objection to the prisoner travelling the distance by road if he could "lie comfortably in the back on a mattress".

Although the option of flying Mr Biko to Pretoria had been considered, there were no military aircraft available at the time, he said.

The advocate for the two doctors, Mr Louis Harmse, told the court he would not be calling his clients to give evidence as they had already testified at the initial inquiry in 1977.

During the summary of evidence, Mr Harmse conceded that:

- Dr Lang failed to observe the presence of an injury on Mr Biko's forehead in the vicinity of his left eye.

- Dr Lang failed and/or neglected to make or keep proper notes or records of his findings in respect of the patient, or failed and/or neglected to make or keep such notes or records timeously.

The hearing continues. — Sapa

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District surgeon did not think condition was serious

Biko suspected of shamming

Pretoria Correspondent

The day before Steve Biko died in police detention Dr Benjamin Tucker, Port Elizabeth's Chief District Surgeon, still suspected the black consciousness leader was feigning illness.

"In my mind was the idea of a non-organic condition (shamming)," Dr Tucker told an inquest court.

This inquest evidence was raised by pro-former complainant, Advocate Willem du Plessis, in summing up at a South African Medical and Dental Council (SAMDC) disciplinary inquiry into the conduct of Dr Tucker and Dr Ivor Lang.

One complaint against Dr Tucker is that he "continued to remain of the opinion that the patient was possibly feigning illness despite the presence of symptoms incompatible with such an opinion."

Dr Tucker is also accused of sanctioning the transport of Steve Biko 1 200 km to Pretoria in spite of the fact that the detainee was apathetic, unable to communicate, frothing at the mouth and hyperventilating, and that he had been informed that the patient had collapsed.

"I saw no reason that it was inadvisable for Biko to be transferred by

motor vehicle," Mr du Plessis quoted Dr Tucker as saying at the inquest. "I didn't consider Biko's condition could be so serious at the time."

Dr Tucker also did not inquire about the results of a lumbar puncture performed earlier on the patient. Only after approving the transport did he hear that blood stains were found in the cerebro spinal fluid.

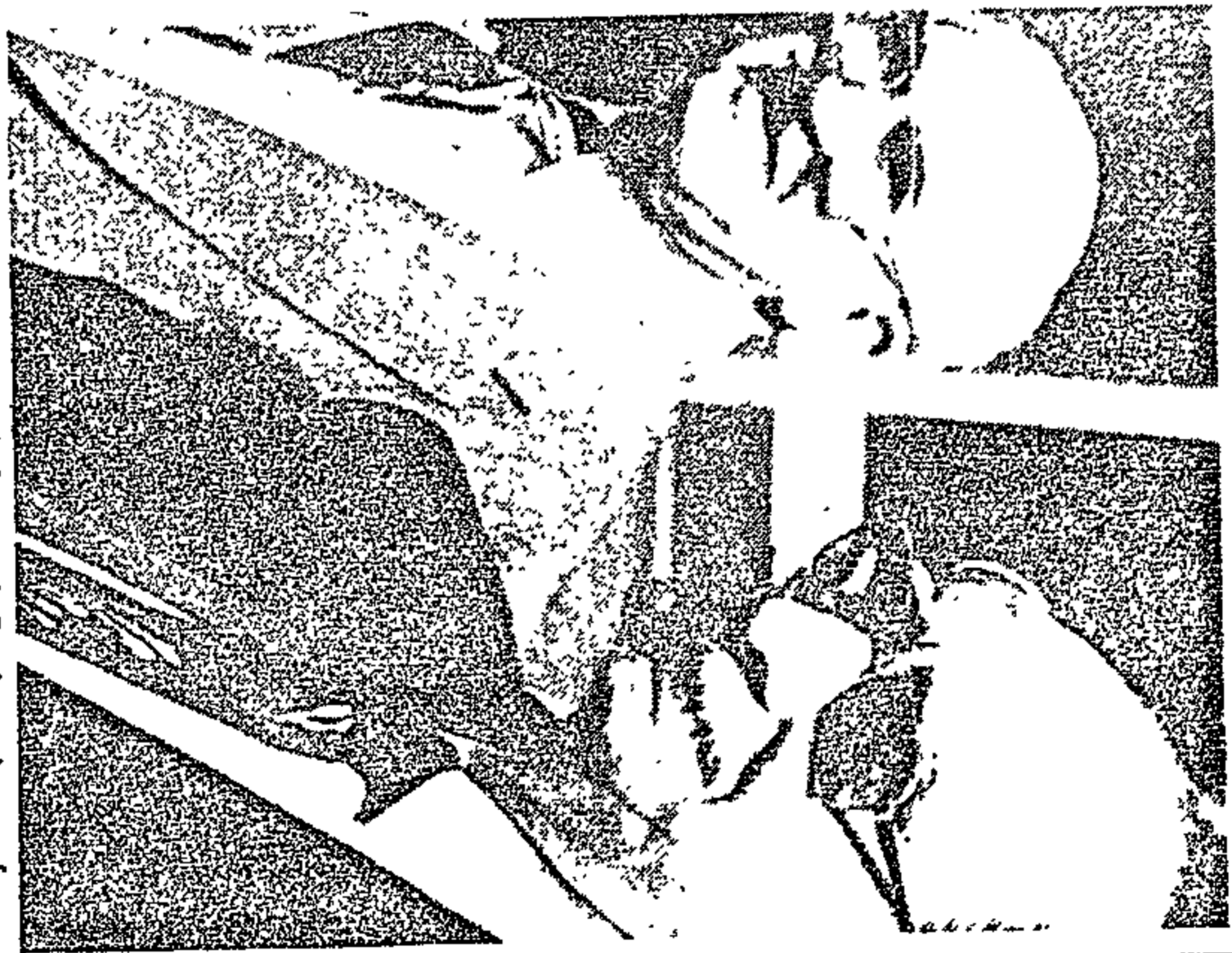
Neither did he negotiate for an ambulance, inspect a vehicle in which Biko would be taken to Pretoria, arrange for a medical attendant to accompany the patient or prepare a report to accompany the patient.

This was on his own admission at the inquest, Mr du Plessis noted. Dr Tucker also performed only a five-minute medical examination before the patient was transferred to Pretoria.

Other complaints about Dr Tucker's conduct, leading to the charges of disgraceful or improper conduct, include that he did not transfer the patient to adequate facilities for examination or observation.

On his own admission, facilities at the Sydenham Police Hospital and other facilities offered by the Security Police were not adequate.

Proceeding



Dr Benjamin Tucker (left) and Dr Ivor Lang face charges connected with the death of Mr Steve Biko.

we enjoy giving them tickets."

Nothing wrong with Biko - cop

THE two doctors who examined Steve Biko shortly before he died had found "nothing wrong with him" although he did not eat, drink or visit the toilet, a senior police officer during Biko's detention said yesterday.

Brigadier P J Goosen, the security policeman also investigating Biko's case also told the disciplinary committee of the South African Medical and Dental Council in Pretoria that he became worried about the detainee when he "became aggressive and failed to communicate with the police" from September 7 1977.

Police had to use handcuffs and leg irons to keep him under control, he added

The two medical practitioners, Dr Ivor Ralph Lang and Dr Benjamin Tucker appear before the disciplinary committee on two charges of improper or disgraceful conduct.

Brigadier Goosen yesterday testified that he was concerned about Biko when he realised that he did not eat, drink or go to the toilet.

The two doctors had medically examined him at

Room 619, Sanlam Building in Port Elizabeth where the detainee sat on a mat allegedly soaked in urine.

"Both Dr Lang and Dr Tucker told me on about three occasions that they could find nothing wrong with the patient," Brigadier Goosen said.

The police officer also told the committee that although the doctors had recommended that Mr Biko be transferred to the nearby Livingstone Hospital, he had refused because "we have a number of problems there about prisoners who escaped"

The two doctors, although not happy with his decision, had not protested.

Brigadier Goosen said he later received an order from the police headquarters in Pretoria that Mr Biko be transferred by air to the local prison hospital.

But he was later taken by landrover.

Cross-examined by Mr W J du Plessis, for the proforma complainant if there was a medical attendant present, Brigadier Goosen replied: "He was accompanied by two police officers who knew first aid".

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Sf Sawotam 3/7/85

Don't

'10 pc' dispensing warning

Medical Reporter

93 3/7/85 Star

The dispensing of medicines by doctors should be incidental to their practice and should not generate more than 10 percent of their net income, says the South African Medical and Dental Council (SAMDC).

A joint committee of the SAMDC and the South African Pharmacy Council, was formed two months ago to investigate allegations that doctors were making large profits from dispensing medicines.

It has concluded doctors should adhere to existing legal restraints against dispensing medi-

cines. The policy that doctors should not dispense medicines in "open shop" fashion was reaffirmed by the president of the SAMDC, Dr Frans Geldenhuis, in a statement issued in Pretoria.

"Dispensing by a doctor should merely occur incidentally with his other functions and it should be done subject to legal requirements," says the statement.

The following acts by doctors will be viewed as "trading" by the SAMDC and could be followed by disciplinary action against them:

- Buying medicines outside the context of the

doctor's practice in co-operation with other persons or doctors;

- Selling or dispensing medicines manufactured by associated doctors or family members;

- Doctors forming groups with the idea of becoming "dispensing doctors" and advertising themselves as such;

- Selling medicines to patients at more than the retail price recommended by the Pharmaceutical Association less 20 percent;

- If the dispensing of medicines generates more than 10 percent of the net income of the doctor's practices;

- Issuing an account that

does not distinguish between professional services and the cost of medicines by the doctor.

It is anticipated that regulations for the exemption of doctors who practice in special circumstances — where the services of a pharmacist are not readily available — will be made.

The executive of the South African Pharmacy Council has confirmed it will no longer press for a change in the Pharmacy Act to enable members to dispense schedule three and four drugs — anti-hypertension, antibiotic and anti-inflammatory drugs — without a doctor's prescription.

Doctor 'thought Biko was shamming'

Argus Correspondent

PRETORIA. — The day before Steve Biko died in police detention, Dr Benjamin Tucker, Port Elizabeth chief district surgeon, still suspected the black consciousness leader was feigning illness.

"In my mind was the idea of a non-organic condition (shamming)," Dr Tucker told inquest.

This evidence was raised by pro forma complainant Mr Willem du Plessis in summing up at a South African Medical and Dental Council (SAMDC) disciplinary inquiry into the conduct of Dr Tucker and Dr Ivor Lang.

One complaint against Dr Tucker is that he "continued to remain of the opinion that the

patient was possibly feigning illness despite the presence of symptoms incompatible with such an opinion."

Dr Tucker is also accused of sanctioning the transport of Steve Biko 1200km to Pretoria in spite of the fact that the detainee was apathetic, unable to communicate, frothing at the mouth, hyperventilating and he had been told that the patient had collapsed.

"I saw no reason that it was inadvisable for Biko to be transferred by motor vehicle," Mr du Plessis quoted Dr Tucker as saying at the inquest.

"I didn't consider Biko's condition could be so serious at the time."

Dr Tucker also did not in-

quire about the results of a lumbar puncture performed earlier on the patient. Only after approving the transport did he hear that bloodstains were found in the cerebro-spinal fluid and he then did not countermand his transport preparations.

Neither did he negotiate for an ambulance, inspect the vehicle in which Biko would be taken to Pretoria, arrange for a medical attendant to accompany the patient or prepare a report to accompany the patient to Pretoria — on his own admission at the inquest, Mr du Plessis pointed out.

Dr Tucker performed only a five-minute medical examination before the patient was transferred to Pretoria.

The police brigadier who worried about Biko

Cape Times
4/7/85

BRIGADIER Pieter Johannes Goosen has been promoted since he presided over the events preceding the death of Steve Biko. It is easy to see why.

Brigadier Goosen, then a colonel in the security police, was the man who really worried about Biko. He worried even when Dr Ivor Lang gave him a little certificate — 'n *sertifikaatjie* — which said the doctor could find "no evidence of pathology or abnormality".

He worried even though he failed to observe some symptoms — bed-wetting, for example — which Dr Lang noticed. Indeed, he told the latest Biko inquiry in Pretoria this week, he was relieved to hear that Biko had wet himself; he had worried that Biko was not going to the toilet.

Brigadier Goosen was called this week as a witness when Dr Lang and Dr Benjamin Tucker, district surgeons, appeared in the auditorium of the SA Medical and Dental Council Building to answer charges of disgraceful and improper conduct in their treatment of the dying Biko.

The auditorium, set in a building best described as "Pretoria Modern", is a gem. If the building itself is a monument to the dignity of the medical profession, the auditorium is more like a temple: the floors are covered with deep purple carpets into which has been woven the famous medical emblem of two serpents twined around a staff.

Eminent doctors

The acoustic ceiling, in lime and brown, mutes light as well as sound. The walls are panelled, and the sound system is so good that even a policeman sounds like... well, like a doctor.

At the back of the auditorium sat some of the eminent doctors who, by appealing to the Supreme Court, forced a reluctant SA Medical Council to bring charges against the district surgeons.

Among them was Professor Phillip Tobias, one of the few South Africans of truly international stature, making notes in a small, tidy handwriting. Beside him was Professor Frances Ames of Cape Town, austere, beautiful and serene, and with her was Professor Trevor Jenkins of Wits.

In contrast to the highly dramatic Biko inquest, the atmosphere of the auditorium was as discreet and subdued as a psy-



Mr Steve Biko



Brigadier P J Goosen

chiatrists' rooms. Even so, Goosen's description of Biko's dying days was a shock.

The man lay on the floor of Room 619, Sanlam Building, Port Elizabeth, on a cell mat soaked with urine. His blanket was soaked, and so was his clothing. Until the worried Brigadier Goosen removed handcuffs and leg irons, he was fettered hand and foot.

He had, so Brigadier Goosen was told, become aggressive and had to be forcibly restrained. There were two small marks on his upper lip, and a light swelling. He would not talk, he would not communicate at all.

As a layman, Brigadier Goosen thought Biko might be seriously ill — he might have had an apoplectic fit or a stroke (the word he used, *beroerte*, could mean either). Asked whether he expected the doctors, if they found anything wrong, to treat the man, Brigadier Goosen replied: "That, after all, was why they were called."

Instead, after examining Biko on the floor with the aid

of a torch, which Brigadier Goosen provided, Dr Lang issued the certificate declaring him to be without evidence of pathology.

Yet Goosen did not stop worrying. He kept Biko under observation and, when he found that the detainee was taking no food or water and not going to the toilet, he called again for medical help.

"As a layman I feared the possibility of dehydration, and I wanted Dr Lang to examine him again."

This time both doctors examined Biko, and discovered him to be soaked through.

They did not ask about the circumstances of his bed-wetting, said Brigadier Goosen, but did ask for Biko to be transferred to a provincial hospital. Since, however, they could make no diagnosis, Brigadier Goosen refused out of fear that Biko might escape or be rescued. He agreed to send the patient instead to a prison hospital which, among other things, lacked X-ray equipment.

If the doctors had needed X-

ray equipment, he explained, he would have brought it in, or he would have sent the patient out; but they did not ask.

Three days later, Biko was in the cells at Walmer police station and Goosen was again worried. The detainee lay on the floor on mats, and Goosen could get no reaction out of him. Examining him minutely, Goosen saw on his lips small white flecks of foam.

To Goosen it seemed at the time that Biko was in "a semi-coma". He called Dr Tucker. Again Dr Tucker could make no diagnosis, and again he asked for Biko to be transferred to a place where he could be examined. The brigadier consulted his head office, which suggested that Biko be flown by military aircraft to Pretoria.

He explained: "We only use military aircraft to transport detainees because the whole idea of detention is to keep the person in isolation."

Various symptoms

When no military aircraft was available, he asked Dr Tucker whether Biko could be moved by road. Dr Tucker agreed provided Biko could lie comfortably on a mattress. He was driven naked in a Landrover to Pretoria where, justifying Goosen's prescient fears, he died the following day.

After his death, it was found that Biko had brain damage and kidney damage, and that his death had been preceded by various symptoms: ataxic (irregular) gait, foam on the mouth, confusion, hyperventilation, bed-wetting, swollen feet, lesions on the forehead and the lip, and possibly blood in his lumbar fluid.

Biko also displayed a symptom known as an extensor plantar reflex — or, in layman's language, an "upgoing toe" — which is a very serious sign of brain damage.

Whether these symptoms should have alerted the doctors to Biko's mortal illness, and whether they then acted as required by their professional ethics, is a matter which the disciplinary committee will decide; it will not pass judgment on Goosen's actions.

That will leave unanswered the most intriguing question of all: What did Pieter Johannes Goosen know, or see, or suspect, or fear, that gave him what seems in retrospect to have been a premonition of the death of Stephen Bantu Biko?

The
KEN OWEN
COLUMN

93

Doctors 'had no regard' for Biko

From SOPHIE TEMA

JOHANNESBURG. — Mr W du Plessis, acting for the "pro forma" complainant on behalf of the South African Medical and Dental Council (SAMDC) in the Biko case, yesterday asked the council inquiry to find Dr Ivor Lang and Dr Benjamin Tucker guilty of disgraceful "or improper conduct at the least".

In his summary, Mr Du Plessis submitted that the two doctors failed and neglected to comply with their professional responsibility to observe the presence of an injury in the vicinity of Mr Biko's left eye while they treated him in detention during 1977.

He said both doctors neglected to make and keep proper notes or records of findings in respect of the patient and issued false, incorrect and misleading certificates regarding Mr Biko's health.

They failed to observe the pathology of Mr Biko and failed to keep him

under proper observation.

Mr Du Plessis said failure to convey the true facts of the patient's condition to other medical practitioners, failing to prescribe treatment for an injury to his head and subordinating the best interest of the patient to the wishes of the security police was indicative of persons who had no regard for the patient's interest.

Mr Du Plessis concluded his six-hour summary of the charges against the doctors by asking the inquiry to find them guilty of disgraceful or improper conduct.

A court inquiry had found that Mr Biko had probably died of brain injury in Pretoria on September 12, 1977, after being transported 1200km from Port Elizabeth in the back of a Landrover.

The court found that the brain injury was apparently received during a scuffle with police during questioning on September 6, 1977.

Mr Louis Harmse, representing the two doctors, conceded this week at an earlier hearing that his clients had failed to notice the head injury during the five days they treated Mr Biko.

In his reply yesterday Mr Harmse said it was essential for his clients to know why and where they had gone wrong in their treatment of Mr Biko.

He said although there were some 29 formal charges against Dr Lang and 36 against Dr Tucker, "the complaints run into thousands".

"There may have been ten innocent acts, but they are lumped together to create an even bleaker picture.

"It seems that there has been a dissection of something that should never have been dissected.

"The Biko case was very significant and although the SAMDC hearing was not convened to decide on who was responsible for his death it is difficult to ignore his death and consider the case on the assumption that he did not die.

"It is essential that my clients know why and where they went wrong.

"The thrust of the matter is that they failed to make a correct diagnosis, but the pro forma complainants do not charge us with that.

"This inquiry should consider the case under the conditions at that stage (in 1977) and not in an armchair with eight years of hindsight."

The SAMDC panel includes five doctors and is headed by Professor F G Geldenhuys and assisted by Justice W Trollip.

Biko hearing: Lawman wants to know charges

THE LAWYER acting for two doctors who treated Steve Biko before his death in detention told a medical inquiry yesterday that it was essential for his clients to know why and where they had gone wrong in their treatment of the patient.

The SA Medical and Dental Council hearing into the professional conduct of Dr Ivor Lang and Dr Benjamin Tucker entered its third day. (93)

Mr W du Plessis, acting for the pro forma complainant on behalf of the SAMDC, concluded his evidence with an almost six-hour summary of the charges against the doctors. Both doctors are charged with improper or disgraceful conduct in their treatment, or lack of treatment, of Mr Biko.

A court of inquiry found he had probably died of brain injury, apparently sustained during a scuffle with police who were questioning him on September 6. Sowetan 4/7/85

Mr Louis Harmse, advocate for the two doctors, said in his reply that although there were some 29 formal charges against Dr Lang and 36 against Dr Tucker, "the complaints run into thousands."

He said: "There may have been 10 innocent acts, but they are lumped together to create an even bleaker picture. There has been a dissection of something that should never have been dissected."

Biko doctors fulfilled their duty — counsel

Pretoria Bureau

A disciplinary committee of the South African Medical and Dental Council has been asked to find that the two doctors who treated Black Consciousness leader Mr. Steve Biko shortly before he died fulfilled their professional duty towards him.

The two Port Elizabeth doctors, Dr Ivor Lang and Dr Benjamin Tucker, are charged with denying Mr Biko proper medical care in the last few days before

his death in detention in 1977. Both have pleaded not guilty. Counsel for the pair, Mr Louis Harms, said that many of the charges against the two men did not hold up, and it had not been proved that they were guilty of dereliction of duty.

The two doctors had made "reasonable" judgments on the symptoms they saw in Mr Biko just before his death.

Earlier pro forma complainant, Mr Willem du Plessis, said the two doc-

tors failed to communicate to other people involved in looking after Mr Biko that he was a very sick man, possibly with brain damage.

If the other parties had known the full facts they would not have sent him on a 1200 km journey to Pretoria Central Prison in a Land-Rover for treatment — but would have accommodated him in a local hospital.

Mr Biko died soon after arriving in Pretoria.

The hearing continues.

SAW 4/7/78

93

Medical schemes raise payments to doctors

Medical Reporter

93

Star 4/7/85

Payments to doctors by medical schemes will be increased by 12 percent from January 1 1986.

The effect of the increase on individual medical schemes will not be the same in all cases as each scheme has its own "mix of services" for which benefits are provided.

Announcing the increase, the Representative Association of Medical Schemes (RAMS) said the last increase in the scale of benefits to medical practitioners was made 18 months ago.

The effective date was determined to achieve uniformity in revision of scales of benefits and for more accurate budgeting.

In determining the amount of the increase, consideration was given to the effects of inflation on doctors' practice costs as well as the state of the economy.

The statistics on which the RAMS based its decision showed that the gross amounts paid to medical practitioners in 1984 increased by percentages far in excess of the percentage increases in tariffs which became effective on January 1 last year.

Doctors 'didn't cause Biko's death'

Argus Correspondent *ARGUS 4/7/81 93*
PRETORIA. — The doctors who treated Mr Steve Biko in detention were not being charged for causing or contributing to the death of the black-consciousness leader, it was said here.

An inquiry into their conduct should proceed under the assumption that Mr Biko had not died.

With these words, defence counsel for Dr Ivor Lang and Dr Benjamin Tucker, Mr Louis Harms, began his final argument yesterday at the South African Medical and Dental Council (SAMDC) disciplinary inquiry into the conduct of the Biko doctors.

Mr Harms said that the doctors were alleged to have perpetrated a total of 65 instances of misconduct (Dr Lang 29 and Dr Tucker 36). "There's been a dissection of things that should never have been dissected," he told the hearing.

The essence of the case was that the doctors had failed to make the correct diagnosis but neither had been charged with this, said Mr Harms.

Actions of the doctors should also not be considered with eight years' hindsight but from the point of view of a practitioner practising under those conditions.

The only allegation of misconduct on which Mr Harms

conceded "an error of judgment" on Dr Tucker's part was his sanction of Mr Biko's transfer to Pretoria in a Land-Rover or combi.

"That decision should never have been made," he said. "It was an error of judgment but not, therefore, improper or disgraceful conduct."

In the pro forma complainant's summing-up earlier yesterday the inquiry heard that at the inquest court Dr Tucker said: "I saw no reason that it was inadvisable for Biko to be transferred by motor vehicle" — this despite the fact that the detainee was apathetic, unable to communicate, frothing at the mouth and hyperventilating.

Judgement on Biko doctors today

W.A.A.N.
Sowetan
93

JUDGMENT in the case of two former district surgeons who allegedly failed to give proper medical care to black consciousness leader, Mr Steve Biko, before he died in detention in 1977, is to be given this morning.

Dr Ivor Lang and Dr Benjamin Tucker have been appearing before the disciplinary committee of the South African Medical and Dental Council since Monday on two charges of improper or disgraceful conduct. They have pleaded not guilty.

According to the summonses issued against them, the doctors allegedly allowed their care of the patient to be unduly influenced by the views and opinions of

others to the effect that the patient was possibly "Reigning" illness. The council alleges they subordinated the interests of Mr Biko to the wishes and preferences of the Security Police.

Mr Willie du Plessis, appearing for the proforma complainant, submitted that both doctors should be found guilty of disgraceful or improper conduct because they had failed or neglected to comply with their professional duties.

Mr Louis Harmse, who is defending the two doctors, conceded in argument that there was "an error of judgment" on Dr Tucker's part for having sanctioned Mr Biko's transfer from Port Elizabeth to Pre-

landrover. This was despite the fact that he had earlier found the detainee "frothing at the mouth, hyperventilating and unable to communicate". He had also been informed that Mr Biko had collapsed earlier.

Mr Harmse yesterday submitted that the charge against the two doctors as that they made wrong diagnoses. To omit a fact, he added, could not be described as an improper or disgraceful conduct. "It is remotely irrelevant", he said.

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Medical Council finds Biko doctors guilty

By Sue Leeman, Pretoria Bureau

A disciplinary committee of the South African Medical and Dental Council today found "Biko doctors" Dr Ivor Ralph Lang and Dr Benjamin Tucker guilty of improper conduct and, further, found Dr Tucker guilty of disgraceful behaviour.

Dr Lang and Dr Tucker, who were respectively district surgeon and chief district surgeon of Port Elizabeth at the time, treated Mr Biko in the final days before his death in detention in September 1977.

Both men had pleaded not guilty to the main counts of failing to provide adequate medical care and the falsification of medical reports.

The committee found Dr Tucker guilty of disgraceful conduct on count one, in that he failed to prevent Mr Biko being sent 1 200 km to Pretoria in a Land-Rover even though he had observed that Mr Biko was frothing at the mouth, hyperventilating, had extensor plantar reflex (up-going toe), was apathetic, unable to communicate and had collapsed.

Dr Tucker was found guilty of failing to ascertain the results of a lumbar puncture before allowing Mr Biko to travel to Pretoria.

Disgraceful behaviour

The committee found he had been guilty of disgraceful behaviour for failing to insist that Mr Biko be transported by ambulance and because, despite his knowledge that there would be no medical personnel in attendance on the journey, had not insisted on such attendance being provided.

He was also found guilty of failing to insist that a medical report be sent with the patient to Pretoria.

Dr Tucker was found guilty of improper conduct on count one for continuing to believe the patient was feigning illness despite the symptoms which contradicted this opinion and for failing to conduct a proper examination and give proper treatment.

Dr Tucker was found guilty of improper conduct on count two in that he had stated that Mr Biko's central nervous system had shown no change between examinations even though he had not checked this properly.

Dr Lang was found guilty of improper conduct on count one in that he issued an incorrect medical certificate and a misleading bed letter.

Dr Lang was further found guilty of improper conduct for failing to conduct proper examinations, failing to inquire about the possibility of head injuries and failing to take a proper history from the patient.

He also failed to keep proper notes and to observe the patient properly.

But he was found not guilty on count two.

Mitigation

Counsel for Dr Lang and Dr Tucker, Mr Louis Harms, presented argument in mitigation of sentence.

He said that in the past eight years, the Press, medical profession and public had "taken their pound of flesh" from the two doctors and this had "not been without the loss of blood".

"The emotional impact on them has been extreme if you consider what has happened in the past eight years," said Mr Harms.

The disciplinary committee suspended Dr Tucker for three months (suspended for two years) and cautioned and reprimanded Dr Lang.

Dr Tucker was given until September 1 to appeal against his sentence. The committee will forward a record of the sentence to the full council at its next meeting in October.

The council may then increase or decrease the penalty.

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Biko decision this 93 morning

From GEOFFREY
ALLEN

JOHANNESBURG — A five-member panel of the SA Medical and Dental Council went into a behind-doors meeting yesterday to discuss the case of two doctors who treated black activist Mr Steve Biko during the five days before his death in detention, more than seven years ago.

At the headquarters of the SAMDC a public relations spokesman said the council's decision would be given at 9am today.

Mr Willie du Plessis, advocate for the pro forma complainant on behalf of the SAMDC, said the panel should find Dr Ivor Lang and Dr Benjamin Tucker guilty of disgraceful conduct "or at least improper conduct".

If found guilty, both doctors could be taken off the medical register.

There are more than 60 charges against the two district surgeons, who were responsible for treating Mr Biko during the five-day period up to September 11, 1977. Mr Biko died the following day.

'Totality'

An inquiry found that he had probably died of brain damage, allegedly received during a scuffle with police who had questioned him before the doctors were first called in.

Mr Louis Harmse, acting for doctors, said there were too many individual charges and that the court should consider the totality of the incidents.

Dr Lang first saw Mr Biko on September 7, at the request of police who had been questioning him.

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Biko doctors: Verdict 'lenient'

Weekend Argus Political Staff

POLITICAL parties and doctors have generally welcomed the verdict by a disciplinary committee of the South African Medical and Dental Council (SAMDC) that the doctors who treated black consciousness leader Mr Steve Biko before his death in detention were guilty of improper conduct.

The disciplinary committee suspended Dr Benjamin Tucker for three months, suspended for two years, while Dr Ivor Lang was cautioned and reprimanded.

The Azanian People's Organisation (Azapo), the black consciousness movement most closely identified with the late Mr Biko, yesterday described the verdict as "tokenism" and said the doctors still had a lot to answer for.

Most people and organisations approached for comment said they felt the sentences were inadequate and lenient but all said they were pleased the matter had at last received an official hearing.

Mr Biko died of head injuries and brain damage on September 12 1977.

Professor Frances Ames, one of the six physicians who applied to the Pretoria Supreme Court for the SAMDC to inquire into the conduct of the two doctors, said that it would be a bitter disappointment if Dr Lang and Dr Benjamin were the only scapegoats in the whole Biko affair.

eight long years

Covers off Biko doctors after

By ROGER WILLIAMS
Chief Reporter

Findings of a disciplinary committee of the SA Medical Dental Council (SAMDC) the "Biko doctors", Dr Ivor Ng and Dr Benjamin Chaker, come after eight years of heel-dragging on the part of officialdom, and as a result of unrelenting pressure from doctors, lawyers and newspapers.

Since the death of black consciousness leader Mr Biko in a Pretoria hospital in September 1977, after being driven there, naked and sick, in the back of a utility vehicle from Port Elizabeth without medical facilities, there have been allegations from many quarters of a massive cover-up to protect those involved.

The then minister of justice, Mr Jimmy Kruger, said at the time that Mr Biko had died eight days after starting a hunger strike. He also said the government regarded the inquiry to be conducted on Biko as the only judicial inquiry to be held in the case.

And he told a Transvaal National Party congress that Mr Biko was a violent revolutionary whose death "leaves me cold" — a remark that was to echo around the world.

Preliminary results of an autopsy showed Mr Biko had died of severe brain damage, and an extensive newspaper investigation in the Transvaal revealed that he had shown no signs of a hunger strike or of dehydration.

Amid a growing storm of outraged protest, the Sunday newspaper Rapport became the first of several Nationalist newspapers to call for a full inquiry into Mr Biko's death. But the attorney-generals of the Transvaal and the Eastern Cape announced that they had decided not to institute criminal proceedings.

In November 1977, at the request in Pretoria, it was disclosed that Mr Biko had been involved in a violent struggle with five security police interrogators in Port Elizabeth five days before he died in Pretoria.

During the inquiry, the three doctors who saw Mr Biko while he was in detention, Dr Lang, Dr Tucker and Dr Collin Hersch, a specialist physician, admitted to oversights and wrong interpretations. Dr Tucker admitted that

he had "subordinated the interests of his patient to those of police security".

At the end of the inquiry in December 1977, the Chief Magistrate of Pretoria, Mr M Prins, found that on available evidence there was no proof that Mr Biko's death was brought about by an act or omission involving an offence, by any person. This verdict brought strong and critical reaction, at home and abroad, where it was described as "absurd" and "shocking".

After the inquiry, there were calls for an investigation SAMDC to probe the medical findings of the three Biko doctors.

In September 1980, the Medical Association of SA (Masa) found that the Biko doctors had "exercised reasonable skill and care and were not guilty of negligence".

In August 1981, a special Masa committee of inquiry found that Dr Lang's medical certification of the condition of Mr Biko just before his death in detention was "unsatisfactory and incomplete" if not a deliberate suppression of the truth.

In April 1983, the SAMDC decided at a special meeting that no disciplinary action would be taken against the Biko doctors.

In November 1984, on an application by six prominent academics and doctors, the Supreme Court in Pretoria found there was prima facie evidence of improper and disgraceful conduct on the part of Dr Lang and Dr Tucker, and the court ordered the SAMDC to hold an inquiry into their professional conduct.

Yesterday's findings were the outcome of this inquiry.

by the SAMDC into the relationship between district surgeons and the security police, as well as appeals by legal academics for a full judicial commission of inquiry.

In October 1979, Drs Lang and Tucker sought a court order to block the SAMDC from proceeding with preliminary inquiries into complaints levelled against them by Mr Eugene Roelofse, then ombudsman of the SA Council of Churches.

In May 1980, the then minister of health, Dr L. A. P. A. Munnik, refused to convene a special meeting of the

relationship between district surgeons and the security police, as well as appeals by legal academics for a full judicial commission of inquiry.

Decision on Biko doctors welcomed

— by —
Gary van Staden,
Political Reporter

Political parties and doctors have generally welcomed yesterday's verdict by a disciplinary committee of the South African Medical and Dental Council that the doctors who treated Black Consciousness leader Mr Steve Biko before his death in detention were guilty of improper conduct.

However, the Azanian People's Organisation (Azapo), the Black Consciousness movement most closely identified with the late Mr Biko, yesterday described the verdict as tokenism and said the doctors still had a lot to answer for.

INADEQUATE

Most of those approached for comment said they felt the sentences handed out to the two doctors were inadequate and lenient but all said they were pleased the matter had at last received an official hearing.

A disciplinary committee of the Medical Council yesterday found Dr Ivor Ralph Lang and Dr Benjamin Tucker guilty of improper conduct and further indicted Dr Tucker for disgraceful behaviour.

Dr Lang was found guilty of improper conduct on eight allegations, the council said. He was cautioned and reprimanded.

Dr Benjamin Tucker was found guilty of both disgraceful and improper conduct — mainly for allowing a sick Mr Biko to be sent on a 1 200 km journey to Pretoria without proper medical care — and recommended a three-month suspension suspended for two years. He was given until September 1 to appeal.

Mr Biko died on September

partment of neurology at Groote Schuur Hospital, said it was important the council reaffirmed the age-old traditions and rules governing medicine.

"I am very relieved at the finding but it is regrettable that the SAMDC had to be compelled to hold an inquiry," she added.

"It is our collective responsibility to strive for a high standard of medical care for all South Africans and our fervent hope that radical change in the care of prisoners will now be implemented," she said.

The decision of the council was particularly apposite, she said, in the light of allegations that doctors were being hindered by the police in their care of victims of unrest.

"Rumour has it that we (the six physicians who called for an inquiry) received money to take the action we did from outside sources. We never received money from outside and used our own money, money provided by colleagues and money supplied by people concerned about the integrity of the medical profession in this country," she said.

Azapo criticised the sentence as "tokenism", saying the medical body was "a bumbling arm of the profession" that heard the case only under intense local and foreign pressure.

Mr Biko's widow, Nontsikelelo, now living in King William's Town, said she was "happy the truth has at last come out" about her husband's death.

"But I expected the sentences to be heavier."

SATISFIED

Professor Ames and two of the other Supreme Court applicants, Professor Phillip Tobias of the University of the Witwatersrand medical school, and Professor Trevor Jenkins of the SA Institute of Medical Research, were present at the hearing.

In a joint statement later the

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doctors

6/7/85 Star Mercury

welcomed

by
Gary van Staden,
Political Reporter

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Mr Biko died on September 12, 1977, of head injuries and brain damage.

Dr Frances Ames, one of the six physicians who applied to the Pretoria Supreme Court for the council to inquire into the conduct of the two doctors, said from Cape Town yesterday it would be a bitter disappointment if Dr Lang and Dr Benjamin were the only ones called to account.

Professor Ames, of the de-

partment of neurology at Groot Schuur Hospital, said it was important the council reaffirmed the age-old traditions and rules governing medicine.

"I am very relieved at the finding but it is regrettable that the SAMDC had to be compelled to hold an inquiry," she added.

"It is our collective responsibility to strive for a high standard of medical care for all South Africans and our fervent hope that radical change in the care of prisoners will now be implemented," she said.

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Professor Ames and two of the other Supreme Court applicants, Professor Phillip Tobias of the University of the Witwatersrand medical school, and Professor Trevor Jenkins of the SA Institute of Medical Research, were present at the hearing.

In a joint statement later, the three academics said they were satisfied the council had fulfilled its statutory duty to maintain high standards of medical conduct, although the case would never be forgotten.

"We believe that the long and deplorable history of refusals (by the council) to act in this responsible manner will remain as a blot on the reputation of the organised medical profession of South Africa," they said.

W/ARGUS 6/7/85 (93) (C)

SA's medicine war not over

PETER FABRICIUS

Weekend Argus Reporter

PHARMACISTS have won the battle against doctors who dispense medicines but it looks as though the war isn't over yet.

The controlling bodies of both professions have ruled against the rapid proliferation of doctors trading in medicine and threatened them with stiff penalties, including being struck off the doctors' roll.

But many pharmacists and doctors privately expressed doubt that the policy, jointly laid down by the South African Medical and Dental Council and the Pharmacy Board, could be enforced.

They also expressed reservations about the fairness of acting immediately against traditional dispensing practices in poor areas which have depended upon selling medicine for years.

The agreement between the professions came after a sudden upsurge in doctors' dispensing this year which put several pharmacies out of business and threatened many more, especially in the northern Cape Town suburbs, the Boland, on the East Rand, in Bloemfontein and parts of Natal.

The number of doctors dispensing medicine shot up to 3 300 — compared to only 2 500 retail pharmacies countrywide.

The main reasons for the sudden increase were the poor economy which forced doctors to seek new sources of income and the pharmacy profession's decision to allow pharmacists to substitute similar medicines for the ones prescribed by doctors.

By dispensing themselves, the doctors could ensure that patients got the drugs they prescribed.

The problem was aggravated by the fact that doctors were getting their drugs more cheaply from wholesalers and could undercut the pharmacies.

"Pharmacies are facing a serious problem, perhaps the most serious in their history," warned the president of the Pharmacy Board, Mr JD van Zyl.

The two ruling bodies agreed doctors could not keep an "open shop" or "trade in medicine" except where this was incidental to their practice.

They specifically ruled that doctors' net earnings from medicine could not exceed 10 percent of the professional net income of the practice and that they could not sell medicines for more than the suggested retail price of the Pharmaceutical Society of South Africa, less 20 percent.

"Drastic" effect

This week sources in both professions said the decision could "drastically" effect many practices. A Cape Flats doctor with a large dispensing practice said he would find it hard to obey the ruling.

"Most of my patients are poor. They can't afford medicine from the pharmacies, who make them pay cash. We are cheaper and we offer credit."

A pharmacist also expressed misgivings about the effects on traditional dispensing practices.

"There are two kinds of dispensing doctors: those who have been doing it for years, mostly in poor, rural areas and the newcomers with big practices mainly in the urban areas, who sprang up recently and took business away from pharmacies."

"On the Cape Flats there are doctors who have been dispensing medicine for years and have vested interests. They should be given time to get rid of their stocks of medicine at least."

Life

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Weekend

COMPULSORY life Winelands Canoe Ma say race organisers, sures will be in effect

The four-stage Velddrif starts from Paarl on Wednesday

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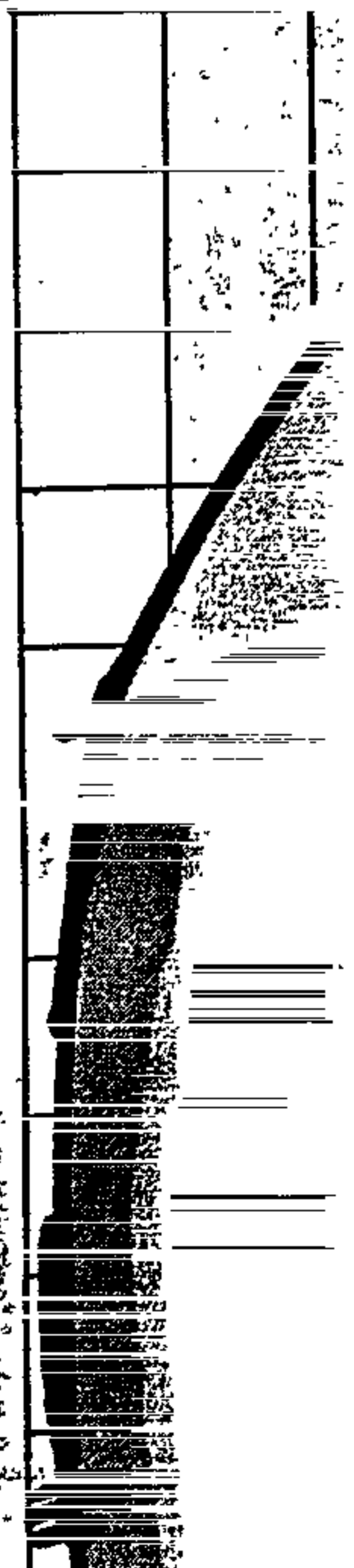
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But Mr Harold L cil said safety jackets tions be even more

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Mr Larsen said the requirement that all had to state that they will be inspected for



93
SATURDAY, JULY 6, 1985

HALF THE STORY

ALMOST eight years after the death of black consciousness leader Steve Biko while in police custody, the South African Medical and Dental Council, finally compelled by a Supreme Court order to act as it should have done in the first place, has reversed a decision clearing the doctors who treated the detainee shortly before his death.

To an extent — the sentences being so pathetically inadequate — a little of the shame felt by many in the medical profession at the earlier exoneration of the two doctors will have been wiped away by yesterday's findings that Dr Benjamin Tucker was indeed guilty of 10 counts under the main charge of disgraceful conduct and Dr Ivor Lang guilty of improper conduct under eight subordinate charges.

The verdict means that those who protested in the interests of the honour of their profession have been vindicated and an important message has gone out to all medical practitioners who have anything whatever to do with people held by the State for whatever reason.

While the inquiry found that neither doctor had subordinated the interests of Biko to those of the police, we believe the hearing and the findings will have reinforced our view that there should be no room for

doubt that medical ethics and concern for the welfare of a patient must always take precedence over any other consideration — whether or not the doctor holds a State post.

The ghost of Steve Biko will not have been exorcised nor will justice have been done, however, if the two doctors alone are punished for their omissions and failures while those guilty of causing Biko's death go free.

Minister of Justice, Mr Kobie Coetzee, has said that there is nothing to stop the earlier decision against the laying of criminal charges being reversed, and that the attorneys-general of the Eastern Cape and Transvaal will be studying the latest medical association inquiry record and the findings of the inquest afresh.

Whatever now transpires the system of detention without trial, which resulted in this senseless death, emerges even more disreputable than before.

And the verdict of the medical council will stand out in stark and accusing contrast with that of the inquest court — that Steve Biko died probably as a result of head injuries sustained during a scuffle with police who were questioning him — until those who were part of any 'scuffle' are subjected to a similar searching inquiry in the courts.

Cape Times 6/7/85 93

Biko penalties 'superficial'

PRETORIA. — A medical inquiry yesterday found two doctors guilty of professional misconduct in their treatment of Mr Steve Biko before his death in detention eight years ago but an academic who helped launch the inquiry said she was disappointed by the light sentences.

The South African Medical and Dental Council (SAMDC) found Dr Benjamin Tucker guilty of disgraceful conduct, and Dr Ivor Lang guilty of improper conduct. Both doctors served as district surgeons in Port Elizabeth during the detention of Mr Biko in 1977.

Dr Tucker was suspended from the medical register for three months, but the sentence was suspended for two years. Dr Tucker, 64, is to resign from practice next year.

'Glad'

Dr Lang, 60, was cautioned and reprimanded by the SAMDC at the end of the five-day hearing. He is to retire in five years' time.

Professor Frances Ames, head of the department of neurology at Groote Schuur Hospital and senior lecturer in neurology at the University of Cape Town, said yesterday that the judgment was a "great disappointment" but that she was "glad" the doctors had been found guilty.

The PFP spokesman Law and Order, Mrs Len Suzman, hit out at "astonishing and superficial" sentences recommended by the MC.

Mrs Suzman said the recommended sentences "superficial punishment, and astonishing view of what the doctors have been found guilty of".

Other members of the panel were Professors Timothy Wilson, Jenkins and Phil-

ip Tobias and Drs Yusuf Veriava and Dumisani Mzamane brought a Supreme Court action which compelled the SAMDC to charge the two district surgeons.

Professor Ames said: "Although I am glad they have been found guilty, the sentences are so light that it rather un-



Dr Ivor Lang



Dr Benjamin Tucker

dercuts one's sense that the council has done its duty."

Until the Supreme Court ruling, the SAMDC had consistently refused requests for an inquiry.

The SAMDC told Dr Tucker he could appeal against his sentence.

Professor Frans Geldenhuys, leader of the SAMDC inquiry, said the panel of five doctors and one judge had found that 10 allegations against Dr Tucker had been proved. On three other allega-

Cape Times 6/7/85
A From page 1229

The SAMDC found both doctors not guilty of subordinating the interests of Mr Biko to those of the security police.

tions he was found guilty of improper conduct.

Most of the allegations related to Dr Tucker's actions on September 11, 1977, when he gave his permission to the security police to transport Mr Biko 1200km to Pretoria in the back of a Land Rover, despite the physical condition of the patient. Mr Biko died the following day.

"It is the committee's view that your actions manifested a degree of negligence which warrants a finding of disgraceful conduct," Professor Geldenhuys told Dr Tucker.

The SAMDC further found that Dr Tucker had failed both to conduct a proper examination of Mr Biko and to notice changes in his condition. He had failed to insist that the patient be transported to Pretoria in an ambulance.

Dr Lang was found guilty of improper conduct on eight allegations, the SAMDC said.

They found that he had issued police with a misleading certificate on the first day he attended Mr Biko, declaring he could find no pathology on the patient. He also wrote a bed-letter a few days later with contents which were misleading, the SAMDC found.

Meanwhile in reaction to the SAMDC findings:

● Mr Biko's widow, Mrs Nontsikelelo Biko, said she was "happy the truth has at last come out" about her husband's death, but added: "But I expected the sentences to be heavier."

● The Medical and Dental Association (NAMDA) also congratulated the six doctors who forced the SAMDC to reopen the Biko case and has said the hearing's findings had vindicated these doctors, the Detainees Support Committee, NAMDA and the international medical community.

● The Azanian People's Organization, which was formed after the banning of the Black People's Convention (BPC) founded by Mr Biko, yesterday dismissed the decision as "tokenism".

● A spokesman for the Centre of Applied Legal Studies at Wits University said yesterday: "The verdicts will be little consolation to detainees whose only recourse to access to medical assistance is through State-appointed doctors." — Medical Reporter, Own Correspondents and Sapa

Biko doctors' guilty of improper conduct

by Sue Leeman, Pretoria Bureau

93

treated Mr Biko in the final days before his death in detention in September 1977.

Both men had pleaded not guilty to the main counts of failing to provide adequate medical care and the falsification of medical reports.

The committee found Dr Tucker guilty of disgraceful conduct on count one, in that he failed to prevent Mr Biko being sent 1200 km to Pretoria in a Land-Rover even though he had observed Mr Biko was frothing at the mouth, hyperventilating, had extensor plantar reflex (up-

going toe), was apathetic, unable to communicate and had collapsed.

Dr Tucker was found guilty of failing to ascertain the results of a lumbar puncture before allowing Mr Biko to travel to Pretoria.

The committee found he had been guilty of disgraceful behaviour for failing to insist Mr Biko be transported by ambulance and because, despite his knowledge that there would be no medical personnel in attendance on the journey, had not insisted on such attendance being

provided.

He was also found guilty of failing to insist a medical report be sent with the patient to Pretoria.

Dr Tucker was found guilty of improper conduct on count one for continuing to believe the patient was feigning illness despite the symptoms which contradicted this opinion and for failing to conduct a proper examination and give proper treatment.

The physician had further acted disgracefully in not insisting that Mr Biko be taken to Pretoria by ambulance, not en-

suring that a medical attendant accompany him and neglecting to send along a medical report.

He had also neglected to properly examine and treat Mr Biko.

The committee found Dr Tucker had acted improperly in continuing to believe Mr Biko was feigning illness in spite of symptoms that contradicted this belief and for reporting that the patient's central nervous system showed no change without properly checking.

Dr Lang, on the other hand, had improperly written out an

incorrect medical certificate and issued a misleading bed letter.

He had failed to make adequate notes about his patient or keep him under proper observation, had not asked about possible head injuries and neglected to take a proper history.

The committee heard evidence that had the doctors communicated all the facts about Mr Biko's condition, other doctors and police would have treated him "totally differently".

Former Eastern Province di-

visional Security Police chief Brigadier Pieter Goosen said the pair had told him they could find nothing wrong and had never mentioned the possibility of brain damage. If they had, Brigadier Goosen said, he would have arranged for Mr Biko to be sent to a local hospital.

It had therefore finally been decided to send the detainee to Pretoria in what Brigadier Goosen termed a "luxury station wagon".

Neurosurgeon Dr Roger Keeley said he had seen blood in the

lumbar puncture tap and recommended close neurological observation but the committee heard that this idea had been disregarded by Dr Lang and Dr Tucker.

State pathologist Professor Johan Loubser, who did the autopsy on Mr Biko, said a head wound, which both doctors denied seeing would definitely have been visible when they examined him.

The wound could have indicated to them that Mr Biko had serious internal injuries.

Doctors' conduct found 'improper'

Mercury 6/7/85

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Mercury Correspondent
JOHANNESBURG—The two doctors who treated black consciousness leader Steve Biko, in detention in 1977, Dr Ivor Lang and Dr Benjamin Tucker, were yesterday found guilty of improper conduct by the disciplinary committee of the South African Medical and Dental Council (SAMDC).
 The SAMDC further found Dr Tucker guilty of disgraceful conduct.

However, both doctors will be allowed to continue practising.

Dr Lang was found guilty of improper conduct under eight subordi-

nate charges while the committee found Dr Tucker guilty on 10 counts under a main charge that his professional conduct had been disgraceful in the treatment of Mr Biko during the five days before his death in 1977.

Both doctors were district surgeons in Port Elizabeth at the time of Mr Biko's detention and death in prison.

In passing sentence, Prof Frans Geldenhuys, SAMDC president and leader of the panel hearing the charges, said: 'The committee decided that Dr Lang be cautioned and reprimanded.'

Suspended

Addressing Dr Tucker, Prof Geldenhuys said: 'For the purposes of the penalty the findings on both counts are taken together. Coming to a finding regarding such penalty, the committee has taken into account the submissions made on your behalf by counsel.'

'The committee decided to forward a record on this inquiry to (the SA Medical and Dental) Council at its next meeting in October 1985 with the recommendation that you be suspended for three months, but that the operation of the penalty be suspended for two years, on condition that you are not found guilty by council of any contravention during that period.'

However, Mr Louis Harmse, Dr Tucker's legal counsel, earlier told the hearing his client

would retire 'within the next year'.

Dr Tucker was given until September 1 to appeal against his sentence.

After Prof Geldenhuys had delivered sentence both doctors jumped from their seats to shake Mr Harmse's hand.

They also exchanged handshakes with some of the doctors who had sat in on the inquiry.

Before passing sentence, Prof Geldenhuys said that after careful consideration of all the evidence the committee unanimously found that Dr Tucker had failed to object to the patient being transported 1 200 km to Pretoria in the back of a Land-Rover instead of an ambulance, in spite of his knowledge that there would be no medical assistance or personnel to accompany the patient.

Dr Tucker was also found guilty of failing to insist or ensure that a medical certificate be sent with the patient to Pretoria.

He was found guilty of improper conduct on count two for having stated that Mr Biko's central nervous system had shown no change between examinations although he had not checked this properly.

Dr Lang was found guilty of improper conduct on count one in that he issued an incorrect certificate and misleading 'bedletter' but was

found not guilty on count two.

He was also found guilty of improper conduct in that he failed to conduct a proper examination, failed to inquire and ascertain the possibilities of a head injury and failed to take proper medical history from the patient.

Dr Lang also failed to keep proper notes and to observe the patient.

Both doctors were found not guilty on a charge that they had subordinated Mr Biko's interests to those of the security police.

Extreme

Mr Harmse said in his plea in mitigation of sentence that for the past eight years the Press, medical profession and the public had taken their pound of flesh from his clients and this had not been without the loss of blood.

He said the emotional impact on his clients had been extreme if one considered what had happened in the past eight years.

Mr Harmse said both his clients had been medical men of repute and read several letters of testimony in relation to the conduct of both doctors from other medical practitioners from all over the country.

Dr Lang is due to retire within five years while Dr Tucker will retire shortly.

● See Editorial Opinion

Finding 'vindicates' six

Political Reporter

THE SAMDC's judgment against the two doctors who treated Mr Biko before he died in detention vindicated the stand taken by six doctors who had pursued the case since the Biko inquest.

Prof Frances Ames, one of the doctors who, through the Supreme Court, had forced the SAMDC to conduct a hearing, said the accusation that those who kept the Biko issue alive were politically motivated had been shown to be untrue.

Scapegoats

'Our motive was to ensure a high standard of medical care for all South Africans, especially for detainees who are lost to public scrutiny once they disappear into a closed prison system.'

'We would be bitterly disappointed if the whole affair were to end with Lang and Tucker being made the only scapegoats.'

'Our most fervent hope is that there will now be a radical change in the medical care of prisoners.'

'It is very important that doctors now have the support of the SAMDC, so that they can practise in their traditional role and not bow to the authorities.'

Dr Rob Dyer, general secretary of the National Medical and Dental Association, a non-racial rival body to the Medical Association of South Africa, congratulated the six doctors.

But, he said, his association noted 'with great concern' that since Biko's death at least 10 other detainees had died.

While the doctors had been found guilty, 'it is actually the system of detention itself and other methods used by the security police which needs to be put on trial', he said.

Mrs Helen Suzman, PFP Law and Order

spokesman, said she was 'absolutely astounded at the leniency of the sentence'.

'Professional men found guilty of such a serious offence should be struck off the medical roll,' she said.

'It is a sad reflection indeed that the SAMDC virtually had to be forced to take action against two men who had done such harm to the good standing of South Africa's medical profession.'

'It is just too bad it took eight years. I could never understand how the council originally refused to take action, but I suppose it's better late than never.'

'I would like to know what the follow through will be.'

'Tokenism'

An Azanian People's Organisation spokesman said yesterday that the two doctors 'will still have to stand trial in the Azanian equivalent of the Nuremberg trials'.

Azapo, formed out of

what remained of the Black People's Convention (BPC) founded by Mr Biko, dismissed the council's verdict as 'tokenism'.

Mr Imrann Moosa, Azapo publicity secretary, said: 'The verdict proves once again that the SAMDC is a bumbling arm of the executive.' The SAMDC had consistently shown hostility towards doctors with a social conscience, he added.

Sapa reports that Mr Biko's widow, Nontsikelo, now living in King William's Town, said she was 'happy the truth has at last come out' about her husband's death.

Reacting to the verdicts passed by the SAMDC, she added: 'But I expected the sentences to be heavier.'

Mrs Biko said she was grateful to the doctors who were responsible for bringing the two district surgeons before the SAMDC disciplinary committee.

Biko sentences on doctors 'sham' — UK physician

AR 645 8/7/85

Argus Foreign Service

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LONDON. — The president of Britain's Royal College of Physicians has described the sentences handed down to the Biko doctors as "unsatisfactory" and a "sham".

"The South African Medical and Dental Council has done itself and the cause of medicine in South Africa no good at all," Professor Raymond Hoffenberg said.

"It has allowed two people found guilty of gross misconduct to get away scot free."

Professor Hoffenberg, who trained as a doctor at the University of Cape Town and is now professor of medicine at the University of Birmingham, was commenting on the sentences given by the SA Medical and Dental Council to the two doctors who treated Steve Biko during the last week of his life.

Dr Benjamin Tucker was found guilty of "disgraceful and improper conduct" and suspended from the Medical Register for three months — this suspension itself being suspended, while Dr Ivor Lang was found guilty of "improper conduct" and reprimanded.

Professor Hoffenberg said: "What concerns me most is that the deterrent effect has been lost. The whole purpose of the action was to try to prevent this sort of thing from happening again, but these sentences have ensured that there is no deterrent. They reduce the action to a sham.

"These sentences allow anyone who conducts himself in the same way in the future to know he has nothing to fear."

The sentences reflected badly on the South African medical profession as a whole.

"It was bad enough that the council was virtually forced to look into the case again after doctors brought a private action in the courts."

Biko case findings still to be ratified

Start 8/7/85

Pretoria Correspondent

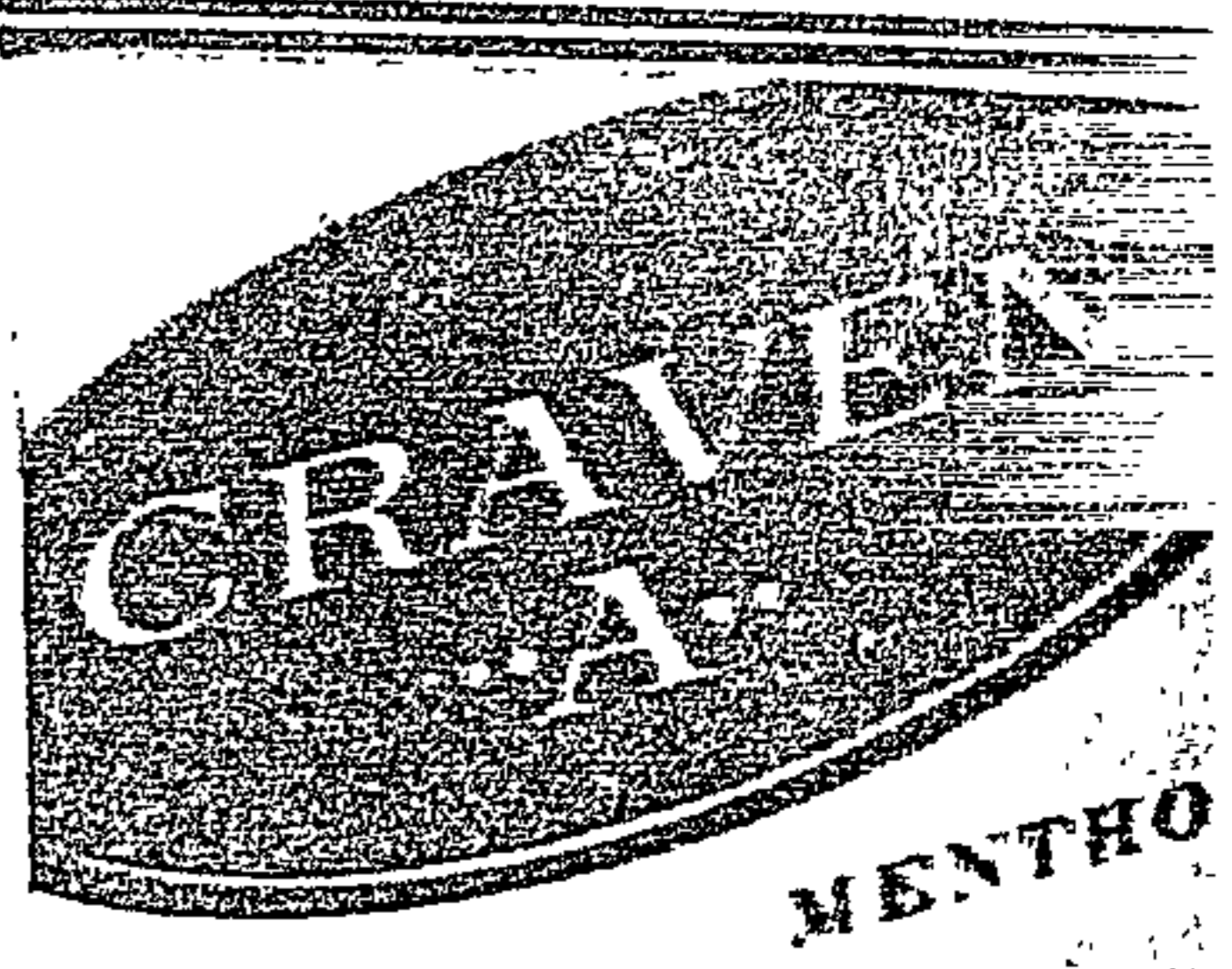
The findings and sentences imposed on the two Port Elizabeth district surgeons who treated Mr Steve Biko before his death in detention, will come before the full South African Medical and Dental Council for ratification between October 14 and 16.

Mr Don Brunette, Attorney-General of the Transvaal, said today the records of the SAMDC inquiry would be studied to determine if any new facts emerged during the hearing.

But the full council still had to confirm the findings of the committee and any decision on the possible reopening of the Biko case would only be taken then.

On Friday the committee recommended a three-month suspension suspended for two years on Dr Benjamin Tucker, chief district surgeon of Port Elizabeth who was found guilty of improper and disgraceful conduct in sanctioning Mr Biko's transfer without adequate medical care from Port Elizabeth to Pretoria in a Land Rover.

Dr Ivor Lang, was cautioned and reprimanded after being found guilty of improper conduct for failing to keep correct records of his findings and compiling misleading reports about the condition of Mr Biko



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Biko could have been saved - medicos

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Sowetan 8/7/85

BLACK Consciousness leader Steve Biko had a 98 percent chance of surviving his head injuries if he had received adequate medical treatment.

He could even have been saved on the day of his death if the seriousness of his condition had been realised, physician Joe Variawa said at the weekend.

Dr Variawa, a specialist at Johannesburg's Coronation Hospital, is one of the six doctors

ical and Dental Council to the Supreme Court to force them to take action against the two "Biko doctors", Dr Ivor Lang and Dr Benjamin Tucker.

The two were found guilty of improper and disgraceful conduct respectively during an SAMDC disciplinary hearing in Pretoria last week.

Dr Lang was cautioned and reprimanded while it was recommended that Dr Tucker be suspended from prac-

tising medicine for three months. The application of this penalty was suspended for two years on condition that he was not found guilty of any contravention during that period.

However, it was made clear at the start of the inquiry that the hearing was not going to decide whether the conduct of the doctors had contributed to the death of Mr Biko.

"It is quite evident that the medical management of Biko's ill-

ness was severely deficient," Dr Variawa told The SOWETAN after the disciplinary hearing.

"Proper management would possibly have averted a fatal outcome," he said.

Dr Variawa's belief was supported by the University of the Witwatersrand's Professor Phillip Tobias, another of the doctors involved in this year's Supreme Court action.

"There is medical opinion that if care had been proper and ad-

equated from the beginning Biko might not have died," said Professor Tobias.

According to Dr Variawa the first 15 to 36 hours after the sustaining of a head injury are crucial.

Most deaths from brain injury and other complications occurred in the first 12 to 24 hours, he said.

About 92 percent of those who survived the first day would live, while those who survived 48 hours had a 98 to 99 percent chance of living.

Autopsy

Dr Variawa, who has made an extensive study of the Biko autopsy results, said the Black Consciousness leader had sustained at least three separate head injuries in the night or early morning of September 6 or 7, 1977.

He died on September 12 — five days or six days later — after severe cerebral damage caused complications which led to acute kidney failure.

Tracing the medical progression of Biko's last days, Dr Variawa said the black leader probably lost consciousness for a period ranging from 10 minutes to an hour after sustaining his injuries.

After a period of confusion — which might be followed by a violent outburst — Biko would have lapsed into a state of lethargy during which he would have been unco-operative and uninterested in his surroundings.

It was during this period that he was examined by the Port Elizabeth doctors.

"Biko probably would have recovered within a few days," said Dr Variawa.

He could not say whether he would have been left with permanent brain damage.

Inquest doctor would not answer

A doctor under cross-examination at a Johannesburg inquest into the death of a 26-year-old woman, frequently told an advocate yesterday he did not wish to answer his questions.

Dr Pierre Boisacq was on duty at Coronation Hospital on December 12 last year when Miss Fazwia Aboo Moosa was admitted after a car accident.

He said he discharged her believing it was better that she stay with her family because of her psychological state following her boyfriend's death in the accident.

The next day she died of a ruptured liver.

During cross-examination Dr Boisacq agreed that from a clinical

93 SA 10/7/85
real examination it was not possible to determine whether internal abdominal injuries had been sustained.

Mr H Barolsky for the Moosa family asked: "Don't you think your duty as a doctor would have been to keep her in hospital for observation?"

Dr Boisacq: "I do not wish to answer that."

The advocate queried Dr Boisacq's decision to discharge Miss Moosa when he considered her condition to have been serious, when she had complained about abdominal pains and when her family had to help her walk out the hospital.

Mr Barolsky: "Did none of these

matters concern you?"

Dr Boisacq: "That's a very personal question."

But you did nothing about it? — I do not wish to answer that question.

After Mr Barolsky challenged the doctor that her condition was serious enough for her to be admitted for observation had she not had the psychological problem, he agreed that he would have kept her at the hospital.

He estimated he attended to Miss Moosa for about 15 minutes although he was very busy and could only afford to spend seven minutes on each patient.

The hearing was postponed to September 15.

Dispensing doctors: society rejects view of medical council

Medical Reporter

13
The doctor's inherent right to dispense is not negotiable, Dr M Bhikhoo, spokesman for the Society of Dispensing Family Practitioners, said in Johannesburg today.

He was commenting on recommendations made by the South African Medical and Dental Council (SAMDC) that dispensing of medicines by doctors should be incidental to their practice and that dispensing by them be done subject to legal requirements.

EXPLOITATION

Dr Bhikhoo said his society strongly rejects the recommendations of the council because "they do not serve the interest of the patient or medical practitioner".

He said the SAMDC's role is to supervise and uphold the ethical norms of practice health care and ensure that no exploitation of the public takes place.

Dr Bhikhoo made the following comments:

- The doctor has an inherent right to dispense — and this right is not negotiable.

- The recommendations interfere with the doctor-patient relationship. The patient has to rely on the pharmacist who in turn

23/7/65
has the right to substitute he OFS medicines.

- The unavailability of pharmacies in certain areas or at night.

"The outgoing SAMDC, in office for five years, passed the recommendations in the last few days of their term of office.

"They will not be able to supervise the measures nor address themselves to the consequences of them," Dr Bhikhoo said.

"It is a doctor's duty and moral obligation to be available to his patients at all hours. Pharmacists do not have similar responsibilities.

"In the majority of cases pharmacists must be paid in cash for goods and services (unless an arrangement exists between the medical aid and the Pharmacists Society).

"Doctors, on the other hand, because of their close relationship with their patients rarely find it easy to refuse patients because they do not have ready cash," added Dr Bhikhoo.

A joint committee of the South African Medical and Dental Council and the South African Pharmacy Council last month concluded that doctors should adhere to existing legal restraints whenever dispensing medicines.

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93 (690)

ARGUS 25/2/85

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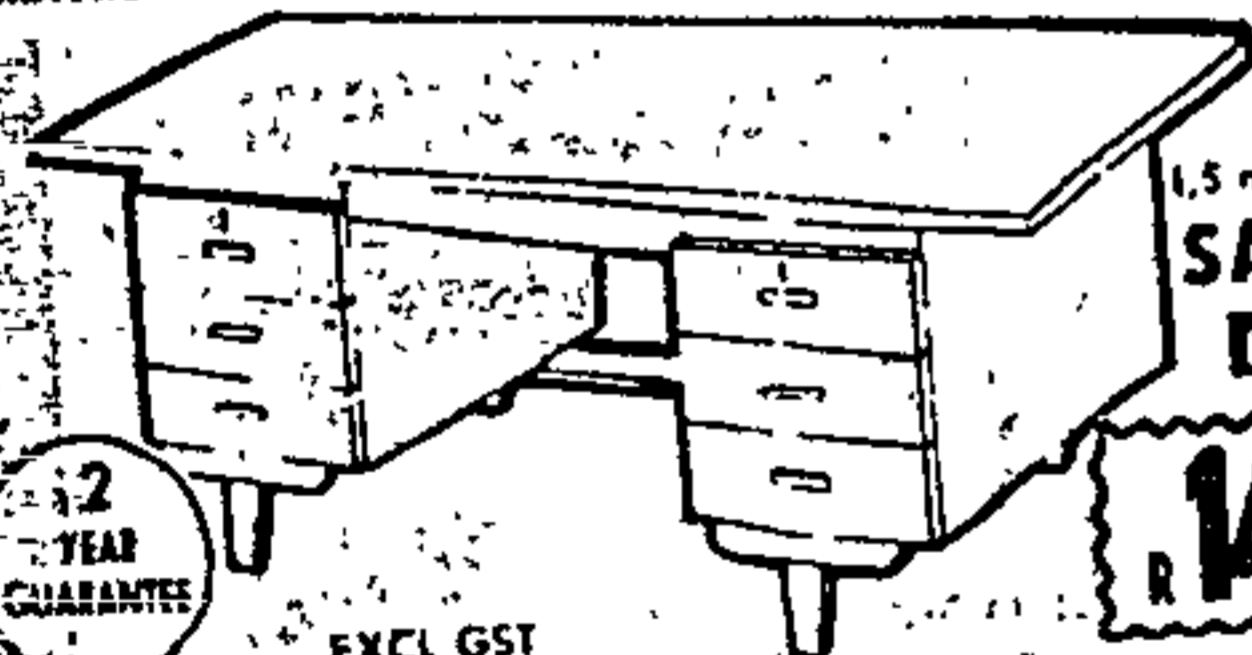
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Doctors can't stop police taking patients

Medical Reporter

A DOCTOR cannot stop a senior policeman from removing a patient from a hospital ward, operating theatre or doctor's consulting room in terms of the Internal Security Act.

The physician can protest "in the strongest terms" that such removal may endanger the life or health of his patient but he cannot prevent the removal, the South African Medical Journal says.

An editorial explains with concern that it is lawful for a senior commissioned police officer who reasonably believes the presence of an individual thought to have committed a serious offence under the Act, to enter any premises at any time and arrest that individual.

The doctor may address a letter of referral to the district surgeon giving details of the treatment given or intended.

He should also issue a warning to the police officer of the possible dangers resulting from the action and warn the police to take the victim to a district surgeon.

IMPOSSIBLE TO PROSECUTE

It is also the doctor's responsibility to inform the next-of-kin of what has happened.

While it is impossible to prosecute a physician for fulfilling his duties or observing professional secrecy, he could be prosecuted for giving an offender the opportunity to escape.

A physician is not obliged to report gunshot or similar wounds "but if a police officer were to declare that all those who had received gunshot wounds in a conflict situation must be presumed to have committed an offence, a physician concealing a gunshot wound or failing to report it might be alleged to be an accessory after the fact," the article says.

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Doctor ^{25/7/85} incited man to ⁹³ desert ^{slow}

A Johannesburg psychologist who incited a national serviceman against his parents and the army was sentenced to a fine of R2 000 or nine months imprisonment by a Johannesburg Regional magistrate yesterday.

Dr Gilford Hylton Lanyon (38) of Van der Merwe Street, Hillbrow, was convicted of contravening the Defence Act, forgery and uttering.

He had pleaded not guilty to the charges.

The magistrate, Mr L du Toit, said it was clear from the letters Dr Lanyon had sent to Mr Geoffrey Legward — with whom he had a close relationship — that Lanyon had incited Mr Legward against his parents and also against the army.

JEALOUS

He quoted extracts from the letter which accused Mr Legward's father of being jealous of their relationship, of preferring Mr Legward's brother to him and of not wanting him at home because of the living expenses.

Lanyon also said in his letters that the army was conditioning Mr Legward and encouraged him to desert and leave the country.

Earlier the court heard Lanyon had signed Mr Legward's father's signature to a passport application.

Counsel for Lanyon, Mr S Krynauw, said in mitigation that no harm had come from Lanyon's actions.

In sentencing, Mr du Toit said the tragedy was that a family had been broken up.

Current Hours: 44 Hourly Change 1975 to date: Nominal +0.0%

Grade 10	0.00	0.00	14.95	16.71	18.03	19.35	22.88	22.88	26.40	29.04
Grade 11	0.00	0.00	14.47	11.44	11.42	10.92	10.16	9.32	10.32	10.15
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Current Real Weekly Wage: R 10.01 +49.5%

Current Real Weekly Wage: R 9.3

Doctors jab back at pharmacists in PR battle

ARGUS
30/7/85
93



Picture: HANNES THIART, The Argus.

Tygerberg Hospital's Florence Nightingale of the 80s, Miss Janet Wessels, who won a silver lamp for her achievements in the South African Nursing Council examinations in midwifery last year. Janet is studying for a post-graduate qualification so she can lecture and work in her favourite department — maternity, of course. With her is six-day-old Elda Lerm, daughter of Mr and Mrs P Lerm of Kraaifontein.

Medical Reporter

DOCTORS are to launch a "See your doctor if ..." campaign to counteract the "Your pharmacy knows best" campaign recently started by the Pharmacy Board.

The National General Practitioners Group of the Medical Association of South Africa (Masa) believes the pharmacists' campaign could be exposing patients to serious harm by promoting the pharmacist as the "first port of call in the event of illness", says a circular sent to all general practitioners

"For example, the Pharmacy Board is looking into the possibility of pharmacists being allowed to do pregnancy tests and take blood-pressure readings, to diagnose and treat skin ailments and venereal disease, and that oral contraceptives be rescheduled," the circular says.

"To counteract this campaign effectively it will be necessary to direct a subtle educational programme at patients."

"Dangers"

Masa's public relations committee intends to issue statements indirectly warning the public of the dangers of the campaign.

"Individual doctors are in the best position to ensure that their patients' trust in the medical profession is reaffirmed. It is therefore imperative that every doctor be aware of the intentions of the pharmaceutical campaign and try to get the 'Your doctor knows best' message through," it says

Information leaflets are to be compiled by the public relations department of Masa. They will carry brief messages such as "Your health is your most important asset — see your doctor if ..." or "Irresponsible self-medication could be dangerous because ..."

The leaflets will be available to general practitioners to attach to monthly accounts

70 city clothing salesmen stop work over cutbacks

31 184 232 152 335

Doctor 93
Incompetent
claim

A recommendation that a doctor who worked at the G Strijdom Hospital in 1983 be struck off the roll following the death of a man he treated, was made in Johannesburg yesterday by the Disciplinary Committee of the South African Medical and Dental Council.

The committee heard evidence that Dr B Banai had acted in an incompetent and inadequate manner when treating Mr G F Marx in December that year.

Mr Marx who was operated on by Dr Banai, died on December 27.

Dr Banai was found guilty of disgraceful and improper conduct after it was found he overlooked other injuries while carrying out surgery on Mr Marx for an abdominal stab wound.

A second doctor, Dr S M Eisenstein, of Roosevelt Park, was found guilty by the committee of charging, or attempting to charge, exorbitant and unreasonable fees for professional services.

Dr Eisenstein was cautioned and reprimanded.

Doctors critical of restraints on drug dispensing

14/8/85

93 STAR

Doctors have slammed legal restraints laid down by the South African Medical and Dental Council (SAMDC) on the dispensing of medicines.

The restraints follow a recent SAMDC and South African Pharmacy Council investigation into allegations that family doctors are making large profits by dispensing medicines.

In a statement released after a meeting in Johannesburg at the weekend, the Society of Dispensing Doctors rejected the SAMDC conditions

"We oppose the implementation of these conditions," said the statement.

"We ask the SAMDC to

repeal these laws. We ask that the Medical and Dental and Supplementary House Services Professions Act of 1974 should not be watered down in any way"

The SAMDC last month said dispensing of medicines by doctors should be "incidental to their practice and should not generate more than 10 percent of their net income".

Dispensing of medicines should be done subject to legal requirements. Disciplinary action would be taken against doctors who were "trading" by selling, dispensing or buying medicines outside the context of the doctor's practice, the SAMDC said.

More ^{STARK} doctors, dentists needed

93

by

Sue Leeman,
Pretoria Bureau

17/8/85

In order just to maintain its current doctor/patient ratio, South Africa will have to have almost 30 000 registered doctors on its rolls by the year 2 000.

Chief Executive Director of the Department of Health and Welfare in the white administration, Dr C F Slabber, said last night that the country's population was growing by an unacceptable 2,3 percent a year.

There was a particularly pressing shortage of black medical personnel, he said, adding that the 1980 census showed less than 500 of the country's 13 900 doctors to be black. Less than 20 out of 2 700 dentists were black.

This would place quite a burden on the country's seven existing medical faculties and they would have to rationalise and utilise their resources with great ingenuity.

Addressing the University of the Orange Free State's medical faculty, Dr Slabber said this was just one of the challenges which faced South Africa's health services in the future.

Other problems included:

- Infant mortality. Eighty out of every 1 000 black children died before the age of a year. Among coloureds the figure was 60 while among whites it was only 12,7.

The difference between these figures must be narrowed down, he said.

- Increasing numbers of elderly people. In 1980 there were just over one million elderly — a figure which is expected to more than treble by the year 2015.

Police
deny 93

rumours

CHIEF of the Soweto Police Brigadier Jan Coetzee has denied rumours that police and the army on August 6 invaded the Baragwanath Hospital and arrested scores of pupils on the hospital premises.

SOWETAN
In a telex sent to The **SOWETAN**, Brigadier Coetzee said: "On August 5 a Putco bus was attacked by black schoolchildren and the driver Mr Selby Ndebele was stabbed in the leg by a pupil. 27/8/85

"A fight ensued. The driver stabbed and killed his pursuer. On August 6 information was received that schoolchildren were on their way to Baragwanath Hospital to kill the driver of the bus who was at the time a patient at the hospital.

"About four or five soldiers entered the ward. Four children who had entered the ward were pointed out and removed from the ward by the soldiers. No incidents took place," the Brigadier said.

'Plasma might have saved life'

Negligence of her doctor was cause of mother's death

By Chris Steyn

The death of a 38-year-old Rosettenville woman two hours after giving birth to a healthy boy was caused by the negligence of a Johannesburg general practitioner, an inquest found yesterday.

The inquest followed the death of Mrs Elaine Berrange in the South Rand Hospital on December 22 last year.

The court found that Mrs Berrange's life could probably have been saved if Dr CJ van der Westhuizen, who attended her, had given her plasma.

Dr van der Westhuizen told the court that plasma was not available. But, according to other evidence, dried plasma

was on an emergency tray in the delivery room.

Dr van der Westhuizen then said that he had never heard of dried plasma.

The court found that it was his duty to have inquired whether plasma was available and to have administered it.

Dr van der Westhuizen said he did not ask for plasma because he knew there was not a blood bank from which fresh frozen plasma could be obtained.

Sister Susanna van Buuren, who assisted Dr van der Westhuizen, said he had not asked her for plasma. She said dried plasma was on an emergency tray.

Dr Ernest John Blignaut said Mrs Berrange's life could have been saved by caesarean section or if she had been given plasma.

According to a post mortem report she died of excessive bleeding caused by a rupture in the uterus.

Dr Vernon Kemp, of the department of forensic medicine at the University of the Witwatersrand, who performed the post mortem, said there was no reason why death should result from a ruptured uterus.

And, Dr Blignaut said, Mrs Berrange should have been taken to the theatre for an examination under anaesthetic to establish the cause of the bleeding.

93

STAR 28/8/85

I can't forgive him — husband

By Chris Steyn

"I'll never be able to forgive him for what he has done to me," said Mr Frank Berrange yesterday after an inquest court found that a Johannesburg general practitioner's actions had caused his wife's death.

His 38-year-old wife, Elaine, died two hours after giving birth to a healthy boy in the South Rand Hospital on December 22 last year.

The court found that Mrs Berrange died as a result of Dr C J van der

Westhuizen's failure to give her plasma when her blood pressure dropped sharply. She died of excessive bleeding caused by a ruptured uterus.

Mr Berrange said he felt "that justice was done."

"Little Frankie and I are very close and I am determined to work towards a happy future for both of us."

He was relieved that the truth about his wife's death had finally come into the open. "The past eight months have been hell," he said.



Baby Frankie with his father, Mr Frank Berrange.

No intensive care had...

Doctors urged to charge almost double

[Handwritten signature]

Mercury

5/9/85

93

Mercury Reporter

THE Medical Association has recommended that doctors charge fees nearly double those which medical aid societies are prepared to pay.

But most Durban doctors are reluctant to do so because of the present financial climate.

Rates for a room consultation charged by general practitioners canvassed yesterday ranged from the approved medical aid fee of R9,50 to R15. Masa recommends a

fee of R18,90.

'I still charge the old amount, R9,50,' said one doctor.

'If you charge more than that people don't pay. The account can't be submitted directly to the medical aid society and you have to get the money from the patient, who reclaims a portion from medical aid.

'Your bad debts just go up and you can't afford that.'

Another doctor said: 'We feel people can't afford to pay more, so we're

sticking to charging the medical aid fees.

'But our overheads are going higher and higher. Medical aids should increase their scale of benefits.'

The head of Masa in Natal, Dr Margaret Barlow, said most doctors wanted to charge a fair price to their patients because they were aware of the problems.

'But I think the Masa-recommended fees are very reasonable.'

She said they had been calculated by accoun-

tants.

On the other hand, she thought it unlikely that medical aid rates would ever rise to those levels.

But she praised the present year-old system which allowed doctors to set fees at will and to discuss them with patients.

A number of doctors said they charged considerably less than their normal fees to poor patients.

A spokesman for a medical aid society said even though the fees Masa was suggesting might be reasonable from a doc-

tor's point of view, rising medical costs like these would eventually 'price medical aid out of the market'.

It was possible medical aid rates would rise at the beginning of next year, 'but the general state of the economy is not conducive to an across-the-board increase'.

The medical aid scale of benefits fee for a house call was R19 (Masa R31,60) and for an after-hours call R25,30 (Masa R46).

CMB Times 14/9/85

Doctors call on unrest

Political Staff

THE injuries and deaths of innocent people by unnecessary and ruthless action of the security forces has been condemned by a group of 75 Cape Town doctors.

The doctors, who are living and working in the areas affected by the unrest, issued a statement yesterday, following a meeting earlier this week.

They said that as "concerned and committed doctors" they identified themselves "with all those who are actively involved in the struggle for a democratic South Africa".

In the statement, they condemned the imposition of the state of emergency in South Africa, "the unjust detention of large numbers of people, the injuries and deaths of innocent people by unnecessary and ruthless action of the security forces, the banning of organizations and the summary closure of schools and other educational institutions".

They demanded: "The immediate lifting of the state of emergency, the unconditional release of all political detainees and prisoners, the opening of all schools unconditionally, the unbanning of all peoples'

organizations and an end to this unjust system of oppression and exploitation."

The doctors also said: "We especially wish to emphasize our dedication to patient care and also our respect for the trust placed in our hands."

The statement was supported by the Health Workers' Society and National Medical and Dental Association (Namda).

It was signed by the following doctors:

M A Jardine, F Suliman, P Gopal, W Vergutine, G L van Aswegen, D F van der Merwe, Y Omardien, A A Parker, M A T Jonker, D M Navsa, D Kahn, D Hellenberg, A Allie, A Ebrahim, T A Blake, Ahmed Moosa, M S Montanus, R H Karelse, M Omar, A Salie, H C Gajjar, J Dhansay, H Yakoob, A Paruk, A Ismail, J Davidson, J Mentor, A Pillay, A E Mahomed, G D Hussey, E Bhetay, M H Samie, M Adams, A Sterris, M Mullajee, T D Rai, E V Rapiti, R Gool, N Cader, A A Allie, M M Desai, J Deva, W M Pick, A R Daniels, T S Pillay, C A le Grange, M E Jacobs, A Q A Surve, Manhar Kalan, A Liddle, M Shaich, Omar F Pandie, Ralph Diedricks, A R Lilla, J D Donsay, A W Barday, E Akoojee, R E Fredericks, R J Donas, A D Janari, D Mitha, L T N Van der Poel, S M Ismail, E V J Clarke, I le Roux, E Kahn, T J Naicker, N Isaacs, R L George, D Khan, A Ranchod and D Chavda.

Doctors call on Govt to release detained children

03
STAR
16/9/85

By Jo-Anne Collinge

The detention of hundreds of children in the last two months has been condemned in the strongest terms by a group of more than 50 doctors, social workers, psychologists and psychiatrists who met in Johannesburg at the weekend.

"We express our deeply felt horror and revulsion at the State's assault on children and call upon the Government to release all detained children immediately into the custody of their parents or guardians (and) put an immediate end to the security forces harassment and detention of children," read a resolution passed by the meeting.

The resolution noted that increasing numbers of children were being harassed and threatened by the security forces "not only in prisons but also in their homes, their schools and their townships".

ADVERSE EFFECTS

It added: "Children are particularly susceptible to the development of long-term adverse effects of these brutalising experiences — such as, anxiety disorders, particularly the post traumatic stress disorder, depressive disorders, adjustment and behaviour disorders and even psychotic episodes."

Attorney Mr Nicholas Haysom told the meeting that South Africa

departed significantly from international standards in its imprisonment of children.

International codes, he said, embodied "an almost peremptory requirement that children should not be held in the same prison as adults".

While South African law complied with this and stipulated that children should not be kept in jail at all unless no other institution existed "these rules are honoured more in the breach than the observance", Mr Haysom said.

He recalled his own period of detention in Pretoria some years ago. "One of the more awful memories I have is of children screaming through the night."

Doctor ⁽⁹³⁾ 'morally bound' ~~(93)~~

Post Reporter

~~EPST~~
DR WENDY ORR, one of the applicants who brought today's urgent action in Port Elizabeth to restrain police from assaulting detainees, says she felt morally and professionally bound to bring the application after examining emergency detainees. 25/09/85

Her conscience and sense of professional ethics could no longer be reconciled with what she says she saw almost daily.

Dr Orr started work with the Department of National Health and Population Development at the office of the District Surgeon in Port Elizabeth in January.

She graduated from the University of Cape Town in 1983 and completed her housemanship at the Port Elizabeth Provincial Hospital in 1984.

Court order restrains SAP

Medical men back detainee doctor's action

26/9/85
25

93

20/9

STAR

By Andrew Beattie

Members of the medical profession are impressed by the actions of a young doctor whose conscience and sense of ethics could no longer be reconciled with what she saw in Port Elizabeth prisons.

Yesterday an order by the Port Elizabeth Supreme Court restrained the South African Police from assaulting detainees in the Uitenhage and Port Elizabeth magisterial districts.

The order was the result of revelations of an extensive reported pattern of police abuse of state of emergency detainees.

Mr Justice J P G Eksteen granted the order after an application brought by 44 people, including a medical officer at the district surgeon's office, Dr Wendy Orr, who testified that detainees were systematically assaulted and abused after their arrest.

'LACK OF CONCERN'

Dr Orr had been obliged to examine detainees at St Albans and North End prisons, where she found the departments of Prisons and Health to be "rather callous in their lack of concern for the plight of the detainees".

And, she said, police were "quite unrestrained" in the abuses they inflicted upon detainees because they believed themselves to be enjoying immunity under the state of emergency.

While respected medical practitioners and academics congratulated Dr Orr on her stand, many pointed to the inadequate legislative protection of detainees and the suspension of normal procedures under the state of emergency as factors which make such incidents possible.

Professor Trefor Jenkins, of the University of the Witwatersrand Medical School, said: "If what Dr Orr said about the prison authorities turning a blind eye to the plight of the detainees is true, this would be a dreadful indictment of the Department of Health — the employers of district surgeons. It is their responsibility to ensure the maintenance of the health of detainees and prisoners."

CODE OF ETHICS

He said that Dr Orr had acted in terms of the Declaration of Tokyo — an international code of ethics for doctors involved in treating prisoners or detainees who have been abused.

"The medical profession, as a whole, must express their support and solidarity with Dr Orr if she is in any way victimised as a result of her actions."

Professor Jenkins was one of a number of doctors who recently won a court order against the South African Medical and Dental Council (SAMDC) compelling it to take action against

two district surgeons — Dr Ivor Lang and Dr Benjamin Tucker.

The two were later found guilty of "unprofessional conduct" by the council for their lack of adequate treatment to Black Consciousness leader Mr Steve Biko while he was in detention shortly before his death.

The council suspended Dr Lang and Dr Tucker from duty as district surgeons, but also suspended the implementation of this measure.

Dr Lang is presently assistant district surgeon for Port Elizabeth, and was acting superior to Dr Orr at the time she examined detainees who had been assaulted, in the absence of his senior, Dr Tucker.

"This case (involving Dr Orr) highlights the crucial and pivotal role of district surgeons in preventing torture of detainees and prisoners by police," said Professor Jenkins.

"And this is why the SAMDC's inquiry into the behaviour of the Biko doctors was so important."

Dr V Makena, president of the South African Medical Discussion Group, which represents about 150 black doctors, said that practitioners had a clear duty to ensure that an injured detainee was taken to a Medical Officer of Health and properly cared for.

"Some of the doctors in the group have reported instances of people consulting them who have been seriously assaulted by police, especially since the state of emergency was declared.

"We demand that the state of emergency be lifted immediately and action be taken against those responsible for such assaults."

'SAFEGUARDS MISSING'

Dr Abu-Baker Asvat, Azanian People's Organisation (Azapo) health secretary, suggested a "more humanitarian approach" on detentions, adding that "obviously safeguards against these sorts of abuses are missing".

"Only access to close relatives or to a lawyer or a private practitioner of the detainee's choice could ameliorate this position.

"A more humanitarian view of detention would help, but of course the present state of emergency gives the police carte blanche..."

Dr Yosuf Veriawa, of Coronation Hospital — who was also involved with Professor Jenkins in the court application against the SAMDC — said that allegations of police abuse of detainees were not something new, although they had increased recently.

"Over the years I have seen a lot of detainees after they have been in detention. There is no doubt in my mind that this type of thing happens frequently. I don't find it shocking or striking any longer.

"However, I want to congratulate any doctor who cares that much for the welfare of individuals to be able to take that kind of stand," he said.

Detainees' doctors can insist on independence

W. Mail 26/9/87
By WEEKLY MAIL
REPORTER

DOCTORS who treat detainees could face medical malpractice suits unless they are allowed complete clinical independence, a medical symposium was told in Durban this week.

Professor David McQuoid-Mason, Dean of the Faculty of Law at the University of Natal, issued this warning at a symposium organised by the South African Medical and Dental Association.

He said no doctor was under an obligation to give medical treatment to anyone, except in an emergency. He advised doctors to refuse to treat detainees unless they were allowed complete independence and were allowed to exercise their own judgment.

"They should refuse until the person is moved to a hospital or out of that environment. The doctor's duty is to the patient, and not to the State or the police," Prof McQuoid-Mason said.

He said once a doctor had accepted the responsibility of treating a detainee he was responsible for that detainee's health. If his patient was under police interrogation or had been injured while in detention, the doctor should get in touch with a relative of the detainee who should bring urgent court action against the police, he said.

The interests of the patient were paramount and doctors who claimed they were operating under "superior orders" had no legal defence to charges of medical malpractice.

"The patient also determines what is breach of confidence. If your patient tells you he has received injuries at the hands of the police, and that he was assaulted, and wants you to inform his parents or relatives, then it is incumbent on you to do this. Otherwise, you could find yourself facing legal action," the professor warned.

The doctor was under no obligation to inform the police of what his patient had told him.

"In fact, if you do, you might find yourself in breach of confidence," Prof McQuoid-Mason said.

Detainees: Staff shun Doctor Orr

WEEKEND ARGUS From KEN VERNON, Weekend Argus Bureau

28/ PORT ELIZABETH.—A young district surgeon whose allegations of widespread and systematic assault and torture of state of emergency detainees here led this week to an urgent Supreme Court order restraining police, has been "sent to Coventry" by colleagues in the Government department she works for.

8/ Dr Wendy Orr, 25, was the main applicant, along with 44 others, in seeking an urgent interdict from the Port Elizabeth Supreme Court to prevent policemen from assaulting detainees held at the St Albans and North End Prisons under the state of emergency regulations.

The interdict applies especially to 36 detainees named in the application, as well as all future detainees who may be held in the Port Elizabeth and Uitenhage magisterial districts.

Since the news, the elfin, red-headed doctor has sat almost a prisoner in her office in the centre of Port Elizabeth.



31/ "On orders" Dr Wendy Orr

Switchboard operators at the Government's Eben Donges Building where Dr Orr works this week refused to put any telephone calls through to her "on orders from Pretoria". She has to have her outgoing calls approved as being "official business".

"Since Wednesday, when the order against the police was granted, I have not heard one single word from anyone in the department," she said.

Dr Orr's immediate superiors, who oversaw her work as the doctor responsible for the welfare of prisoners at the North End and St Albans Prisons, are Dr Ivor Lang and Dr Benjamin Tucker.

Two months ago Dr Lang and Dr Tucker were found guilty of misconduct by the South African Medical and Dental Association over their role in the death of black consciousness leader Mr Steve Biko.

Dr Tucker was suspended from practice for three months sentence suspended for two years while Dr Lang was cautioned and reprimanded.

In the absence of any word from her superiors Dr Orr says she intends to "sit tight and continue with my work".

No matter what action is

taken against me, like this silent treatment, I will not be forced into resigning."

The quiet young woman is an unlikely candidate for the worldwide attention her action has attracted. She is in her job only because she has to work for the Government for three years to repay the bursary on which she went to medical school.

"I have never been involved in politics," she says. "No, I took the action I did purely because I was not prepared to compromise my medical ethics."

"To protect people"

"My aim was not to make any political statements or create any political repercussions. I did it only to protect people who were unable to protect themselves."

Dr Orr, who is single, leads a quiet social life and is the daughter of a Methodist minister in Port Elizabeth.

She is naturally worried about what action — apart from being "sent to Coventry" — her Government employers may take against her.

But she has been reassured by many calls of support from other doctors, many of whom have offered to employ her.

Durban doctor's new breathing device is a winner

93
2/10/85
STARR Mercury

Mercury Reporter

A DURBAN anaesthetist has won a top design award for his invention, a versatile anaesthetic gas breathing system which combines the best features of four systems and minimises risks to the patient.

Dr David Humphrey of Natal University's Department of Anaesthetics and Physiology was among five Durban winners of the 1985 Shell Design Awards, announced yesterday.

There were 14 winners out of 65 entrants countrywide.

Dr Humphrey's system is ingeniously simple, cannot be assembled incorrectly and can be used for new-born babies, children and adults alike.

'The system is uniquely efficient for use in children compared with the currently popular T-piece system,' said Dr Humphrey, 37.

Untrained

He believes there is no reason why it should not eventually replace all other breathing apparatus.

It can save up to 50 percent of anaesthetic gas and therefore pay for itself within four months. 'It's so simple one won-

ders why no-one's ever done it before,' Dr Humphrey said.

'We've tested it in numerous trials over seven years, and in the end we have a piece of apparatus which is better than I dreamed of when I started out.'

The device can be used whether a patient can breathe spontaneously or has to be ventilated.

Mistakes

British-born Dr Humphrey, whose first South African experience was at a mission hospital, said not only was it being used in sophisticated operating theatres, but it was ideal for use by untrained personnel or by general practitioners in mission or field hospital conditions.

'Given the complexity of modern anaesthetic machinery and the development of new techniques over the past few years, even the professional anaesthetist can easily make mistakes.'

An added advantage is that with the Humphrey ADE system, as it is called, traces of escaped anaesthetic gases which can endanger operating the-

atre staff are eliminated by a simple scavenging device.

Other Durban winners of the Shell awards are Pinetown's CI Trailmobile, for a stronger and lighter semi-trailer; Control Logic for a device which controls electrical loads, cutting electricity bills; Barcom Electronics of New Germany for a synchronisation processor to enable transmission of communications on a frequency-hopping basis to avoid detection of data transfer between computers and telex machines; and David Whitehead and Sons for the largest single cloth print collection ever to be produced in South Africa.



Dr David Humphrey . . . uniquely efficient system.

Doctor ⁹³ guilty of improper conduct

By Gavin Engelbrecht

2/10/85
A former Boksburg district surgeon, Dr. Andre Nortje, who failed to conduct thorough post mortems on two bodies relating to a murder trial, was found guilty of disgraceful and improper conduct by a disciplinary committee of the Medical and Dental Council yesterday.

Dr Nortje, who had pleaded not guilty to four related charges before Professor F.G. Geldenhuys, was suspended from practising for three months.

The committee was told Dr Nortje had conducted post mortems on Mr. Jan Louis van der Walt and Mr. Petrus Lodewikus Bornman on February 20 1984.

The committee was also told that Dr Nortje had given unsatisfactory or unacceptable evidence in connection with the post mortems at the Supreme Court trial of Mrs. Magdalena van der Walt, who was jailed for seven years for the attempted murder of Mr. van der Walt.

FINDINGS

Dr Nortje was found guilty of disgraceful conduct relating to the post mortem on Mr. van der Walt as well as for giving unsatisfactory evidence in this regard.

He was found guilty of improper conduct regarding Mr. Bornman's post mortem but acquitted of giving unsatisfactory evidence regarding Mr. Bornman's post mortem results.

Professor Geldenhuys referred the committee's findings to the Medical Council and gave Dr Nortje leave to appeal.

Wendy Orr told not to see detainees

E. Post 03/10/85

Post Reporter

DR WENDY ORR was instructed not to see detainees the day after she successfully applied to the Supreme Court for an order restraining police from assaulting them

The young PE district surgeon said today the order was given by Dr Ivor Lang, who is running the department in the absence of Dr Benjamin Tucker.

She had not questioned the order.

"I haven't made any waves," she said

Asked if the decision had left her with very little to do, she said "Yes, more or less"

The granting of the interdict last week had been greeted in the PE department by silence.

"Nobody talks about it. It's as if it hadn't happened," Dr Orr said today

For the first two days hardly anyone spoke to her at all, but staff close to her had now struck up conversations again. She had heard nothing further from Dr Lang and she had not asked to see the detainees.

"I have had a tremendous amount of support and letters. I have had quite a few letters from Groote Schuur, where I qualified, saying they were very proud of what I had done. And I have had only two poisonous ones"

She said there was "no way" she was going to resign, even though other doctors around the country had told her "if there

is any problem I am to contact them"

Dr Lang said he could not comment to the Press, say who was seeing the detainees or explain why Dr Orr had been relieved of the job.

Contacted before the Evening Post spoke to Dr Orr, Dr George Watermeyer, deputy director-general of the Department of National Health and Population Development in Pretoria, said. "No instruction to that effect has been given by this department. In point of fact Dr Orr still continues with her duties as far as we are concerned"

"As far as I am concerned she still carries on doing her duties as before. The interdict business doesn't influence her du-

ties. The whole matter is *sub judice*, but it doesn't influence our functioning as a department

"When I was there last week to look at the whole situation when the whole thing burst, we discussed the question of Dr Orr and what the attitude of the department should be and as far as we are concerned she remains on our establishment as a district surgeon"

"It is possible that she has been rotated into a different line of service. I don't think that would be because of the interdict. It may be that she operates in a different field at present. We didn't discuss the matter of Dr Orr's seeing detainees in future"

Dr Watermeyer also

said no instruction had been given by his department for telephone calls to Dr Orr to be intercepted

"One is free to call her. She has one problem. Because of the serving of the interdict she is under certain obligations not to disclose information before the trial is held"

"But as far as I am concerned, she is free to talk to anybody."

Even so, when the Evening Post called to speak to Dr Orr, the receptionist said instructions had been given from Pretoria that calls from newspapers should not be put through

The reporter quoted Dr Watermeyer's comments and the call went through.

93

Only one 3/10/85 doctor for 12 000 in kwaZulu

By Sir Dobson

There is only one doctor for every 12 000 people in kwaZulu as a result of the inequality of medical services in South Africa. Dr Garth Brink said in Johannesburg yesterday. Dr Brink is Natal regional director of the vocational training scheme of the South African Academy of Family Practice/Primary Health Care. He said the critical health situation, and a growing awareness that medical practice went beyond the production and marketing of medicines, had encouraged ways of examining the improvement of total health care standards in the country.

The academy has been working on projects relating to the "underdoctored areas" in South Africa.

STAR

UPLIFTMENT

Dr Brink said it believed that by training general practitioners and exposing them to rural practice, there would be a greater influx of well-trained doctors into these areas.

Many of the academy's programmes were concerned with the upliftment of education and medicine among blacks.

The aims for training for general practice/primary care were to produce a practitioner who thought and behaved in terms of health and disease, and in terms of the family and community as well as the individual sick patient.

Bar on

Dr Orr

denied

DISPATCH

Dispatch Correspondent

PORT ELIZABETH — A spokesman for the Department of National Health and Population Development denied yesterday that the Port Elizabeth district surgeon who won an interim order against the police has been barred from seeing detainees.

It was reported earlier this week that Dr Wendy Orr, who had claimed in an affidavit to the Port Elizabeth Supreme Court that there was an extensive, daily pattern of police abuse of detainees, had been relieved of some of her duties the day after the order was granted.

She was not available for comment yesterday, but her father, the Reverend Robert Orr, said earlier that his daughter had been banned from visiting prisons.

Dr George Watermeyer, deputy director-general of the Department of National Health and Population Development, denied yesterday that Dr Orr had been instructed not to see detainees.

Dr Ivor Lang who, reportedly, gave the order barring Dr Orr from the prisons would not comment yesterday.

Aussie doctor tilts at hospital apartheid

93

The Star's Foreign News Service



SYDNEY — Durban's King Edward VIII Hospital represents all that is bad about apartheid, says an Australian doctor who recently spent a year there.

Dr Nicholas Fisk was a registrar in obstetrics and gynaecology at the hospital, a referral centre for blacks with serious medical complications. **STAR** "King Edward is nothing more than a conglomerate of ancient halls and dilapidated huts where patients are forced to sleep on the floor in some in-

stances," Dr Fisk said. "There are only 2 100 beds but up to 3 000 patients."

He said that while King Edward ward was short of drugs and equipment, the nearby Addington Hospital for whites had well-equipped wards, marble arches, lifts and fountains.

"It also faces the sea and only 43 percent of its beds, on average, are occupied. **5/10/85**

"King Edward, when I was there, had only three machines to monitor a baby's heart rate during labour for its 17 000 deliveries annually. But Addington, the whites-only hospital, had

eight machines for 3 000 births."

Dr Fisk said the standard of treatment available at the two hospitals highlighted the inequities of apartheid.

"In that hospital for blacks the patients had to sweep the floors, make their beds and take their own specimens to the laboratory. And because there were not enough soap or towels, hygiene was poor."

He said said the poor facilities at King Edward meant that few babies under 1,5 kg survived. "Yet, in Australia, babies half that size live because they get the right treatment."

"And, at King Edward, about 84 babies out of every 1 000 die during or soon after birth. That is four times as many as in Australian maternity hospitals."

Dr Fisk also said that because abortion was illegal in South Africa, black women had taken to having backyard terminations.

"Among black females, backyard abortions are second only to road accidents as a cause of death.

"Routine pap smears are not available for black women, so advanced cancer of the cervix is common."

By MONO BADELA

YOUNG Port Elizabeth district surgeon Wendy Orr has been "banned" from seeing detainees - just nine days after testifying in court to widespread torture in detention.



Her evidence helped convince Supreme Court Judge JP Eksteen to ban police from assaulting detainees held under state of emergency regulations.

Now the 25-year-old doctor has been "banned" from visiting PE prisons. Her father, the Rev Robert Orr, confirmed the ban yesterday: "Wendy has been switched to completely new duties. "She is confined to her office and is seeing old-age pensioners and physically-handicapped people."

Mr Orr told City Press the family was surprised to learn to the change: "She has been removed from her normal duties - attending to detainees and prisoners, although she has not been told officially that she has been banned from entering prisons."

National Health Services director Dr D Krynauw told City Press no "ban" has been issued by Pretoria preventing Dr Orr from seeing detainees. It is not yet clear who issued the ban on Dr Orr.

Her immediate superior is Dr Ivor Lang, one of the "Biko doctors", who treated black consciousness leader Steve Biko as he lay dying in police custody in September 1977. Dr Lang was reprimanded by the SA Medical and Dental Council in July this year for his treatment of Biko - the council found him guilty of improper conduct for failing to keep proper records and compiling misleading reports about Biko's condition.

Dr Lang has been unavailable all week. Earlier Mr Orr told City Press that since last Wednesday, his daughter had received no phone calls in her office in PE's Eben Donges Building. Switchboard operators there have refused to put calls through to Dr Orr - "on orders from Pretoria". Mr Orr told City Press that not a single call had got through. He said the family was unperturbed by this. "Wendy is getting lots of support worldwide. We think she is really great."

Commenting on this week's developments, PE MPC Molly Blackburn said: "It seems the authorities are anxious to hide something. There is an extraordinary reaction to what the rest of the world has welcomed as a brave and honest act on Dr Orr's part."

"It would be very interesting to know what Dr Lang and Dr Benjamin Tucker (the second "Biko doctor") have been doing about the detainees who have been brutalized."

And, she asked "who gave the instructions to transfer Dr Orr?"

★ The National Medical and Dental Association (Namda) has saluted Dr Orr's courage.

Namda president Dr Diliza Mji told City Press that by testifying Dr Orr has upheld her Hippocratic oath - an oath taken by doctors to place the health of their patients above all else.

"We have no doubt she set a standard by which all doctors at present involved in the care of detainees will be judged"

He called on all doctors to follow her example.

★ The chairman of the Inter-denominational African Ministers Fraternal of SA, the Rev de Villiers Soga of Port Elizabeth - a former state of emergency detainee, who met Dr Orr while in detention - this week praised Dr Orr as "a woman of great courage and compassion".

Dr Orr testified to Judge Eksteen last Wednesday that: "The overwhelming evidence presented to me ... convinced me that detainees were being assaulted and abused after their arrest."

"What disturbs me most is that detainees are being taken out of my care to be interrogated and, during the course of this interrogation, brutally assaulted".

She said she had been told no action could be taken against the police of their treatment of detainees held under state of emergency regulations.

DR ORR BANNED

Now torture claims doc can't visit detainees

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Leading women support Dr Orr

Staff Reporter

MORE than 300 women throughout South Africa have signed anti-apartheid declarations calling for an end to statutory race discrimination and the release of all detainees.

The declaration was inspired by and drawn up in support of Dr Wendy Orr, who recently won a Supreme Court order restraining police from assaulting detainees in Port Elizabeth.

The list of names represents a broad spectrum of political opinion including known government supporters.

Signatories number over 70 doctors including Dr Frances Ames and Dr M A Ramphela, the editors of most women's magazines, including Mrs Jane Raphaely, social workers and trade unionists such as Mrs Lucy Mvubelo, businesswomen and prominent social figures such as Mrs Bridgette Oppenheimer.

Mrs Raphaely, who was one of a group of eight who spearheaded the campaign, said yesterday the declaration represented "the beginning of a great deal of activity by women" to do something about what was happening in South Africa.

"It is quite obvious that women are prepared to work together. They tend to be less political, more practical and therefore more effective," Mrs Raphaely said.

She called on all concerned women to support the declaration.

The full text of the declaration reads:

"As concerned women we wish to support Dr Wendy Orr for her courage and initiative in obtaining the evidence which led to a Supreme Court order restraining police from assaulting detainees in Port Elizabeth.

Release detainees

The same concern leads us to call for:

- The release of all detainees
- An end to detention without trial
- An end to statutory race discrimination, particularly race classification, the Group Areas Act, and separate and unequal educational facilities
- The establishment of a just social order in which all the people of South Africa will enjoy the Rule of Law"

It was supported by

Anita Attle, Mrs Melanie Awerbuch, Adrian Andrew, Mrs L Awerbuch, Mrs Clarice Anderson, Wendy Ackerman, Najal Abdourahman, Sandra Arendse, Ida Arendse, Mariot Abraham, Nina Aza, Leslie Anderson, Anne Jacobsen, Abel, Penelope Anderson, Diane Burns, Jenni, Boraine, Leetia Brummer, Ina Brand, Ree Borchers, Julie Broadhurst, Eve Bente'son, Maud Benn, Bore, Rav Bernstein, Mrs I Bowman, Anne Badings, Nina Benjamin, Mona de Beer, Gisela Bloom, Sumier Brink.

Shelva Catze, Flavanne Carr, Mrs Isobel Cr. low, Mrs L. Curtis, Mrs M. Cohen, Frances Cotton, Maudie Craig, Dr Cecile C. Mrs F. N. Carter, Barbara Cohen, Penny, Pivo-Cerna, Philippe, Ernesta, Brenda Dave, Ruth, Dudley, Justine Drake, Peggy Dyer, Rene Durban, Ve, Deonck, Jetti, Debet, Pat Duncan, Heidi de We, Mente du Toit, Randu du Toit, Mrs M de Villiers, Evelyn Fickering, Durr, Rose de Plessis, Mhant du Toit, Mona de Beer, Helene Elton, Corrie Feest, Myrna Farnham,

Karen Honikman, May Hillhouse, Wendy Horney, Dusty Holloway, Esme Harris, Lorna Hansen, Lvr Bedford Hall, Calien Hirschon, Lyndell Hare, Anne-Marie Hendrikz, Qanita Hassien.

Pauline Isaacson, Val Isaacson, Tessie Isaacson, Claire Irving, S E Jewell, Patricia Jassor, Helmiel Jonker, Maude Jonathan, Bina Jassier, Aoe Kahn, Ms C Knott, Mrs Andriette Krutzinger, Herez, Kotze, Kamiesh Ker, Mrs L Kaplan, Sneli Katze, Saliv Kernick, Rene Kleinman, Eleanor Kunr, Langenoven, Mmapatho Lexalokais, Dr Ingrid K Roux, Betty Luyt, Mrs F. Lindv, Ellen Lambert, Pear Luthul, Jackie Lange, Gillian Lindner, M. Landa, Jenny le Roux, Rennie Len, Kerer Levit, Cathrv Lochner.

Berenice Miller, Zoe Malind, Mary-Jane Moni, Jane Mulline, Vivienne Mallett, Diana Mackenzie, Margaret Milne, Patsy Marcow, Val Martin, S Mol, Sharifa Moolta, Zenna Mvuburph, N Monamec, Angela Moodley, E Mundel, Lucy Mvubelo, Julia Mavimbela, Meryl Myers, Valerie Mason, Sonia Morris, Linda Magodia, Valerie Masor, Cordelia Mapukata, I K Mars, Tish Muller, Jean McGregor, Mrs Petra Muller, Mrs Margaret Malherbe, C A Nolzenpane, Jill Newton, Kay Narvsa, Mollie Robinson, N Rhode, Theima Richards, Jinn, Rickard, Jean Raubenheimer, Sarah-Anne Ravnnan, Irma Roth.

Mrs Ingrid Scholtz, Prof Pamela Sherritt, Adele Searl, Cecilia Sonnenburg, Eileen Sachar, Sylvia Schrire, Angela Silber, Barbara Sandie, Grace Smith, Vivienne Stein, Rojene Segg, Jasmin Samodien, Jennite, Septoe, C I Smith, Eileen Stader, Lynette Nelson, Jessica Norval, Bridget Oppenheimer, J Oardien, Jose Olivier.

Sue Pake, Di Penn, Di Paice, Elinda Patterson, Paruk, M Petersen, N Pool, W Pool, Pauline Pearce, Manna Peters, Charmaine Poole, Con, Phelife, Jane Raphaely, Eize Rossouw, Maggie Roberts, Jenny Rabinowitz, Ranie Rampersadr, Ets Scher, Margo Sturgeon, Anita Saunders, Mane Slabber, Laura Sorger, Mrs M Sarambock, Ruth Suter, Phi Scott, Freda Sacks, Mrs B Sandler, Mariene Silber, Mrs G Stevens, Joan Sonn.

Buziwe Tobot, Kay Thompson, Mavis Tavia, Jeanette Traverso, Asentia Tebbutt, Martie Vorster, Caroline van Zyl, Anne van der Riet, Cecilia van Asweger, Linda van Diemar, Rushoa van Graar, Coraen van der Merwe, Pat van der Ross, Denise Valente, June Vigor, Nanette van der Merwe, Mrs Eirena van der Spuy, Madeleine van Bijl, Jennifer Viotti, Yvonne Verblun, Mrs Ida Vogelmar, Mrs S van der Merwe, Mrs E van der Horst.

Ann Williams, Y Wilton, Roz Wrettesley, Juditha Wiener, Bertha Wedar, Jennite, Winne, Sue Williams, B Withers, Irma Zenopoulos, Pat Ganick, Lorna Nisbet, Marilyn Hattingh, Jennite, Herman, Peggy Jennings, Linda Keller, Gabi Rosenwerr.

Amended declaration

• The following people, mostly medical doctors, signed a slightly amended version of the declaration which read:

"As concerned women we wish to commend Dr Wendy Orr for her courage and initiative in presenting the evidence which led to a Supreme Court order restraining police from assaulting detainees in Port Elizabeth.

"We therefore ask that the restraining orders that apply to the Port Elizabeth area be extended to the whole country and that detainees be either charged or released."

It was supported by

Dr D P Ihaam, Abraham, Dr S Abrahams, Dr Frances Ames, Dr M Andertor, Dr L J Arens, Dr S Birphan, Dr M Straw, Mrs K Brodenck, Mrs M Clark, Dr E V. Clarke, Dr A Coenraad, Mrs F Kumposty, Dr E De Wit, Dr S Desa, Dr D Douglas, Henry, Dr M Elsworth, Dr Marie Favard, Dr P M Fisher, Mrs Sue Folb, Dr S Friedlander, Dr C H C Geddes, Dr M Ge mar, Dr C Gieser, Miss J S Gray, D Judy Green, Mr. E M Grieve, Dr Ann Hacking, Morte Hendriks, Dr E Newson.

Mrs Guafie D. Kane, Berman, D M A Kemp, D Near King, Mrs E Kirsch, Dr Sraor King, Dr S Jacobsen, Dr Ingrid Le Roux, Dr Fay Lindo, D J Lurie, Mrs M Livingston, D F Masor, Dr F Mavhan, Dr Mary Milford, Dr G Minor, Dr S Morris, Miss S W Mountford, Dr Fa Mouswitz, N Moods, Dr Wendy Macleod, D Barbara McGovern, Dr Eleanor Nest, Dr A Nicholson, P C Leahy, Dr Murrin, Grah, D J Orske, Dr Anson Oswald, Mrs S

Wendy Orr now treats old people

Dr Wendy Orr, the medical officer who brought allegations of widespread police torture of detainees in the Port Elizabeth Supreme Court last month, has been suspended by the Department of Health from caring for detainees. **STAR**

And two doctors — Professor Frances Ames of Cape Town University's medical school and Dr Yosuf Veriava, a specialist physician at Coronation Hospital — will investigate the conduct of Dr Orr's superior, Dr Ivor Lang. **7/10/85**

Dr Lang was running the Port Elizabeth district surgeon's office at the time Dr Orr examined detainees who had been assaulted, while his fellow "Biko doctor", Dr Benjamin Tucker, was on leave.

Dr Veriava said that if Dr Lang's actions were in any way "questionable" he would not hesitate to complain to the SA Medical and Dental Council.

A group of prominent South African women, led by magazine editor Ms Jane Raphaely, have drawn up a petition to support Dr Orr and to protest against apartheid.

'Wiser' for Dr Orr not to see detainees

Cape Times 8/10/83

PORT ELIZABETH
Dr Wendy Orr said yesterday she was no longer visiting detainees because relations with the Prisons Department were "somewhat strained".

The regional director of the the Department of Health and Welfare, Dr J D Krynauw, gave her this explanation earlier yesterday, she said.

Dr Orr's evidence recently led to the Supreme Court granting an interim order restraining the police in Port Elizabeth from assaulting detainees.

She said Dr Krynauw stressed to her that she was not "banned" from seeing detainees.

Dr Krynauw said yesterday that he told Dr Orr that his superiors thought it would "be wiser in view of the in-

ter-relationship between herself and the Prisons Department", that she stopped seeing detainees.

He said by this he meant that if she continued seeing detainees she would be working with people against whom she had asked for an interdict.

About the anti-apartheid declaration by more than 300 prominent South African women "to support Dr Orr for her courage and initiative", Dr Orr said while she was "grateful for the support," she was "not keen to be allied to any political move".

"What I did had nothing to do with apartheid and politics," she said.

● Professor Frances Ames of the University of Cape Town Medical

School, said in an interview that there was an urgent need for established medical bodies such as the SA Medical and Dental Council to take a strong public stand on detention without trial and on the medical care given to detainees.

She said that doctors such as Dr Orr, who stood up for the rights of detainees should not have to face the threat of losing their jobs or being bypassed for promotion.

It was "appalling" that neither the SAMDC nor the Medical Association of South Africa representing a profession which claimed to be motivated by a desire to relieve human suffering had come out either against detention without trial, or in support of Dr Orr — Sapa

ACTION AGAINST DOCTOR

THE Opposition's chief spokesman on medical matters, Dr Marius Barnard, MP, yesterday called on the authorities to give an urgent explanation for the way in which Dr Wendy Orr was being treated.

He was reacting to the disclosure that the Department of Health and Welfare had advised her to discontinue seeing detainees.

He said there was no reason for her being suspended from her present position.

The authorities were giving the impression that they were prejudging allegations in her report while the report should in fact be thoroughly investigated.

The present action against her was therefore deplorable.

If the allegations were found to be correct she should in fact be commended and placed in charge of other district surgeons.

Dr Barnard said he had had no response to requests he made to the departments of Health, Law and Order and Justice the week before last.

Health workers back Orr

The Health Workers' Association has called on all members involved with the health of detainees and unrest victims to uphold the ethical and moral codes of the profession. 9/10/85

It said in a statement that it supported the stand taken by Dr Wendy Orr of Port Elizabeth for not compromising her professional

responsibility when she claimed that detainees were being systematically assaulted and abused after arrest.

It said that in her stand Dr Orr had: 9/10/85

● Upheld the Hippocratic Oath to place health above all considerations.

● Upheld the Declaration of Tokyo for doctors involved in the

treatment of prisoners and detainees who have been abused. STAR
● Upheld her moral and ethical codes during a state of emergency.

● Highlighted the important role the district surgeons and other health workers can play in the treatment of detainees and unrest victims in detention.

● Highlighted the inadequate legislative protection for detainees.

"The subsequent court ruling in the Port Elizabeth Supreme Court by Mr Justice Eksteen restraining the police from assaulting or threatening to assault those held under the emergency regulations in the Port Elizabeth

and Uitenhage areas has been hailed as a landmark in medical and legal circles."

It added:

● Health workers have been instructed by the "authorities" to divulge information regarding patients to the police.

● Patients with gunshot, buckshot and rubber bullet wounds received in township unrest are followed to their homes on discharge.

Medical association 'must support' Dr Orr

Political Reporter

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The Medical Association of South Africa (Masa), as a signatory to the Declaration of Tokyo, has no option but to give its full support to Dr Wendy Orr who recently won a Port Elizabeth Supreme Court interdict to prevent the torture of detainees, says Dr John Gluckman, chairman of the Southern Transvaal branch of Masa.

Dr Orr, who was responsible for the medical treatment of detainees in Port Elizabeth, was joined by 44 others in the application for the interdict.

The Declaration of Tokyo states that medical doctors shall not countenance, condone or participate in any form of torture, nor shall they provide any knowledge, instruments or

premises to assist in torture. In addition, they cannot be present while any form of torture is being applied.

Paragraph six of the declaration makes it clear that the national association has an obligation to stand by any of its member doctors who refuse to "condone the use of torture or other forms of cruel, inhuman or degrading treatment".

The actions of Dr Orr appeared to fall into that category and Masa has no option but to support her, Dr Gluckman said.

TROUBLED TIMES

"In these troubled times grave difficulties often face medical practitioners of all categories, in both private and public sectors, stemming from people injured in disturbances

or allegedly assaulted by the police and security forces," Dr Gluckman said.

"Such reports are all too frequent but the duty of the doctor is unequivocal — it is the care of the sick and injured. That consideration is paramount and overrides all others."

Dr Gluckman added that it was understandable that a district surgeon such as Dr Orr, faced with large numbers of what she regarded as intolerable injuries allegedly inflicted by the security and police forces, should feel morally and ethically obliged to protest in whatever way she could.

"Her courage in doing so has earned the admiration of all her colleagues," he said.

"Having drawn the attention of her superiors to the matter, apparently without satisfac-

tion, she approached the courts. Regrettably, she was unaware of another option which, it is believed, had been established by the director-general of health," Dr Gluckman said.

"The option provided for direct access to him as the most senior official in the Department of Health if reporting to her immediate superior failed to produce the action she desired."

DETERMINATION

According to Dr Gluckman this procedure was clear evidence of the determination of the Government to prevent the assaults and injuries alleged and, had Dr Orr been able to exercise that option, the Supreme Court action might have been avoided.

"There can be no doubt

about the admiration and support for Dr Orr from her colleagues," Dr Gluckman added.

"The Medical Association of South Africa, as a member of the World Medical Association, is committed to the Declaration of Tokyo."

He said that the declaration clearly spelt out Masa's responsibilities in such eventualities.

● The Southern Transvaal branch of Masa, of which Dr Gluckman is chairman, is the country's second-largest branch with about 1 500 members.

● Dr Orr's immediate superior in Port Elizabeth is Dr Ivor Lang, one of the doctors who was responsible for the treatment of Black Consciousness leader Mr Steve Biko before he died in detention.



Dr John Gluckman . . . "Masa's position is clear".



Dr JOE JIVHUHO

gets a R20 000 shock

By SY MAKARINGE

THE Diepmeadow Town Council is demanding R20 000 from Dr Joe Jivhuho for his surgery originally valued at R2 000 by the West Rand Administration Board.

Dr Jivhuho wants the surgery registered in his name under the Government's home ownership schemes.

Now, Dr Jivhuho intends consulting his lawyers with a view to taking the council to court for not recognising the deal he concluded with the board in April last year.

This comes after a disclosure by The SO-WETAN this week that the council was selling matchbox houses under the 99-year leasehold scheme for R5 600 — four times higher than the recommended price.

Dr Jivhuho said council officials told him that

they were charging him for the ceiling and the plastering done on the structure, as well as the fence erected around it.

"It's funny because I made these improvements myself. I also bought the fence for R1 700. Their argument is that I'm practising as a doctor. But the structure looks like any other 'double' in this area.

He also challenged the council to "throw" him out.

"I gave them a year to sort themselves out. They have not yet done so. Now I'm preparing to take them to court," he said.

Mr Sarel van Rensburg, the council's Town Clerk, said he could not comment on the issue as he was overseas when this happened.

However, he said the mayor, Mr Joseph Mahuhushi, was looking into it

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ARGUS 11/16/85

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NATIONAL/IN

Masa has 'no choice' but to stand by Dr Orr'

Argus Correspondent

JOHANNESBURG. — The Medical Association of South Africa, as signatories to the Declaration of Tokyo, has no option but to give its full support to Dr Wendy Orr, who recently won a Port Elizabeth Supreme Court interdict to prevent the torture of detainees.

That was the opinion of Dr John Gluckman, chairman of the Southern Transvaal branch of Masa, when approached for comment this week on the action of Port Elizabeth district surgeon Dr Orr.

Dr Orr shot into the international limelight recently when she — and 44 others — sought and were granted a Supreme Court interdict preventing assaults on detainees. Dr Orr was responsible for the treatment of detainees.

The Declaration of Tokyo states that doctors shall not countenance, condone or participate in any form of torture or provide any knowledge, instruments or premises to assist in torture.

Makes it clear

In addition, they cannot be present while any form of torture is being applied.

Paragraph 6 of the declaration makes it clear that the national association had an obligation to stand by any of its member doctors who refused to "condone the use of torture or other forms of cruel, inhuman or degrading treatment".

The actions of Dr Orr would appear to fall into this category and as such Masa has no option but to support her.

"In these times grave difficulties often face practitioners of all categories ... stemming from people injured in disturbances or allegedly assaulted," Dr Gluckman said.

Too frequent

"Such reports are all too frequent but the duty of the doctor is unequivocal — it is the care of the sick or injured, and that consideration is paramount and overrides all others," he added.

Dr Gluckman added that it was understandable that a District Surgeon such as Dr Orr, faced with large numbers of what she regarded as intolerable injuries allegedly inflicted by the security and police forces, should feel morally and ethically obliged to protest.

"Her courage in doing so earned the admiration of all her colleagues," he added.

"Having drawn the attention of her superiors, apparently without satisfaction, she approached the courts. Regrettably, she was unaware of another option which, it is believed, had been established by the director-general of health," Dr Gluckman said.

"The option provided for direct access to him as the most senior official in the Department of Health, if reporting to her superior failed to produce desired action."

According to Dr Gluckman this channel was clear evidence of the determination of the Government to prevent assaults and injuries and had Dr Orr been able to exercise that option the Supreme Court action may have been avoided.

Under scrutiny

According to Dr J D Krynauw, the regional director for the Department of Health and Welfare, Dr Wendy Orr is no longer seeing Port Elizabeth detainees because of the "inter-relationship" between herself and the Prisons Department — and not because the Health and Welfare Department wishes to ban her from such duties.

But this rationale is not accepted by all sections of the medical profession. Professor Frances Ames of the University of Cape Town Medical School describes the decision as "appalling." Ames was one of the doctors instrumental in forcing the SA Medical and Dental Council (SAMDC) to hold an inquiry into the Steve Biko case which led to action being taken against two doctors in the PE district surgeon's office.

In criticising the action taken in regard to Orr's position, Ames says that staff shortages mean that doctors employed by district surgeon's offices have to examine "scores if not hundreds" of detainees daily. This has adversely affected the standards of attention they receive.

Secondly, she describes the decision regarding Orr's duties as high-handed. "Do they want the prisons system to remain a closed one with no public scrutiny?" she asks.

Meanwhile, Dr Joe Veriava of the Coronationville Hospital — who acted with Ames in the Biko case — says he is keeping a close watch on events in PE. His aim is "to see whether detainees are receiving proper medical care, or if there are doctors who are not making the care of detainees their highest consideration." He is also studying the evidence submitted in the PE Supreme Court case in which Orr was one of the applicants.

Says Veriava: "If there is evidence of misconduct, or disgraceful or unethical conduct on the part of any of the doctors involved, a complaint will be made to the SAMDC." ■

DR. WENDY DORR is about the first person to blow the whistle on the dark and sinister world, in the shadows of detention without trial. And her courageous revelations have lifted the lid from something that has been hidden, whispered about, dreaded.

Dr Orr made startling revelations after examining detainees at St Alban's and North End prisons in Port Elizabeth, where she found the departments of Prisons and Health to be "rather callous in their lack of concern for the plight of detainees".

Her Port Elizabeth Supreme Court testimony led to the order which restrained the South African Police from assaulting detainees in the Uitenhage and Port Elizabeth magisterial districts.

The order was granted by Mr Justice J P G Eksfeen after an application brought by 44 people. Dr Orr testified that detainees were systematically assaulted and abused after their arrest.

Dr Orr's stand was hailed by many respected practitioners as brave. Perhaps because this would be the beginning of a long and closer look at the legislation which makes for arbitrary arrest.

The young doctor's revelation should be seen as an indictment of the Department of Health. It is their (district surgeon's) responsibility to ensure the maintenance of the health of detainees and prisoners, according to leading academic, Professor Trevor Jenkins, of the University of Witwatersrand Medical School.

Dark and sinister world is revealed

FOCUS

By **THEMBA MOLEFE**

South Africa is one of the few democratic countries where the Rule of Law is not in its constitution and where habeas corpus — which means a person must appear in court 24 hours after his or her arrest — does not apply.

This has led to many grave problems. There are problems facing the detainees themselves, those facing doctors and which have put the credibility of departments of Law and Order, Prisons and Justice at stake.

These problems reached a crescendo with the death in detention of black consciousness leader, Steve Biko, in 1977. His ghost has never stopped haunting the Government.

Only this year two practitioners, known today as the "Biko doctors", Dr Ivor Lang and Dr Benjamin Tucker, were brought to book by the South African Medical and Dental Council.

The Biko doctors might still face another investigation after the Orr revelations, as her superiors in the Department of Health.

It is also interesting to note the reluctance with which the departments of Law and Order, Justice and Prisons show in taking practical and swift action when problems of detainees hit the headlines, both locally and internationally.

Recently a 15-year-old schoolboy from Alexandra township was admitted to a psychiatric ward at Hillbrow Hospital only two days after being released from detention.

He spent three weeks in hospital, heavily sedated. Doctors said they could not for sure say whether his psychotic condition was caused by his detention.

Johnny would not talk. Now he is released and looks abnormal, his speech is slurred and he cannot walk or eat properly and could end up a human cabbage.

The point here is that



Dr **BENJAMIN TUCKER** . . . one of the "Biko doctors".

no investigation was undertaken to ascertain the boy's illness. The police could only say they would not comment on the condition of a released detainee.

Johnny Mashiane's story, published in **THE SOWETAN**, caused an international outcry with several Human Rights groups abroad sending letters of protest to the State President, Mr P W Botha. Many called for an investigation into the boy's case. But to no avail.

There are countless other cases which cast doubt on the detention-without-trial laws. Other cases cannot be left unreported in highlighting this grim picture.

The death in detention of Steve Biko raised an international outcry against detention-without-trial;

No explanation was forwarded save to say Oxford-educated scien-

tist, Wellington Tshazibane, who died in custody on December 11, 1976, committed suicide by hanging;

• Mapetla Mohapi, another black consciousness exponent, "died after force was applied to his neck" on July 15, 1976. Police said he hanged himself with his jeans;

• Recent deaths in detention include those of trade unionist Andries Raditsela, Sipho Mutsi and Sonnyboy Mokoena who died in a Pilgrim's Rest cell.

Since the state of emergency was declared on July 21 many of those released from custody have made allegations of torture, assault and systematic abuse at the hands of authorities.

Very little investigation has been done, however. Perhaps the only recourse would be through the courts as Dr Orr did.

Doctors can 'stand up to police' professor

ARGUS 17/10/85

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Argus Correspondent

JOHANNESBURG. — Doctors responsible for the care of detainees may now be encouraged to stand up to the police and refuse to compromise their ethics.

This was said today by Professor Trevor Jenkins of the University of the Witwatersrand Medical School. He was reacting to the decision by the South African Medical and Dental Council to strike the name of Dr Benjamin Tucker — who treated black-consciousness leader Mr Steve Biko before his death — from the medical roll.

The decision was taken eight years after Mr Biko died.

Cautioned

The council ratified the recommendation that the other doctor involved, Port Elizabeth district surgeon Dr Ivor Lang, be cautioned and reprimanded.

Professor Jenkins was an applicant in the Supreme Court action which resulted in the council being ordered to investigate complaints against Dr Tucker and Dr Lang.

"I would hope the decision can be of help to doctors caring for prisoners," Professor Jenkins said. "It can remind them that their primary responsibility is to the detainees."

"They should not be influenced by authorities into compromising their professional duties."

He said the timing was of vital importance because of the recent legal application by a Port Elizabeth district surgeon, Dr Wendy Orr, concerning the alleged abuse of detainees.

He hoped Dr Orr would now receive the support of her superiors.

● Another applicant, Professor Frances Ames of the University of Cape Town, said today that the decision was unprecedented.

She said it was encouraging to see what was merely a token sentence increased in severity.



Mr Abubaker Bremner, left, and an assistant, Mr Douglas Jacobs, with the scale.

Mystery shrouds brass scale's past

Staff Reporter

A RETREAT pensioner has inherited a brass grocer's scale which he believes to be more than 200 years old and could be worth R5 000

origins through family records and research books but have not been successful," Mr Bremner said.

"However, my family has a

only if the right offer comes up and I am satisfied it will be properly maintained."

He has polished it thoroughly "every weekend" since it reached his hands

Though retired, Mr Bremner has been servicing grocer's and hawker's scales for 19 years.

days of street battles!

terday when he would be tied.

● Lunch-hour traffic was disrupted in the city centre yesterday when police dispersed a

SAMDC decision



Dr Ivor Lang (left) and Dr Benjamin Tucker.

'may aid doctors stand up to police'

Doctors responsible for the care of detainees may now be encouraged to stand up to the police and not compromise their ethics, says Professor Trevor Jenkins, of the University of the Witwatersrand's medical school.

Professor Jenkins, who was one of the applicants in the recent Supreme Court action against the South African Medical and Dental Council (SAMDC) which compelled the council to investigate complaints against Biko doctors Dr Ivor Lang and Dr Benjamin Tucker, was reacting to last night's news that Dr Tucker had been struck off the medical roll and Dr Lang rebuked.

The professor said: "I would hope the decision, plus the modification of sentence, can be of some help to doctors responsible for the care of prisoners and serve to remind them that their primary responsibility is to the detainees in their care. They should not be influenced by authorities into compromising their professional duties."

He said the timing was of vital importance be-

cause of the recent application by a Port Elizabeth district surgeon, Dr Wendy Orr, who is making a stand against the alleged abuse of detainees by the police.

He hoped Dr Orr would now receive the support of her superiors.

Another applicant in the Supreme Court action, Dr Y Veriava, of Coronation Hospital, said the ultimate sentence on Dr Lang was "very light" and he was concerned it would not act as a deterrent should circumstances similar to those of the Steve Biko tragedy occur.

"At the moment, particularly in regard to Dr Wendy Orr's application, it appears doctors have not been deterred by the first judgment.

"We will see on the return date of Dr Orr's application just how effective these light sentences are," said Dr Veriava.

In Pretoria, another of the applicants in the Supreme Court action, Professor Frances Ames, of the University of Cape Town's medical school, said the

SAMDC had taken "an unprecedented but appropriate step".

Professor Ames said: "Although I feel sympathy for Dr Tucker, I feel it is an appropriate step and I hope it means vastly improved medical care for detainees in future."

The scrapping of Dr Tucker's name from the roll means he may no longer practise.

The warning concerning "unprofessional conduct" given to Dr Ivor Lang, who was Dr Tucker's assistant at the time of Mr Biko's death, by the SAMDC disciplinary committee was ratified by the full council yesterday.

Black Consciousness leader Mr Steve Biko was detained by Security Police in the Eastern Cape in 1977 and held in police cells in Port Elizabeth for a period. During that time he was examined by both Dr Tucker and Dr Lang before being transported in the back of a police van to Pretoria where he died shortly afterwards.

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Biko doctor struck off roll

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PRETORIA. — Dr Benjamin Tucker, one of the doctors who treated black consciousness leader Mr Steve Biko before his death, has been struck off the medical roll by the South African Medical and Dental Council.

The scrapping of Dr Tucker's name from the roll is a much heavier punitive measure than that recommended by the council's disciplinary committee in July. The committee recommended that he be suspended for three months but that the suspension be suspended for two years. The scrapping of Dr Tucker's name from the roll means he may no longer practise.

Dr Ivor Lang, Dr Tucker's assistant at the time of Mr Biko's death, had his warning for "unprofessional conduct" from the SAMDC disciplinary committee ratified by the full council sitting yesterday.

The council's decision was described last night by Professor Frances Ames, of the University of Cape Town's Medical School, as "an unprecedented but appropriate step".

Dr Tucker, a senior district surgeon in Port Elizabeth, is due to retire soon and is at present on extended sick leave.

At his home in Port Elizabeth last night, Dr Tucker said he was not prepared to comment on the measure.

"The press have got so much mileage out of this matter," he said. — Sapa and Own Correspondent

Biko doctor: Move is welcomed

THE decision by the SA Medical and Dental Council to strike one of the "Biko doctors", Dr Benjamin Tucker, from the medical roll was described as "an unprecedented, but appropriate step," by one of the doctors who won a Supreme Court case earlier this year to force the council's disciplinary committee to review the doctors' role in the death in detention of the Black Consciousness leader in 1977.

Approached for comment on the SAMDC's move at its annual meeting in Pretoria yesterday, Prof Frances Ames, of the University of Cape Town's medical school said from Cape Town she personally felt sympathy with Dr Tucker.

"But I feel it is an appropriate step and I hope it means vastly improved medical care for detainees in future," she said.

Warning

Prof Ames said the council's move to exceed Dr Tucker's earlier sentence by the disciplinary committee of three months' suspension suspended for three years was an "unprecedented step".

Dr Iver Lang, Dr Tucker's assistant at the time of Steve Biko's death, had his warning from the SAMDC's disciplinary committee for "unprofessional conduct" ratified at the full council sitting yesterday.

Prof Trevor Jenkins of the University of the Witwatersrand medical

school, another of the six doctors who instigated the Pretoria Supreme Court action in November last year, said he did not want to "gloat" at the decision to strike Dr Tucker from the roll, emphasising the intention had been strictly to "ensure that a full and open inquiry" was held into the death of Steve Biko.

The charge of "disgraceful conduct" against Dr Tucker in July this year and his subsequent sentence had, however, been regarded by the overseas medical profession, and in South Africa, as too lenient.

Black Consciousness leader Steve Biko was detained by Security Police in the Eastern Cape in 1977 and held in police cells in Port Elizabeth for a period — during which he was examined by both Dr Tucker and Dr Lang — before being transported in the back of a police van to Pretoria, where he died shortly afterwards.

The SAMDC at the

time declined to take action against Dr Tucker and Dr Lang and the "Biko case" cropped up regularly in national and international news as an unresolved matter.

In November last year, six prominent members of the medical profession in South Africa instigated a Supreme Court action in Pretoria to force the SAMDC to hold a proper inquiry into the two doctors' conduct.

Lenient

Judgment in favour of the medical practitioners was handed down in January this year and a SAMDC disciplinary committee started its hearing at the beginning of July.

Dr Tucker was found guilty of "disgraceful" and Dr Lang of "unprofessional" conduct, the former being suspended and the latter rebuked and warned.

When the SAMDC disciplinary committee's action was announced — pending ratification by the full council sitting yesterday — it was criticised from a number of

quarters within South Africa and abroad as having been too lenient and purely the result of the SAMDC having been forced to take action by the Supreme Court.

Interdict

At the end of August this year, the full council of the SAMDC was constituted and a number of new members took their seats.

The 34-member council consists of 10 doctors and four dentists elected by individual ballot among the country's medical profession and two representatives from medical faculties, appointed by the committee of university principals, while the remainder fall into the category of government appointees.

The Port Elizabeth district surgeon's office was a centre of national and international media attention again in recent weeks when a junior physician, Dr Wendy Orr, was granted a Supreme Court interdict restraining police from assaulting security legislation detainees.

Mazwai family bury remains

THE cremated remains of Mrs Margaret Vuyiswa Milligan and son Nkosana Ncube (14), both killed in the United States about three weeks ago, will be buried at Doornkop Cemetery tomorrow.

Mrs Milligan, formerly Mazwai, is the younger sister of Thami Mazwai, The SOWETAN News Editor.

A special service will be held at St Paul's Anglican Church in White

City Crossroads, at 9.30am. The cortege will leave for the graveyard at 11am.

There will be no night vigil today. However, an evening service, to be conducted by the Rev David Nkwe, Anglican Archdeacon, will be held at 577 Mafolo North from 7.30pm and 8.30pm. Relatives are asked to note these times.

93 Police 15/10/85

Striking of surgeon from roll does not settle the score, says mother of Biko child

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DR Mamphele Ramphele, mother of one of Steve Biko's children, says the South African Medical and Dental Council has done nothing to right the wrongs in the Biko case.

Dr Ramphele said this week to strike district surgeon Dr Benjamin Tucker off the roll for disgraceful conduct was "a belated step" which had "conveniently" been taken just before he was due to retire.

Dr Ramphele, who runs the Ithuseng Health Clinic in the remote Northern Transvaal village of Lenyenyane, to which she was banished for many years, said: "I don't see how the council can claim to be moved by ethical reasons eight years after the death when Dr Tucker is about

By Linda Vergnani
to retire. Dr Tucker has nothing to lose."
In contrast Port Elizabeth district surgeon Dr Ivor Lang, who wrote out a false bed report, had merely been cautioned and reprimanded.

Dr Ramphele said: "Because he is young they've left him in charge. They don't want to sacrifice him at this stage."
She said the council usually took "a very dim view" of a doctor writing out false medical certifi-

cates, even if a life was not at stake. This time the false medical certificate had contributed to the loss of a life.
Dr Ramphele said: "I know the council has dealt very seriously with people who have committed lesser offences like

abortions. They have been struck from the roll. Here somebody contributed to the death of an adult, not a foetus, and nothing was done."
Mrs Nontsikelelo Biko, Mr Biko's widow, could not be contacted for comment.

District surgeons 'should refuse to see detainees kept naked and chained'

By Linda Vergnani

DISTRICT surgeons should refuse to treat detainees kept under degrading or inhuman conditions until they are put in a proper environment, according to a memorandum sent to the Minister of Health and Welfare.

The memorandum on detainees and the duties of district surgeons was prepared by Professor David McQuoid-Mason, deputy dean of the University of Natal law school. He said he hoped the advice in the memorandum would be brought to the notice of district surgeons throughout South Africa.

The memorandum follows the South African Medical and Dental Council's decision to strike Biko-doctor Benjamin Tucker off the roll for disgraceful conduct. Dr Ivor Lang was cautioned and discharged.

The striking off the roll of Dr Tucker was unprecedented in that it went beyond the recommendations of the disciplinary committee.

Dr Tucker sanctioned Mr Biko's transfer from Port Elizabeth to Pretoria in the back of a Land Rover with no medical supervision although he had collapsed, was frothing at the mouth, was apathetic and unable to communicate.

Dr Tucker refused to speak to the Sunday Tribune this week.

Professor McQuoid-Mason said. "I have never had any doubt that Dr Tucker was guilty of professional negligence. The council should have dealt with him years ago and saved the South African medical profession's reputation abroad."

Professor McQuoid-Mason warned that district surgeons could be sued for medical malpractice if they allowed themselves to become party to cover-ups of unlawful assaults or ill-treatment of detainees. And he said the first duty of district surgeons was to the patient, not the State

He also said that Dr Wendy Orr had acted correctly in taking allegations of widespread police torture of detainees to the Supreme Court. She put the interests of her patients first and she was morally, ethically and probably legally bound to make the disclosures she did.

In his memorandum Professor McQuoid-Mason said: "If, as it is alleged, she continues to be ostracised for her conduct it is likely that the reputation of the medical profession in South Africa will again sink to the levels it did during the Biko fiasco. It would be incomprehensible for people in civilised societies to understand why a doctor who makes disclosures about unlawful practices causing injuries to their patient's health should be victimised as a result."

If a district surgeon was aware that his patient was 'receiving the third degree' or had been tortured or injured during detention he should take steps immediately to prevent such conduct.

"If he is aware that the detaining authorities habitually ignore his attempts to prevent unlawful assaults or psychological injury to his patient he is fully entitled to apply personally for an urgent court order to inform the relatives. Indeed if he condoned the conduct of the detaining authorities or knew that if he went through the motions of making a formal report it would be ignored, he might find himself open to a claim for professional negligence."

Professor McQuoid-Mason said it was incumbent on a district surgeon to tell relatives of a detainee that he was being assaulted, if the detainee requested him to do so. Omission to do so which resulted in further injury to the detainee, could re-

sult in an action for medical malpractice.

"Any district surgeon or doctor should refuse to treat a detainee who is kept naked, chained to a grille at night, and left lying in a urine-stained blanket.

"Before a district surgeon does anything he should insist that the detainee is put in a proper environment. And he should never accept the word of security policemen that the person is shamming. He should conduct a proper medical examination," the professor said.

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COMMENT

POLITICAL comment in this issue unless otherwise stated is the responsibility of Ian Wylie. Political headlines and posters by George Parker. Both of 85 Field Street, Durban.

Mixed reaction to decision to allow 'panel' doctors access to detainees

Pretoria Bureau

There has been mixed reaction by the medical profession to the recent announcement that regional panels of medical practitioners will be allowed access to political detainees.

The announcement of the proposed medical panels has come after more than two years of negotiation between the Medical Association of South Africa (Masa) and various Government departments — and more than eight years after the death in detention of black consciousness leader Mr Steve Biko.

The vice-chairman of the Federal Council of the Masa, Dr Norman Levy, said various specialists and general practitioners would be appointed to the regional panels.

These doctors would not have to be members of the

Masa, but they would have to be well-regarded in their field, he said.

Detainees would be allowed to see the panel doctors only if they were dissatisfied with the medical care offered by the district surgeon.

INDEPENDENT

Masa has declared the acceptance of the panels as a "breakthrough", saying they will be completely independent from the Department of Health and Welfare.

Professor Frances Ames, one of the doctors who forced the South African Medical and Dental Council (SAMDC) to hold a disciplinary hearing into the death of Mr Biko, said although the panels were a breakthrough, they were a "poor compromise" for the abolition of detention without trial.

She said she hoped the panels would comprise of consistent, honest and competent members of the medical profession.

Professor Trefor Jenkins of the Wits medical school, who also ensured that the SAMDC hold a disciplinary hearing into Mr Biko's death, said that "in principle" he welcomed the Masa's move.

He said it was disappointing that Masa's request that district surgeons should be subject to review by their medical peers had been rejected.

An executive member of the National Medical and Dental Association (Namda), Dr Farook Meer, said it was the duty of the medical profession to call for an end to all detentions and not to "merely reform care" in detention.

Dr Meer said detainees should have access to any doctor of their choice and not just

those who were chosen for the Masa's panels.

"Once again too little has been done too late. This will not save the shame and the agony suffered by the medical profession," he said.

The president of the South African Academy of Family Practice, Dr Basil Jaffee, said the panels were a "significant development", but that they were not ideal.

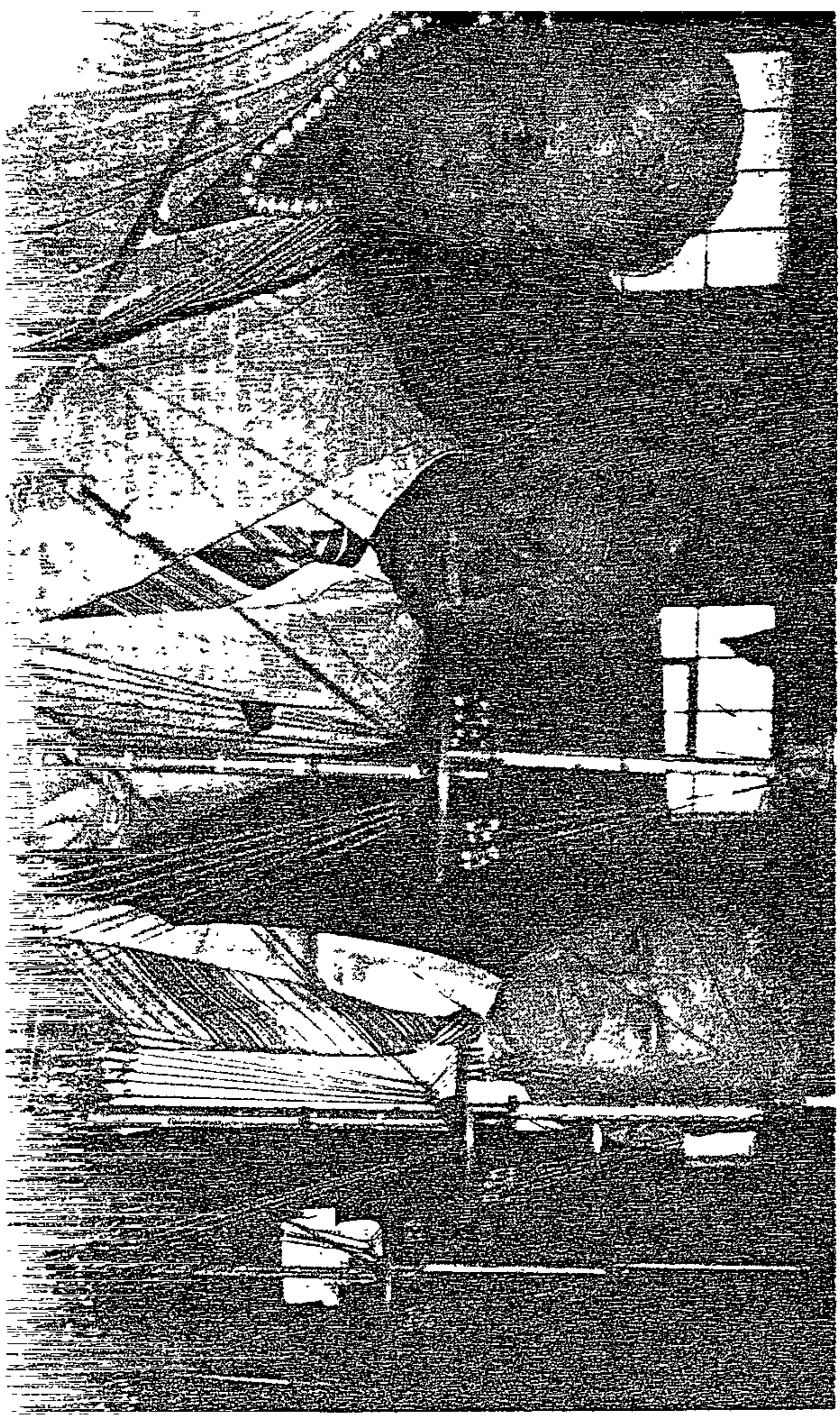
"Detainees should be allowed to see their own medical doctors and not those only from a panel chosen for them," he said.

Dr Yusuf Veriava, who also helped bring the "Biko" Doctors Ivor Lang and Benjamin Tucker to an SAMDC hearing, said many detainees regarded the Masa as an "extension of the existing status quo". He said it was important to have confidence in a doctor.

Doctors inees to get choice of doctors

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Mercury
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aritime heritage



PRETORIA—The Government has agreed to the appointment of a panel of doctors from which detainees would be allowed to select a practitioner of their own choice should they wish to consult a medical opinion other than that of a district surgeon.

This was announced here yesterday by the Medical Association of South Africa, which said in a statement the Government had agreed to the move after more than two years of negotiations, Sapa reported.

'This is regarded as a major breakthrough and should materially assist in ensuring that an incident like that involving the late Steve Biko should not occur again.'

It also demonstrates the importance and value of negotiation in a responsible and dignified but determined manner instead of resorting to confrontation and media publicity,' Masa said.

The association's delegates to the World Medical Assembly being held in Belgium this week, the chairman of the federal council, Dr Rene le Roux, and the secretary-general, Dr Marais Viljoen, had received the news shortly before their departure

Aussie crickers rebels are on their way

JOHANNESBURG—The 16 Australian cricket rebels left for South Africa yesterday, but their arrival time at Jan Smuts Airport remains a secret.

Confirming the departure of skipper Kim Hughes and his team, South African Cricket Union president Geoff Dakin added: 'We have sent them on a little globe trot.'

He would not comment further except to say: 'We will announce their arrival after they have reached Jan Smuts Airport.'

Harassment

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council, Dr Rene le Roux, and the secretary-general, Dr Marais Viljoen, had received the news shortly before their departure and would attend to the move's practical implementation on their return.

The association was grateful to the previous chairman of the World Medical Association, Dr Lionel Wilson, who had done much to convince the late Minister of Health and Welfare, Dr Nak van der Merwe, of the importance of accepting the proposals.

Iniquitous

'We wish to record our appreciation for the subsequent advocacy by Dr van der Merwe, and also for the assistance subsequently received by his successor, Dr Willie van Niekerk.'

Mrs Helen Suzman, Opposition spokesman on law and order, said last night the arrangement was an improvement on the situation and something 'we have asked for for a long time since the iniquitous detention without trial came into operation', writes a Mercury reporter.

'It doesn't obviate our objection, however, which is that there should be no detainees but at least it offers some protection to people who are being held incommunicado,' Mrs Suzman said.

Former detainee Dr Farook Meer, an executive member of the National Medical and Dental Association thought Masa would have called for the complete abolition of detention.

Shame

'But in the absence of such a call one would have at least expected the medical association to allow a detainee to see a doctor of his own choice rather than be restricted to a panel,' said Dr Meer.

He did not think the move would bring credibility to the medical association and it would not end the sense of shame felt by medical practitioners about the manner in which Biko died.

The MEC in charge of hospitals in Natal, Dr Fred Clarke, said: 'I think it is a tremendous achievement by Masa.'

'It is most undesirable for anyone to be compelled to have a specific doctor. In any kind of society a person should have a freedom of choice and for detainees this is particularly important as there may be political influences.'



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'yes' to
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doctors

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The association's delegates to the World Medical Assembly being held in Belgium this week, the chairman of the Federal council, Dr Rene le Roux and the secretary general, Dr Marais Viljoen, had received the good news shortly before their departure and would attend to the move's practical implementation as soon as possible after their return.

MASA also said it was deeply grateful to the previous chairman of the World Medical Association, Dr Lionel Wilson, who had done much to convince the late Minister of Health and Welfare, Dr Nak van der Merwe, of the importance of accepting the association's proposals.

"We wish to record our appreciation for the subsequent advocacy by Dr van der Merwe, and also for the assistance subsequently received by his successor, Dr Willie van Niekerk." — Sapa

October 24 1985

Shortage of doctors may close country hospitals

Medical Reporter

Some of Transvaal's country hospitals are threatened with closure because local doctors are reluctant to work in them part-time. Legislation to compel general practitioners to provide this service is being considered.

"One possible measure would be to ban local practitioners from treating their patients at provincial hospitals unless they work part-time sessions there. Mr Daan Kirstein, the MEC for Hospital Services, said last night.

"We cannot afford full-time doctors at country hospitals and something must be done soon or some of these hospitals will have to close down," Mr Kirstein said.

The question of payment for doctors for part-time sessions at provincial hospitals came to a head recently at the A G Vissie Hospital at Heilberg when eight practitioners resigned from service.

Mr Kirstein said about 70 non-paying black patients at the hospital are likely to suffer because there are no doctors to treat them.

"At least three doctors working part-time are necessary to keep the doors of most country hospitals open.

The fee paid for four-hour sessions is R18 an hour and a doctor doing one session a week earns R3 600 a year.

"Our country hospitals have always been run on this basis.

"The Province cannot afford to pay more for the sessions or hire full-time doctors."

Non-paying patients would be the first affected by the shortage of part-time doctors, he said.

An amendment to the Hospital Services Ordinance to prevent private doctors from operating or treating their patients at provincial hospitals unless they undertake to do part-time sessions was under consideration.

Doctors: a case for higher pay

LIKE A GREAT many people I've always assumed that medical doctors in private practice were fairly wealthy men. In this judgement there was no resentment. Most doctors are hard-workers who have had an expensive professional training lasting a minimum of seven years and often much longer.

But a number of recent letters to the Press, some defending doctors, others attacking them, led to an invitation to meet two doctors, one a specialist, the other a GP, the purpose being to examine their finances in detail.

Having done so I could draw only one conclusion. While there are some very wealthy doctors — perhaps the top 10 percent of the profession — most of them, although earning high incomes, are struggling financially!

Take the case of the GP, who wrote to the Press originally as 'Penniless practitioner'. In his letter he did not go into specifics about why he claimed to earn only R6,50 an hour. Here are the facts:

'My gross income for 1984-1985 was R90 743. Sounds fantastic, doesn't it? However the cost of running my practice for the same period was R54 603, leaving a net income of R36 140. Still not too bad, people will no doubt say.

Retirement

But this, of course, is still not the GP's spending money. As a self-employed man he must make provision for his retirement and other allowable — in the eyes of the income-tax man — expenses such as income-protection insurance and personal medical costs.

These add up to R8 150 for the year under consideration. While most of the rest of us do make some extra provision for retirement most are members of a pension fund and do not need to put aside anything like as much.

So one arrives at a taxable income of R27 990. On average I work 100 hours a week. Allowing for six weeks' leave a year, this means 4 600 hours a year. Divide R27 990 by 4 600 and one arrives at an hourly rate of less than R6,50.'

"Stoney Broke" (one of the critical letter-writers) will no doubt dispute these figures. However I must assure him that they are completely accurate and have been checked by my accountants.'

Another letter that arrived at the Mercury came from 'Suffering specialist', a man who has kept very full financial records since he commenced practice 18 years ago.

He made these records freely available to me and a picture similar to the GP emerged. His gross income was higher, partly because he is a specialist and partly because he takes very short holidays, most years limiting himself to 10 days or so.

But the thing that makes the big bite in the gross income is once again the overhead costs of running the practice. In the specialist's case these add up to R6 200 a month or R74 400 a year!

It was this specialist who suggested that perhaps the top 10 percent of doctors had very high incomes.

'But they achieve this status by working abnormally long hours, not by overcharging patients. All the doctors I know personally are struggling to make ends meet. There are no rich men among my acquaintances.'

Without going into details, which are fairly similar to those given above, the specialist reckons he earns an hourly rate about the same as that of an artisan.

On a quiet day he works about 11 hours, starting at 7 a.m. with visits to patients in hospital. He's in his rooms from 8 a.m. onwards, starting the day with admin work and seeing patients from about 9 onwards until 5 p.m. Then it is hospital visits again and home just after 6 p.m.

Quibbles

Both doctors felt strongly about medical-aid schemes. Some, they said, are very good and will pay promptly. But others will take up to five

months and quibble about the slightest thing. When medical-aid schemes hold up payment they earn high interest on this money. There is no incentive to be more efficient, say the doctors.

Patients often sit on accounts instead of submitting them promptly to medical-aid schemes. Wrong details are sometimes given and un-notified changes of address made. All of these things cause delays in final payment to the doctor.

One of the consequences of this is that both doctors have hefty overdrafts at their banks. The interest on the specialist's overdraft is R3 700 a year.

One wonders whether it is necessary to have so many medical-aid schemes. Apparently in Canada medical aid is computerised and payment is made to the doctor within a week. Surely

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some such rationalisation is needed in this country.

Add sometimes tardy medical-aid payments to the fact that inflation has increased by about 450 percent since 1970, with doctors' fees having risen by 270 percent in the same period, and it becomes clear that the doctors mentioned above are not exceptions.

From *Medical News Tribune* we get the same story. According to the publication more than 60 percent of Durban's medical men in private practice are battling to make ends meet.

The new medical-aid tariff system makes provision for doctors to charge patients who can afford it more than the rate set by the Scale of Benefits. However the standard rate is R9,50 and most doctors feel guilty about charging more.

A suggestion has been made that they charge R18 for a consultation, and recently the Workers Compensation Act raised the fee paid to a doctor to R15,10.

Not 'fat cats'

In order to survive, doctors have to see at least 40 patients a day. A plumber, however, charges R40 for a house call while most doctors feel obliged to charge only R20.

The time has come for the public to realise that doctors are not the 'fat cats' they are perceived to be. There was a time 10 or so years ago when doctors really did live in mansions and drove fancy cars but those days are over and the younger generation of medical men today are struggling just to survive.

While medicine is an emotive political issue — we seldom see letters in the paper about the very high incomes enjoyed by, say, chartered accountants or quantity surveyors — it is not an issue that can be dodged.

To give 'Suffering specialist' the last word, if things go on as they are at present the standard of medical care in this country will decline because doctors must increase patient-turnover and spend less time with patients.

Many doctors who are leaving the country are doing so not for political reasons but mainly because they can't make a proper living in South Africa, he thinks.

'Doctors in this country are the worst paid of any in the civilised Western world,' he concluded.

By **Bill Fail**

On medicine and concern: The words of Wendy Orr

WENDY ORR, the young district surgeon whose affidavit detailing evidence of police assault on detainees made her the focus of national and international attention, is an unlikely heroine.

An attractive woman of 25, Orr talks in bursts, punctuating the rapid outflow of her words with a slightly nervous, almost self-deprecatory, laugh.

She is unpretentious and embarrassed by public interest in her.

But her 35-page sworn statement was cardinal to an unprecedented decision by the Supreme Court granting an interim order restraining police from assaulting detainees in two prisons and all future detainees in two magisterial districts in the Eastern Cape.

Dressed in a blue and white striped dress, with matching white earrings and shoes, she was clearly uncomfortable talking about herself during an interview in the home of her father, the Reverend Robert Orr, a Presbyterian minister.

But she was too polite to refuse to reply to questions.

No, she said, religion was not an important factor in her life: she had gone to church while studying medicine at the University of Cape Town, but lately she had begun to question some of the tenets of Christianity.

"But," she added hastily, "I certainly believe in God. I am not an atheist or agnostic."

Her religious upbringing, however, if not religion per se, was a major factor in her decision to testify in the successful application to the Supreme Court for an interim order restraining police from assaulting detainees.

As she observed of her background: "We were brought up in an atmosphere of deep social concern. Medicine is a caring sort of profession."



The first interview with Dr Wendy Orr, the district surgeon whose affidavit on detention conditions aroused international attention. She spoke to PATRICK LAURENCE

Within months of starting work as a junior district surgeon in Port Elizabeth at the beginning of this year after completing her housemanship, she was plunged into the centre of South Africa's increasingly bloody conflict.

She was one of the state doctors who conducted post mortems on the 20 blacks who were gunned down by police in the shooting at Langa near Port Elizabeth on March 21.

She started work as a district surgeon in part payment for a three-year state bursary which helped her complete her medical studies at the University of Cape Town at the end of 1984.

Another consideration, however, influenced her. "I wanted to get away from a teaching hospital, which only offered experience of a elevated specialised sort of medicine," Orr said.

Conducting autopsies after the Langa tragedy led, inevitably, to examination of detainees who were interned at two Port Elizabeth prisons, St Albans and North End, under the State of Emergency which

came into operation on July 21.

Recalling her examinations of detainees, she said in her affidavit: "An inordinately large proportion of them complained to me that they had been assaulted by the police. They presented symptoms consistent with their complaints, mostly severe multiple weals, bruising and swelling."

Many South Africans have long suspected that detainees are tortured, but Orr is the first doctor employed by the state to present detailed and comprehensive prima facie evidence of its existence.

Reflecting on why state doctors responsible for the medical care of detainees were disinclined to speak out, Orr said: "A lot of people in government service can't see themselves coping in private practice. They're afraid if they talk out, they will lose their jobs. It's a terrible indictment of the medical profession, but that is the only reason I can think of."

Her comments were made sadly, not judgementally.

Orr described herself as a politically aware person but stressed that she was not a member of any political organisation and had not been while she was a student.

She was, however, a member of a medical student organisation which went into black and coloured townships near Cape Town at night to help the underprivileged residents.

One of four children, Orr spends most of her childhood in Pretoria. Orr recalled of her girlhood: "I was aware that gross injustices were perpetrated. It must have been when I was very young. I grew up aware that some people were treated differently because of the colour of their skin. I knew that it was wrong."

In her final year at school she entered a science olympiad competition and won a trip to London. Black and coloured high school scholars were among the prize winners.

She recalled: "When we were in London I saw that people of different colours can live together." She added with a note of exasperation: "For heaven's sake."

She has since received dozens of letters of support, including one from more than 70 women doctors and para-medics. The same women sent to a letter to the Minister of Law and Order, Louis Le Grange.

Since giving evidence, Orr has been forbidden to examine detainees or to conduct post mortems where police are involved. She is now confined to looking after elderly people in homes for the aged and the sick in children's homes and in institutions for handicapped people.

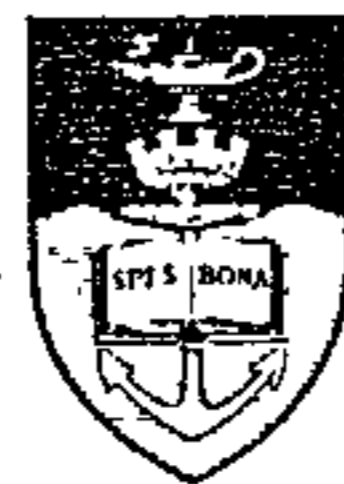
Orr related how she had received a telephone call from the regional

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UNIVERSITY OF CAPE TOWN

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Dressed in a blue and white striped dress, with matching white earrings and shoes, she was clearly uncomfortable talking about herself during an interview in the home of her father, the Reverend Robert Orr, a Presbyterian minister.

But she was too polite to refuse to reply to questions.

No, she said, religion was not an important factor in her life: she had gone to church while studying medicine at the University of Cape Town, but lately she had begun to question some of the tenets of Christianity.

"But," she added hastily, "I certainly believe in God. I am not an atheist or agnostic."

Her religious upbringing, however, if not religion per se, was a major factor in her decision to testify in the successful application to the Supreme Court for an interim order restraining police from assaulting detainees.

As she observed of her background: "We were brought up in an atmosphere of deep social concern. Medicine is a caring sort of profession."



The first interview with Dr Wendy Orr, the district surgeon whose affidavit on detention conditions aroused international attention. She spoke to PATRICK LAURENCE

Within months of starting work as a junior district surgeon in Port Elizabeth at the beginning of this year after completing her housemanship, she was plunged into the centre of South Africa's increasingly bloody conflict:

She was one of the state doctors who conducted post mortems on the 20 blacks who were gunned down by police in the shooting at Langa near Port Elizabeth on March 21.

She started work as a district surgeon in part payment for a three-year state bursary which helped her complete her medical studies at the University of Cape Town at the end of 1984.

Another consideration, however, influenced her. "I wanted to get away from a teaching hospital, which only offered experience of a elevated specialised sort of medicine," Orr said.

Conducting autopsies after the Langa tragedy led, inevitably, to examination of detainees who were interned at two Port Elizabeth prisons, St Albans and North End, under the State of Emergency which

detainees, she said in her affidavit. "An inordinately large proportion of them complained to me that they had been assaulted by the police. They presented symptoms consistent with their complaints, mostly severe multiple weals, bruising and swelling."

Many South Africans have long suspected that detainees are tortured, but Orr is the first doctor employed by the state to present detailed and comprehensive prima facie evidence of its existence.

Reflecting on why state doctors responsible for the medical care of detainees were disinclined to speak out, Orr said: "A lot of people in government service can't see themselves coping in private practice. They're afraid if they talk out, they will lose their jobs. It's a terrible indictment of the medical profession, but that is the only reason I can think of."

Her comments were made sadly, not judgementally.

Orr described herself as a politically aware person but stressed that she was not a member of any political organisation and had not been while she was a student.

She was, however, a member of a medical student organisation which went into black and coloured townships near Cape Town at night to help the underprivileged residents.

One of four children, Orr spends most of her childhood in Pretoria. Orr recalled of her girlhood: "I was aware that gross injustices were perpetrated. It must have been when I was very young. I grew up aware that some people were treated differently because of the colour of their skin. I knew that it was wrong."

In her final year at school she entered a science olympiad competition and won a trip to London. Black and coloured high school scholars were among the prize winners.

She recalled: "When we were in London I saw that people of different colours can live together." She added with a note of exasperation: "For heaven's sake."

She has since received dozens of letters of support, including one from more than 70 women doctors and para-medics. The same women sent to a letter to the Minister of Law and Order, Louis Le Grange.

Since giving evidence, Orr has been forbidden to examine detainees or to conduct post mortems where police are involved. She is now confined to looking after elderly people in homes for the aged and the sick in childrens' homes and in institutions for handicapped people.

Orr related how she had received a telephone call from the regional director of health telling that she had not been banned from seeing detainees but that it would be "unwise" for her to continue doing so because of her "strained relationship" with the prison authorities.

She laughed as she spoke. But her laughter was an expression of strength, not despair.

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UNIVERSITY OF CAPE TOWN

Scholarships, Bursaries and Grants for Postgraduate Study at UCT in 1986

Applications for scholarships, bursaries and grants for postgraduate study at UCT in 1986 are invited.

The closing date for applications is 31 October 1985.

Application forms and further information can be obtained from The Postgraduate Scholarships Office, Bremner Building, University of Cape Town, Private Bag, 7700 Rondebosch, or phone Judi King or Roy Dysell at 69-4351 Ext. 115.

MASA going ahead with prison panels

By Sue Leeman,
Pretoria Bureau

Stew
21/11/88

The Medical Association of South Africa has said it will take steps to establish local panels of doctors to help with the health care of prisoners and detainees.

It had been announced that such panels would be set up and detainees would be able to consult these doctors should they want a medical opinion other than that of the local district surgeon.

Panel doctors can recommend a change in treatment or refer a patient for specialist treatment, but must inform the district surgeon.

In a statement today, MASA said it would appoint a panel in each of its 21 branches. The association would accept responsibility for the appointment of doctors and for their activities.

Doctors from all MASA branches would be invited to join but would have to be paid-up members.

People in full-time service would be considered if they had their employers' permission and panels would vary in size from six to 30, depending on the size of the local MASA branch.

All nominations will be confidential and branches must submit lists of nominees to MASA's head office for approval before their names are submitted to the Department of National Health and Population Development.

The names of the doctors would not be made public but would be available on request.

Nominees for our Woman of the Year award

Ethics prompt Dr Wendy Orr to take up the cudgel for 'abused' detainees

By Marika Shoros

Thanks to a young doctor's unwavering dedication to the Hippocratic Oath, the issue of physical abuse of detainees has been internationally spotlighted.

Dr Wendy Orr (25), a Port Elizabeth district surgeon, captured the imagination and respect, not to mention undying gratitude in certain cases, of people the world over when she made a courageous stand earlier this year against alleged police mistreatment of detainees.

Dr Orr, the main applicant along with 44 others, won an interim interdict from the Port Elizabeth Supreme Court in September, restraining the South African police from assaulting detainees held at the St Albans and North End prisons under State of Emergency regulations.

COMPLAINTS NOT INVESTIGATED

In an affidavit before the court, Dr Orr told of an "extensive pattern of police abuse of detainees" under her care. She alleged that complaints of assault by the police were not being investigated as they should be and that she had received instructions not to endorse medical records requesting investigation of alleged assaults.

Among the list of abuses she chronicled were a man who said he was forced to eat his own hair, another who was forced to drink petrol and another who had so many whip weals on his body that she could not count them.

The reaction of her superiors was swift and retributive. She sat a virtual prisoner in her office in central Port Elizabeth. Telephone calls were diverted, her colleagues treated her like a pariah.

DENIED REMOVAL

Then followed a round of semantic sophistry, in which the authorities denied that Dr Orr had been removed from the care of detainees, preferring to describe it as "discontinuing" her duties in view of the "interrelationship between herself and the prisons department".

What that meant, in plain English, was that the compassionate young doctor was removed from the care of detainees: people to whom she was prepared

to offer constructive care and compassion, people who, as she bluntly put it, "could not help themselves".

Through it all, Dr Orr has remained composed, secure in the knowledge that she merely followed the dictates of her conscience.

But the ramifications of her brave stand against the might of the State have been endless. As one Port Elizabeth church minister pointed out, many people are far less fearful of detention since Dr Orr and the other applicants brought the matter of physical abuse into the international spotlight.

Dr Orr is characteristically modest about her actions. To have ignored the plight of the detainees in her care, she says, would have been to "compromise my moral beliefs and my perception of professional responsibility".

She is also a little embarrassed by the profusion of accolades heaped on her by people of all races, from all walks of life.

So where does this unlikely heroine spring from?

The daughter of a Presbyterian minister, she matriculated from Pretoria Girls' High with six distinctions.

EPICENTRE OF VIOLENCE

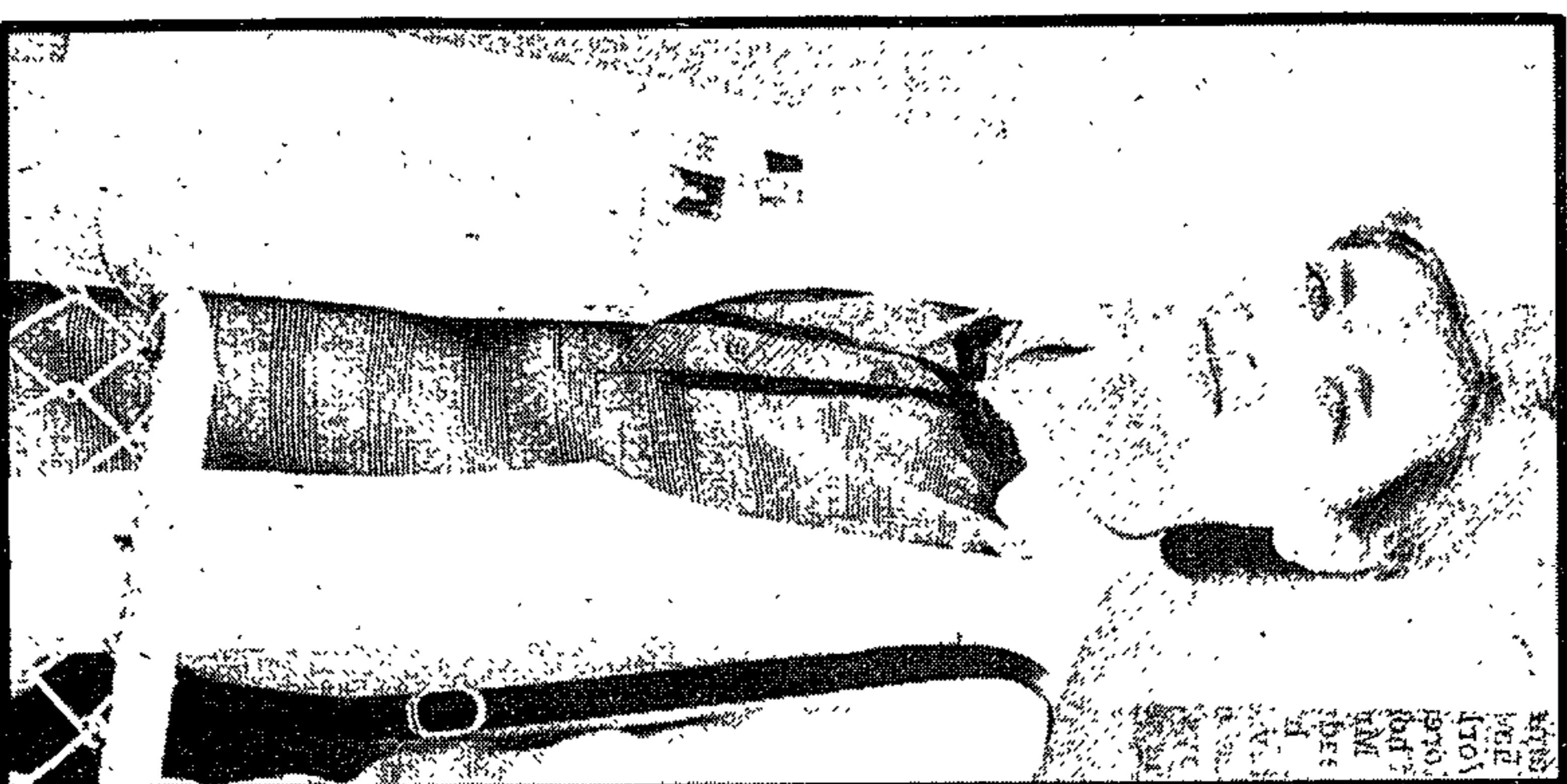
She was raised in a home where social concern was stressed. From an early age she became aware that people of different race groups were treated differently.

"I knew that was wrong," she says.

Her first post as a newly-qualified doctor was to the District Surgeon's office in Port Elizabeth, which catapulted her into the epicentre of the country's spiralling violence. She was one of the state doctors who performed post mortems on 20 victims gunned down by the police at the Langa shooting near Port Elizabeth in March.

She describes herself as politically aware but says she is not a member of any political party, nor did she become involved in student politics during her studies at the University of Cape Town.

At UCT she joined a medical students' organisation whose members visited black and coloured townships to help the disadvantaged residents.



WENDY ORR: uncompromising dedication to the principles of the Hippocratic Oath.

Why we have departed from the usual selection procedure

Here are the final three candidates in our search for The Star's Woman of the Year (the third profile is on the facing page).

Two of the candidates, Dr Wendy Orr and Mrs Marion Crawford, represent a departure from our usual selection criteria, which are based on career achievements or milestones.

These two women made headlines this year by choosing in their separate ways to

make a stand on principle — regardless of personal cost.

The public response to their actions, at home and abroad, has been overwhelming. The Star has been inundated with calls from members of the public proposing that they should be Women of the Year candidates.

Selection of candidates is usually made by senior members of The Star's editorial staff. On the basis of



public opinion, The Star has decided to acknowledge the brave acts of these two women and include them as candidates.

Watch out for the line-up of all the 24 distinguished nominees tomorrow, plus a voting form, which YOU, the reader, will be asked to fill out and return to let us know who you think most deserves the award.

The winner will be announced at a gala luncheon in Parktown on November 26.

Also present will be our Unsung Heroines, the women who play a vital but unpublished role in society.



Dr Wendy Orr is Woman of the Year

The Woman of the Year floating trophy was presented to Dr Wendy Orr (pictured left) by the Editor of *The Star*, Mr Harvey Tyson, at a gala lunch today. This is the 15th time the search for Woman of the Year has been conducted by *The Star*. Readers selected Dr Orr from 24 women members of *The Star's* editorial staff for their outstanding achievements in various spheres during 1985. Dr Orr will sit for her portrait by well-known artist Gail Machanik. It will serve as a memento of her award.



By Marika Sporos, Women's Page Editor

A courageous young doctor's dedication to the principles and spirit of the Hippocratic Oath has caught the imagination of *The Star's* readers.

Dr Wendy Orr was their overwhelming choice for *The Star's* Woman of the Year 1985 award.

Dr Orr, a 25-year-old Port Elizabeth district surgeon, shot to prominence earlier this year when she won an interim interdict restraining the South African Police from assaulting detainees held at the St Albans and North End prisons under state of emergency regulations.

Mistreatment

She was the main applicant, along with 44 others, who alleged police mistreatment of detainees. Dr Orr's affidavit detailing police assault on detainees effectively brought the issue of treatment of, and safeguards for, detainees under the international spotlight.

Dr Orr is the first doctor employed by the State to present detailed and comprehensive prima facie evidence of torture of detainees.

Recently the Director-General of Health and Welfare confirmed that a panel of private doctors would be appointed in various regions by the South African Medical Association to help safeguard the welfare of political detainees.

Dr Orr's brave stand was made at great cost to herself. When her court application became known, she was treated like a pariah by some of her colleagues. The authorities removed her from the care of detainees, people to whom she was prepared to offer constructive care and compassion, people who, as she bluntly put it "could not help themselves".

Through it all she remained buoyed by the knowledge that she was merely "following the dictates of her conscience".

The basis for that was Dr Orr is the first doctor employed by the State to present detailed and comprehensive prima facie evidence of torture of detainees.

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Past winners of this popular award

- 1976 — Dr Claire Unwin, founded South Africa's first Child Abuse Unit.
- 1977 — Joint winners: Bridget Oppenheimer and Cecile Celliers, co-founders of Women for Peace and Freda van Rooyen, president of Kontak.
- 1978 — Dr Phyllis Knocke, first woman surgeon to be made an Honorary Fellow of the Royal College of Surgeons, England.
- 1979 — Lucy Mvubelo, general secretary of the National Union of Clothing Workers.
- 1980 — Donna Wurzel, produced SABC-TV's "Women Today" programme.
- 1981 — Dr Gloria McDougall, a world leader in the field of international mining and industrial research.
- 1982 — Dr Elisabeth Vrba, who received international scientific acclaim after formulating a new theory on evolution.
- 1983 — Dr Mampela Ramphela who, while banished to the Eastern Transvaal, set up a clinic serving 50 000 impoverished people.
- 1984 — Dr Erika Suttner, medical missionary who developed a method to break the ancient chain of the blinding disease trachoma.

Winning vote

A cheque for R50 will be sent to Mrs Patricia Thekiso Lebehe of Soweto. In the opinion of senior member of *The Star's* editorial staff, Wendy Orr deserved the title of Woman of the Year 1985. He wrote: "She is a highly principled and courageous person. She showed a great respect for her profession. She showed a deep concern for her charges. Above all, she acted like a perfect human being."

The Woman of the Year was chosen on the strength of votes from *The Star's* readers.

Other nominees

- Here in alphabetical order are the 23 other nominees for the Woman of the Year title 1985:
- Ariane Besson
- Molly Blackburn
- Dr Anna Boeseken
- Professor Selma Browde
- Elize Cawood
- Betty Celliers-Barnard
- Marion Crawford
- Marie Davison
- Charmaine Gale
- Lucille Gillwald
- Dr Elin Hammar
- Professor Irene Jackson
- Pearl Luthuli
- Dr Aylwyn Mannell
- Emma Mashinini
- Fikile Mazibuko
- Punjab Mdzaka
- Professor Fatima Meer
- Eve Merchant
- Dr Anitra Nettleton
- Jane Ramaboa
- Adele Searl
- Dr Antoinette van der Merwe

A mother speaks of the kids who are no longer kids

"I ENVY people whose children jump around and play. Our children are no longer children; they have become the adults. And we adults who still want pleasure, who would like to go to Sun City for the weekend, have become the children."

These are the words of Zodwa Mabaso, a Soweto mother of four and former detainee, who addressed last weekend's "Children Under Repression" conference organised by the Concerned Social Workers.

"My 10-year-old says there's no time for play. The games she acts out are what to do when the police come."

"She says: 'Is this cupboard big enough for me to hide in? No. I'll rather hide in the laundry basket. I must remember to take some clothes out of the basket before I go to sleep so there is space for me.'"

When Mabaso and her husband were detained in the dead of night last October, they insisted on taking their four-year-old daughter with them.

"Our little girl had never experienced a situation where her parents were in the same building, yet separated, and she kept asking for her Daddy," Mabaso said. "I told the police she wanted her father and they took her to him. Then she wanted to come back to me. She spent the whole night moving between us."

The following day Mabaso had to leave her sleeping baby with neighbours before being taken to Johannesburg Prison, where she was

JO-ANN BEKKER reports from the conference on Children Under Repression

held for five months before being released without charge.

She said her anxiety at being detained was compounded by her concern for her children. "But it was they who gave me courage. In my fourth month of detention, I was allowed to see them. They were so strong. Even the four-year-old had adapted and understood that we are living in a rotten system."

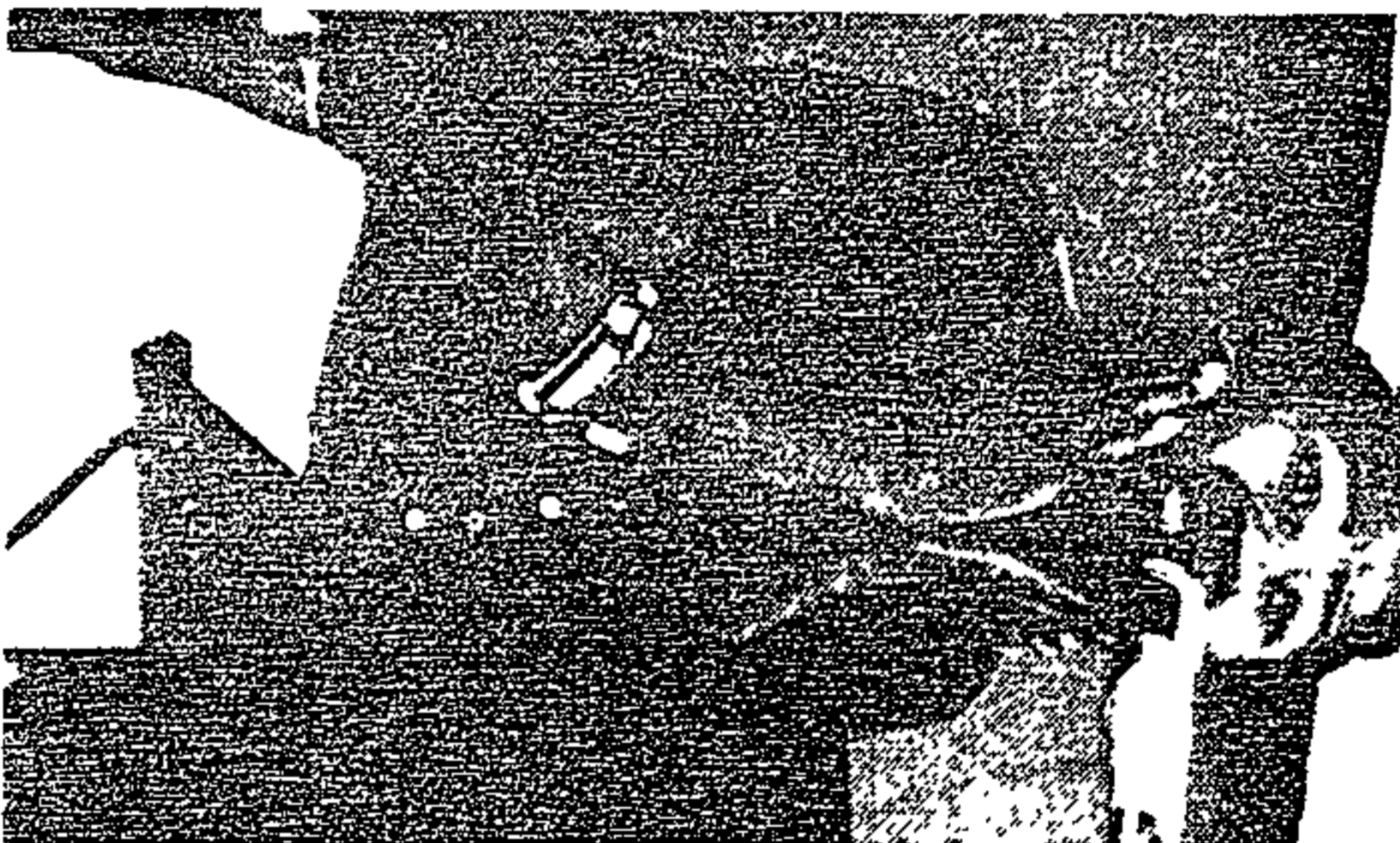
"And when I went home I was able to share my frustration with my children and hear from them words of comfort."

Mabaso is particularly worried about the effect South Africa's ongoing civil conflict is having on her youngest child.

"She has pointed out the policeman who detained us that night and she knows all the cars the police drive. I don't know what will happen to our children. How can we ever tell her it won't be safe or wise for her to get involved when she's experienced what she has at her age?"

"Her brothers and sister are angry young people. Their experiences have made them bitter and people rub their feelings against one another. It happens in any household."

Mabaso said although she was involved in working for change, she



Actress Geina Mhlope depicts a scene from the Market Theatre play 'Born in the RSA' at the conference on children

feared for young activists and had been frantic with worry when her 16-year-old son was detained on the weekend in the State of Emergency was declared in the Vaal and Eastern Cape. While adults felt better after discussing their problems, this was not enough for young people, who were driven by frustration and anger and wanted to take action, she said. "I can still feel sorry for a policeman, but this is not the case with the young people."

Hospital chiefs warned not to turn 'informers'

BY JO-ANN BEKKER

THE National Medical and Dental Association (NAMDA) is circulating minimum codes of conduct to hospital superintendents, warning them it is unacceptable to inform the police about victims of police action.

"We are trying to make hospitals safe," a Namda member told a conference on "Children Under Repression" organised last weekend by Concerned Social Workers in Johannesburg. She said hospitals and clinics were seen by township residents as "an extension of the State's apparatus".

Another Namda member said 77 people under the age of 18 had been killed in civil unrest this year — 19 were younger than 10. She added that 44 of the total were shot dead by Security Forces, 17 burnt to death, three were run over by police vehicles, four drowned while fleeing from police, two were beaten to death, one was stabbed and six died of unknown causes.

Johannesburg lawyer Nicholas Haysom, of the Centre for Applied Legal Studies at Wits University, told the several hundred medical and social work professionals attending the conference that authorities had declared a war on youth. He said this had occurred against the backdrop of a year-long school boycott and the belief by police that children were the momentum behind the

current unrest. Haysom told of the systematic refusal of bail to children, some as young as 11, on the grounds that their parents could not control them, or that children were more dangerous than adults. As there were no facilities except jails where black children could be incarcerated, there were repeated reports of young detainees being raped by other prisoners, he said. Haysom said there were widespread accounts of children being tortured in detention, and he had a statement from a 15-year-old who had suffered electric shock treatment. Dr Ntsho Mollana, chairman of the Soweto Civic Association, said children had been brutalised by the authorities' violence against them. He also held parents responsible. "We have failed to make the streets safe for them, so our children are doing everything they can." Dominican priest Albert Nolan said it was not easy for children to learn how to cope with life, when all they experienced was oppression and violence. "It's remarkable how many black children do still manage to develop liberating relationships. The problem for white children is far worse, because they have been socialised into a militarised society with irrational fears of the future."

Q'town doctor found guilty ⁹³ on four counts

DISPATCH

12/11/85

PORT ELIZABETH — A Queenstown doctor who gave a patient eight different types of tablets in an unlabelled bottle, and seven in another, was found guilty yesterday on four counts of disgraceful conduct.

A three-man disciplinary committee of the South African Medical and Dental Council, sitting in Port Elizabeth, found that Dr Dawid Nel had failed to provide labels identifying the medicines, and had illegally supplied different medicines in the same container. Two patients were involved.

The findings of yesterday's hearing will be submitted to a full meeting of the council with the recommendation that Dr Nel be prevented from practising for two months, suspended for two years.

Dr Nel told the committee he was in a coma for three months after his neck and skull were fractured in an accident involving a horse when the new rulings regarding the dispensing of drugs were issued.

Saying he had been "out of commission" when the new rulings were introduced, he said: "I know it was against the rules, but I would not like to change my methods of dispensing. If the council can come up with a method that is less confusing to my patients, I will accept it."

Cross-examined by Mr G. E. van der Spuy, for the pro forma complainant, Mr R. J. Filmalter, Dr Nel agreed that medicines or drugs had to be dispensed in their own containers.

Dr P. M. Naidoo, a senior specialist physician at the Livingstone Hospital, said a patient referred to him produced two bottles of tablets given to her by Dr Nel, who told her to consult him again three weeks after she started to take the tablets, which cost R112.

"I was perturbed by the manner in which the tablets were prescribed, and the patient was confused about how to take them. I telephoned Dr Nel, who said he had been given permission to dispense the drugs in the way he had. I could not accept this and wrote to the Medical Council."

He had never seen drugs prescribed in such a manner, which was confusing, and could cause harm.

Dr Nel said "the blacks' way of thinking" was to "chuck all the tablets in the same container and sort it out tomorrow. They live for today."

He denied having told the patient to return to him three weeks after he had prescribed the drugs.

One of the bottles of tablets was described as looking like a "box of Smarties."

The president of the committee, Professor F. G. Geldenhuys, told Dr Nel he had to comply with the law, and the committee had to ensure this was done.

Another member of the committee, Dr K. Goldswain, of East London, said: "If someone gave me 15 different pills in a day, I don't know whether my kidneys would cope. It was once said that, if a patient was given three different drugs, the doctor was overprescribing."

Dr N. Levy, of Cape Town, also sat on the committee. At the start of the hearing, Mr N. M. Prinsloo, the registrar of the council, handed in correspondence between Dr Nel and the council.

PH
Pr

(93)

doctor ^{Steve}

Detainees can now select

21/11/85
'Panel should ensure another Biko incident does not happen'

CAPE TOWN — The decision to allow political detainees to have access to independent doctors selected from a panel has been received with qualified praise.

The Medical Association of South Africa (Masa) said it was "delighted that after more than two years of negotiations, the relevant Government department has now agreed to the appointment of medical practitioners from among whom detainees would be able to select a practitioner of their own choice if, for some reason, they were to request a medical opinion other than that of the district surgeon.

ENSURE

"This is regarded as a major breakthrough and should materially assist in ensuring that an incident like that involving the late Steve Biko should not occur again."

It said detainees would be able to select a doctor from 21 panels made up of up to 30 Masa doctors.

In the past, district surgeons have been largely responsible for giving medical attention to detainees, although detainees and their families have often requested the opinions of private doctors.

Masa said member doctors could apply for appointment to

the panels and it would be responsible for their actions in handling detainees.

The names of panel members would not be publicised, but could be obtained on request. Their names would also be submitted to the Department of National Health and Population Development.

The acting leader of the Progressive Federal Party, Dr Alex Boraine, said of the move that "we must never forget that detention without trial is unnatural and unacceptable."

"The very least that detainees should be allowed to do is to have access to the doctor of their own choice. However, the fact that they will now be able to select a doctor from a panel is certainly a great improvement."

Dr Niklaas Louw, director of Hospital Services in the Cape and a former executive member of Masa, said the move was "a positive step."

"I think that it is the right of a detainee to have access to an independent doctor because he is still only an accused."

The Friends and Families of Detainees said: "In the light of information gathered on the medical treatment of detainees, we are extremely relieved at the decision to allow detainees access to independent doctors" — Sapa.

Date set for Orr hearing

SOWETAN
Correspondent

THE case in which district surgeon Dr Wendy Orr and 43 other applicants sought an interdict to prevent police from systematically assaulting state-of-emergency detainees in Port Elizabeth prisons has been postponed until early next year.

The postponement was granted when the respondents — who include the Minister of Law and Order, Mr Louis le Grange, and senior police officers — appeared in the Supreme Court, Port Elizabeth, to answer the allegations yesterday.

Affidavits

Mr Justice J Smalberger ordered the respondents to submit affidavits and other defence material by January 27 next year, and ordered that the case be heard on February 4.

In September this year Dr Orr, a district surgeon working with prisoners at St Albans and North End prisons in Port Elizabeth, and the other applicants, mainly relatives of detainees, were granted an interim interdict restraining police from assaulting detainees at the two prisons.

Dr Orr has since been transferred from her work and deals with social work and old-age cases for the Department of Health.

Mr J A Neppen appeared for the respondents and Mr N Cherry for the applicants.

93

SOWETAN
27/11/87

ARCUS 27/1/85 93

Brave stand wins young doctor acclaim

TODAY'S
WOMAN

MARIKA SBOROS

JOHANNESBURG. — A young doctor has been chosen Woman of the Year 1985.

Dr Wendy Orr, a 25-year-old Port Elizabeth district surgeon, shot to prominence earlier this year when she won an interim interdict restraining the South African police from assaulting detainees held at the St Alban's and North End prisons under state of emergency regulations.

Readers of the Star, Johannesburg sister paper of The Argus, chose her overwhelmingly as the Woman of the Year.

Dr Orr was the main applicant, along with 44 others, who alleged police maltreatment of detainees. Dr Orr's affidavit detailing allegations of police assault brought the issue of treatment and safeguards for detainees under the international spotlight.

Brave stand

She is the first doctor employed by the State to be involved in such a case in this way.

Recently, the director-general of Health and Welfare confirmed that a panel of private doctors would be appointed in various regions by the South African Medical Association to help safeguard the welfare of political detainees.

Dr Orr's brave stand was made at great cost to herself. When her court application became known, she was treated like a pariah by her colleagues. The authorities removed her from the care of detainees, people to whom she was prepared to offer constructive care and compassion, people who, as she bluntly put it, "could not help themselves".

Through it all, she remained buoyed by the knowledge that she was merely "following the dictates of her conscience".

The basis for that was laid down early in her third year as a medical student at the University of Cape Town's medical school.

Medical ethics

Dr Orr recalls the indelible impression made on her in a lecture on medical ethics by the University of Cape Town's vice-chancellor, Dr Stuart Saunders, a man whom she deeply admires for his "incredible integrity".

"I've never forgotten what he told us. He spoke about doctors who treated prisoners during World War 2, and about how aware they had to be of the ethics involved. This was related to a South African context, and for me it was very relevant. What he told us definitely had a bearing on what happened this year."



Wendy Orr

Dr Orr began working for the state at the beginning of January 1985 in part payment for a three-year State bursary which helped pay for her medical studies at UCT.

She left Cape Town, she says, to experience medicine away from the large well-equipped teaching hospitals.

"So I came to Port Elizabeth, to practise in the sticks," she quips.

Soon after she joined the department, she became embroiled in the centre of South Africa's increasingly violent and bloody conflict.

Dr Orr was one of the state doctors who performed post mortems on the 20 blacks shot by the police at Langa near Port Elizabeth in March.

She is a little embarrassed by the extent of public interest in her. To have ignored the plight of detainees, she says, would have been to "compromise my moral beliefs and my perception of professional responsibility."

While she is quite happy to answer most questions about herself, there is one which makes her cringe: "What made you become a doctor?"

"So many people have asked me that question," she says. "I don't know why I became a doctor. I just know that when I was about 12, I decided that's what I would become." A lifelong fascination with hospitals had something to do with it, she adds.

She grew up in a happy Pretoria home, with her parents and three siblings, in which social concern was emphasised. From an early age, she became aware of racial discrimination. "I knew it was wrong," she says simply.

Politically aware

While she describes herself as politically aware, she stresses that she has never been a member of any political organisation.

At school, her best subjects were English and French. She still managed to excel in mathematics, science and chemistry, even though they weren't her favourite subjects.

For relaxation she is "into wine" and has done a few Stellenbosch Farmers' Winery courses. Her reading taste is eclectic. She reads anything from good literature to "trashy novels". John Steinbeck is her favourite author.

Her strength derives from self-discipline, she says; her weakness from procrastination. "That's why I've had to become self-disciplined," she jokes, "to stop all the procrastination."

Future hopes

Her hopes and dreams for the future? "It's been difficult thinking about the future just now," she says reflectively. "Before all this happened, I thought I'd like to return to Cape Town and go into private practice as a general practitioner."

She hasn't thought of specialising, she says, as she considers it "limiting".

"As a general practitioner you get to deal with a person within a family and work environment, and you can build up a continuing relationship," she says.

The Star's Woman of the Year 1985 obviously has the qualities which will make her a fine general practitioner.

Bid to 'clean up' after Biko death

Cape Times
28/11/84 Political Staff

93

THE proposed panel of doctors to oversee the health of detainees was an attempt to improve the image of the Medical Association of South Africa after the Biko affair, said three medical bodies.

In a statement released this week, they said they believed that "the physical and psychological torture of detainees will not end unless the entire detention system is abolished".

The bodies are the the National Medical and Dental Association (Namda), the Concerned Doctors Action Committee (Codac), a recently formed body of Cape Town doctors, and the Health Workers' Association (HWA).

They said: "The proposed panel of Masa doctors, all of whom must be approved by the government, is no more than an attempt to clean up Masa's image in the wake of the Biko affair.

"Since the government is to exercise the selection for doctors for the panel, and only Masa members are eligible, it is clear that the panel cannot be relied on to act in the interests of detainees.

"Until such time as detention is scrapped we demand that detainees be given free and unlimited access to a doctor of their own choice.

"To be able to choose from a limited panel of government-approved Masa doctors is merely an attempt by the government to create an illusion of a free choice.

"Consequently we reject the proposed panel and call for the abolition of the system of detention."

(93) DISPATCH

Doctor on unrest's effects

Dispatch Reporter

GRAHAMSTOWN — The spiritual development of black children was being severely threatened by the violence which had erupted in the country. Dr Trudi Thomas, maternal and child welfare officer of Ciskei, said here yesterday.

She was speaking at the Bernard van Leer Foundation-sponsored seminar on the role of health services in the education of young children and community development.

"They have seen people shot, sjambokked, choked on teargas and some of them have experienced all these."

Education, a central promotive instrument in the development of children, had been widely disrupted. Young children had been, or were, in detention. "Should children be detained at all?" Dr Thomas asked.

She said that while she would not try to analyse the causes of all the disturbances, society needed to take a stand and seek solutions. Dr Thomas said curative medicine captured the imagination.

"You can raise thousands of rands overnight for one small child who needs a liver transplant, but society lacks the will and organisation to make sure that every child is immunised against measles which killed several hundred children in the

East Cape last year.

"The endless torrent of children suffering from preventable diseases, such as malnutrition and measles, TB and gastro-enteritis continues to flow through the clinics and hospitals."

Dr Thomas said there was a growing awareness that one could not forever sit on "curative chairs, heads down and blinkers on, busily mopping up the relentless flow. We have to turn it off at its source."

Growth — physical, mental and spiritual — was the main task of childhood. Basic to all these was good nutrition, she said.

The important signposts on the road to health were family planning, ante-natal care, breast feeding, food supplements and immunisation.

Unwanted children had the dice loaded against them from the moment of conception. Unwantedness could lead to emotional rejection, which conferred a life sentence of battling with low self-esteem, leading to failure in many spheres of life.

In poor societies, unwantedness equated with malnutrition. The children were often deserted by their fathers and sometimes by their mothers, too.

Dr Thomas said a very important preventive function of a compre-

hensive health service was a vigorous, imaginative and accessible family planning service.

Every woman who fell pregnant should have good ante-natal health care until she delivered a robust squalling infant, for her own sake and for the vulnerable baby she was carrying.

"If a mother is not healthy and well-fed during pregnancy, her baby often does not grow well in the womb and is more likely to pop out too soon, too small or both."

To arrive as a little runt with defences down in a rough world was a great disadvantage from which many children never fully recovered.

Breast feeding was best. It was the ideal food in an ideal world, but most women in South Africa did not enjoy an ideal situation.

Dr Thomas said breast feeding should not be over-sentimentalised or over-romanticised.

AS Baragwanath in crisis ceepens



DR MATSEKE officials slammed.

WAWA

15/11

93

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SOWETAN

OUT

20/11/85

This means that the giant hospital will be brought to a virtual standstill with its patients left stranded. There are around 12 000 patients at the hospital.

This ultimatum was given to the hospital superintendent, Dr Chris van der Heever, yesterday by a delegation representing doctors, nursing sisters, radiographers, technical and clerical staff.

Strike

According to our information, all staff at Baragwanath not affected by the strike last week have now thrown in their lot with the dismissed workers.

THE crisis at Baragwanath Hospital deepened yesterday when doctors and nursing sisters announced they would down tools this morning if dismissed workers were not reinstated.

THREAT

BY MOJALEFA MOSEKI

He did, however, concede that the army could give such service if asked to do so.

A spokesman for the Health Workers' Association (HWA) said when the doctors and nursing sisters were told that Dr Chris van der Heever was "unavailable to respond to their petition submitted after the 10am meeting they resolved to down tools today at 10am if he has not responded."

Late yesterday it was reported that Dr van der Heever had agreed to meet a delegation of the medical personnel comprising of nursing sisters

and doctors.

And yesterday morning all student nurses were evicted from the hospital by 11am nurses were ordered to collect their belongings from their rooms and leave.

The army and police were present. There were no incidents.

Meanwhile the court action to be brought against the hospital by dismissed workers will be heard today. Lawyers acting for the dismissed workers were yesterday busy with preparation of the papers and said they would only bring the matter before the court today.

As reported in The SOWETAN yesterday an urgent application is to be brought in the Supreme Court for the reinstatement of all dismissed workers.

The Institute of Public Servants yesterday condemned the action of the Baragwanath Hospital authorities in dismissing striking staff and the eviction of student nurses from their hostel.

Its chairman, Dr S K Matseke, said yesterday that his organisation condemned the action of the authorities at Baragwanath "in the strongest terms".

"The authorities have responded to the situation in a most high-handed way. They did not even bother to consult with community or national leaders to help solve the crisis," Dr Matseke said.

Sacu campaign for generic medicines

ON THE TIMES 2/12/85 Staff Reporters

THE South African Consumer Union (Sacu) is to embark on a nationwide campaign to encourage consumers to ask doctors to prescribe generic medicines.

The union's move comes in the wake of predictions that medicine prices will rocket by 32 percent next year because of the low exchange value of the rand and of the import surcharge.

A generic medicine is a copy of a branded medicine out of patent, sold under a different name.

A recent Supreme Court ruling made it illegal for pharmacists to substitute generic medicines without the consent of prescribing doctors.

Mrs Betty Hirzel, chairwoman of the Consumer Union, said in a statement: "The union has decided unanimously to embark on this nationwide campaign early next year.

"We are gravely concerned at the ever-increasing cost of medicines. Generic equivalents have proved to be cheaper, often considerably so. We feel that generics should be freely available to consumers. The hard-pressed consumer should not be denied this benefit during these adverse economic times.

"Medical-aid schemes are overloaded and we are concerned that with the increase in the price of medicines, premiums will increase out of all proportion," she said.

Generics had been used by hospitals in this country for many years with no adverse results reported and at a considerable saving to the taxpayer and patient.

Doctors' panels: Distortion row

Staff Reporter

A POLITICAL controversy is brewing in medical circles over the appointment of panels of doctors from which detainees will be able to select a practitioner should they want a medical opinion other than that of the district surgeon.

In a letter to the Editor of the Cape Times dated November 28, the Medical Association of South Africa (Masa) said the statement released by the National Medical and Dental Association (Namda), the Concerned Doctors' Action Committee (Codac) and the Health Workers' Association (HWA) "contains a number of half truths and distortions which seem to be based more on political motivation than on the facts of the case".

The three medical bodies said in a statement published in the Cape Times on Thursday that the proposed panel was an attempt to improve the image of Masa after

the Biko affair and they believed the physical and psychological torture of detainees would not end unless the entire detention system was abolished.

They said: "Since the government is to exercise the selection for doctors for the panel and only Masa members are eligible, it is clear that the panel cannot be relied on to act in the interests of detainees."

The Masa letter said it had taken two years of painstaking negotiation with the government to reach agreement on the setting up of the panels and regarded the agreement as a major breakthrough.

"The Masa is an independent professional association, and to say that members of these panels cannot be relied upon to act in the interests of detainees is to cast an unwarranted and unpardonable slur on the professional integrity of the doctors concerned."

Dec 1985

Doctor against rubber bullets

SOWETAN Correspondent ⁹³

A SOUTH African doctor has called on police to stop using rubber and plastic bullets because of the serious injuries they can cause.

In an article in the *South African Medical Journal*, Dr M A Cohen of the Department of Surgery at the University of the Witwatersrand said five cases of facial injury from plastic bullets had been reported in recent unrest.

One patient was blinded in one eye.

The plastic bullet, first introduced as a riot-control weapon in Northern Ireland in 1976, had a longer range and was more accurate than the rubber bullet and was "considered superior

as a riot control weapon."

Injuries to the face and jaws caused by plastic bullets were "severe, resulting in soft and hard tissue damage".

Dr Cohen said an inquiry into the use of plastic bullets in Northern Ireland by the Association for Legal Justice found police had misused the weapons.

"On the basis of findings of this (Dr Cohen's) report and experience gained from other parts of the world, it appears that plastic and rubber bullets have failed as riot control weapons, and that the serious injuries caused by these weapons warrant discontinuation of their use."

SOWETAN 10/12/77

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Bara nurse fired

ONE of the three Baragwanath Hospital student nurses who brought an urgent application against the hospital for their reinstatement after they were sacked for having gone on strike, has been fired.

A spokesman for the Health Workers' Association disclosed this yesterday. He said Mr Macbeth Nxumalo, a male nurse trainee, was fired last week and this has caused a lot of dissatisfaction among the other employees.

He said four officials of the South African Nursing Association discussed the matter yesterday with the group of employees reinstated after a court ruling.

ing.

The hospital's Public Relations Officer referred The SOWETAN to Dr Hennie van Wyk, director of hospital services, who confirmed Mr Nxumalo's dismissal. SOWETAN

Dr van Wyk said the hospital acted on the court's ruling and refused to discuss the matter any further.

The court's ruling was that Mr Nxumalo's case should be dealt with by the hospital authorities.


The Health Workers' Association spokesman said yesterday's talks held on the hospital's premises centred on Mr Nxumalo's dismissal.

18/12/85

93

COMMERCIAL AND BUSINESS

Orr suit: 93 more affidavits filed

CAPE TIMES
19/12/85
93


Own Correspondent

PORT ELIZABETH. — A further 93 affidavits have been filed with the Port Elizabeth Supreme Court in support of the application by Dr Wendy Orr and others to prevent police from assaulting detainees in Port Elizabeth and Uitenhage.

Dr Orr, a district surgeon, and 43 others were granted a temporary order on September 25 restraining police from assaulting detainees at the St Albans and North End prisons in Port Elizabeth and future detainees in the Port Elizabeth and Uitenhage magisterial districts.

The matter, which made world headlines, has since been postponed until February 4 next year.

One of the 93 new affidavits is that of Mr Dennis Neer, 36, general secretary of the Motor and Component Workers' Union of South Africa (Macwusa), who is still held under the emergency regulations.

In his affidavit, Mr Neer alleges assaults by police on, among other fellow detainees, Mr Mncedisi Sithotho, of the Uitenhage Parents' Committee, Mr Eddie Minas, a teacher who was detained in Cradock, and Mr Edward Menzi, 50, a businessman.

Kierie

In her September application, Dr Orr said as a medical officer she was in daily contact with detainees held under emergency regulations. The overwhelming evidence presented to her in the prisons convinced her that detainees were being systematically assaulted and abused.

porting affidavits, Mr Neer said he was detained at home before midnight on Sunday July 21. He alleged that a black policeman rushed towards him and hit him with a kierie while he was still in bed.

While being taken through townships in a "search for trade unionists" that night, a black policeman sprayed tear-gas into the back of the landrover from an aerosol container "and thought it was a joke".

Recorded

Mr Neer alleged he was assaulted before being taken to the Algoa Park police station, and after he arrived. He was later taken to the St Albans prison where a prison official who took his particulars saw marks on his back and recorded them in a register. He said he told the official that he had been assaulted by the police.

Mr Neer said throughout the week detainees were called for interrogation and returned with visible injuries and reports of assault.

He said apart from the weals on his back and left leg, he was in good physical shape when he was taken for interrogation on July 26.

He was called to a Lieutenant Strydom's office and assaulted by a black policeman and later a white security

He was wearing a tracksuit which had a hood. A Sergeant Faku pulled the hood over his head and tied the front end to his tracksuit front so all he could see was the ground through a small opening.

He was then taken to another room and questioned. He said he was hit with a quirt or punched whenever he gave an answer that did not satisfy his interrogators.

"It was excruciating. Although the blows themselves were painful, it was the helplessness, the disorientation, the constant tension and expectation of being hit and the sudden unexpected blows that was the worst aspect of what I can only call torture."

He said he was grabbed from behind by his trousers and felled. He said he was still handcuffed and fell unprotected on his face and injured his cheekbone. He skidded across the floor and hit the wall with his head.

A piece of wood was put between his handcuffed hands and twisted. This was continued for some time and became "exceptionally painful, I could not stand the pain anymore, I admitted everything, pleading that they should stop".

Begged

Neer alleges assaults by police on, among other fellow detainees, Mr Mncedisi Sithotho, of the Uitenhage Parents' Committee, Mr Eddie Minas, a teacher who was detained in Cradock, and Mr Edward Menzi, 50, a businessman.

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In one of the new sup-

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I can only call torture

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Begged

When he was told to get up, he struggled to stand up and had to use the wall to snake his way up. Mr Neer said he suddenly felt an excruciating pain. Someone had stamped on his bare toes.

"I begged them to remove the hood. I was wet with sweat and beginning to suffocate. It was untied. Any movement thereafter caused me great pain."

Mr Neer said when he was questioned on his telephonic conversation about the May Day celebrations, Sergeant Faku kicked him and threatened to kick him so hard in the genitals so that he would become impotent if he did not co-operate.

Mr Neer said he was subsequently taken to the Livingstone hospital for X-ray tests. There, a doctor told him he had no fractures but the muscle in his arm had been torn. A few days later he was taken back to the orthopaedic clinic at Livingstone.

Mr Neer said the next time he was taken to the square was on October 4, after the Supreme Court order against the police was granted. He said Lieutenant Strydom requested his personal history.

"There were no threats. He even bought me lunch. The atmosphere had changed. Everyone was civil," Mr Neer said.

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INSIDE

HEALTH & DISEASE - DOCTORS

1986

JAN. — DEC

Threatened Wendy to leave home for R

By Ken Vernon

Port Elizabeth

Dr Wendy Orr, the district surgeon who claimed large-scale assaults on emergency detainees last year, has resigned her post in Port Elizabeth and has accepted a position as medical officer with the Alexandra Health Centre and University Clinic in Johannesburg.

Is cricket facing a firing squad?

By Alan Robinson

LONDON — Assurances by senior English cricket administrators that the West Indian tour is safe from political sabotage have failed to calm deep fears that international cricket is facing a firing squad.

The 11th hour intervention by the Bangladesh Government to kill off the "B" team tour has heightened concern that the Caribbean countries, under heavy pressure from militant anti-South African organisations and governments, may waver and deny entry to "rebels" Graham Gooch, John Emburey, Peter Willey and Les Taylor.

One man who is deeply worried is Leicester County secretary and TCCB member Mike Turner. He said yesterday, "What Bangladesh has done could inflame passions in the Caribbean.

"It would take only one ambitious politician in the West Indies to step out of line and cricket could be torn apart."

Some Press reports here say a climactic split along racial lines could leave the door open to SA to return to test cricket but, in view of Britain's policy on sports contacts with South Africa, that is unlikely.

It could mean two racial camps, with England, Australia and New Zealand in one and India, Pakistan, the West Indies and Sri Lanka in the other.

● England's cricket tour of Zimbabwe will not go ahead next month unless four players in the squad swear they will not have any more sporting contact with South Africa, a senior sports official said yesterday.

"We will not renege on our position: if the four players don't sign declarations against having any more sporting contacts with South Africa — and these declarations have to be accepted by the UN, the Organisation of African Unity and so on — the team will definitely not be cleared," the vice-chairman of the Zimbabwe Sports and Recreational Council, Surman Mehta, said yesterday.

The council will have the final word on whether or not the England "B" team can come or not. — Sapa-Reuter

Dr Orr decided to leave Port Elizabeth because she was no longer allowed to visit detainees and had received telephone death threats, her father, the Rev Robert Orr, told *The Star* yesterday.

Mr Orr said his daughter, who was one of 40 applicants for the position, would start work at the health centre in February.

"It has been confirmed she has the post in Alexandra and she is looking forward to working at the centre because of the clinical experience she will gain there," Mr Orr added.

The threats to Dr Orr's life, which have been reported to the police, have forced her to change her address and take an unlisted telephone number.

Dr Orr was *The Star's* Woman of the Year in 1985.

Late last year, Dr Orr and 43 other applicants obtained an interim order from the Port Elizabeth Supreme Court restraining police from assaulting state of emergency detainees.

Dr Orr claimed to have seen the results of assaults during the course of her work for the Department of Health at two Port Elizabeth prisons where the detainees were being held.

Immediately after her allegations, Dr Orr was removed from her work at the prisons, shunned by her co-workers and given work at old age homes and sheltered employment factories.

Unhappy

"I have been very unhappy for some time now and the death threats have just added to my misery," she said.

"I applied for a post at the Alexandra Health Centre and, even if I had not got it, I would definitely have left Port Elizabeth," she said.

Dr Orr said that a group of Cape Town people, whom she declined to name, had paid off her bursary obligations as a token of "admiration and respect" and this had enabled her to make the move.

"I would have preferred to go to Cape Town but Johannesburg has come up with the job offer," she said.

"I just had to get out of the job I was in and out of Port Elizabeth."

Dr Orr said she had submitted her resignation but had not yet had any reaction from the Department of Health.

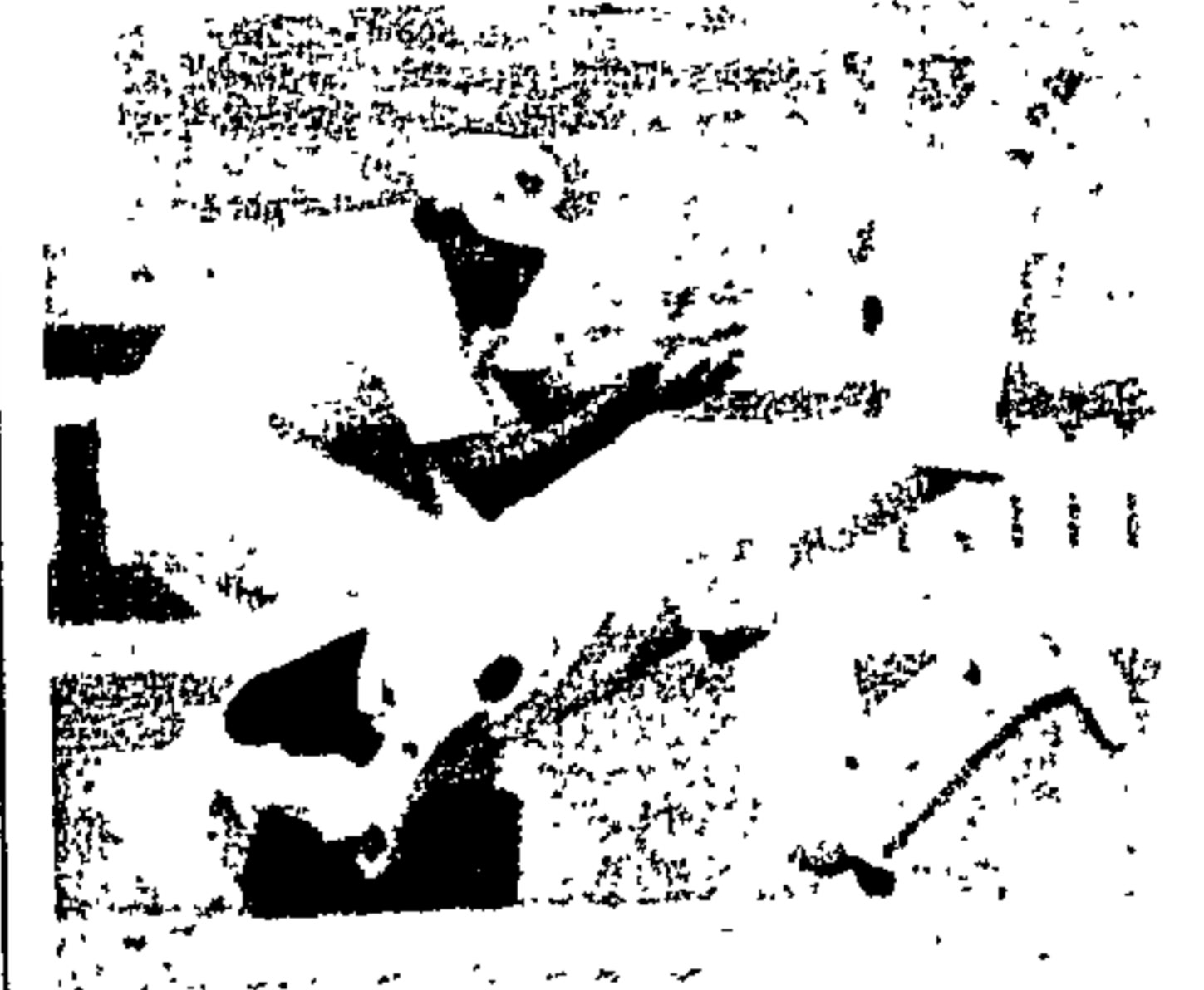
She confirmed that she planned to travel to the United States in April on a tour organised by the US Information Service to meet leading figures in the medical profession and other fields.

Dr Orr is spending the weekend with her parents.



Cool Kourie takes a dab

Springbok batsman Alan Kourie plays at and misses a shot by Australian fast bowler Rodney Hogg (above) in the test at Newlands and, shortly afterwards, gets on top of Hogg's fellow paceman Carl Rockemann to be held by Steve Rixon (below) for eight runs. Springbok team is on the crest of a big performance with an unbeaten first-innings total of 423 runs.



Test on the box today

"Sport 86" on TV1 this afternoon features coverage as follows:

● Cricket: 1.57, 2.42, 3.02, 3.22, 4.01 and 4.56 — the Second National Panasonic Test between South Africa and the Australian XI being played at Newlands, Cape Town.

● Horseracing: 3.52 — R100 000 Highlands Stud Classic from Milnerton.

● Paddle Skiing from East London 4.31.

TV2 and TV3 details were not available.

● Starting on Monday. *The Star* will carry a special service for its readers about the television programme "Siyafunda", a 52-episode series which will be broadcast in English twice weekly (with repeats in Afrikaans) at 6.45 pm to teach viewers Zulu.

Because of the huge interest in the series, *The Star* will help all those interested by carrying the vocabulary needed. For further details, read *The Star* on Monday.

Bunter barrow could end innings for

By Mark

Former Transvaal bowler Bunter Barlow has always had a long association with the "Bunter" barrow.

But one of the reasons why the barrow could well be a punchline.

Because this week the barrow and white bull Bunter Dyer disappeared from the scene and has not returned.

"I named the dog Bunter," said Dyer yesterday. "The Western Province side down to Cape Town their legs after being named Bunter."

"Then Province went to play us (Transvaal) in Durban. I was playing a match at and missing Bunter. Eddie came down the road and said, 'I know Dave, your dog is Bunter.'"

Dyer said Bunter was found in Duncombe Street, Durban.

Anyone finding Bunter Dyer at 646-2335 (home).

Fasting doctor calls for negotiations

Pretoria Bureau

STAR

2/1/86

93

A well-known Laudium doctor who went on a seven-day fast in Pretoria yesterday in protest against the violence in the country, has called on the Government to start negotiating with leaders of all races.

Dr Peter Joshi, who closed his practice for the period he will spend fasting at the Seva Samaj Hall in Laudium, has appealed to other South Africans to join him in prayer at the hall.

He said four people would be joining him in the fast. Many others would join in prayer services held three times a day.

Dr Joshi, who has drawn up a declaration calling on the Government to speed up a peaceful solution to the country's political problems, said he had started collecting signatures to accompany his declaration to the office of the State President.

He has also started collecting money for Operation Hunger.

Police dispute

Orr's claims

DBB 2 93 4/2/86 E-Post

By SHIRLEY PRESSLY

THE Minister of Law and Order and members of the South African Police and Prisons Department today disputed allegations of brutal assault on detainees made by a former Port Elizabeth District Surgeon, Dr Wendy Orr, and 42 others in an urgent Supreme Court application last year.

The reply to the application by Dr Orr — which made world headlines in September — is contained in 700 pages of typed affidavits, lodged at the Port Elizabeth Supreme Court.

The application was referred for oral evidence by Mr Justice Jones and the rule nisi extended to June 17.

Affidavits submitted today also included startling allegations about "people's courts" in Port Elizabeth townships (see Page 3).

In his affidavit, the Divisional Commissioner of Police in the Eastern Cape, Brigadier Ernest Schnetler, sketched the situation in the townships of PE and Uitenhage before and after the State of Emergency.

He said the situation was abnormal and tense, with continual incidents of public violence, arson, murder and assault. There was large-scale intimidation of black policemen.

Their homes were burnt down and they and their families were threatened.

Black policemen dared not stroll around the streets of the townships and there were cases of policemen being killed by having burning tyres placed around their bodies or having petrol poured over them.

Brig Schnetler said it had been repeated time and again to policemen that they should not abuse the powers given to them through the state of emergency. It had been pointed out to them repeatedly that violence should be used only in essential cases.

Brig Schnetler said the affidavits by Dr Orr and others gave the impression that the security forces and, in particular, the police acted as if the emergency gave them the right to ignore the rights of others and to assault and intimidate people willy-nilly, and that the police enjoyed protection as a result of the emergency.

It was possible there were exceptional cases where members of the SAP exceeded their boundaries and, in these cases, the necessary investigations were undertaken and strict action taken.

He said the existence of "people's courts" in the townships had been proved. Some people who were subsequently detained by the police had received injuries inflicted as punishment in these courts.

Dr Orr had referred to "brutal assaults". If this was the case, the victims should have landed in hospital. Only four cases of alleged assault were investigated by the police and none of the people allegedly assaulted was prepared to lay charges against the police.

The police investigations in the four cases of assault had to be dropped because the people refused to make

● Turn to Page 3

Police dispute Dr Orr's allegations

● From Page 1

statements.

Other points raised in the affidavits include:

● Dr Orr's statements were largely based on hearsay.

● Handwriting experts had proved that additional entries, such as "assaulted by police", had been made to detainees' record cards.

● Dr Orr did not complain to the prison authorities about the inadequate medical services in the prison.

● Although there were allegations that assaults were very serious, only two detainees were referred to hospital.

● Prof J A Olivier, Chief State Pathologist for the Orange Free State, visited the detainees on September 26 and none mentioned anything about physical violence.

Brig Johannes Hills, officer commanding both St Albans and the North End prisons, said he could not understand what Dr Orr meant by alleging that the yellow medical cards were "incomplete".

It was the duty of the district surgeon to complete the yellow cards.

Brig Hills denied that medical facilities at the prisons were inadequate.

Lt Winnefred Nel, acting officer commanding the North End Prison, said that up to September

4/2/86. E. Post
26 last year about 72 women were held in terms of the emergency.

Only about four or five had complained of injuries. None laid charges.

Lt Nel said that if the assaults had been so serious, it would have been expected that detainees would have been admitted to the prison hospital or to a hospital outside.

Lt Patricia Prince, who works in the prison hospital at St Albans, said it was one of her duties to examine inmates and note injuries or complaints.

Only three detainees were referred by Dr Orr to the local prison hospital.

93
E. Post

Police deny PE assaults

THE South African Police have denied knowledge of assaults on state of emergency detainees alleged by a former district surgeon Dr Wendy Orr and 42 others.

This emerged yesterday from affidavits filed by police in the Port Elizabeth Supreme Court in reply to an interim interdict granted last September restraining them from assaulting and torturing detainees.

At a brief hearing yesterday Mr Justice Jones granted an order postponing the return date of the application until June 17. In the meantime the restraining interdict will remain in force.

It was in the parties' interests that the matter be heard and judgment given soon, Mr Justice Jones said.

An ancillary order adding the names of 12 policemen as co-respondents was also granted.

Police filed more than 70 affidavits totalling 700 pages.

Injured

The major document was a point-by-point denial of Dr Orr's allegations by Brigadier E Schnetler, Divisional Commissioner of Police in the Eastern Cape.

He said it could have happened that some people were injured while resisting arrest and that other detainees had been badly injured before their detention by "people's courts" in the townships.

He said Dr Orr's allegations against the police were vague and police in charge at the time of the alleged incidents were never properly identified, making it impossible to trace culprits.

Other allegations were based on hearsay and were impossible to prove.

Brigadier Schnetler said only four detainees lodged complaints with the police.

Police tried to investigate these cases thoroughly, but were hampered by the complainants failing to give



Dr WENDY ORR.

of the alleged assaults.

All the policemen alleged in the application and supporting affidavits to have assaulted detainees denied doing so and all denied believing that they were indemnified against action against detainees by the state of emergency regulations.

The day after the interim interdict preventing police from assaulting detainees was granted, the police brought in a professor of pathology from the University of the Orange Free State, Professor J A Olivier, to examine the detainees.

In his affidavit he said all the detainees at St Alban's prison were assembled, and he, in the company of prison officers, examined prisoners at random.

He later examined 18 randomly selected pris-

enough information about the alleged assaults. Other senior police officers named as respondents in the application submitted affidavits denying knowledge

oners in detail in the prison hospital, again in the company of prison officers, and said none said they had been assaulted or showed signs of any injury. — SOWETAN Correspondent.

Cops deny Orr assault charges

A SECURITY Police brigadier told the Port Elizabeth Supreme Court this week that policemen have been told "time and again" that they should not abuse powers given them through the state of emergency.

Brig Ernest Schnetler, whose affidavit was read to court in the hearing in which Dr Wendy Orr and 42 others have alleged assaults on detainees by cops, said cops had been told they should use violence only in "exceptional" cases.

Brig Schnetler, with the Minister of Law and Order

Open hands for victims

CP Reporter

UNREST victims' families will be helped financially by the new fund-raising project Operation Solidarity.

Donors can contact Patric Skosana at (042412) 944 (Somerset East).



Dr ORR

and members of the SA Police and Prisons Department, have disputed allegations of brutal assaults on detainees made by Dr Orr and the 42 others in an urgent application last year.

Affidavits submitted this week also include startling allegations about "people's courts" in Port Elizabeth townships.

Sketching the situation in the townships of Port Elizabeth and Uitenhage before and after the state of emergency, Brig Schnetler said in his affidavit: "The situation was abnormal and tense, with continual incidents of public violence, arson, murder and assaults. There was large-scale intimidation of black policemen."

"Their homes were burnt down and they and their families were threatened. There were cases of policemen being killed by having burning tyres placed around their bodies and having petrol poured over them," the court heard.

Probe into cell death

CITYP

9/2/86



By **BENITO PHILLIPS**

TWO private pathologists have performed a second autopsy on the body of a Ciskei Department of Transport clerk who died while in police custody last week.

The first autopsy on the body of Mbulelo Boltini, 31, of Zone 13, Mdantsane, was conducted by pathologists appointed by the Ciskei Government. Boltini died while being held at the Mdantsane Charge Office.

The second autopsy was conducted at the Cambridge police mortuary this week by two pathologists

representing his family - East London district surgeon Dr Basil Wingreen and Dr J Gluckman of Johannesburg.

Ciskei police spokesman Lieutenant Mavuso Ngwendu confirmed that a murder docket had been opened.

Boltini's girlfriend, Nomahlabi Caga - a nurse at Mdantsane's Cecilia Makiwane Hospital - said she was approached by police to go with them on an investigation into the theft of a cop's gun.

Caga said that before the cops approached her, she learnt they had been drinking at Boltini's home.

One cop had fallen asleep, and when he woke up he claimed his gun was missing.

"Boltini found the gun the next day. It was hidden behind a radio and he brought it over to my house for safe-keeping. This led to the police search at my house. After finding the gun, Boltini and I were taken to the charge office," she said.

Details visited by State doctors
HANSARD 13/2/86
 31. Dr M S BARNARD asked the Minister of National Health and Population Development:

- (1) Whether any visits were made by State doctors in 1985 for the purpose of examining persons detained in terms of security legislation; if not, why not; if so,
- (2) whether records were kept of these visits; if not, why not; if so, what total number of visits were made in 1985;
- (3) whether any reports on such visits were submitted by State doctors to his Department in 1985; if so, how many such reports were submitted;
- (4) whether any action was taken by his Department as a result of such reports; if not, why not; if so, (a) in respect of how many cases was action taken and (b) what were the circumstances of each of these cases?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

- (1) Yes.
- (2) Yes = 2378.
- (3) Yes = 2378.
- (4) (a) 50.
 (b) *Hunger Strike*: = 15 cases
 (i) Taken to hospital, where necessary, and treated.
 (ii) Persuaded to eat—with success.
Depression: = 30 cases
 (i) Consultation arranged with psychiatrist where necessary.

HoA

(ii) Treated at Prison or Hospital by District Surgeon.

Minor Injuries: = 5 cases

Treated according to injury by District Surgeon.

THURSDAY, 13 FEBRUARY 1986

Indicates translated version.

For written reply:

General Affairs: X

Lebowa; electricity
HANSARD 13/2/86
 6. Dr W J SNYMAN asked the Minister of Education and Development Aid:†

- (1) (a) How many towns in Lebowa are supplied with electricity at present and (b) in respect of which date is this information furnished;
- (2) (a) what agency administers the consumer costs in respect of the supply of electricity and (b) at what unit cost is the electricity supplied;
- (3) whether street lights are switched on in uninhabited areas of Lebowa-Kgomo in the evening; if so, (a) why, (b) where and (c) what agency is responsible for the cost of the power consumed in this regard?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

- (1) (a) 13.
 (b) 7 February 1986.

(2) (a) The Department of the Interior of the Lebowa Government.

The MINISTER OF ADMINISTRATION AND ECONOMIC ADVISORY SERVICES:

(b) To small consumers at 6,27c per unit and to large consumers at 3,3c per unit and R10,70 per kVA.

For the period January to October 1985.

(a) 44.

(3) No.

Children born
HANSARD 13/2/86
 58. Mr A B WIDMAN asked the Minister of Administration and Economic Advisory Services:

Age	Number
(b) 20-24	1
25-34	27
35-44	9
45-54	3
55-64	2
65+	2

How many (a) White, (b) Black, (c) Coloured and (d) Asian children were born in South Africa in 1984, (i) including and (ii) excluding the national states?

Information for November and December 1985 not yet available.

The MINISTER OF ADMINISTRATION AND ECONOMIC ADVISORY SERVICES:

Male/female immigrants
HANSARD 13/2/86
 60. Mr A B WIDMAN asked the Minister of Administration and Economic Advisory Services:

- | (i) | (ii) |
|----------------------------|------------------------|
| (a) 81 550 | 81 472 |
| (b) 730 000
(Estimated) | 400 000
(Estimated) |
| (c) 89 492 | 89 471 |
| (d) 22 454 | 22 440 |
- (a) What is the estimated number of (i) males and (ii) females who entered the Republic as immigrants in the latest specified period of 12 months for which figures are available and (b) how many such (i) males and (ii) females were 17 years of age or younger?

The MINISTER OF ADMINISTRATION AND ECONOMIC ADVISORY SERVICES:

For the period November 1984 to October 1985.

- Medical doctors leaving Republic*
HANSARD 13/2/86
 59. Mr A B WIDMAN asked the Minister of Administration and Economic Advisory Services:
- | (i) | (ii) |
|--|------------------------------------|
| (a) How many medical doctors left the Republic permanently in 1985 and (b) what was the age distribution of these medical doctors? | (a) 9 557 9 806
(b) 2 472 2 348 |

HoA

BUS DAY 14/12/78
Deportee IS

held by SAP

DR BAFANA ZWANE,
a medical practitioner
of Mabopane, near Pre-
toria, who was deported
from Bophuthatswana
two weeks ago, is being
held by the SA Police
under Section 29 of the
Internal Security Act.

This was confirmed
by the Police Director-
ate of Public Relations
yesterday.

Zwane was deported
after an order was
served on him at his sur-
gery in Ga-Rankuwa by
the Department of In-
ternal Affairs, accord-
ing to Col David George
of the Bophuthatswana
Police. — Sapa.

Orr tells of injuries

93812865 MAR 2001
GRAHAMSTOWN — Former Port Elizabeth district surgeon Dr Wendy Orr yesterday told the Eastern Cape Supreme Court that injuries she had noted on Mr Rex Quma following his admission to St Albans Prison were consistent with his allegations of assault.

She was testifying in the application for a final interdict against the police, brought by Mr Quma's mother, Mrs Cynthia Quma.

An interim interdict, preventing the police from either assaulting or harassing Mr Quma, was previously granted by the court.

Dr Orr said her medical findings were consistent with a blow to the eye and a kick in the back, as alleged by Mr Quma at the time of the examination in September last year.

She said she had found his left eye to be swollen and red, and his left lumbar area was tender.

The hearing continues. — Sapa.

Post mortem doctor 'failed in professional duty'

93 Joe Openshaw
Medical Reporter

A 32-year-old doctor who overlooked 13 external injuries during a post mortem on a woman who died in a Brakpan police cell was yesterday found guilty by a disciplinary committee of the South African Medical and Dental Council on three charges of improper and disgraceful conduct.

Dr J P van der Linde, of Rooihout Street, Dalpark, Brakpan, an assistant to the district surgeon, pleaded not guilty to the charges.

He was found to have failed in his professional duty and responsibility to carry out a proper, thorough and acceptable post mortem on Mrs Elizabeth Mpe (50) on June 19 1981.

The committee, which sat in Johannesburg, took Dr van der Linde's youth and inexperience into account in suspending him for three months — the sentence being suspended for two years.

It was found that he knowingly and incorrectly diagnosed bronchial pneumonia as the cause of Mrs Mpe's death on June 18 1981 and, at an inquest on the following day, made no mention in his report of any external injuries, abrasions and bruises on her body.

These included a 10 cm bruise over the ribs, a bruising of the right eyebrow and a bruising and swelling of the lips, consistent with violence.

His post mortem report, made out by a police warrant officer and not signed by him, was found to be inaccurate, misleading and incorrect.

STAR 5/3/86
Dr Jonathan Gluckman, a specialist pathologist called in by Mrs Mpe's family to conduct a second post mortem, testified that there was no evidence of a cardio-pulmonary disease and the probability was that she died as a result of violence.

Dr van der Linde was present when he carried out the second post mortem on June 29 and found 13 external injuries, marks and bruises on Mrs Mpe's body.

"There were signs consistent with violence over the right eyelid and eyebrow, the right incisor tooth was broken and there was swelling of the lips, particularly the upper lip, and bruising," said Dr Gluckman.

Cross-examined by Mr P Pauw, for Dr van der Linde, Dr Gluckman said it was highly unlikely that so many external injuries and marks could have been caused by rough handling of Mrs Mpe's body.

Dr van der Linde said in evidence that he concurred with Dr Gluckman's findings at the second post mortem but stood by his original diagnosis.

Cross-examined by Mr Mr G F van der Spuy, Dr van der Linde said the injuries he saw at the second post mortem could have been caused by manhandling of the body as a result of the first post mortem or because of decomposition.

Mr Pauw called Dr Patricia Klepp, a forensic pathologist in Johannesburg, who said corpses frequently fell off trolleys at the mortuary and received post mortem injuries.

The committee's findings will be referred to the next full council sitting for ratification.

DISPATCH 6/3/85

Dr Orr may be called to court

Dispatch Correspondent
PORT ELIZABETH — The team appearing in the application for a final interdict against the police yesterday announced they intended calling Dr Wendy Orr, who had worked for the district surgeon's office in Port Elizabeth, to testify in the Supreme Court, Grahamstown.

Mr Ian Farlam, SC, told the court certain documents had come into his possession, which showed that Dr Orr had examined a former detainee, Mr Rex Quma, after his admission to St Albans Prison on September 18 last year.

A medical report showed that Mr Quma had complained of an assault to Dr Orr, and

that she had administered treatment for certain injuries she noticed he had sustained, Mr Farlam said.

An interim interdict, restraining the police from assaulting or harassing Mr Quma, of Port Alfred, had previously been granted by the court. This week, a hearing of oral evidence started to deal with factual disputes which arose on the papers in the application for a final order.

The application was brought by Mr Quma's mother, Mrs Cynthia Quma.

The respondents are the Minister of Law and Order and the Divisional Commissioner of Police.

Mr Quma, said he had been assaulted by police

on several occasions.

On Friday, September 13, he said, he had reported to the Port Alfred police station in compliance of his bail requirements when three policemen had remarked on his haircut, likening it to that of jailed African National Congress leader, Nelson Mandela.

Mr Quma said the policemen proceeded to show him a picture of someone with a crew-cut, who they claimed was Mandela. He said one of the policemen had hit him on the side of his mouth with his fist, while another kicked him on his leg.

He was again detained on September 16, and taken to the local charge office where he was

slapped in the face, kicked in the stomach twice and threatened with a firearm by a policeman who accused him and others of being the cause of the consumer boycott in the town, Mr Quma said.

The policeman had also said they deserved to die, while pointing a firearm at them, he added.

Late that evening, Mr Quma said, he was questioned by a white policeman about a meeting which had allegedly been held in the African township.

He said he had told the policeman, a certain Warrant Officer Ferreira, he had no knowledge of the meeting, nor had he attended any meetings.

Post mortem report practice disturbs medical committee

By Joe Openshaw, Medical Reporter

A disciplinary committee of the South African Medical and Dental Council this week expressed concern that report forms on medico-legal post-mortem examinations were not signed by doctors.

The committee, sitting in Johannesburg, heard from a witness, forensic pathologist Dr Patricia Klepp, that it was common practice throughout the country for district surgeons and their assistants not to sign the report forms in cases of death from natural causes.

Dr Klepp said in evidence that the report was a private document for the doctor's use only. Where death was due to natural causes, the report need never leave the doctor's office.

The evidence was given when Dr J P van der Linde, of Rooihout Street, Dalpark, Brakpan, appeared before the committee to answer charges of improper and disgraceful conduct.

His counsel, Mr P Pauw, pointed out in his defence that the medico-legal post-mortem form had no statutory force.

Often, the report was filled in by a police scribe, appointed by the examination doctor.

In keeping with common practice, Dr van der Linde did not sign the report form in the space provided for the examining doctor's signature, but did sign the certificate of post-mortem examination in which the cause of death was recorded.

The police scribe signed the report.

8/3/86. DISPATCH 93

Orr confirms assault allegations

Dispatch Correspondent

PORT ELIZABETH — Former Port Elizabeth district surgeon, Dr Wendy Orr, told the Supreme Court in Grahamstown yesterday that injuries she had noted on Mr Rex Quma following his admission to St Alban's Prison were consistent with his allegations of assault.

She was testifying in the application for a final interdict against the police, brought by Mr Quma's mother, Mrs Cynthia Quma.

Yesterday, Dr Orr said her medical findings were consistent with a blow to the eye and a kick in the back, as alleged by Mr Quma at the time of the examin-

ation (in September last year).

She said she had found his left eye to be swollen and red, and that his left lumbar area was tender.

During cross-examination by Mr J. J. Nepgen, SC, for the Minister of Law and Order and the Divisional Commissioner of Police, Dr Orr confirmed his suggestion that the assault on Mr Quma before his admission to the prison, as described by him in court, could not be found to be acceptable.

The allegation of assault Mr Nepgen was referring to was made by Mr Quma before the court this week. He alleged he was severely assaulted in that he was

struck with fists and kicked by a policeman until he fell to the floor.

The assault had allegedly continued, Mr Quma said, adding that the policeman had "grinded" his head against a concrete floor while pressing his foot to the side of his face.

Mr Quma further alleged the policeman had struck him on the top of his head with the butt of a gun.

Dr Orr said if this had been the case, she would have expected to have found multiple bruises and abrasions to his face and body. She added that Mr Quma had not complained to her of such an assault.

Dr Orr testifies on prisoner's injuries

*Care from 15
10/3/86
93*

Own Correspondent
PORT ELIZABETH. — A former Port Elizabeth district surgeon, Dr Wendy Orr, told the Supreme Court, Grahamstown, on Friday that injuries she had noted on Mr Rex Quina after his admission to St Albans Prison were consistent with his allegations of assault.

She was testifying in the application for a final interdict against the police, brought by Mr Quina's mother, Mrs Cynthia Quina. An interim interdict, preventing the police from either assaulting or harassing Mr Quina, was previously granted by the court.

On Friday Dr Orr said her medical findings were consistent with a blow to the eye and a kick in the back, as alleged by Mr Quina at the time of the examination in September last year. She said she had found his left eye to be swollen and red, and his left lumbar area was tender.

During cross-examination by Mr J J Neegen, SC, for the Minister of Law and Order and the Divisional Commissioner of Police, Dr Orr confirmed his suggestion that the assault on Mr Quina before his admission to the prison, as described by him in court, could not be found to be acceptable. The allegation of assault

Mr Neegen was referring to was made by Mr Quina before the court last week. He alleged he was severely assaulted in that he was struck with fists and kicked by a policeman wearing boots until he fell to floor.

The assault allegedly continued, Mr Quina said, adding that the policeman had "grinded" his head against a concrete floor while pressing his foot to the side of his face.

Mr Quina further alleged the policeman had twice hit him on the head with a gun butt.

Dr Orr said that, if this was the case, she would have expected to have found multiple bruises and abrasions to his face and body. She added that Mr Quina had not complained to her of such an assault.

Dr Orr further confirmed, in reply to a question from Mr Ian Farlam, SC, for the applicant, that she had examined Mr Quina outside the courtroom on Friday morning.

She said she had concluded Mr Quina was not fit to give evidence before the court.

He complained of a severe headache, which he alleged to have been experiencing since September last year, appeared to be confused, was speaking slowly and stammering

and, in general, complained that his body was painful.

Dr Orr also told the court that she felt it was necessary for Mr Quina to consult a neurologist, or a specialist physician if a neurologist was not available.

The presiding judge, Mr Justice Zietsman, postponed the application to a date to be fixed by the registrar. He further extended the rule nisi to June 13.

STAR
14/3/86

251 93

Reluctant heroine Wendy Orr settles into Alexandra clinic job

By Colleen Ryan

Dr Wendy Orr is a reluctant young heroine, trying to rebuild her private world after six months of intense publicity brought about by her court application restraining police from torturing detainees in Port Elizabeth.

After moving from the Cape to work at the Alexandra Health Clinic last month, Dr Orr has been settling into the demands of her job as a medical officer. She described the Alexandra centre, run on mainly private funds, as a "huge general practice with doctors seeing 500 to 600 patients a day."

Dr Orr (25) shot to promi-

nence last year when she won an interim interdict restraining the South African Police from assaulting detainees held at the St Albans and North End prisons under the emergency regulations. She was later named *The Star's* Woman of the Year for 1985.

EXPERIENCE

She decided to leave Port Elizabeth, where she was employed by the State, after she was barred from further visits to detainees.

Dr Orr said she did not have enough experience to compare her work in Alexandra to other centres. However, she thoroughly enjoyed it despite the frustrations. "It is difficult

because there is a language problem — but I intend to do something about that.

"There are doctors who have been working at the clinic for many years and they have been able to develop relationships with patients," she said.

The Alexandra Clinic in Wynberg, which overlooks the "backyard" of the township, deals with problems associated with overcrowding and poor facilities.

She said she did not have any long-term ambitions: "This time last year, I would never have dreamt I would be where I am. I'm taking life as it comes."

She said she was extremely reluctant to be in the limelight.



Dr Wendy Orr ... "for too long medical people have turned a blind eye".

Her fame has opened some doors, however, and later this month she will visit the United States as a guest of the US Information Service.

Dr Orr has made it clear her clash with the authorities was the result of her merely following her conscience. "It is very easy for medical people, practising in cities, to turn a blind eye and not to get involved in ethical and moral issues. I think for too long that is what has happened," she added.

STAR 93
14/3/88

Doctors get backing for ethics stand

The Southern Transvaal branch of the Medical Association of South Africa (Masa) has formally expressed its support for the stand taken by doctors at Johannesburg's Coronation Hospital.

The doctors say it is unethical to transfer patients to other hospitals against their will.

This means doctors transferring black and Indian patients to regional hospitals in their "own" areas, can be found guilty of unethical conduct if patients' lives are placed in danger through such a move.

Masa slammed the transfer of patients to other hospitals against their will as an "unacceptable" breach of ethics.

The Director of Hospital Services for the Transvaal, Dr Henrie van Wyk, disagreed with the view that the move was unethical, saying no patient would be turned away from Coronation Hospital in an emergency.

"The issue has nothing to do with race, and the policy of regionalisation has been in effect for many years throughout the Transvaal", he said.

Doctors and community and health organisations have rejected the directive, introduced by the Transvaal Provincial Administration earlier this year, to transfer black and Indian patients from Coronation Hospital to hospitals in their "own" areas.

The instruction was aimed at improving overcrowded conditions at the hospital.

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SOUTH Africa could soon have the world's first medical research institute to study the effects of detention and interrogation.

The institute is the brainchild of a group of South African doctors who are seeking funding for the project from major American foundations with impeccable credentials.

The centre will focus on the effects of detention, interrogation and torture as well as the medical and ethical issues surrounding the treatment of detainees.

Professor Michael Simpson, assistant dean of the medical faculty of the University of Natal, said local doctors had already found a blood test which they believed could accurately indicate whether a person had been subjected to electric shocks.

Shocks

The test had proved positive on two former detainees who alleged they were given severe electric shocks while in detention.

Medical evidence on the test would soon be given in a Supreme Court case. Professor Simpson said if the test was accepted as valid, it could be used by district surgeons to monitor all detainees on a weekly basis and prevent possible abuses.

Professor Simpson, a psychiatrist who has been called as a consultant in the treatment of a number of detainees, said: "What we want to do is form an independent academic institute for the scientific study of the effects of detention and interrogation."

Local doctors treating detainees found there were many "troubling and traumatic prob-

RESEARCH INTO EFFECTS OF INTERROGATION

Doctors in detention and torture probe

FOCUS

SOWETAN Correspondent

lems" which they were unable to solve because there was "dead silence from the usual sources — textbooks and reference materials". The institute would gather information which would enable doctors to help these patients and which would have international relevance.

While certain overseas studies had been done on the "late effects of fairly gross torture", South Africa provided a unique opportunity to study detainees during or immediately after their detention and to assess the effects of things like solitary confinement.

Tribute

"I suppose the centre would be an odd tribute to South Africa because most countries which have the capacity to produce these problems have never allowed any study of them."

He admitted that researchers would be "touching on a raw area" as far as the South African Government

was concerned, but said the institute would be apolitical and researchers would not be going in with any preconceived ideas.

Asked if the institute would study security police methods, Professor Simpson said: "We are not talking about monitoring the security police. If the authorities are sincere in saying that the allegations that are being made are untrue and that the procedures followed are not harmful then they should have no reason for concern and we should have very little to study."

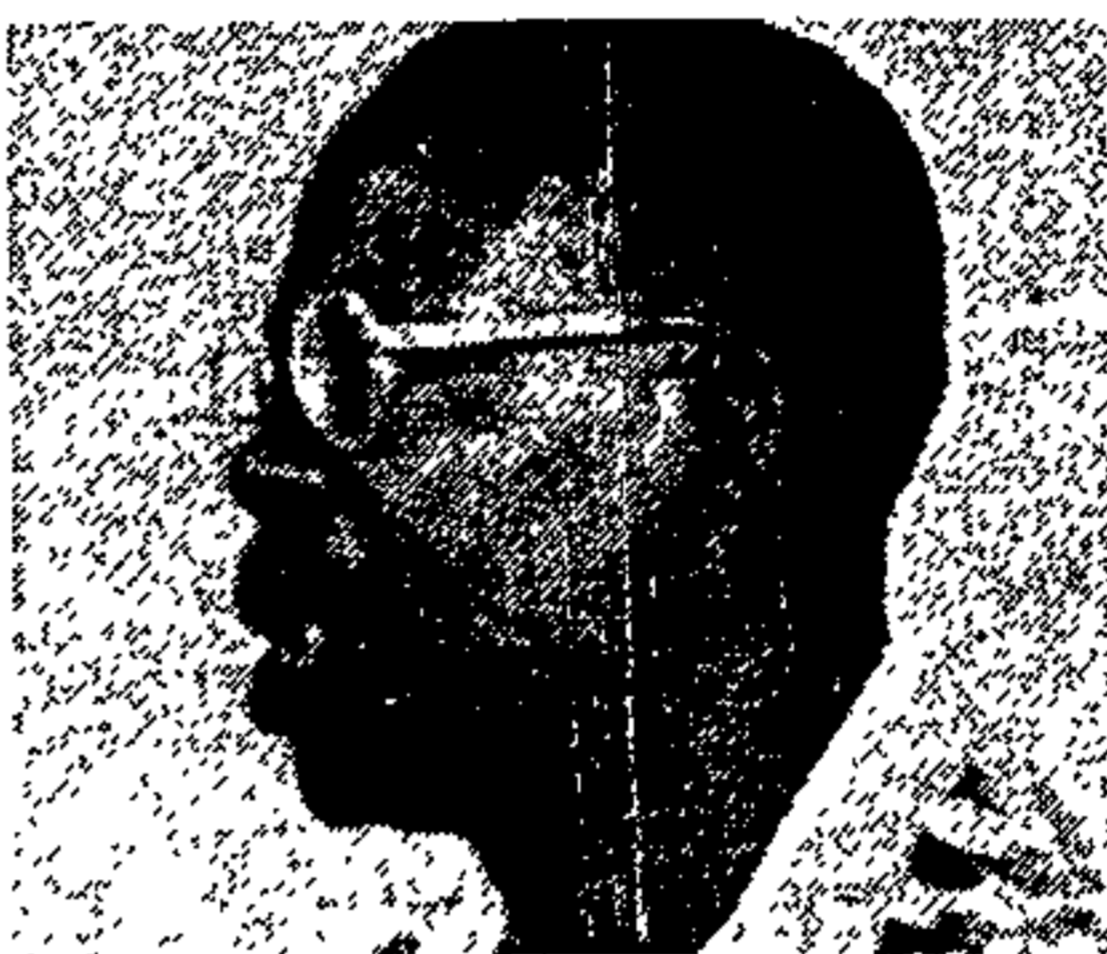
"If on the other hand, certain officials are getting out of hand or overstepping the mark then our work should be helpful to the authorities in informing them about the scale on which it is happening."

He said the ethical issues concerning medical treatment of detainees were very problematical as had been shown by the international outcry over the conduct of the Biko doctors.

Effects

"We've heard from district surgeons in many areas that when a political detainee is ill, a lot of doctors don't want to be involved, they don't want to know about it. On the other hand, if the problem exists on the scale it appears we don't want to be like the doctors in downtown Auschwitz who ignored what was going on."

"What happens to a doctor who is asked if a patient is fit for interrogation? In a way it's easy if we can say: 'No, he isn't physically or mentally fit and we don't see how he will be.' But what happens if he is physically and mentally fit? The doctor can hardly say nothing. Our contention is that nobody is fit for unpleasant



Mr AMOS MASONDO . . . public relations officer of the Soweto Civic Association. He spent seven months in detention. He was released on March 7 without being charged when the state of emergency was lifted.

interrogation just as no doctor can give a medical certificate saying a patient is fit to jump off the top of a building."

Professor Simpson said nobody disputed that detention and interrogation were taking place in South Africa. What was disputed was the method and the effects.

Many doctors were seriously concerned about the extent to which people could be damaged by things like solitary confinement. And there were "disturbing rumours" that what went on in detention was torture.

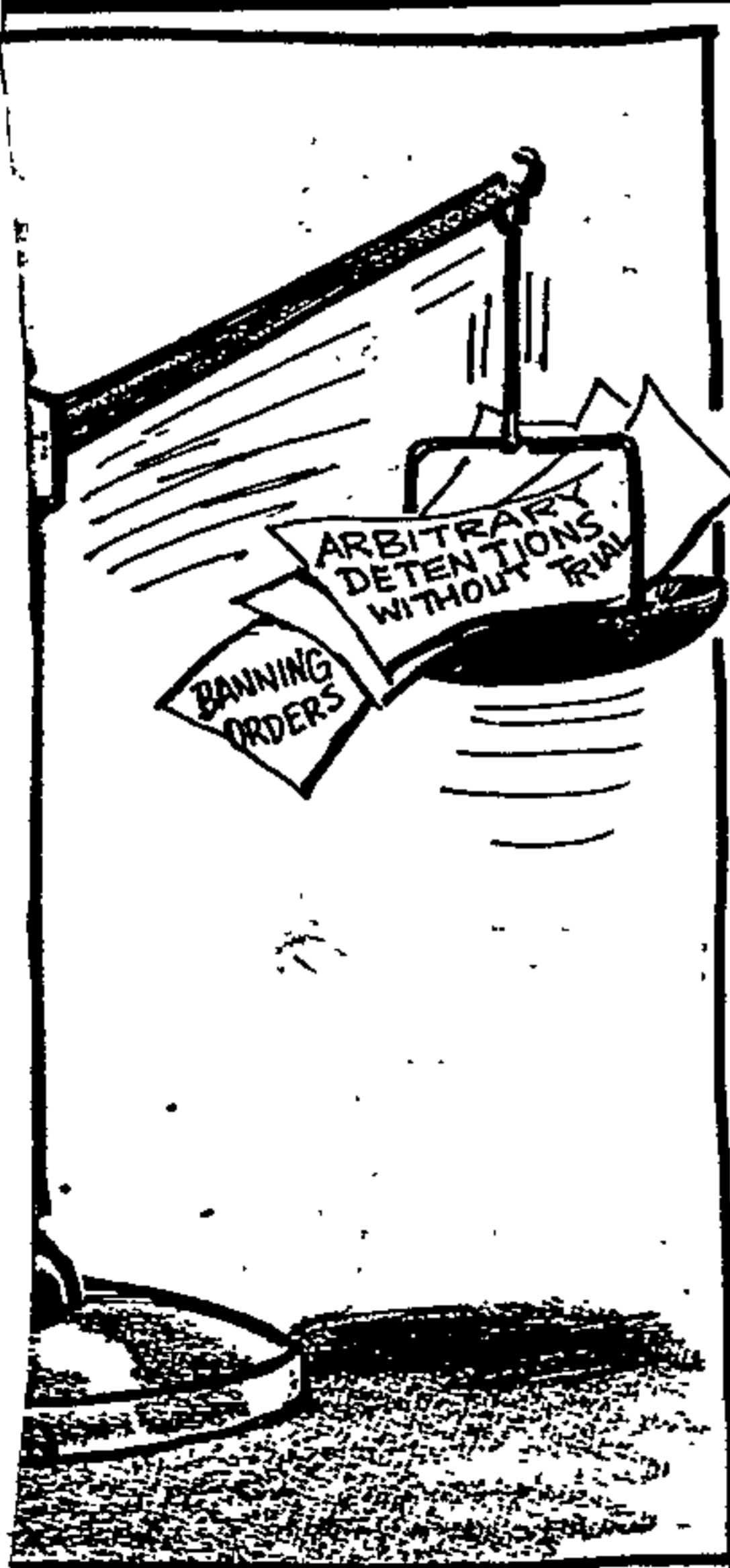
"When you talk about torture most people think of racks and thumb screws and vats of boiling oil and say: 'Nonsense, there is no such thing here'. But in terms of the Declaration of Tokyo the definition of torture is very broad. It includes doing anything very unpleasant to someone to make them change their minds or to do something they would not have nor-

mally done. That includes things like threats, menaces, setting up a circumstance in which someone is frightened, let alone physically laying hands on them.

Professor Simpson said: "One of the problems that has never been clearly addressed either theoretically or academically, medically or legally is the serious extent of the effects of apparently much less damaging things like prolonged solitary confinement."

He said many detainees manifested post-traumatic stress disorder which is found in victims of severe rape and other "gruelling experiences" as well as among people who had been caught in natural disasters.

Professor Simpson said: "We are not against the preservation of law and order and we think it is immensely important for any free country, but surely the first level of law should be the preserving of order between people's ears and under the skin."



Political comment in this issue by J Latakgomo and A Klaaste. Sub-editing, headlines and posters by S Mathaku. All of 61 Com-mando Road, Industria West, Johannesburg.

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• Write to the Editor at P O Box 6663, Johannesburg, 2000. Nom-de-plumes can be used, but full names and addresses should be supplied or the letter will not be published.

Bid to help patients

(b) (i) Urban Areas	Number moved	(ii) Places where they were resettled	Number moved
Bronkhorstspuit	50	KaNgwane	74
Delmas	142	Gazankulu	251
Heidelberg (Transvaal)	142	KwaZulu	33
Kempton Park	86	Transkei	105
Nigel	227	KwaNdebele	597
Springs	160	Bophuthatswana	178
Soweto	36	Lebowa	80
Vaal Triangle	12	OwaOwa	109
Roopepoort	16	Venda	6
Harrismith	15	Ciskei	1 374
Duncan Village	1 367	Khayelitsha	33 280
Jan Kempdorp/Vryburg	108		
Louis Trichardt	236		
Crossroads	33 280		
	36 087		36 087

Rural Areas

(b) (i) Orange Free State

72 Virginia and Ficksburg (District)

(b) (ii) To Botshabela (i) and Witzireshoek (OwaOwa)

At own request

Natal

650 White Farms Sanger, Greytown, Ixopo, Ladysmith, Vryheid and Weenen

550 persons were settled in Closer Settlements on SADDT land, e.g. Bulwer (district Stanger), Oudeni (district Nkandla), Waayhoek (district Ladysmith) and Compensation (district Impendle). Statistics of the number of persons settled in each Closer Settlement are not available. 100 Persons were settled in various areas of their own choosing in KwaZulu.

These persons were all farm labourers who became surplus to requirements and were relocated to avoid legal action being taken against them.

Northern Areas

2 290 Kaapse Hoop

Nelspruit

The Ranch (White River)

Louis Trichardt

Louis Trichardt

Morgenson

KaNgwane (497)

KaNgwane (8)

Gazankulu (32)

Lebowa (2)

KaNgwane (90)

SADDT Town

Waterval (1 506)

Gazankulu (42)

Venda (74)

Lebowa (37)

KaNgwane (2)

Voluntary upgrading of living standards.

Voluntary and arranged own means of transport.

Transvaal Midlands and Western Transvaal

618 Balfour	OwaOwa (31)	At own request
Rustenburg	KwaNdebele (71)	
Schweizer-Reineke	Bophuthatswana (147)	
Standerton	Gazankulu (6)	
Witbank	Bophuthatswana (154)	
	KwaNdebele (49)	
	KaNgwane (3)	
	KwaNdebele (117)	
	Lebowa (17)	
	KwaNgwane (12)	
	Gazankulu (11)	

(c) Of the 2 807 persons mentioned in b (i) who were removed from urban areas, 2 723 did so voluntarily and 84 were repatriated in terms of section 14 of the Blacks (Urban Areas) Consolidation Act, 1945.

The reasons for removal of persons from rural areas has been indicated against each area above.

Zululand	4	2	537
Medunsa	—	—	384
Vista: Contact	—	2	1 726
Correspondence	—	—	4 618

Doctors

363. Dr M S BARNARD asked the Minister of Education and Development Aid:

How many students in each race group qualified as doctors at the Medical University of Southern Africa at the end of 1985?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

Black	52
White	None
Asian	None
Coloured	None

Economically active persons employed

435. Mr L F STOFFBERG asked the Minister for Administration and Economic Advisory Services:

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

(a) (i) How many (i) White, (ii) Coloured, (iii) Asian and (iv) Black students were registered at each university falling under the control of his Department in 1985 and (b) how many of these students were first-year students in each case?

(a)	(i)	(ii)	(iii)	(iv)
University	48	22	2	3 211
Fort Hare	27	5	4	5 472
The North	9	—	6	2 367
Zululand	171	2	11	1 033
Medunsa	15	—	2	2 964
Vista: Contact	—	21	1	6 994
Correspondence	—	5	—	1 047
Fort Hare	7	1	—	1 285
The North	—	—	—	—

(1) In respect of Whites, Coloureds, Asians and Blacks, respectively, in each of the latest specified 10 years for which figures are available, (a) how many (i) men and (ii) women were there in each specified age group between the ages of 20 and 60 years, (b) how many of these persons were salary and wage earners and (c) how many of them were not economically active;

After school, his children
One union grouping, the Congress of SA Trade

Doctors anger pharmacists with dispensing claim

By Joe Openshaw,
Medical Reporter

Retail pharmacists are incensed by attacks made on them this week by dispensing doctors at the Fifth General Practitioners' Congress in Johannesburg and are angry at a suggestion that the South African consumer would be saved R600 million a year if all dispensing were done by general practitioners.

Mr Don Sutherland, president of the Pharmaceutical Society of South Africa, told *The Star* yesterday dispensing doctors had resumed the "war of attrition" they have been waging against pharmacists.

"Figures quoted at the congress by Dr R J Kobrin, a dispensing doctor, are at least R115 million out," Mr Sutherland said.

Dr Kobrin said there was a staggering mark-up of R575 million between production and consumption of ethical drugs put on the market by manufacturers.

Mr Sutherland said there were important factors the public should know:

- Pharmacists undergo five years of intensive training to specialise in medicines while doctors only undergo a six-month course.
- Dispensing doctors have to be well versed in and carry only about 40 scheduled drugs while pharmacists have to be well versed in and stock 2 000 scheduled drugs.
- Many dispensing doctors only have contact with patients on the telephone, or operate outside the law because they are too busy seeing patients to dispense themselves so leave the job to receptionists or nurses — 90 percent of whom are unqualified.

Creams still cause blotches

Medical Reporter

Skin lightening creams still cause permanent disfiguration in an alarming number of users — even in new preparations containing the legal limit of two percent hydroquinone, an ingredient linked with permanent blemishing.

This was found in a study by the departments of dermatology, family medicine and biostatistics at Pretoria University, the Fifth General Practitioners' Congress held in Johannesburg was told this week.

Skin lighteners were introduced into South Africa in the mid 1960s and by the '70s an increasing number of patients attended dermatology clinics suffering from disfiguring dark blotches on the skin.

Doctor: detainee had sjambok weals on leg

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22/4/86
DISPATCH

Dispatch Reporter
EAST LONDON — Two medical doctors testified in the regional court here yesterday that a young Burgersdorp detainee had sjambok weals when they examined him, but a security policeman denied that the man had been assaulted while in police custody.

The East London district surgeon, Dr Basil Wingreen, and his Queenstown counterpart, Dr J. Cooper, were giving evidence in a case in which Mr Professor Bacela, 20, of 243 Burgersdorp, is charged with terrorism and per-

jury. He has pleaded not guilty to both charges.

Dr Wingreen told the magistrate, Mr D. Cronje, that he had examined Mr Bacela several times between August 27, 1984, and March 5, 1985.

"When I examined him on the first day, he told me that he had been assaulted by the police when he was arrested at Lady Grey on August 14, 1984. He also told me that he had been tortured at Aliwal North," Dr Wingreen said.

However, when Mr Bacela was duly examined his physical being was

"normal" except for weals on his thigh which were consistent with a sjambok assault.

Dr Wingreen also told the court that Mr Bacela had embarked on a hunger strike after the food he had ordered to be given to him had been discontinued. That problem was resolved a few days later, he said.

Under cross-examination by Mr D. Chetty, for the defence, Dr Wingreen said it was usual that no marks would be visible after a person had been assaulted with bare hands.

Dr Cooper said that when he examined Mr Bacela, he had found no external injuries though Mr Bacela had told him that he could not eat properly because of pains in his abdomen. He said Mr Bacela had said the pains were due to the assault by the police.

Dr Cooper recalled that he examined Mr Bacela again on August 17, 1984, at the request of the security police. He said he found a mark on Mr Bacela's shoulder which appeared as if he had "bumped against something and there were two serious wounds on him which were from a sjambok."

Sergeant Mxolisi Ngqwaru of the security police branch in Queenstown told the court that Mr Bacela was brought to their offices on August 15, 1984. He was subsequently transferred to the East London prison.

He denied that Mr Bacela had been assaulted while in police custody.

Under cross-examination by Mr Cronje, Sgt Ngqwaru said he had visited Mr Bacela while he was in the East London prison. The reason for the visit, he said, was to drive Mr Bacela around the city so that "he should not spend the whole day in the police cells alone".

Replying to questions put by Mr Chetty, Sgt Ngqwaru said he was present when Mr Bacela was interrogated both in Queenstown and East London. He also told the court that Mr Bacela had "played open cards" when questioned and when Mr Bacela was brought to East London, he was already satisfied with the answers given by Mr Bacela.

The case continues today.

Mr J. du Plessis was the prosecutor.

STAR 24/4/86

Doctors link in 'torture' denied

By Joe Openshaw,
Medical Reporter

The Medical Association of South Africa (Masa) was not aware of any instances of doctors being involved in the torture of detained children, the Secretary General of Masa, Dr CEM Viljoen, said in Pretoria yesterday.

Dr Viljoen was commenting on claims of torture made in the BBC television programme "Witness to Apartheid" by Dr D Foster, of the National Medical and Dental Association (Namda). He was also replying to charges that doctors, by failing to report evidence of torture, condoned and participated in torture.

Dr Viljoen said involvement by doctors in torture of detainees or failure by them to report evidence of torture was a gross violation of medical ethics and Masa would investigate any cases reported to it.

The South African Ambassador to Britain, Dr Denis Worrall, yesterday acknowledged on the BBC that detainees were occasionally tortured, but said the Government had declared it illegal and the courts had acted to stop the practice.

STANDARDS

Masa appointed two ad hoc committees to investigate the medical care of detainees and Dr SA Strauss, of Unisa's Department of Criminal Law and chairman of one of the committees, reported there was reason to believe torture of detainees had taken place from time to time.

Dr Viljoen said adherence to ethical and moral standards was high in South Africa, but there could be some individuals who failed to uphold these codes.

Dr Bob Dyer, organising secretary of Namda, said in Durban that silence by doctors who found evidence of torture meant they were morally involved and condoned torture.

"District surgeons and doctors should bring evidence of torture to the notice of the courts or the detainee's family in the same way as done by Dr Wendy Orr in Port Elizabeth."

Dr Dyer said in view of widespread reports of torture of detainees, he was surprised other district surgeons had not come across evidence of this.

(93) CAE Tm# 6/5/86
'Resignation' suit
decision reserved

Supreme Court Reporter

JUDGMENT was reserved yesterday in a civil suit brought by the director of the National Research Institute for Nutritional Diseases against his employer's decision to force his resignation.

Dr Jacques Rossouw is seeking a Supreme Court order declaring the decision of the Medical Research Council (MRC) invalid and setting it aside.

Dr Rossouw, who has served on the MRC for nine years, had been told that if he did not resign by March 27, he would be given one month's notice.

This followed the report of a committee investigating complaints against Dr Rossouw which found him guilty of four transgressions, including accepting airline tickets from a chemical company without going through the proper channels.

It also found he had been "insubordinate" in writing a letter in response to a ministerial request without checking the letter with the MRC manager-in-chief. He had "besmirched the council's name" by expressing misgivings about the way the council was constituted to the minister concerned, and had damaged the council's reputation by installing equipment, which was later removed, in Tygerberg Hospital without permission from the authorities.

Mr G D Griessel SC, appearing for Dr Rossouw, argued that the council was obliged to give Dr Rossouw a proper hearing and had failed to do so.

Mr W G Burger SC, for the MRC, argued that the application was pointless as both parties were contractually entitled to end Dr Rossouw's employment with one month's notice and without giving reasons.

Mr Justice H A van Heerden and Mr Justice C T Howie presided. Mr Griessel was assisted by Mr H M Carstens and instructed by Silberbauers. Mr Burger was assisted by Mr A P Blignault and instructed by Jan S de Villiers and Son.

AREA A Alberton, Bellville, Benoni, Boksburg, Brakpan,
Durban, Germiston, Goodwood, Inanda, Johannesburg,
Kempston Park, Krugersdorp, Kullis River, Malmesbury, Nigel,
Oberholzer, Paarl, Pinetown, Port Elizabeth, Pretoria, Randburg,
Randfontein, Roodepoort, Sasolburg, Simon's Town, Somerset West,
Springs, Stellenbosch, Strand, The Cape, Uitenhage
Vanderbijlpark, Vereeniging, Wellingtton, Westonaria, Wonderboom
and Wynberg;
AREA B Bloemfontein, East London, Kimberley, Klerksdorp,
Pietermaritzburg, and Witbank;
AREA C Middelburg (TV1), Odendaalsrus, Potchefstroom, Virginia,
and Welkom;
AREA D Newcastle, Pietersburg, and Rustenburg;
AREA E Ermelo, George, Heidelberg, Highveld Ridge, King William's
Town, Klip River, Knysna, Kroonstad, Mossel Bay, Oudtshoorn,
Standerton, and Uppington;
AREA F Bethlehem, Brits, Delmas, and Harrismith;
AREA G Albany, Balfour, Bethal, Bothaville, De Aar, and Piet
Relief;

Doctors may have to do session work

By Sue Leeman,
Pretoria Bureau

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SPMR 8/5/86

Opposition parties in the provincial council have slammed draft legislation which will prohibit private physicians from treating their patients in provincial hospitals unless they do session work there.

If legislation handed in this session is passed, private doctors will in future be barred from treating their patients in provincial institutions unless

they are prepared to accept part-time appointments there.

A provincial hospital will not be obliged to accept a patient if his doctor has not agreed to low-paid session work.

MEC for hospital services Mr Daan Kirstein has promised that the new ruling will not endanger the lives of emergency patients.

However, PFP MPC for Parktown Mr Sam Moss said yesterday the new legislation was retrogressive and dictatorial.

In addition, it placed patients

at risk and made inroads into the fundamental rights of taxpayers, who had paid for the hospitals in the first place.

He said doctors might not be able to take part because they lacked time and added that the fees for sessions were "insulting" when compared with what could be earned in private practice.

Reacting to Mr Kirstein's argument that many platteland hospitals were understaffed and badly needed the services of private doctors, Mr Moss said if

these hospitals were so badly run, they should be turned over to the private sector.

Council Conservative Party leader and former MEC for hospital services, Dr Servaas Latsky, said the province was tampering with the right to practise medicine freely.

He said: "This is a blackmail technique and it will threaten the doctor/patient relationship."

Dr Latsky said he foresaw many more medical claims by patients against doctors as a result.

... says pregnancy :

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Call to Govt to release or charge doctor

A CALL was made to the government yesterday to either charge or release Dr Bafana Zwane who has been in detention for the past three months.

Dr Zwane, a medical practitioner, lived and practised in Bophuthatswana until he was served with a deportation order in January this year. He was later handed over to the South African Police and has been in detention since January 27.

A spokesman for the Police Relations Division in Pretoria yesterday said Dr Zwane was being held in terms of Section 29 of the Internal Security Act.

Abhor

A spokesman for the South African Medical Discussion Group

(SAMDG) yesterday said: "We abhor the detention without trial laws in South Africa. Dr Zwane, who has now been declared persona non grata in a place where he stayed and practised, should either be charged or released".

The SAMDG in a statement said: "Dr Zwane has been removed from his patients, some of whom need his constant care.

Surgery

He should be charged or released so that he can take his place in surgery where he belongs and not in solitary confinement".

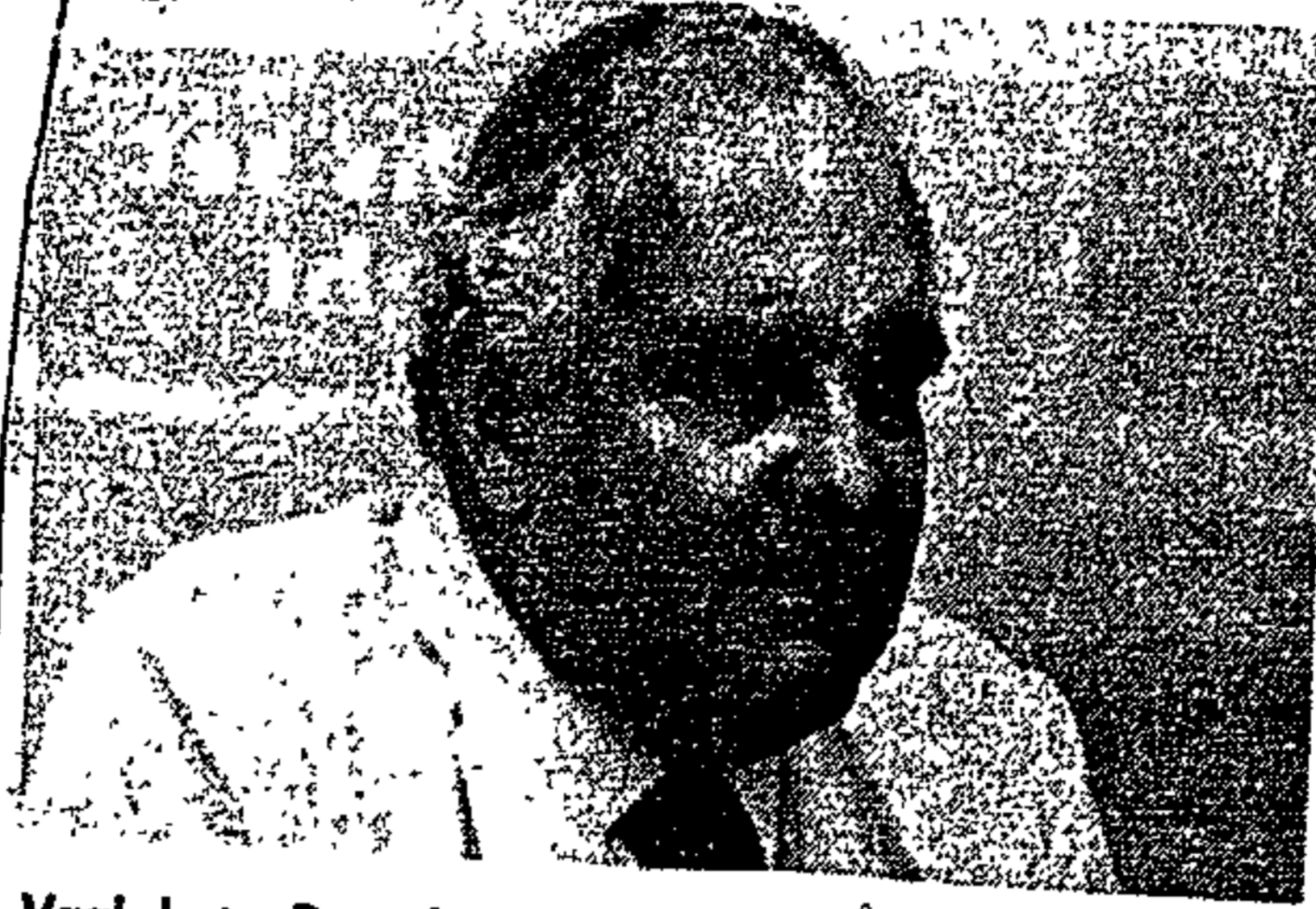
Political organisations in Atteridgeville have also condemned his detention and called for

the authorities to either charge or release him.

Dr Zwane's family is worried about his physical and mental condition after they were recently informed by the authorities that he was hospitalised and later discharged.

28/1/82
S. J. TAYLOR

ISS, May 11, 1986



Vaal doctor Daan le Roux who was stoned last week, but aims to keep up his practice.

Vaal doctor faces stones

By STAN MHLONGO

VAAL doctor Daan Le Roux was almost stoned dead by a group of youths last week.

Le Roux said he had a narrow escape when his car was invaded by stonethrowers - minutes after he had closed his Sebokeng surgery and was on his way to his Vanderbijlpark home.

It was the first time in 25 years that Le Roux - popularly known as "mlungu doctor" to local residents - was confronted by township youths.

When other white doctors operating in black townships decided to abandon their surgeries after violence erupted in the Vaal in 1984, Le Roux did not budge.

He stayed even though his Boipatong surgery was burnt with hundreds of shops and businesses in the area.

"I have worked in the

townships all my life," Le Roux told *City Press*.

In all the years that he has been a doctor in Boipatong, Bophelong and now Sebokeng, Le Roux said, he had never "crossed swords" with township youths.

When it happened last week, Le Roux said, "it was a frightening situation".

"The stones just kept raining on my car - like I was in the middle of a hail-storm," he said.

His car was damaged.

Some residents who saw the incident apologised to Le Roux.

"All is forgiven," he said. "I don't have a grudge against anybody."

He said he had not been scared into leaving his practice in Sebokeng.

"I will move to Sebokeng Hostel, where the Orange-Vaal Development Board has fixed up a new surgery," said Le Roux.

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Be selfless, doctors told

THE materialism creeping into medical practice in SA, and the need to lower the costs of medical services, were stressed by Medical Association of South Africa (Masa) president Prof H P Wassermann in Pretoria last night.

In his inaugural address at Masa's annual general meeting, Wassermann said in the staggering post-war explosion of technology, four new medical schools were established.

The latest doctor count was 25 000 to serve a population of 35-million — one doctor for every 1 300 in the population. However, there were 25 specialists for every 100 doctors "and we can now talk of specialist saturation".

Referring to the ideals of medicine, Wassermann said a subtle and increasing materialism had been noted in the profession. More and more graduates no longer asked "What can I do for the

GERALD REILLY

people of this country", but rather "What can I get out of it".

"We must not be blind either to the materialistic connotation of the word 'patients' which, increasingly, are being referred to as 'consumers' or 'clients', and doctors as providers who deliver products."

Wassermann stressed that the high costs of medical services had to be tackled, and Masa had already taken the initiative in this field.

The era of organisation and management had suddenly overrun the profession. This was a phase in which stress was laid on making medical services of a high quality available for all at a reasonable price. In the immediate future the dual system of free enterprise and socialised medical care would have to continue.

It should be remembered, he added, that 15% of the population earned an average of R16 800 a year while 73% earned R4 356 or less.

Referring to the maldistribution of an "adequate" number of doctors, Wassermann said there was an economic need for a radical change in the division of labour which would inevitably meet with resistance.

This would be clothed in idealistic terms but would in many cases defend vested interests for short-term gain. These were vested in third parties, which increasingly tended to control the doctor.

Ethics versus obligations

Medical Reporter

Alexandra clinic during arrest this year.

MEDICAL ethics cannot be divorced from the obligations of the Criminal Procedures Act, says Dr F P Retief, director-general of the Department of National Health and Population Planning.

In a letter to the SAMJ Dr Retief said the medical superintendent of the clinic acted within his rights to refuse co-operation with the police on ethical grounds, but "these actions cannot be divorced from the obligations imposed on the State by the Criminal Procedures Act when a serious crime is suspected."

Dr Retief was commenting in the South African Medical Journal on the incident in which 300 medical files were removed from the

FINMAIL 30/5/86



Robert Botha

Gutkin... an end-May listing

eliminate it as potential competition, as well as for our different product range."

Direct sales as Housewares does them, Gutkin explains, means sending out a sales force committed exclusively to Housewares products. They sell on a commission basis in offices, at consumer shows like the Rand Show, and by appointment in homes.

"We don't sell door-to-door, but it's a potential not to be sneezed at — in the US direct sales is mostly door-to-door, and is worth \$8,64 billion a year."

Housewares' debut wasn't easy: "We started in mid-1981, and it took six months to find the right formula: at the end of the year we had a loss of R74 000. But the following year after-tax profit was R150 000, and it kept climbing. Projected after-tax profit for this year is R1,42m," Gutkin says.

Why seek a listing? "We're offering 7,5% of the equity in our share option scheme to staff. It's already had a marked impact on motivation and sales. Even my own motivation got a stimulus! If we hadn't gone public and moved to a new level of operation, I could have lost steam; the challenge is a major remotivation for me."

Gutkin joined his father's produce wholesaling business when he left school in the early Sixties. Six years later he and his brother bought into Riviera Foods via a family investment in a medical aid scheme.

"I started in 1969 by selling on the road, doing just what my salespeople do today. I found I had a flair for direct sales, and developed my background in the industry, moving from selling to production and marketing, from new products to packaging."

Has the direct sales field the rosier of reputations? Housewares' customers receive the goods they order at least four weeks before they pay the first instalment, Gutkin says. "Clients must be happy with quality and service, because we have them on the books for some time. Operators who demand money first, then provide defective goods, give the industry a bad name."

With other reputable direct sales practitioners, Gutkin hopes to build a positive image for the industry. Summing it up, he says, "We're here to stay, and we're looking forward to plenty of growth."

TIM WILSON

Applying band-aid

Tim Wilson took charge of the Alexandra Health Centre and University Clinic a few days after the township's first major eruption of unrest midway through February. It's a job requiring steady nerves: the health centre, and Wilson, tread a delicate path between the demands of the authorities, medical ethics, and a township in turmoil.

Wilson (42) received his first subpoena four hours after he took charge. "The police wanted our records. We discussed it in a gentlemanly way and agreed to take the issue to court and let the lawyers fight it out."

He accepts the ruling of the National Medical and Dental Association that doctors are not obliged to report bullet wounds to the police, something never laid down in law: "At stake is the principle of the confidentiality of the doctor-patient relationship. A major argument, too, against providing names is that the injured will be afraid to seek help. After all, doctors are not investigating officers," Wilson says.

But before the subpoena could be tested in court, the police "pre-empted a judicial decision — they arrived with a search warrant and briefly seized the clinic's records. That was when I protested publicly, to the authorities, the Department of Health and the press."

Working in the township, how does he view the police and army presence there? "I find that their presence increases tension. When I've been into Alex to see patients, and police have not been present, I was never threatened. But when police and army are in evidence, temperatures rise," he reflects.

The centre's full-time staff is now 71, with three full-time and 12 part-time doctors: "We're open 24 hours a day and see about 600 people daily. We have no beds except for a small maternity section — which nonetheless delivers more babies a year than the Johannesburg hospital. Since we're not a hospital, we refer to Tembisa, Baragwanath and Hillbrow hospitals."

Establishing credibility with the community is an important target, Wilson says. "There is still considerable suspicion. I'm concerned to contact groups and individuals in Alex, to let them know that my door is open to discuss health problems and complaints, and that confidentiality will be maintained."

With privatisation of SA's health services

looming, the centre has the potential to serve as a model, or pilot project, Wilson believes. He admits that his aim to upgrade services is constrained by shortage of funds, and that development will depend on private contributions, but he believes it's in the forefront of developing low-cost urban community health services. And the centre is unique, Wilson believes, in that as it is private, it can provide both curative and preventive medicine.

"Whatever government is in power, SA faces a massive increase in urbanisation. It makes sense to explore ways that health professionals can work with communities to improve services for the urban poor."

Wilson's medical speciality is paediatrics, to which he adds considerable expertise in theory and practice of community health.

Born in the eastern Cape, he won a Rhodes scholarship at UCT, for medical training in Oxford between 1963-1970. Returning to SA, he worked at the well-known Charles Johnson Memorial Hospital in Nqutu, Zululand. Already he was interested in ways of delivering effective non-hospital based health care.

In 1972 he began a four-year specialisation in paediatrics. In 1976 at Baragwanath he was involved in SA's first nurses' training programme in primary health care. Nurses were trained "to run clinics, do diagnosis and treatment which until then was regarded as doctors' work."

After a spell as consultant paediatrician, in 1979 Wilson started a three-year stint heading a Wits research project on co-ordination of Soweto's health services. His report, recommending streamlining SA's highly fragmented health system, was received with considerable professional interest.

In 1982 Wilson was back at Bara as a paediatrician specialising in leukaemia, and also doing part-time work for the Wits Department of Community Health. In mid-1984 he left to spend 18 months studying in the US and London — returning to a job which crystallises many of the dilemmas of the SA doctor.



Wilson... a job requiring steady nerves

4 1/2/80
REPORT

PE doctor killed in township surgery

Crime Reporter

THE partly burnt body of a doctor from Motherwell, Dr Mbulelo John Hewana, was found in his surgery in Motherwell last night by a passing police patrol.

The Bureau of Information in Pretoria said today that a can and two bottles containing petrol were found near his body, seeming to indicate that arson was involved.

Apart from the murder of Dr Hewana, yesterday was one of the quietest days since the declaration of the state of emergency, according to the bureau.

Dr Hewana's wife, Dr Lindi Dube, who works at Livingstone Hospital where she and her husband lived, said he normally returned home at 7.30pm after early evening surgery at his rooms in Motherwell.

She said he never stayed overnight in Motherwell.

The couple married in December last year.

Dr Dube said her husband had qualified at the University of Natal Medical School in 1983 and completed his housemanship at Livingstone Hospital the following year.

He then went into private practice with a partner in New Brighton and moved to Motherwell, where he practised alone, during mid-1985.

Dr Dube said she was not sure what the motive could have been for her husband's murder, but it could have been robbery.

Police told her that her husband had been shot.

His car, a Corolla Avante, was missing.

It was possible that her husband had quite a large amount of cash on him last night.

Doctors get 20 pc rise 'but new tariff is a guide only'

Masa concerned at health of private medical services

By Kym Hamilton, Pretoria Bureau

Medical tariffs for "contracted out" doctors have risen by an about 20 percent and are retrospective to July 1.

Announcing the new fees, the Medical Association of South Africa (Masa) said yesterday the adjustment was "reasonable compensation to doctors for their services".

CPI-BASED

The new tariffs will not bring about an improvement in the real income of doctors, but the adjustments are based on the consumer price index.

The Federal Council of Masa said it was concerned about the possible collapse of private medical services due to spiralling practice costs.

Even with the latest increases, doctors' incomes will continue to reflect the decrease of

between five and 10 percent in the real income of the population over the past 16 months.

Masa emphasised that the new tariffs were a guide only and doctors were requested to take the financial position of their patients into account.

The new tariffs represent an increase of 19,10 percent for general practitioners and specialists, 20 percent for anaesthetists, 21,6 percent for radiologists and 20 percent for clinical pathologists.

This is an annual increase of 15,1 percent, which was still an average 4 percent lower than the consumer price index over the past 16 months, said Masa.

Specialities which were cost intensive as they were dependent on imported sophisticated equipment, received special consideration because of the falling exchange rate. In these instances anatomical pathology tariffs increased by 27 percent and ultra sound by 41 percent.

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Postpone 'frighthtening' rise in medical fees — PFP

AK 445 15/7/66

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By BRUCE CAMERON
Political Staff

"FRIGHTENING" rises in medical fees announced yesterday should be postponed until at least next year, Progressive Federal Party medical spokesman Dr Martinus Barnard said today.

He called for a new look at the way the medical fees were set in the face of the announcement by the Medical Association of South Africa that fees for contracted-out doctors had been increased by between 19 and 20 percent.

Announcing the new fees, the Medical Association of South Africa (Masa) said yesterday the latest adjustment was "reasonable compensation to doctors for their services".

Dr Barnard said: "I think this is a very inopportune time to increase the fees.

"Medical schemes are running into trouble and the general public has a great burden to carry.

"The increases should at least be postponed until next year."

He felt an independent group should be brought in to assess a fair fee structure.

He warned that unless the medical profession was adequately compensated, doctors who were already leaving the country because of the political situation would also leave for economic reasons.

The Minister of Health, Dr Willie van Niekerk, would not comment on the rises, saying:

medical services due to spiralling practice costs.

"Even with the latest increases, doctors' incomes will continue to reflect the decrease of between five to 10 percent in the real income of the population over the past 16 months."

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Specialties which were cost intensive as they were dependent on sophisticated imported equipment received special consideration because of the falling exchange rate.

(Report by B Cameron, 122 St Georges Street, Cape Town)

between the medical profession and medical aid societies.

Concerned

Consumer groups believe the increase in medical costs will push up the cost of living.

Mrs Lyn Morris, president of the Housewives' League, said: "I am very concerned that people really battling with their income are going to think twice before they go to the doctor."

The Johannesburg Argus Correspondent reports that the Masa announcement said the new tariffs would not bring about an improvement in the real income of doctors, but the adjustments were based on the consumer price index.

The Federal Council of Masa said it was concerned about the possible collapse of private

Massive rise in doctors' fees

AN average increase of 20,1 percent in the private fees of doctors has been recommended as a guideline for medical practitioners from July by the Medical Association of South Africa.

In a statement in Pretoria yesterday Masa said it regarded its latest annual adjustment of the tariff "as reasonable compensation to doctors for their services." It emphasised the ad-

justment would not bring about an increase in the real income of doctors.

"As in the past the adjustment was based on the Consumer Price Index, the reason being that practice costs will increase in accordance with CPI increases." According to calculations by economists there had been a decrease of between five to 10 percent in the real in-

come of the population over the last 16 months (since the last revision of the Masa tariff).

"It is therefore accepted that in order to maintain their relative position in the economy doctors' incomes should also reflect this decrease," Masa said.

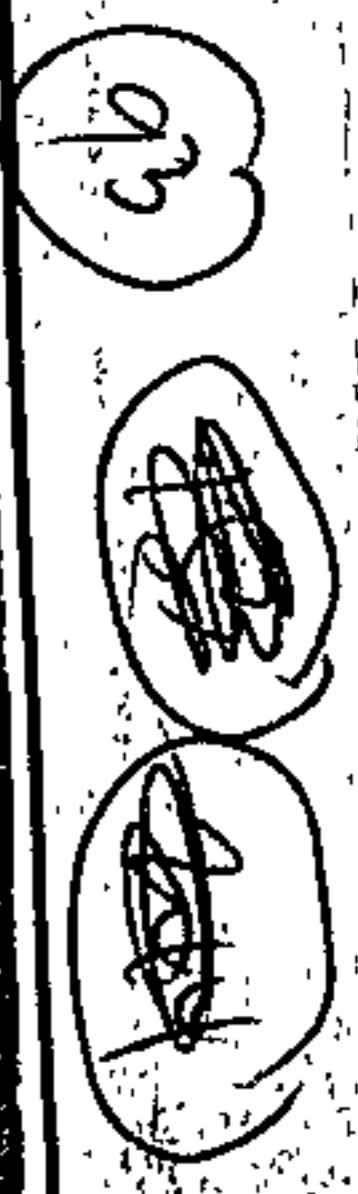
- Radiologists 21,6 percent; and
 - Clinical pathologists 20 percent.
- "This is an average increase of 20,1 percent and represents an annual increase of 15,1 percent which is more or less four percent lower than increases in the CPI over the same period."

Services which merit special consideration in the increases were anatomical pathology (27 percent), ultrasound (41 percent) and computerised tomography (41,7 percent).

Expensive

These specialities were immensely cost-intensive because they were dependent on imported sophisticated and expensive materials. The deteriorating exchange rate had made these adjustments essential.

Masa said it realised everybody had to make sacrifices in the present economic climate and requested doctors to take their patients' financial position into consideration when determining their tariffs. "Because the private tariff is meant to serve as a guide only, it creates the opportunity for negotiation between doctor and patient." — Sapa.



Higher medical fees proposed

Dispatch Correspondent
PRETORIA — An average increase of 20,1 per cent in the private fees of doctors has been recommended as a guideline for medical practitioners from July by the Medical Association of South Africa (Masa).

Masa has issued a new set of private tariffs to be used by medical practitioners as a guide only.

"Because the private tariffs are meant to serve as a guide, it creates the opportunity for negotiation between doctor and patient," Masa said in a statement yesterday.

In considering the adjustments, Masa's federal council took into account the possible collapse of private medical services because of spiralling practice costs.

Masa regards the increases as reasonable. It claims the adjustments, based on the consumer price index, would not improve the real income of doctors.

A Masa spokesman said the association realised everyone had to make sacrifices in the current economic climate.

"Doctors are, therefore, asked to take patients' financial circumstances into account when determining tariffs," he said.

The increases are: general practitioners and specialists 19,05 per cent; anaesthetists 20 per cent; radiologists 21,6 per cent; clinical pathologists 20 per cent; anatomical pathology 27 per cent; ultra-sound 41 per cent, and computerised tomography 41,7 per cent.

"This is an average increase of 20,1 per cent and represents an annual increase of 15,1 per cent, which is more or less 4 per cent lower than increases in the CPI over the same period," said Masa.

The last three services listed were seen as immensely cost-intensive. They depend on imports of sophisticated equipment and costly materials and are, thus vulnerable to the rand's deteriorating exchange rate.

Cape Times 15/7/86

20pc rise in medical costs?

Own Correspondent

PRETORIA. — An average increase of 20,1 percent in the private fees of doctors has been recommended as a guideline from this month by the Medical Association of South Africa.

In a statement released here yesterday, Masa said it regarded its latest annual adjustment of the tariff "as reasonable compensation to doctors".

The new set of private tariffs is to be used by medical practitioners as a guide only.

"Because the private tariffs are meant to serve as a guide, it creates the opportunity for negotiation between doctor and patient," Masa said.

Masa's federal council took into account the possible collapse of private medical services because of spiralling practice costs.

Masa said the adjustments, based on the consumer price index, would not improve the real income of doctors.

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20% rise in doctors' fees is recommended

N/M 15/1/84
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PRETORIA—The Medical Association of South Africa has recommended an average increase of 20,1% in doctors' fees as a guideline for medical practitioners.

Last night Durban doctors said that if the increase was accepted as proposed, a consultation in Durban would cost patients about R16,32.

One doctor said practitioners who did not charge tariff rates 'normally' charged about 25% more than the recommended fee.

In a statement in Pretoria yesterday, Masa said it regarded its latest annual adjustment of the tariff 'as reasonable compensation to doctors for their services'.

It emphasised the adjustment would not bring about an improvement in the real income of doctors.

'As in the past, the adjustment was based on the consumer price index, the reason being that practice costs will increase in accordance with CPI increases.'

One Durban doctor said doctors whose patients were from lower income brackets very often included medi-

cines in the consultation fee.

'But your average doctor will probably charge the recommended tariff for the consultation only,' he said.

The recommended tariff increases are:

Clinical disciplines (general practitioners and specialists) 19,05%, anaesthetists 20%, radiologists 21,6% and clinical pathologists 20%.

'This is an average increase of 20,1% and represents an annual increase of 15,1% which is more or less 4% lower than increases in the CPI over the same period,' said Masa.

According to calculations by economists there had been a decrease of 5%-10% in the real income of the population over the past 16 months (since the last revision of the Masa tariff).

'It is therefore accepted that in order to maintain their relative position in the economy, doctors' incomes should also reflect this decrease,' Masa said.

Services which merited special consideration in the increases were anatomical pathology (27%), ultra sound (41%) and computerised tomography (41,7%). — (Sapa)

Few doctors to ask maximum

Dispatch Correspondent

DURBAN — Very few doctors in general practice were expected to charge the maximum R22,50 consultation fee suggested by the Medical Association of South Africa (Masa), Dr Roy Davey of the General Practitioners' Society said yesterday.

The maximum rate increased from R18,90 to its new level with effect from July 1, the second increase this year. The last increase was on January 1.

Dr Davey said while many general practitioners had been discounting off the Masa tariff, they could charge what they liked on negotiation with the patient.

"Although Masa says we can charge R22,50, very few will charge that sort of fee, depending on time and the sort of examination," said Dr Davey.

He said while a lot of doctors charged the

standard medical aid tariff of R13,60, those who did not had been charging about R15 a consultation and would probably increase this to about R18.

Specialist fees were roughly a third more than their GP counterparts, but were all different, said Dr Davey.

Regarding a possible increase in the medical aid tariff as a result of the Masa increase, the chairman of the Representative Association of Medical Schemes, Mr John Ernstzen said: "We are obliged to review our scale within three months and have already started doing so."

But, he added, any increase would be determined on how doctors reacted to the increases and the state of the economy.

"Our decision will be determined on what we find is being charged

and by the economy because our subscriptions come from the employers and members of industrial and commercial sector," said Mr Ernstzen.

Mr Ernstzen emphasised that the situation was "not quite as bad as it sounds" and that the 20 per cent increase granted was hypothetical since most doctors did not charge the maximum rate.

He pointed out that for all the services for which the medical schemes paid, more than 80 per cent were charged according to the scale of benefits as laid down by the medical schemes.

Mr Ernstzen appeared to find the real increase doctors would get a little high when it was compared with the 8 per cent average salary increase for the man-in-the-street whose real income was being eroded by inflation.

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CME Links 16/7/86

'Medical fees rise was inevitable' doctors

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Medical Reporter

DOCTORS have greeted the announcement by the Medical Association of South Africa of a new fees structure as "inevitable" under the present economic circumstances.

But some have questioned the timing of the announcement because of the severity of the current economic slump.

In a snap survey conducted by the Cape Times yesterday, several doctors said the new recommended tariffs for medical practitioners constituted a necessary and long-delayed adjustment.

The new tariffs, suggested as a guideline to doctors wishing to charge more than the rates laid down in medical-aid schemes, have been increased by an average of 20 percent effective from the beginning of July.

One doctor practising in the southern suburbs as a general practitioner

said the increased tariffs represented a "quite reasonable adjustment for those 'contracted out' doctors not charging patients strictly according to the medical-aid schemes rates".

"However, 'contracted in' practitioners won't be affected since the medical-aid schemes tariffs were adjusted in January — this is only a long overdue raise in the 'contracted out' rates," he said.

A Sea Point doctor agreed, saying that "everything else has gone up with the general rise in the cost of living".

"Radiologists and pathologists especially are entitled to an increase in rates since they have tremendous overheads in the form of film and chemicals, as well as equipment, much of which has to be imported at unfavourable exchange rates."

But another doctor said he was concerned about the timing of the increase because so

many people were unemployed or struggling to make ends meet.

"There are many in the profession who will, with justification, say that the increases are not only necessary but overdue — doctors have to live too and overheads have sky-rocketed in the last 18 months.

"But what worries me is that this is a very inopportune moment to recommend such increases with the structure of the country's health services under pressure — one medical-aid scheme having gone under already — and many people out of work.

"It also will not do the profession any good in the eyes of the public. While everyone is having a tough time of it, I don't know one doctor that is starving, but many people needing medical care are starving," he said.

Sapa reports that the dispensing doctors group in the Western Cape supported the guidelines for increased doctors' tariffs, but expects general practitioners to continue taking into account the ability of patients to pay medical fees.

Medics crippled by bad debts

SUNNIES. 20/7/86. (93)
By Ruth Golembo

DOCTORS would not need to increase their fees if they took action against patients who do not pay.

The director of a credit information service says a survey shows that doctors lose about 10% to 15% of their earnings to bad debt.

The SA Medical Association suggested this week that medical practitioners increase their fees by between 19% and 40%.

Paul Edwards, sales and marketing director for Dun & Bradstreet South Africa, says a trading company with 15% of bad debts would be insolvent.

"Medical practices are lenient and patients are slow in paying medical bills.

"Because doctors are not usually also businessmen they write off large amounts to bad debt without taking steps to recover it.

"It seems unfair to increase tariffs and make paying patients carry the load of defaulters."

Vernard Mandell, chairman of the Medical Association committee which deals with fees, says not only bad debts cause cash-flow problems for doctors, but patients and medical-aid societies are tardy in settling accounts.

Dr Madell says: "It would be unethical to check a patient's credit rating before treating him. But a plastic surgeon who carries out cosmetic treatment should tell a patient what it will cost."

Doctors and unrest

Staff Reporter

DOCTORS who withhold information concerning patients injured in unrest may border on becoming "accessories after the fact", Professor G J Knobel says in the latest South African Medical Journal.

His article, "Medical Ethics during a Period of Unrest", was sparked off by an ongoing controversy in the British Medical Journal this year over actions of doctors in South Africa.

Allegations had been made that some doctors "colluded" in ill-treating opponents of apartheid and were easily persuaded by the government to "collaborate in covering up".

Professor Knobel quoted a British doctor, Dr R Gillon, who argued that the confidentiality of a patient did not always come first.

"It may be extremely difficult for a doctor to establish whether he is treating an innocent victim or protecting an established criminal," Professor Knobel says.

Emergency care and follow-up must not be jeopardized, he writes, but when it comes to the doctor's role in "prevention or investigation of crime", withholding information may "border on the offence of an accessory after the fact".

• A flood of overseas letters was pouring into the offices of the Medical Association of South Africa (Masa), Dr N C Lee said in an editorial.

Many of the writers were members of Amnesty International.

"It is flattering that the writers assume Masa has the manpower and resources to investigate every allegation of mistreatment which occurs in this country. Unfortunately it does not."

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Warning on treatment of unrest patients

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Professor moots use of alternative ammunition

Dispatch Correspondent

CAPE TOWN — Doctors who withheld information concerning patients injured in unrest may "border on" becoming "accessories after the fact", Professor G. J. Knobel said in the latest South African Medical Journal.

His article, Medical Ethics during a Period of Unrest, was sparked off by an ongoing controversy in the British Medical Journal this year concerning the actions of doctors in South Africa.

Allegations had been made that some doctors "colluded" in ill-treating opponents of apartheid, and were easily persuaded by the government to "collaborate in covering up".

Professor Knobel quoted a British doctor, Dr R. Gillon, who argued that the confidentiality of a patient did not always come first.

"It may be extremely difficult for a doctor to establish whether he is treating an innocent victim or protecting an established criminal," Dr Knobel said.

Emergency care and follow up must not be jeopardised, he wrote, but when it came to the doctor's role in "prevention or investigation of crime", withholding information may "border on the offence of an accessory after the fact".

Professor Knobel said studies indicated that many unrest deaths may have resulted from "prolonged" bleeding from gunshot-wounded lungs which pointed to a delay in treatment.

"Should factors such as fear of exposure and delays in transport from the scene of injury to a hospital prove

to be important, serious attention must be paid to their prevention."

Dr Knobel also strongly recommended that alternative ammunition to replace lead pellets should be considered, "particularly for use during incidents involving children".

Other recommendations were that automatic repeat rifles should not be used for routine riot control, and that medical staff in trauma units should be taught about firearm types and the wounds they cause.

"A number of the latest Crossroads victims displayed round punctate skin wounds, at first glance indistinguishable from firearm entrance wounds.

"On careful dissection and radiographic screening, no bullets or pellets were found.

"A long metal nail was retrieved from one charred body, giving the clue to the fact that these injuries are inflicted by beating the victim with a nail-studded plank."

● A flood of overseas letters was pouring into the Medical Association of South Africa (MASA) offices; Dr N. C. Lee said in the magazine's editorial.

"Many of the writers are members of Amnesty International, and the most likely explanation is that this organisation has asked its members to write to us.

"It is flattering that the writers assume MASA has the manpower and resources to investigate every allegation of mistreatment which occurs in this country.

"Unfortunately it does not."

Doctor found guilty of disgraceful conduct

N/M
25/7/84
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Mercury Reporter

A RICHARDS Bay doctor was suspended from practising for six months when he appeared before a disciplinary committee of the South African Medical and Dental Council at a hearing in Durban yesterday.

Dr F P B Greeff, of Meerensee, was found guilty of disgraceful conduct for giving professional services to some of his patients which were unnecessary and not in their interest.

It was also alleged that his fees were exorbitant and that he had failed to take all reasonable steps to prevent the dispensing of certain medicines and drugs which had either expired or the expiry dates

had been altered or erased.

In addition, Dr Greeff, who is also the company doctor for Richards Bay Minerals, was found guilty of disgraceful conduct for submitting accounts to the firm for medicines and drugs supplied to workers when the charges were exorbitant.

Appearing for the SAMDC, Mr Graham van der Spuy said that the services rendered by Dr Greeff were over a protracted and unnecessarily long period.

He said the doctor had 'over serviced' his patients by giving them injections frequently, and had failed or neglected to refer them to a specialist or other practitioner for second opinions timeously.

Dr Greeff had continued

treating his patients without taking all reasonable steps to ensure that his diagnoses were correct and/or without establishing the reason why they were failing to respond to treatment.

Mr Bob Douglas, who appeared for Dr Greeff, told the hearing that during March and April, 1982, most

of Dr Greeff's patients were Railways employees who were entitled to unlimited visits to private doctors.

He said patients visited him at any time and if he refused to attend to them he would be reported. However, the frequent and unnecessary attendances had now fallen away.

Medics in dilemma over unrest victims

By ALAN DUGGAN

A DOCTOR this week raised the agonising dilemma faced by many of South Africa's medical practitioners during periods of civil unrest — do they tell the police or not?

Writing in the latest issue of the South African Medical Journal, the doctor said the question was a difficult one because the instinctive desire to protect the patient had to be weighed against his possible criminal culpability.

The doctor — who was not identified — recalled terrorist incidents in which innocent civilians had been killed and maimed, and those in which black and white policemen had died while trying to maintain law and order.

Duty

"In order to maintain patient confidentiality," he said, "there is an instinctive and understandable reluctance on the part of hospital authorities and doctors to supply information to police investigating some of these serious incidents."

But there were also cases in which a doctor's duty to society might override the interests of his patient.

The doctor said it might be extremely difficult if not impossible for a doctor or health care worker to establish whether patients were innocent victims of unrest or established criminals.

One of the problems, he said, was the limited information available during a period of unrest.

Medical practitioners could — through their desire to maintain patient confidentiality — unwittingly find themselves protecting patients who had committed serious crimes under cover of the unrest.

Evidence
of fraud
running
to R20-m
annually

Medical aid scandal

w/e ARGUS 2/1/86 93

Weekend Argus
Correspondent

JOHANNESBURG. — Startling evidence has been disclosed of a medical-aid scam in which scores of doctors and several dentists are allegedly swindling medical-aid schemes out of millions of rands.

The frauds, the biggest in South African medical history, are said to be running at R15-million to R20-million a year and spreading by the day.

Six of the country's top medical-aid administrating companies, which represent 81 schemes and 650 000 members and process R700-million in claims a year, have revealed details of an

"horrendous level" of fraudulent and unethical activities by medical practitioners throughout the country.

They have uncovered and tracked the extent of the swindle by setting up a full-time computer-backed investigation bureau — and warn that unless the frauds are checked, medical contributions are certain to soar yet again.

This, they say, would come as a hammer blow to hard-pressed contributors already hit this year by a 30 percent increase in membership fees (for whites) and a 110 percent increase for blacks.

On top of this tariffs for "contracted out" doctors have just gone up 20 percent.

This week the administrators opened the investigation bureau's books to show how the frauds are perpetrated — and the evidence that emerged was staggering.

Medical schemes, they said, had become a prime target for abuse and they expressed fear that as the economic recession deepens and their anti-fraud control measures begin to tighten, practitioners — and in many cases patients working in collusion — will try to find other ways of "cashing in" with fraudulent claims.

However, they warned that new control mechanisms were being introduced to flush out malpractice and expose offending doctors at an earlier stage.

One was a new computerised prescription-verifying process to track doctors overcharging on drugs and pocketing the price difference between generics and name-brand products.

Cash deals

Another is a decision to invite 3 000 dispensing doctors to apply for payments to be made on behalf of patients who are members of schemes administered by the six-member group.

Many such doctors are said to be involved in big cash deals selling generic medicines, but to stamp out the fraud a selected number will be invited to become accredited dispensing practitioners.

The bureau, which costs R150 000 a year to run, has uncovered at least 20 ways in which the overall scam is operated.

And though it says many doctors are honest and enterprising and providing a necessary service, it claims that a growing number, by using one or more of these methods, are making vast profits and netting up to R250 000 in turnover in medium-size practices.

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DOCTOR MUST QUIT HILLBROW



DR EFFIE SCHULTZ ... transferred.

BY SELLO RABOTHATA

A HILLBROW Hospital doctor yesterday claimed she has been told to accept a transfer or face dismissal.

Dr Effie Schultz of the Zone 6 Hypertensive Clinic, said the real reasons behind this action was her good relationship with black patients and nurses.

She recently received a letter notifying her that she is being transferred to the Far East Hospital, Springs, from September 1.

The letter also states that if she cannot accept the transfer she should regard herself dismissed. The superintendent of the hospital, Dr J Nach, yesterday said: "This is a hospital matter which, like in any other company, transfers and promotions are an internal affair."

Dr Schultz, who has been with the clinic for nine years, said her transfer letter gave no reasons for the move. The Far East Hospital has told her she would be placed in a different field altogether. She said she could not accept that. Dr Schultz and her staff at Hillbrow understood and fought for the right and privileges of their patients. Her patients, about 70 a day, receive tea and sandwiches and others get lunch at the hospital.

Fought

Dr Schultz said she fought that many of the patients pay R2 for treatment. Most of her patients suffer from high blood pressure, diabetes and hypertension. Most of these illnesses, she said, are caused by the society they live in and are a direct result of apartheid and she brings this to their notice, which makes her unpopular with the administration.

DD 29/8/86

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Call to doctors to cut costs

PRETORIA — Doctors could do a great deal to reduce the cost of health care without reducing standards, the Minister of Health Services and Welfare, Dr George Morrison, said here.

Opening the 12th Medical Faculty Day at the University of Pretoria, Dr Morrison said that from 1962 to 1982 state expenditure on health services had increased by 1397 per cent.

Today the state spent five per cent of the country's gross national product on health services.

"The question you and I as medical officers must ask ourselves is this — can we reduce the cost of health services without lowering the standard of services or the range of services?"

"I think there is a great deal we can do," he said.

Since it was the "basic

point of departure" that South Africa neither was, nor wanted to be, a welfare state, the building of state hospitals would only be considered in future if the department identified a specific need which probably could not be handled by the private sector.

Privatisation was one possible way of reducing health service costs.

Another way was to introduce a system of "peer-evaluation," where the medical profession would exercise some form of internal control on overservicing and overcharging.

Dr Morrison said doctors would probably say that the high cost of services should not be blamed on them. However, he wanted to ask a few simple questions:

● Before sending a patient to a specialist, did general practitioners ensure that there was no

duplication of previous reports such as laboratory tests or X-rays?

● Did specialists seeing a patient referred by a general practitioner ask for previous reports or did they have tests repeated to save themselves trouble?

● Did doctors resist pressure from patients for unnecessary tests, treatments or medications?

● Did they know the cost of tests and prescribed medicines?

● Were the correct procedures used to ensure that the patient did not see the doctor unnecessarily?

● Did doctors know the cost of hospitalisation and did they try to keep down the time patients spent in hospital?

● Were medical students properly informed of the cost of health care and cost effectiveness?
— Sapa.

Don't ask for more — medical aid plea to doctors

The Argus Correspondent

JOHANNESBURG. — Medical aid schemes facing financial crisis have appealed to doctors to reconsider their planned 20 percent fee increase.

At a three-hour meeting yesterday the Representative Association of Medical Schemes (Rams) said spiralling claims costs were rapidly putting medical aid beyond the reach of companies and people — particularly black and coloured members.

"Increased costs are driving black and coloured members away from medical aid and they are again becoming the responsibility of the State," said Mr Tony Leveton of Rams.

Members of Rams set out to increase the total payout at the scale of benefits for medical practitioners as a group by 12,5 percent at the beginning of the year. Because of greater use the increase had in fact been 25 percent.

"There is just no way we can continue at this rate," Mr Leveton said.

Doubling income

At yesterday's meeting Rams presented data to the Medical Association of South Africa (Masa) saying:

- Doctors who charged at the scale of benefits were doubling their income every four years;

- The same doctors were over-servicing at an alarming rate and earning more than doctors who charged in excess of the scale of benefits; and

- Doctors were dispensing 35 percent more medicine compared to 1985.

"Our objective in talking to Masa is to try to stem the runaway costs of medical aid and solve the financial crisis that has enveloped the medical-aid movement," said Mr Leveton.

Yesterday's meeting came just two days before Rams representatives meet the Minister of Health to ask him to intervene urgently and relax some of the provisions of the Medical Schemes Act.

Rams has recommended that the compulsory guaranteed medical-aid payment system be removed as it would give schemes the leeway to structure different benefits to suit individual needs.

DOCTORS who charge at the scale of medical aid benefits (or guaranteed fee) are doubling their income every four years, the Representative Association of Medical Aid Schemes (Rams) says.

This came out yesterday after an urgent meeting between Rams and the Medical Association of SA (Masa) to discuss a proposed 20% hike in doctors' fees.

Rams' spokesman Tony Leveton says the same doctors are over-servicing at an alarming rate and earning more than doctors who charge in excess of the scale of benefits.

He says: "Medical aid schemes have appealed to doctors to think again about their planned 20% fee increase.

"We urged Masa to reconsider its 1986 adjustment to fees and to support Rams in its effort to find and implement effective cost containment measures."

Leveton says doctors are dispensing 35% more medicine this year compared with 1985.

He says: "Our objective in talking to Masa is to try and stem runaway costs and to solve the financial crisis in the medical aid movement."

Doctors double income every four years

BURDA
4/9/86
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MICK COLLINS

The rise in the frequency of services and the marked jump in subsequent consultations was causing grave concern.

Leveton says: "The white sector — which accounts for most medical aid members — first or member-induced general practitioner consultations are running 7% higher than in 1985.

"But subsequent consultations ordered by doctors are 65% higher than last year — which indicates a major problem."

The tendency to over-service in the form of subsequent consultations had resulted in a massive 132% increase in the gross income of general practitioners who charged at the scale of benefits.

taking into account the prescribed procedures which must be followed.

(ii) It is not possible, before a region has been demarcated and the Administrator has taken a decision in terms of section 3(1)(a) of Act 109 of 1985, to indicate which local government bodies will be included in each council.

(b) As soon as it is practically possible.

Mr A B WIDMANN asked the Minister of National Health and Population Development:

(1) Whether a decision was taken in 1985 to appoint a panel of doctors which detainees may consult; if so, (a) on what date and (b) who was involved in taking this decision;

(2) whether this panel of doctors has been appointed; if not, (a) why not and (b) when will it be appointed; if so, how many doctors are on this panel;

(3) whether there was a delay in appointing this panel of doctors; if so, what was the cause of the delay;

(4) on what date was this panel appointed?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) Yes.

(a) In December 1985.

(b) (i) Minister of Law and Order.

(ii) Minister of National Health and Population Development.

(iii) Medical Association of South Africa.

the Minister of Local Government, Housing and Works:

(1) Whether his Department owns and/or administers any housing units for Whites in the area previously known as District Six in Cape Town; if so, how many (a) flats and (b) houses are (i) owned and (ii) administered by his Department;

(2) whether any of these housing units are unoccupied; if so, how many (a) flats and (b) houses were unoccupied as at the latest specified date for which information is available?

The MINISTER OF LOCAL GOVERNMENT, HOUSING AND WORKS:

(1) Yes.

(a) (i) and (ii): 92

(b) (i) and (ii): 3

(2) No.

(a) Falls away.

(b) Falls away.

Questions not replied to owing to adjournment of Parliament:

For oral reply:

Questions set down for reply on Tuesday, 9 September 1986:

General Affairs:

Question standing over from Tuesday, 2 September 1986:

Farm/domestic workers

*8. Mr E K MOORCROFT asked the Minister of Manpower:

(1) Whether, with reference to his reply to Question No 1043 on 30 May 1986, consultations concerning the report of the National Manpower Commission on the working conditions of farm and domestic workers have now been completed; if not, (a) why not and (b) what remains to be done to complete this investigation; if so, (i) when and (ii) what organizations and persons were consulted in this regard;

(2) whether the report has been released; if so, when; if not, (a) why not and (b) when will it be released;

(3) whether any action affecting the working conditions of farm and domestic workers is to be taken as a result of the findings of this Commission; if not, why not; if so, (a) what action and (b) when?

New Questions:

Sanctions

*4. Mr L F STOFBERG asked the Minister of Justice:

(1) Whether any persons have been prosecuted in the current year for encouraging sanctions against South Africa; if so, (a) in terms of what statutory provisions, (b) how many and (c) with what result;

(2) whether a court case is pending in this regard at present about the statement by a certain person, whose name has been furnished to the Minister's Department for the purposes of his reply; if so, what (a) are the particulars of the case and (b) is the name of the person;

Townships: conduct of members

*5. Mr S S VANDER MERWE asked the Minister of Defence:

Whether any personnel attached to the South African Defence Force have been delegated to investigate allegations concerning the conduct of members of the South African Police while on duty in

The MINISTER OF LAW AND ORDER:

(1) Yes.

(a) Brigadier.

(b) 1 March 1986.

(c) L Mellet.

(2) No, with effect from 1 April 1986.

Own Affairs:

District Six: housing units for Whites

92. Mr S S VANDER MERWE asked

STAR
12/9/66

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TUC 'unwise' to choose medical theme

The Star Bureau

LONDON — A British university professor says the British Trades Union Congress has been unwise to choose the doctor-patient ratio for blacks and whites in South Africa as the theme for its new anti-apartheid film.

In a letter to *The Times* yesterday, Professor R J Fitzpatrick of Liverpool University's Veterinary Faculty, said the film was released a few days after he had returned from a trip to South Africa, which included a visit to the Medical University of Southern Africa near Pretoria (Medunsa).

He said the medical school was government-funded on a generous scale and was concerned with the training of black doctors, thereby improving the doctor-patient ratio.

"Whatever their other faults, white South Africans must be given credit for providing a first-class medical school for black students with facilities comparable to those of British equivalents, with a dedicated multiracial staff under the leadership of a most enlightened chancellor."

Officials confirm: Family visits recorded

Doctors, judges' prison visits may be secretly taped

1979/10
Weekly Mail
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By JO-ANN BEKKER and ANTON HARBER



CONVERSATIONS of doctors, priests and even judges who visit detainees in prisons may be recorded by SA Prison Services.

This is the only inference that can be drawn from the prison liaison division's refusal yesterday to deny to the Weekly Mail that these conversations were being taped.

The Mail has evidence that a meeting between a detainee and his family was tape-recorded by prisons authorities and sent to the Security Police. The prison's liaison division has confirmed meetings between detainees and their families have been recorded.

A prison representative also clearly stated that meetings between lawyers and detainees were not taped.

However, asked about the conversations of doctors, psychiatrists, district surgeons, priests and judges, the Prison Service would only say: "... the normal rules of law regarding privilege are applicable to them."

Asked if this did not mean that at least some of these conversations were being taped, he said: "I have nothing to add."

Legal experts said yesterday that the "normal rules of law regarding privilege" placed no restrictions on the recording of such meetings. The only privilege which is recognised by the courts as a bar to evidence is the privilege between lawyer and client.

Helen Suzman, the official Opposition spokesman on justice, said yesterday that if these meetings were recorded, "it casually erodes the value of the visits paid by judges and it is something the Minister of Prisons should immediately curtail."

"Private visits should be strictly respected. It is of immense importance to detainees to be able to convey their complaints without fear of reprisal," she said.

Peter Gastrow, a PFP MP and an advocate, said a reasonable inference to be drawn from the Prison Service's reply to the Mail's questions was that a detainees' conversation with people other than lawyers were monitored.

He described it as "creepy" and "Orwellian. They seem to want total control over the individuals they detain."

"If meetings between judges and detainees are recorded, it's an affront to the judges themselves, and to the Supreme Court as a whole in the sense that it suggests a judge might be guilty of improper conduct or subversion."

candidate Jaco Maree Wolmarans of the HNP votes. Wolmarans was Andries Treurnicht's Party.

Majority was reduced by votes compared to the result. But in 1981 the to fight the HNP, not an coalition. In the it was a good result for

only thought so. "It is a h Africa is uniting," he

the Klip River result, well announce a general

election tonight when he opens the Transvaal NP congress in Pretoria or, failing that, during the Cape NP congress at the end of the month.

A general election was originally due to be held in April, five years after the last general election in 1981. But the introduction of the new constitution in 1984 empowered the government to postpone the election until 1989.

Since then, however, Botha has been goaded by the ultra-rightwing parties, who have charged that he no longer has a legitimate mandate from the white electorate.

Botha is sensitive to the charge. His combative nature made it difficult to

Klip River ecstasy: A shoulder-high ride for victorious National Party candidate Jaco Maree yesterday
Picture: BILLY PADDOCK, Reuter

ignore sniping remarks that he was afraid to put his policies to the test at the polls.

Equally important, many top NP men believe the time is opportune for an early election.

There has been a surge of support for the NP since the declaration of a State of Emergency on June 12, indicating that whites still tend to rally around the governing party in times of crisis. Moreover threats from the outside world have intensified, with

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WEEKLY MAIL
26/1/86

MASA will raise prison tapes claims with state

WEEKLY MAIL REPORTER
THE Medical Association of South Africa (Masa) will raise with the Department of National Health and Development the Weekly Mail's disclosure that confidential meetings between doctors and detainees might be secretly recorded by the SA Prison Service.

The association, which recently established independent panels of doctors to treat and examine detainees, is one of several professional bodies to react strongly to the Mail's disclosure last week that detainees' conversations with judges, priests, and doctors might be monitored.

The Mail's lawyers said this was the only inference which could be drawn from the SA Prison Services' refusal to deny that the meetings were being recorded. The Weekly Mail had received independent verification, which was confirmed by the Prisons Service, that meetings between detainees and their relatives were tape-recorded by prison authorities and sent to the SA Security Police.

Masa's secretary general, Dr Maries Viljoen, released the following in response to the Mail's article: "It is alleged that the SA Prison Service has conceded that it is possible confidential interviews between detainees and their medical attendants (district surgeons or panel doctors) could be monitored and recorded.

"Masa has not received any statement from the prisons authorities to this effect nor has this very serious allegation been corroborated in any way.

"In view of the fact that it would constitute a very serious breach of doctor-patient confidentiality and would be in conflict with accepted ethical norms (including the Hippocratic oath and the Declaration of Geneva), the association finds it difficult to believe that the prison services would resort to such methods.

"Masa will however take the matter up with the Department of National Health and Population Development, who have the ultimate responsibility for health care of detainees. If there should prove to be any substance to the allegation, Masa will register the most strenuous protest. Such a situation would be completely unacceptable to the association and cannot be tolerated by any doctor."

The National Medical and Dental Association (Namda) — set up in opposition to Masa's conservative stand and, in particular, its failure to deal strictly with district surgeons whose negligence was later found to have played a part in Black Consciousness leader Steve Biko's death in detention — noted the Mail's disclosure with concern.

"Certainly with regard to doctors this appears to be a breach of the confidentiality requirement of governments throughout the world and to which South Africa is a signatory. We consider this a contravention of doctor-patient confidentiality.

"Detainees are always in prison against their wishes," the Namda spokesman added. "This results in much anguish and mental trauma to these individuals. Both international and local work on people coming out of detention shows clearly the mental scars this had left and the State's further intrusion into the privacy and confidentiality of detainees will no doubt cause greater mental hardships."

Professor John Dugard, speaking on behalf of Lawyers for Human Rights, said: "The whole purpose of judicial visits is to enable the detainees to communicate freely with the judge. If the judge's visits are taped this will obviously affect the confidence of the detainee. In other words this practice would undermine the very purpose of the visits."

Masa disputes income claims

DD
27/9/86

JOHANNESBURG — The Medical Association of South Africa (Masa) has disputed allegations that doctors' incomes double every four years.

Reacting to claims by the Representative Association of Medical Schemes (Rams), Masa said in a statement yesterday the allegations were "devoid of all truth and can be regarded as deliberate mischief making".

(93)
A study by Professor L. M. Brummer, of the Post-graduate Management School at the University of Pretoria, showed that the net income of general practitioners had increased by 25 per cent over the last five years, Masa said.

Doctors were not as well off as was generally believed, it added, quoting a financial adviser, Mr John Green, as saying he knew of 11 doctors who had gone insolvent in the first half of this year.

Mr Green also reported that an increasing number of doctors were coming to his company for assistance.

"Where the medical schemes got their figures that doctors are doubling their incomes every four years is an open question," said the chairman of the National General Practitioners' Group of Masa, Dr Douglas Gurnell.

He said the allegations had been made in order to justify the alleged financial problems of medical aid schemes. — Sapa

11/10/86
S. 101

RAMS rate ruling riles medical men

Pretoria Bureau 93

The Representative Association of Medical Schemes (RAMS) will not increase its 1987 scale of benefits for doctors.

Minor adjustments to the scale, a guide for medical schemes, will be made for hospitals and day clinics, dentists and physiotherapists.

The last overall increase was 12,5 percent in January. There has been an average annual increase of 8,6 percent since 1982.

The Medical Association of South Africa (MASA) called the decision "shortsighted".

Its federal council chairman, Dr. René le Roex, said the announcement would be to the detriment of the public and he believed RAMS' recent allegations against the medical profession were an attempt to influence public opinion to justify this step.

He wanted medical schemes to explain why they were not raising benefits despite contribution increases.

GERALD REILLY

THE Representative Association of Medical Schemes (Rams) has declined to grant doctors an increase in the 1987 scale of benefits.

The Medical Association of SA (Masa) is upset by the decision because it is shortsighted and will be to the ultimate detriment of the public, says Masa federal council chairman

Medical Schemes say no to doctors

(Handwritten notes: 43 Bus Day 11/21/86)

Dr Rene le Roex. Rams' recent allegations against the medical profession were clearly an attempt to influence public opinion to justify the decision not to grant a fee increase, he said yesterday. Le Roex said about 80% of doctors

charged medical-scheme tariffs and not those recommended by Masa. Because of uncontrolled cost-increases, doctors could be compelled to charge the higher tariff to make ends meet.

This meant patients would have to

pay, out of their own pockets, the difference between medical-scheme and Masa tariffs. While the state had committed itself to privatisation, the private practitioner was finding it increasingly difficult to provide the best

health care standards. A general practitioner's practice costs accounted for about 64% of his gross income. In cost-intensive practices, the amount could be 80% more, he said. In January, Rams granted overall increase of 12,5% in the scale of benefits. The previous adjustment was 8,8% in July 1984.

Doctors are feeling the squeeze — MASA

Pretoria Bureau

Doctors are not as wealthy as is generally believed, the Medical Association of South Africa (MASA) said in Pretoria yesterday.

Dr Rene le Roex, chairman of the association's federal council, said soaring practice costs were making it increasingly difficult for the private practitioner to render the best standards of health care.

Rental of consulting rooms and costs of medical supplies, especially imported materials, were seriously affecting private practice, Dr le Roex said.

At present, a general practitioner's practice costs account for about 64 percent of his gross income. With a cost-intensive practice, such as pathology, these costs could top 80 percent.

Since 1983, practice costs for general practitioners have increased from 52 percent of gross incomes to 64 percent. The rental of rooms, which accounts for 15 percent of practice cost, has increased by 66 percent and the cost of medical supplies by at least 40 percent, MASA said.

Allegations by medical aid schemes that doctors were doubling their incomes every four years were

"devoid of all truth", according to the organisation. Chairman of the National General Practitioner Group (NGPG) of MASA, Dr Douglas Gurnell, said he found it inconceivable that medical schemes could purport to be experts on doctors' incomes. A spokesman for a financial institution which provides practice financing to doctors said there had been a significant increase in the number of doctors asking for assistance and advice.

"We are aware of 11 doctors who have been declared insolvent during the first six months of this year," he added.

Medical journal defends doctors

By Joe Openshaw, Medical Reporter

Payments to doctors amount to only about a third of the payout of medical aid schemes, according to an editorial in the latest issue of *The South African Medical Journal* (SAMJ).

Commenting on the wide-ranging increases in medical aid rates, the SAMJ says hospital stays and the cost of medicines are major cost factors.

"If Press reports and TV interviews are to be believed, the whole medical aid movement is in danger of collapse. Doctors are again cast as the villains of the piece and accusations of over-servicing and exploitation of the sick have been widely disseminated by those with a medico-political axe to grind.

"The Medical Association of South Africa (MASA) in particular has expressed great concern that should the situation not be brought under control, many patients will no longer be able to afford medical aid cover," says the SAMJ.

"Although MASA will never condone the abuse of medical schemes by doctors, it must remain the prerogative of the individual doctor to decide what treatment would be in the best interest of the patient."

The journal says MASA cannot and will not accept that medical aid schemes are qualified to decide on the need and the indications for medical care and on particular procedures.

The loser in this kind of tussle, says the SAMJ, can only be the patient.

Medical aid scheme chief warns doctors

93) NIM 2/10/86 (2/10/86)

No direct payment if you charge more

Mercury Reporter

DOCTORS can charge patients more than the prescribed medical aid rates, but then they may not demand direct payment from the schemes.

This was said yesterday by Mr Jan Ferhout, chairman of the Representative Association of Medical Schemes (RAMS).

He was reacting to a statement made by Dr Renee le Roux, federal council chairman of the Medical Association of South Africa (Masa) after RAMS had announced that there would be no increase in the scale of benefits for doctors.

In the statement, Dr le Roux had warned that more doctors could be forced to apply the higher costs and that patients would then be forced to pay the difference out of their own pockets.

It was time, the Masa statement went on to say, that medical aid schemes explained to their members why they were not prepared to increase their benefits for medical services in spite of increasing membership contributions by between 25% and 100% during this year.

But Mr Ferhout hit back, saying the reasons behind the exclusion of doctors had been carefully explained at a meeting with Masa.

'The cost of medical services increased by 25% last year, against an expected 12%, and the doctors bene-

fitted from it.

'Our decision not to give them an increase is not harsh, but the costs of private hospitals, dentists and medicines have all gone up as well and have to be taken into consideration. It has to be evenly spread out,' he said.

Prerogative

While emphasising that he did not want 'to pick a fight' with doctors, Mr Ferhout said it was strange that Masa had not made it clear — when threatening that more doctors would charge the higher rate — that they would not be able to demand direct payment for their services.

'In terms of the Medical Aid Act, if a doctor treats a patient and charges the fixed rate he is entitled to expect to be paid out by the scheme immediately. If he charges the higher rate, he does not,' he said.

He added that charging the higher rate 'is nothing new' and that doctors have always had the prerogative to do so and that many do.

'But the patient does have to pay the difference out of his own pocket and payment from the schemes then takes longer,' he said.

● See Editorial Opinion

Doctors' medical benefits frozen

Dispatch Correspondent

JOHANNESBURG — Medical aid benefits for doctors' bills will not be increased next year.

Announcing the decision, the Representative Association of Medical Schemes (Rams) said it was trying to "shelter" medical aid members and their employers by slowing down the "huge escalation in medical aid costs that they have been subjected to over the past year".

Dentists are to get an across-the-board increase of 9,25 per cent, while an amended scale of benefits for physiotherapists would give them an effective eight per cent increase.

Rams, the statutory body representing the country's entire medical schemes movement, also voted a 12 per cent increase in private hospital ward fees.

The increases are all below those requested, but they would still force most medical schemes to put up their subscription rates from January 1 when the new fees go into effect, said the Rams chairman, Mr Jan Fernhout.

Rams decided that as doctors had effectively increased their incomes by 25 per cent this year — double the increase granted on January 1 this year — they should not enjoy an adjustment to the existing scale of benefits.

Medical-aid decision 'bad, bad news'

Medical Reporter

THE decision not to increase the scale-of-benefits fees for doctors next year was "bad, bad news", an editorial in the South African Medical Journal says.

The decision by the Representative Association of Medical Aid Schemes (Rams) was bad not only for doctors charging scale-of-benefits fees, but also for the public.

The Medical Association of South Africa (Masa) was "well aware of the financial stringen-

cies" being experienced by many of its members and had continued to negotiate with Rams "in a reasonable and responsible manner in spite of a growing awareness that Rams was playing a game of its own", the editorial says.

Eleven doctors had been declared insolvent in the first six months of this year, making suggestions that doctors doubled their incomes every four years "ludicrous".

Masa took seriously the suggestion that medical schemes were

in financial difficulties and invited the chairman of Rams to discuss the matter with its federal council.

The editorial said about 80 percent of doctors charged medical-aid tariffs and not the tariffs recommended by Masa.

"The result of the Rams decision not to raise the scale-of-benefits fees is that more doctors will be tempted to charge the higher Masa tariff and patients will have to pay the difference out of their own pockets."

Medics slam fees' freeze

DD
28/1/87

CAPE TOWN — The decision not to increase the scale-of-benefits fees for doctors next year was "bad, bad news," an editorial in the South African Medical Journal says.

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tiate with Rams "in spite of a growing awareness that Rams was playing a game of its own," the editorial says.

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Masa took seriously the suggestion that medical schemes were in financial difficulties and invited Rams to discuss the matter with Masa's federal council.

The editorial said about 80 per cent of doctors charged medical-aid tariffs. — Sapa

SMN 12/11/86

Medical Association slams 'self medication' scheme

Own Correspondent

CAPE TOWN — A "self medication" scheme introduced by the Pharmaceutical Society of South Africa has been criticised by a committee of the Medical Association of South Africa.

The scheme is based on "self diagnosis by the patient in an attempt to save medical aid societies' money by allowing the patient to pay for medicines recommended by the pharmacist for minor ailments," according to the Pharmaceutical Society president Mr Gus Ferguson. He said there was "nothing new in this practice".

But the Medical Association committee said pharmacists were neither qualified nor permitted to make a diagnosis on which to base the prescribing of medicine.

There were inherent dangers in such a scheme because, for example, a headache could be indicative of meningitis.

The matter would be brought to the urgent attention of the executive committee of the Medical Association, the committee said.

Mr Ferguson said: "Pharmacists daily recommend and sell medicines to the public for specific complaints diagnosed by them and in very many cases pharmacists refer patients to doctors.

"Although the public buys medicines for minor ailments, they are reluctant to do so if they belong to a medical aid society because medical aid will pay if the medicine is prescribed by a doctor."

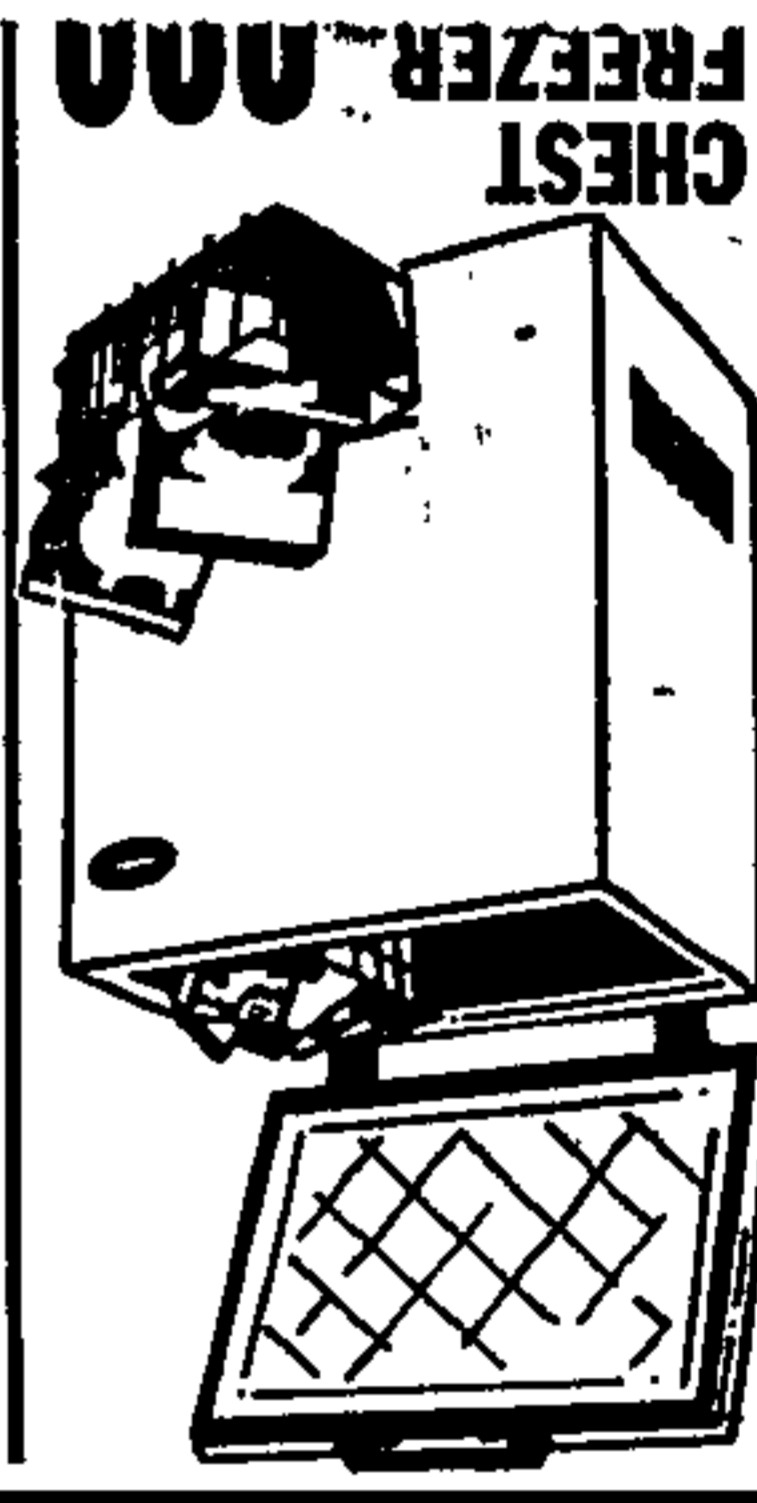
In terms of the Pharmacy Act "specially pertaining to the profession of pharmacists" a pharmacist may "furnish advice to any person with regard to any medicine supplied to him", Mr Ferguson said.

"There is no mention made in the self medication scheme of diagnosis by the pharmacist."

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TRIPLE GUAR



Medical ethics 'must be above reproach'

By Kym Hamilton, Pretoria Bureau

It was imperative that the South African medical profession's ethics remained above reproach, warned the deputy director-general of the Department of National Education and Development, Dr G S Watermeyer.

Speaking at a graduation ceremony at the medical faculty of the University of Pretoria, Dr Watermeyer said the rest of the world looked at everything which occurred in South Africa, particularly health and legal services, with "schizophrenic blinkers".

He told the newly-qualified doctors that their biggest problem would revolve around medical ethics.

'INADEQUATE HEALTH SERVICES'

The Steve Biko incident would never be forgotten. Crossroads, Khayelitsha and Botshabelo were portrayed by overseas politicians as examples of "inadequate health services".

The progress and successes achieved in these places were never mentioned, said Dr Watermeyer.

One way to deal with this attitude was to stay in South Africa to make their careers and their futures, he told the graduates.

"You will not be able to solve the community's problems by sitting elsewhere in the world and crying together with the jackals about South Africa."

However, there was also no place in the country for doctors who wanted to exploit patients for their personal gain. These people were welcome to join the brain drain.

All medical staff 'under pressure', say top profs

Cape Times 28/1/80

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By CHRIS ERASMUS

IT IS wrong to think that only interns are under enormous work pressure in South Africa's hospitals, according to the deans of two of the leading medical schools.

They said senior medical staff, up to and including professors, had also felt the severe effects of the freeze on new appointments compounded by burgeoning workloads.

Professor George Dall, Dean of the Medical Faculty at the University of Cape Town Medical School and a member of the executive of the SA Medical and Dental Council (SAMDC), and Professor H P Wassermann, Dean of the Medical Faculty of the University of Stellenbosch Medical School, were discussing the re-

port on intern training by Medical Research Council, published this week, in which interns were described as overworked and under-supervised.

"It is essentially fair," said Prof Dall. "But I think it's wrong to particularly single out interns as suffering from an excess workload. Everybody working in our hospitals is suffering because, in the present economic environment, we have not been able to appoint more staff to deal with the ever-increasing workload."

"However, it is true that the situation as it affects interns has concerned the council for some time — in fact a sub-committee was appointed to look into intern training at least six months ago when it became known to us what the MRC report would be saying.

"To improve the supervision of interns during their training it has been decided to advertise for an intern supervisor or supervisors for all hospitals in the country where interns are under training. These appointments should be made very soon."

Prof Wassermann said the report was essentially accurate in pinpointing intern training problems and said that its contents were "not surprising".

"Teaching hospitals have for some years been worried about the loading of staff with increasing workloads to the detriment of research and teaching activities."

Professor Dall said that the council "is looking very carefully at the whole question of proper training for interns and trainee doctors".

Witch doctors enlisted against AIDS fight

SAF 2/2/85

JOHANNESBURG. — Witch doctors, who treat about 80 percent of South Africa's black population before they see trained physicians, are being enlisted in the war against AIDS, a Durban doctor said yesterday.

Dr Ruben Sher, of the South African Institute of Medical Research, said about 200 witch doctors would attend a seminar later this week to learn about AIDS prevention.

There have been 43 confirmed cases of AIDS in South Africa, and only one was black, according to the head of Natal's blood transfusion centre, Mr Peter Brain.

"Only eight of the men have been

heterosexual and have contracted the disease from countries north of South Africa and Haiti," he said.

Dr Sher said he would instruct the witch doctors, known as sangomas, to urge less promiscuity and to encourage the use of condoms to counter AIDS.

"The problem is going to be to convince the sangomas that AIDS is spread from personal contact. They don't believe that diseases are spread from person to person," Dr Sher said.

Other moves to prevent AIDS from spreading in South Africa already included the testing of prostitutes and blood donors, Dr Sher added.

□ Fourteen cases of AIDS have been diagnosed in South Africans so far this year and five patients have died, according to the Department of National Health's Advisory Group on AIDS.

The number of cases was six up on the previous year's total but was in line with expectations, the group said in a statement released in Johannesburg.

It said the present situation was reassuring but that there was a potential threat that the disease could spread, as it had in other parts of the world.

The group had therefore drawn up a long-term plan to contain the spread of the disease through surveillance

and education.

The plan would be referred to the Department of National Health and Population Development for possible implementation.

According to the group's statistics, six of the 14 cases of AIDS diagnosed this year were from Johannesburg, two from Durban and six from Cape Town.

All the patients were males and no cases of AIDS among intravenous drug abusers had been reported.

Seven AIDS patients from neighbouring countries were referred to South Africa for diagnosis and treatment this year, the statement said. — UPI and Sapa

THE National Medical and Dental Association (Namda) said yesterday it grieved for the family of Dr Fabian Ribeiro and his wife Florence, who were shot dead by unknown assassins in their Mamelodi, Pretoria home this week.

In a statement, Namda said Ribeiro "stood for the highest ethical principles of his profession and spoke tirelessly and outspokenly against the injustices of apartheid".

"He fully realised that proper health care for his patients and for the people of SA could not be attained under apartheid," it added.

Namda said Ribeiro was persecuted many times for his stand. He was charged in 1977 under the Internal Security Act and more recently his house was bombed by unknown assailants.

"Like so many others he has sadly now fallen as a victim of apartheid. We salute this hero of the peo-

Namda: Slain doctor a hero

ple and our profession. *Hamba kahle Dr Ribeiro,*" it said.

Meanwhile police yesterday effectively banned a memorial service which was to have been held on Sunday for Ribeiro and his wife in Mamelodi.

Northern Transvaal divisional police commissioner Jacob Stemmet issued orders in terms of the emergency regulations prohibiting funeral ceremonies in Mamelodi being held on weekends or public holidays.

Further "standard" limitations — such as prohibiting ceremonies being held out of doors, flags and banners, public address systems, and speakers other than ordained ministers — were ordered. — Sapa.

Med-aids reject 1987 fee rise for doctors

MEMBERS of the medical profession have been able to increase their fees this year by more than double the amount intended for them.

As a result, medical-aid funds have refused to give them another fee increase next year. The funds want the tariff structure to be made more flexible.

The medical profession was given a 12.5% increase in fees in January. But by applying the new tariff scheme, they received 25% more.

This and other claims have been made by a medical-aid expert, Tony Leveton, chairman of Affiliated Medical Administrators. He says:

- Doctors have been able to double their gross income every four years, or at a compound rate of almost 20% since 1982. In the four years before that, the pattern was much the same.
- Pathologists have been doubling their gross income even faster at a compound rate of 24% in spite of the fact that many of them have automated their practices and "their patients arrive in bottles".
- Because of the mix of services used by black and coloured members, the profession in general earned 53% more from black and 36% more from coloured medical members than last year.
- General practitioners earned nearly 38% more from white members, 55% more from black members and 45% more from coloured medical-aid members this year than in 1985.

Through the roof

Medical-aid funds are in a crisis and subscriptions have gone through the roof in many instances.

Spokesmen for the funds believe that new medical-aid legislation, introduced at the beginning of this year, has become such a pain in the neck that deregulation is the only remedy.

The crux of the problem is that when the Representative Association of Medical Societies (Rams) set up a new scale of benefits this year, it allowed fees to be increased by an average of 12.5% over the whole spectrum.

14/12/86 By Udo Rypstra

But some fees applying to pathologists were lowered.

Consultations with a general practitioner, for which Rams allowed the tariff to go up by 43%, were part of this overall tariff increase. It is there that the doctors scored to the disadvantage of medical-aid funds and ultimately the subscription-paying public.

Impact on blacks

Mr Leveton says: "The most common service rendered to a black member is a consultation with a general practitioner. The white member tends to use a broader range of medical services. Therefore, when the consultation fee was increased by 43%, the impact on the black member, after taking into account increased use of the service, was far greater than for our other members."

Mr Leveton says the medical profession has always complained that its tariff increases have lagged behind most of the commonly used economic indicators, but has ignored the advantages it has gained from the restructuring of medical benefits.

"Rams, on the basis of its data, has decided not to increase benefits in 1987, reasoning that doctors have received double what they were expected to in 1986."

Mr Leveton believes the compulsory guaranteed payment system be scrapped and replaced by a voluntary guarantee, organised between individual schemes and medical practitioners.

He suggests that medical-aid funds be allowed to set their own benefits without being told by the medical profession what they should be.

He believes that restrictions on minimum benefits should be reconsidered to allow for more flexibility in benefit design, allowing the medical-aid fund member a greater choice in cover required.

Mr Leveton says that if these and other measures are not introduced, medical-aid schemes could price themselves out of existence, particularly if employers start restricting their contributions.

Long hours 'put hospital interns in peril of prosecution'

SJAK
15/12/86

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By Joe Openshaw,
Medical Reporter

Mistakes made by interns — caused by arduous night duty and lack of sleep — could result in legal claims by patients, says the Medical Research Council in a report on intern training in South Africa.

Questionnaires completed by 978 interns were studied by the researchers who found chronic sleep deprivation was a direct cause of mistakes by student doctors.

"Measures to improve the situation are urgently needed," the report said. "The legal aspects which may arise from these mistakes are complex.

"When a medical student or intern is involved in the care of a patient who claims he was treated negligently the student or intern, clinical members of the hospital department, or the university faculty and the hospital authorities all become potential defendants in any legal proceedings."

It was emphasised that increasing awareness of their rights as patients — and even an over-eagerness to institute legal proceedings — had become a characteristic of many Western nations.

'Allocated'

The study found the workload of interns to be unacceptably high: "One third or more of interns work longer than 10 hours a day, to which must be added — in more than 85 percent of cases — more than two night duties a week with less than four hours' sleep.

"Saturdays, Sundays and public holidays are also allocated to interns for duty on a rotation basis.

"The majority of interns work between 60 and 70 hours a week," it was found.

In regard to expertise in procedures among the interns it was found:

- Practical procedures were mainly restricted to urine catheterisations and performing lumbar punctures.
- Individual operating techniques were restricted mainly to plaster casts, the draining of abscesses and performing D&Cs, and interns lacked opportunities to carry out smaller operations — particularly on hernias, appendices and tonsils.
- The percentage of interns in a position to attend regular autopsies was disturbingly small.
- A high percentage of interns had little or no supervision while giving anaesthetics and providing emergency care was especially serious.

Interns' work conditions called 'alarming' in study

26/11/76 STAR 43

Many newly qualified doctors administered anaesthetics "with little or no supervision" during their internship year, a Medical Research Council study has found.

An urgent investigation of the implications of the internship year in its present form was called for in the study, published in the latest South African Medical Journal.

Some conditions under which doctors worked in their compulsory intern year were "alarming", the study said.

Supervision was "inadequate". Interns were "very poorly informed" about what tasks, procedures and duties to perform. Guidelines laid down by the South African Medical and Dental Council for internship were "to a significant extent not complied with".

Interns who had worked through a structured, controlled under-graduate course were suddenly exposed to clinical situations where they had to supply patient care. This was complicated by the fact that they had no control over their work schedule.

Sleep deprivation had a big impact when the intern's work demanded sustained attention and a high level of work performance.

Emotional and intellectual functions were known to be impaired by sleep deprivation. This resulted in a significant increase in errors of performance and delayed reaction time.

Interns sometimes went without sleep for 34 hours at a stretch. Ten hours sleep did not necessarily cancel the negative effect of the sleepless period.

The study, by Professor Andries Brink, Miss Jo Barnes and Dr B R Slabbert, also showed few interns had attended an autopsy, opportunities for study were few and regular teaching rare.

It was clear why young doctors became disillusioned and negatively orientated towards their internship and profession, the study said.

Attention should be given to a more formal, structured intern programme over three years, it was suggested.

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11/21/86 (93)
Doctors need pay
BLS DAY — Masa

THE Medical Association of SA (Masa) has called for immediate increases in salaries and the restoration of full bonuses for doctors in the public service.

Masa said in a statement that about half the country's doctors occupied positions in the public service and it was almost three years since the last increases.

Masa Federal Council chairman, Dr R D le Roux, said the plea for increases was especially necessary in the light of the freezing of posts and the subsequent larger workload placed on doctors.

Masa was undertaking an in-depth investigation into the improvement of service conditions embracing all facets of the practice of full-time doctors, and expected to make representation to the relevant authority soon, the statement said. — Sapa.

**Doctor to
challenge
kwaZulu**

A Soweto medical doctor has laid charges with the South African Medical and Dental Council (SAMDC) against the kwaZulu Department of Health for alleged unfair dismissal and alleged defamation of character.

Dr MP Chuene, an epidemiologist and inspector of health, said she was forced to take early retirement after being "falsely accused of fraud, irresponsibility and gross lack of integrity".

She said that when she told the authorities she was prepared to challenge the allegations in court, they were dropped. Dr Chuene has now taken the matter to the council, whose medical committee of preliminary inquiry will hear the case on Friday.

Doctors 'used as tools of apartheid'

STAR
7/2/86

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By Sue Dobson

Doctors at Johannesburg's Coronation Hospital are up in arms about a directive from the Transvaal Provincial Administration calling for the transfer of patients to regional hospitals in their "own" areas.

The directive is said to be aimed at easing the hospital's overcrowded conditions, but doctors feel they are being made to carry out racial segregation.

Two doctors from the hospital, who did not want to be identified, told *The Star* they felt they were being used as "tools of apartheid" by enforcing the directive.

"We have been told to send patients to their regional hospitals if they don't need specialised medical care. Black, coloured and Indian patients come all the way to Coronation Hospital because they know they will receive treatment of a high standard here."

Overcrowding complaints

Mr Daan Kirstein, the MEC for Transvaal Hospital Services, said from Cape Town last night that coloured people had complained about the overcrowding in the hospital.

Told by *The Star* that doctors felt they were being made to carry out apartheid, Mr Kirstein said: "That may be so, but coloureds have been unhappy about the shortage of beds in their own hospital, situated in their own suburb, and we have decided Indians and blacks must make way for them. That is all there is it."

Doctors, however, added that many regional hospitals were not equipped to deal with certain cases.

"We believe that we would not be acting in accordance with medical ethics if red tape forced us to send a patient to a hospital against his wishes. We would be enforcing the Group Areas Act."

The doctors are in an awkward situation. If they do not enforce the directive they could face suspension without pay, pending an inquiry.

If found guilty they could be fined or dismissed.

Chairman of the Southern Transvaal Branch of the Medical Association of South Africa, Dr Jonathan Gluckman, said: "Clearly it is wrong to deprive a patient of special care because of administrative requirements.

"Surely, in the changing climate of reform in South Africa and President Botha's rejection of apartheid, the application of his outlook to the care of the sick should provide the opportunity for its practical utilisation. This instance exemplifies the very opposite."

Official comment was not available on the issue at the time of going to press.

Missing businessman charged with fraud

Pretoria Bureau

Criminal proceedings have been instituted against missing Johannesburg businessman Mr David Fink as a warrant for his arrest was signed by Johannesburg magistrate yesterday.

Mr Fink, who is understood to be in London with his family, is charged with fraud after allegedly misappropriating R7.3 million from the National Industrial Bank (Barnib).

He is alleged to have transferred the money overseas in a series of illicit exchange deals.

His assets have been since been provisionally sequestered in the Rand Supreme Court.

A spokesman for Barnib today confirmed that the action was proceeding.

KWAZULU GOVT DISMISSES 7 DOCTORS

93
SOWETAN
7/4/83

SEVEN black doctors have been dismissed without explanation by the KwaZulu Department of Health and Welfare, despite a shortage of qualified medical staff.

Four of the doctors claim the "purge" is politically motivated because students had refused to sign a controversial pledge that they would not "criticise or denigrate" the KwaZulu government and its Chief Minister, Chief Mangosuthu Buthelezi.

The KwaZulu government originally tried to force the men to sign the pledge in 1984 by withdrawing their KwaZulu bursaries, but they took legal action to fight the move.

Before the case could come up in court last year, KwaZulu dropped the pledge and the bursaries were reinstated.

All seven, from four hospitals in KwaZulu, were told about the dismissals through a uniform note sent to them a week ago.

The carefully worded note reads: "Your application has been reconsidered and regretfully was unsuccessful," despite claims by the doctors that they had already been told their applications had been approved.

Formal

All seven doctors had occupied their posts in KwaZulu hospitals for some months before they were dismissed. The applications are normally regarded as a formality.

SOWETAN
Reporter

It could not be confirmed if the decision was taken by the KwaZulu cabinet. A spokesman at the minister's office said that only the minister himself and Dr Darryl Hackland (departmental secretary) could comment. Both were not available.



NGUBANE



NDWANDWE



MNGOMA



PAAHLA

Six of the doctors — Thami Mngoma, Thami Madlala, Dodds Ndwandwe, Vusi Ngubane, George Langa and SA Thula — are former KwaZulu bursary holders.

The seventh is former president of the Azanian Student Organisation, Joe Paahla, who held a Lebowa government bursary but had done his internship at the Edendale Hospital — also under KwaZulu administration — in Maritzburg.

Mngoma, Ngubane and Ndwandwe — who were all working at Edendale hospital — say the decision was made by the KwaZulu cabinet, but no reasons were given.

The sackings come only a few weeks after a visit by Health Minister Dr Frank Mdlalose. They claim he thanked them for working at the hospital while there was an acute shortage of doctors.

Fight against apartheid just a front, says Health Minister Van Niekerk

Revolution, ^{SNAP} doctors warned ^{14/4/86} ⁹³

A stern warning was issued today by Minister of National Health Dr Willie van Niekerk that action would be taken against a "disturbing element" among doctors who were "actively fostering revolutionary activities".

Opening the Fifth Congress of General Practitioners in Johannesburg, he said a small group of doctors, "though ostensibly fighting apartheid, actually aim to condition the country for a revolutionary takeover by a Marxist regime".

"These individuals are actively fostering and participating in revolutionary activities."

"The doctor who is committed to his patients and the community he serves does have the opportunity, within the democratic process, to play a constructive role in bringing about socio-political reform."

"Should individual doctors decide to tread the revolutionary path, they certainly risk being dealt with accordingly."

Reaffirming the Government's commitment to reform, he said there was a growing realisation that revolutionaries and radicals and their organisations were dedicated to destroying the will of people to bring about peaceful reform.

'Marxist mobs'

"What we are seeing at present is the creation of a new radical wing with a front organisation structure quite similar to the Congress Alliance of the 1950s and early 1960s."

The Government would "never abdicate to the tyranny of rule by Marxist mobs", he emphasised.

Some doctors were unwitting tools conditioning the country for revolutionary takeover, said Dr van Niekerk. "But let us make no mistake about it — the Communist Party and their puppets, the ANC, are clearly behind some of the organisations involved." — Sapa.

Medics attempt to create Marxist regime — claim

By BRUCE CAMERON
Political Staff

A VERY small group of medical practitioners in South Africa were starting to play a role in revolutionary attempts to create a Marxist regime, the Minister of Health, Dr Willie van Niekerk, said today.

In a copy of a speech released in Cape Town, Dr van Niekerk warned that doctors involved would be "dealt with by the Government".

His warning follows the arrest in Durban of a doctor in connection with bomb blasts in the city.

Dr van Niekerk said a "new radical wing with a front structure quite similar to the Congress Alliance of the 1950s and early 1960s was being created."

"Although ostensibly fighting apartheid, it actually aims to condition the country for a revolutionary take-over by a Marxist regime."

"Unwitting tools"

"Some are unwitting tools in this effort ... but let us make no mistake about it, the Communist Party and its puppet, the ANC, is clearly behind some of the organisations."

A disturbing element was developing among a small group of medical practitioners.

"These individuals are actively fostering and participating in revolutionary activities."

"The doctor who is committed to his patients and community does have the opportunity within the democratic process to play a constructive role in bringing about socio-economic change."

"We must remember, however, that no citizen — and that includes medical practitioners — are above the law of the country."

SPAC
16/4/88
**Revolutionary
remarks anger
medical congress** 93

Minister of Health Dr Willie van Niekerk was taken to task today for his remarks at the fifth General Practitioners Congress about some doctors' "revolutionary activities".

There was sharp reaction among doctors attending the congress yesterday — especially among black doctors who felt Dr van Niekerk used his opening address for political purposes.

"We were taken aback and embarrassed in the presence of overseas visitors by the Minister's remarks," said Dr Basil Jaffe, president of the South African Academy of Family Practice/Primary Care.

Dr van Niekerk had said there was a "most disturbing element" developing among a small group of doctors who were "actively fostering revolutionary activities".

"I do not know of any organised group of doctors who could be labelled Marxist and who are fostering revolution," Dr Jaffe said.

"I was particularly unhappy these remarks were made at an academic meeting. I would like to dissociate myself from what the Minister said."

Reds under the bed

Like the village schoolmaster, your friendly neighbourhood GP may be a dying breed. But is there a new kind of doctor "fostering revolutionary activities," as the Minister of National Health and Population Development, Willie van Niekerk, charges?

The minister did not go so far as to name any of these radical medics when he attacked them in his opening address of the Fifth General Practitioners Congress in Johannesburg this week.

There were immediate calls for Van Niekerk to identify those he referred to when he warned that any medical practitioners who "tread the revolutionary path" would be "dealt with accordingly." He tells the *FM* that government is aware of the activities of certain doctors, but is not willing to name individuals at the moment.

Van Niekerk's decision to use the prestigious academic conference to launch his attack — probably against doctors working in townships treating unrest victims, as well as those who have spoken out against separate health institutions — embarrassed his hosts.

The president of the SA Academy of Family Practice and Primary Care, and conference convener, Basil Jaffe, has challenged the minister to substantiate his allegations by taking appropriate legal action.

One group of doctors Van Niekerk may possibly have had in mind are the officials of the "alternative" medical association, the National Medical and Dental Association (Namda). Namda's policy is to address itself to the social and political aspects of health; it favours a national health service, like Britain's, in SA.

Namda has now issued a statement calling on the minister to "state clearly who is involved and what the activities are." It goes on to charge that "the attack detracts from the main issues in the health sector today, such as the fragmentation of health services, the lack of health services in rural areas and the unequal access within the health sectors under apartheid."

It is around the issue of *preventative*, as opposed to *curative*, medicine that doctors find themselves drawn into the political arena. Once doctors move away from treating symptoms to addressing the causes of diseases rampant in the black community, such as malnutrition and typhoid, they frequently find themselves questioning government policies such as resettlement.

Increasingly, doctors and psychologists are getting involved in voluntary programmes to counsel detainees suffering psychological trauma after being released from

prison.

Medical personnel, including the Medical Association of SA (Masa) and the deans of medical schools, are speaking out against the impending fragmentation of health services along own and general affairs lines (*Current Affairs* December 20 1985).

But over the last year, as the unrest has mounted, doctors have found themselves in direct conflict with the security forces. The best known example has been the case of Wendy Orr, the former Port Elizabeth district surgeon, who successfully won court intervention to stop the assault of anti-apartheid activists in police custody. She was transferred afterwards.

During the recent violence in Alexandra, staff at the Alexandra Clinic, which falls under the Wits University Department of Community Medicine, came into direct conflict with the security forces who demanded — and subsequently raided the clinic to take — medical records of unrest victims.

This kind of activity by the security forces has made many fearful of going to government hospitals and clinics for treatment. In the eastern Cape, there was the case of an injured victim who attempted to operate on himself.

Some suspect that it may be those doctors who treat unrest injuries privately that Van Niekerk has in mind. While the death toll over the past 19 months of unrest has been 1 460, many more have been injured. It is thought that the security forces assume the injured could be activists.

Whether they are activists or not, doctors, as they point out, have a duty to offer medical assistance to anyone; and providing information about a patient goes against their ethical code.

Doctors defy 'shunt the patients' edict

By WILMAR UTTING

25/4/66
ALMOST 100 doctors at Coronation Hospital, Johannesburg are openly defying a government order that patients be refused treatment and "shunted" to other hospitals as part of a drive towards "regional rationalisation".

The doctors, supported by community organisations, claim the edict is intended to separate patients, not on a regional but an ethnic basis, and is a significant move in the government's drive towards tricameral health services.

One member of the hospital board has resigned over the edict, claiming she did not want to be seen as "advancing apartheid".

And the Transvaal MEC in charge of hospitals, Daan Kirstein, said yesterday that if people did not adhere to the instructions the authorities would take steps to "make sure they do". The directive had nothing to do with politics, he said.

The hospital treats Indian, coloured and black patients.

The superintendent, Dr D Wulff, who has tried to enforce the edict through clerical staff, this week left the hospital to take what his office said was six weeks' "study leave". He could not be reached at his home.

In a statement issued this week, the Coronation Hospital Crisis Committee, backed by other organisations, condemned the directive on patient referrals and vowed to oppose it, promising that no patient would be sent from Coronation to another hospital against his or her will.

Following the directive from the Transvaal Provincial Hospital Services, an association of organisations was formed to oppose it at Coronation and "at any other hospital where the shunting of patients in furtherance of apartheid ideology is occurring".

Mass opposition to the order and the fact that doctors had completely

ignored it had already resulted in a "de facto" suspension of the order, a doctor at the hospital said.

"And the fact that the Medical Association of South Africa supported our claim that patients should not be moved against their will was, we believe, a strong factor in the temporary suspension of the directive," he said.

"The new system was first introduced through the admittance clerks. They questioned the patients and attached little slips of paper to their files, noting "Send to Leratong" or "For New Indian Hospital" (Hillbrow Hospital). Some were even directed to Springs, he said.

"The slips were pinned to the patients' files which were sent to the doctors. Almost all of the doctors ignored the instructions."

Organisations backing the defiance of the directive include the Health Workers Association, Wits Black Students Association, Concerned Social Workers, the Federated Ratepayers' Association and the Riverlea Youth Congress.

The statement appealed to all patients, particularly those in the Lenasia area, to get in touch with any of these organisations should they find themselves "shunted" to another hospital against their will.

The government directive has led to the resignation of Dorothy Cornelius, a long-serving member of the hospital's six-member board.

"I believe the board could be seen as supporting the separation of patients on an ethnic basis, supporting apartheid.

"It is laughable but typical that this government should announce the repeal of the Pass Laws and at the same time slyly introduce apartheid in hospitals," she said.

Kirstein hotly denied there was any political motive.

"Coronation is an academic hospital and people like to go to it, saying they get better treatment there, or whatever. But it is overcrowded. Many of the people who go there practically live at the hospital. Why can't they have their toenails clipped or their tonsils out in a regional hospital, close to where they live? They don't need an academic hospital for that."

Kirstein said if people would not assist the authorities in charge, then the authorities would simply direct the hospitals "not to take this one, or this one or this one," he said. Up to now they had not done this. They had instead appealed for cooperation.

The Indians, he said, had wanted their own hospital where they could be served their traditional food.

"So we gave them the old Non-European Hospital and spent hundreds of thousands of rands putting in kitchens and bathrooms. Then just before it opened they came and complained 'this is apartheid'.

"So, after six months, when we had had only two or three patients, I said this was no good and it went to the Hillbrow Hospital."

Ruling favours hospital doctors

Pretoria Bureau

Private doctors will in future only be able to treat their patients in a provincial hospital if they are prepared to accept a part-time appointment with the institution.

This means a provincial hospital is not obliged to accept a patient if his doctor has not agreed to serve some time in the hospital.

However, MEC for hospital services, Mr Daan Kirstein, has said the new ruling would not endanger emergency patients.

Tabling draft legislation before the provincial council yesterday, he said emergency patients would be treated by part-time in-house doctors if an approved private part-time doctor could not be found.

BATTLE TO SECURE SERVICES

Mr Kirstein said hospital services often battled to secure the part-time services of private physicians.

In the platteland hospitals in particular, the number of patients did not justify the appointment of full-time medical personnel and the department relied heavily on part-time employees.

If they could not be found, the service offered by a hospital could be jeopardised.

"Under normal circumstances the province would not tamper with the private doctor's right to treat his private patients in provincial hospitals, but the situation is now so bad that we must make the private doctor liable for service."

against the disease. The research is being conducted in the middle of the

Census highlights lack of black doctors

STPK 8/5/86 Pretoria Bureau

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Only 246 qualified black doctors were employed in South Africa's hospitals in June 1983, compared to 9 124 white medical practitioners, a census undertaken by the Central Statistical Service has found.

However, the number of black patients treated at South African hospitals in the 12 months from July 1982 to June 1983 was significantly higher than the number of white patients, totalling 1 880 195. A total of 1 199 821 white patients were admitted during this period.

According to the census, there were 39 874 black nurses, 30 083 white nurses, 12 429 coloured nurses and 1 739 Indian nurses.

A total of 91 769 beds were available for patients. Of these, 48 998 were for blacks, 36 201 for whites, 5 550 for coloureds and 1 020 for Indians.

A total of R137 million had been paid out in salaries and wages by hospitals during the 1982/83 financial year, said the census.

tourists to SA

Namda gets Africa okay

By ALISON GILLWALD

THE nonracial National Medical and Dental Association (Namda) was last week granted observer status at a gathering of 16 national African medical associations in Maseru.

The move is seen as giving substance to a selective, rather than blanket, implementation of the academic boycott.

The presence of South Africans at the general assembly of the Confederation of African Medical Associations and Societies (Camas) initially sparked a heated discussion, with objections lodged by the Nigerian delegation to any South African presence at the congress.

But the assembly finally accepted the argument by Nairobi paediatrician, Vincent Orinda, that it was vital to differentiate between isolating the regime and isolating South Africans. The task of people outside who were concerned to end apartheid was to identify progressives; this could only be done through organisations actively seeking to end apartheid, said Orinda.

Camas granted Namda permanent observer status, agreed to work through Namda on local issues and allowed Namda president, Dr Delisa Mji, to address the general assembly.

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Namda gets Africa okay

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WEEKLY MAIL

WEEKLY MAIL

Technicians fees up dental costs

Dispatch Reporter

EAST LONDON — Dental technicians' fees set by law comprised at most times half the costs of dentists' charges.

This emerged here yesterday following investigations after a Southernwood pensioner, Mrs Dina Myburgh, could not meet the R400 cost of a new set of dentures because she only received a pension of R180 a month.

A spokesman for the Border branch of the Dental Association of

South Africa, who cannot be named for professional reasons, confirmed that they were bound by the gazetted fees of the South African Dental Technicians Council.

No member of the Border branch could offer his services to Mrs Myburgh entirely free, as the dentist was bound by law to pay the dental technician, who was precluded by law from lowering his fee.

The registrar for the council in Pretoria, Mr

Johann Swanepoel, confirmed that by law none of the country's approximately 800 technicians were allowed to cut the costs which were gazetted in December.

Asked whether this did not erode the free enterprise system as in the case of Mrs Myburgh — that should a dentist offer his services free, he would still be bound to pay the costs of the technician — Mr Swanepoel suggested it was better to speak to the dental association.

It was learnt yesterday that the association had often taken the matter to task with the council. However, the fees for technicians are set by the council in terms of the Dental Technicians Act of 1979.

The spokesman for the Border branch said dentists were responsible for all the clinical work, while the technicians completed the second part of the work — the construction.

He said these fees were incorporated in

the statement sent to patients.

He said the fees were not arbitrary. A few years ago a private firm had been commissioned by the council to do a time and motion study on the fees.

The costs and capital of running a laboratory were worked out. The investigation had cost R75 000 and the spokesman said he was not prepared to make any statement on the fees worked out.

He said it was unethical for dentists to give discounts and it was against the rules of the dental association.

Dentists had to pay the technicians costs within 90 days, irrespective of whether the debt of the patient became a bad debt. If he did not pay, he could be found guilty of unprofessional conduct.

The spokesman did not agree that Mrs Myburgh's dentures could not be repaired. The repair would cost about R29 with R15,30 (plus GST) going to the technician and R13,70 to the dentist, he said.

Dentures may be made free of charge

Dispatch Reporter

EAST LONDON — Dental technicians can offer their services free, but are prevented by law from offering discounts on tariffs determined by the South African Dental Technicians' Council.

This emerged yesterday, following a dental technician's offer to make a new set of dentures for a pensioner, Mrs Dina Myburgh, who had broken hers on a piece of toast, and whose plight was reported in the Daily Dispatch.

Mrs Myburgh said she did not have the R400 needed for a new set of teeth and added that she got by on a pension of R180 a month. At the time she said she had been told by the Department of National Health and Welfare that she could not be helped.

Several offers of help streamed in and interviews with dentists created the impression that the profession could not do it free of charge because of the technicians' fees, which comprised half the cost, had to be paid.

In terms of the rules gazetted by the statutory governing body, the South African Dental Technicians Council, no dental technician could offer, or accept from any dentist any amount which is less than that provided by the council's schedule of fees. Dentists were not allowed to propose or accept any discount from any dental technician.

The registrar of the dental council, Mr Johann Swanepoel, confirmed the regulations but yesterday a local technician who is making the set for Mrs Myburgh free of charge, said the regulations did not preclude him from offering his services free of charge.

The technician cannot be named and he confirmed yesterday that the Rotary Club of Arcadia was organising the set of dentures, but that he had offered his services free.

His charge for a set of dentures would normally be R178,75, including the cost of material.

CITY P. 26/1/84

Doc's fate rests with SAMDC

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By SINNAH KUNENE

THE fate of former Kwazulu Health Secretary Dr Margaret Chuene - who claims she was "unfairly dismissed" - will be discussed by the SA Medical and Dental Council in Pretoria today.

Dr Chuene who was appointed to the position in March 1983 - made a personal appeal to the SAMDC because her lawyer Victoria Mxenge was slain only two days after she was briefed on the matter.

Dr Chuene claims she was forced to retire in October 1984 before she reached retirement age. She was 59.

"I have decided to bring the Kwazulu Ministry of Health to book for their double standards and racial prejudices in a homeland which preaches black supremacy," she said.

Dr Chuene said she wrote to Kwazulu Chief Minister Gatsha Buthelezi early last year, urging him to investigate the matter - but it did not receive urgent attention.

Aids: Dentists' head apologizes

CAPE TOWN 19/3/87 (82) 94
BY CHRIS ERASMUS

THE executive director of the Dental Association of SA has apologized to his medical colleagues for suggesting that they did not have "their house in order" over the Aids problem.

But Dr Helmut Heydt yesterday reiterated his plea to doctors for help in protecting dentists from the dangers in treating infected patients.

"I am sorry if my medical colleagues took offence at my remarks, that was not meant. But I am very concerned, and so are many other dentists, about this problem and it came as a great shock to learn that someone I know well was exposed unknowingly to the virus," he said.

"What we would like is for doctors, as a standard procedure, to impress upon their patients who are infected with the virus to inform their dentist or any other health professional treating them of the situation."

In this way, said Dr Heydt, the issue of patient confidentiality would not come into the picture since it would not involve the breach of confidentiality in, for instance, a doctor calling up a dentist to tell him that a certain patient had been infected by the Aids virus.

□ According to Dr Frank Spracklen, a member of the Aids Advisory Group, there have been 64 cases of Aids in South Africa, of whom 38 have died.

In Cape Town there were at least 80 patients with the milder and usually non-fatal Aids-Related Complex (ARC), while the number of ARCs for the whole country could be about 600, he said.

There were an estimated 5 000 to 6 000 infected people in South Africa and perhaps as many 2 000 infected people in Cape Town alone, although these figures could only be roughly estimated because of the lack of data.

Dental care on wheels

A MOBILE dental unit to take dental care to the rural areas has been set up by Wits University. 6/4/86

The project - the brain-child of Dr Michael Rudolph of the Department of Community Dentistry - was made possible by donations and equipment from Honeywell (Pty) Ltd, Qualetron (Pty) Ltd and ER Bernard and Associates.

Some of the units' facilities include:

- Equipment to attend to four patients at the same time.
- A generator and compressor to function in areas where there is no electricity.
- A built-in tent.
- A video recorder and an overhead projector for educational purposes.

'SA needs African-style dentistry'

94

SAW
28/6/88

By Joe Openshaw,
Medical Reporter

First World dentistry must make way in South Africa for an appropriate African-style dentistry devised by young dentists, says Pro-

Cancer research 'excites'

A young Honeydew researcher was capped a doctor of science at a University of the Witwatersrand graduation ceremony last night for a thesis that may point the way to curing cancer.

Dr Marian Herman's "unique insights" in her doctoral thesis, "A Study of Natural Killer Cells", has caused excitement among medical researchers.

Her long laboratory studies show that natural killer cells in the human blood, which often do not function properly in cancer patients, can secrete a hormone-type substance known as Terleukin-1.

When this substance comes into contact with cancer cells they are altered by making them more susceptible to the killer cells, so fighting the disease through the body's own defences.

fessor Peter Cleaton-Jones, director of the South African Medical Research Council.

Addressing a graduation ceremony at the University of the Witwatersrand last night, he told dentistry graduates: "Your mandate is to add to knowledge of how to develop an African solution.

"We cannot escape the fact we in this country have a mixture of First and Third World conditions and populations.

"Be aware that while the large cities have large numbers of dentists, there are rural areas where large populations of both worlds have no one to care for them. Do help these people."

Professor Cleaton-Jones said dentists of the new generation must assume the task of developing cost-effective strategies in dentistry for the First and Third World mixture.

"We need academic staff in dental schools to train appropriate people, and ongoing research in our country," the professor added.

Medunsa dental first

THE Medical University of South Africa produced its first three dentists at the weekend.

By ALINAH DUBE

The three were awarded certificates at a

ceremony held in the faculty of dentistry on Friday. They are Dr T C Ntsoane, of Lebowa, Dr M Sibanyoni, of KaNgwane, and Dr P S L Sizane of Ciskei.

Professor Leon Taljaart, the rector for Medunsa, said the occasion marked a great improvement as there was a severe shortage of qualified dentists in rural areas.

Hospital

He added that the R25-million dental hospital which was currently being constructed as part of the existing Garankuwa Hospital, was expected to alleviate the shortage of dentists in the country.

CAPG TIMES

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13/7/65

3/3

'Improper conduct' by dentist

Staff Reporter

A STELLENBOSCH dentist who failed to pay three dental technicians within three months as prescribed by the Government Gazette was found guilty this week of improper conduct by a disciplinary committee of the South African Medical and Dental Council.

Dr Adrie du Plessis, who had pleaded not guilty, was found guilty of six counts of having failed to pay three dental technicians R11 982,47.

Dr Du Plessis testified that he had had a practice in the Free State but had sold it and moved to Stellenbosch after running into financial difficulties.

After practising in Stellenbosch for three months he had banked R64 and five months later R2 000. He been unable to pay the dental technicians because patients had owed the practice R35.000.

He had been sequestrated in December last year and it was not possible to pay his debts.

The committee, headed by Professor F.G. Geldenhuys, cautioned and discharged Dr. Du Plessis.

Dental fees to increase

Dental technicians' fees increase by 25 percent from August 1, causing a further hike in dentists' bills. *Star 16/7/85*


The increase was announced in the *Government Gazette* and confirmed by the Registrar of the Dental Technicians' Council, Mr A D van der Merwe, today.

The rising cost of materials was one of the reasons for the increase, he said.

Dental technicians are responsible for the construction of dentures, bridges and a variety of other dental fixtures.

"This will affect the public to the extent that the public pays for our services," said Mr van der Merwe. — Pretoria Correspondent.

More ^{STAR} doctors, dentists needed

by  Sue Leeman,
Pretoria Bureau

⁹⁴
^{17/8/85}
In order just to maintain its current doctor/patient ratio, South Africa will have to have almost 30 000 registered doctors on its rolls by the year 2 000.

Chief Executive Director of the Department of Health and Welfare in the white administration, Dr C F Slabber, said last night that the country's population was growing by an unacceptable 2,3 percent a year.

There was a particularly pressing shortage of black medical personnel, he said, adding that the 1980 census showed less than 500 of the country's 13 900 doctors to be black. Less than 20 out of 2 700 dentists were black.

This would place quite a burden on the country's seven existing medical faculties and they would have to rationalise and utilise their resources with great ingenuity.

Addressing the University of the Orange Free State's medical faculty, Dr Slabber said this was just one of the challenges which faced South Africa's health services in the future.

Other problems included:

- Infant mortality. Eighty out of every 1 000 black children died before the age of a year. Among coloureds the figure was 60 while among whites it was only 12,7.

The difference between these figures must be narrowed down, he said.

- Increasing numbers of elderly people. In 1980 there were just over one million elderly — a figure which is expected to more than treble by the year 2015.

AR 625 19/8/80 (94)

Dentists pulling out — fewer jobs to fill

DURBAN. — Business is bad for dentists in South Africa because people are aware of tooth-care and because of better tooth-care products, according to the Dental Association.

And now the association has urged dental schools at universities to limit their intakes because there are too many dentists.

Dr Helmut Heydt, executive director of the association, described the situation as "embarrassing".

"Dentists with excellent reputations who have been in business for some 30 years have empty appointment books," he said.

"Patients used to have to wait up to three months for an appointment. Now they can normally get one the next day."

Dr Heydt said he knew of dentists who had given up dentistry and others who could not find work.

"Today people just don't get holes in their teeth because of an increase in tooth-care awareness and also the use of fluoride. Children are encouraged to brush and floss their teeth regularly.

"Modern science also plays a part. Today dentists coat children's teeth with plastic which will protect them for a lifetime."

He said the problem was not confined to South Africa — in Holland and Sweden some dentists were becoming taxi-drivers.

He estimated that whereas now one dentist was needed for every 1 000 people, in the year 2000 the figures would be one dentist for every 5 000 people.

"Dentists have basically dug their own graves with their promotion of tooth-care, but now it is up to the Government and universities to ensure that there are not too many grave-diggers," Dr Heydt said. — Sapa.

Call time 9/10/86 (94)

Dentists top suicides, second in sick leave

Medical Reporter

SOUTH AFRICAN dentists are going through tough times, according to the executive director of the Dental Association of South Africa, Dr Helmut Heydt.

Speaking at a dental congress in the city yesterday, Dr Heydt said the suicide rate among dentists was 25 percent higher than among members of any other profession.

Dentistry, he said, was one of the professions in South Africa with the highest loss of man-

hours because of illness.

About 10 percent of the deaths among dentists since 1941 could be attributed to suicide.

Research findings indicated that a drop in cavities, the over-supply of dentists in affluent areas, financial pressure and the inability of some patients to pay dentists "contracted out" of medical-aid schemes were among the reasons for the high incidence of stress in the profession.

High stress levels also had other negative effects: Dentists

were second only to land surveyors in the most sick leave taken each year, said Dr Heydt.

They also suffered from a 50 percent higher incidence of mental illness than did doctors. Research had indicated that the profession's high suicide and mental illness rates were linked.

The most significant cause of stress was the concern among dentists about their role in society because of the over-abundance of practitioners in urban areas and their extreme shortage in rural areas, said Dr Heydt.

Dentists' suicide rate up

CAPE TOWN — The suicide rate among dentists in South Africa was 25 per cent higher than among other professions, the executive director of the Dental Association of South Africa, Dr Helmut Heydt, said at a dental congress here yesterday.

Ten per cent of the deaths among dentists since 1941 could be attributed to suicide.

Latest research findings indicated that a drop in cavities, the oversupply of dentists in affluent areas, financial pressure and the inability of some patients to pay dentists "contracted out" of medical aid schemes were among reasons for the high incidence of stress.

Sapa

0.0.9/10/86

New dental hospital opens

Sowetan

12/11/87



STUDENTS work together at the new Medunsa Dental Hospital.

A MODERN dental hospital which has been on the cards from as early as 1974 started functioning in Garankuwa recently.

The complex was officially opened by Dr F P Rietel, the Director-General of the Department of National Health and Population Development.

The five-storey complex, built at a cost of R2533 million, will serve Garankuwa and neighbouring areas while also serving as a training centre for dentistry students.

It is by far the largest institution of its kind in Africa, officials of the school said, and occupies a total area of 8460 square metres.

BY THABISO LESHQAI

Three theatres supported by an intensive care recovery area containing a 10-bed ward are provided on the first floor. Also on the first level are a central sterilising and instrument storage area and a workshop and services machine room.

Emergency

An emergency clinic, main entrance and reception area and diagnostic and radiology area are located on the second level.

Three other floors collectively contain post-graduate surgeries and service laboratories, darkroom and clinical support photographic

studio, undergraduate clinical wards and x-ray rooms.

Specialised equipment is also provided. An important new innovation, to be provided at the complex is the establishment of a new dental auxiliary professional category to be called dental therapy, now currently known by the title of the Department of Community Dentistry.

There are presently 153 undergraduates and 17 post-graduate students studying various degree courses. The ultimate goal is to have 50 dentists, 50 dental therapists and 20 oral hygienists and 20 post-graduate students each year.

HEALTH AND DISEASE - DOCTORS

1987

JUNE - DEC.

Doctors' fees rocket Set to

DD 28/6/87

(93)

PRETORIA — Doctors' fees are to soar — some by as much as 20 per cent — triggering warnings from the medical aid industry and consumer watchdogs that rocketing costs are driving health care beyond the reach of ordinary South Africans.

The director of the Consumer Council, Mr Jan Cronje, said that consumers would "simply not be able to afford" medical services in future.

The recommended increase in tariffs was announced yesterday by the Medical Association of South Africa (Masa) and comes into effect from July 1 this year to December, 1988.

A spokesman for the Representative Association of Medical Aid Schemes (Rams), Mr Tony Leveton, said it was not certain that medical aid schemes would match the 20 per cent increase when their scale of benefits was re-assessed in the light of Masa's increase.

Rams would conduct detailed surveys, as well as consult with Masa, before deciding on its new scale of benefits within the statutory three months in which it had to do this, he said.

Without having seen details of the new tariff guide, Rams was not in a position to comment.

But, said Mr Leveton, it was true that if Rams did not increase its scale of benefits to fully cover the Masa increase, the "man in the street" would have to bear the difference.

Explaining the increase, the chairman of the federal executive of Masa, Dr Bernard Mandell, said no general increase in doctors' fees was implied and the maximum rate laid down in the tariff guide did not have to be charged.

However, the benefits offered by medical schemes were only 50 per cent of a "reasonable remuneration" for doctors services.

Pointing to the rising costs of running a medical practice, Dr Mandell warned that if doctors were denied reasonable incomes the quality of services would drop.

Only about one doctor in five charged the

guideline tariffs, he said, the remainder adhering to the Rams tariffs, which were last increased by 12,5 per cent in January this year.

Doctors' costs had, meanwhile, increased to more than 60 per cent of a GP's gross earnings and to 90 per cent in some high-cost specialists' practices such as pathology.

Everything possible had to be done, he said, to keep medical services within the reach of as many as possible and doctors had to take into account patients' financial circumstances.

But doctors were finding it increasingly difficult to continue rendering an acceptable standard of service at the Rams rates and the medical aid industry would be urged to consider more realistic rates of remuneration.

For instance, said Dr Mandell, medical schemes offered only R13,60 for a GP visit while Masa believed R27 was acceptable.

Mr Cronje endorsed Masa's view that doctors' fees were negotiable and that no doctor should put financial consideration before the welfare of patients.

The Consumer Council was concerned at the "great expense facing consumers" and was aware that the Minister of National Health and Population Development, Dr Willie van Niekerk, viewed the matter in a "serious light".

Mr Leveton admitted the costs of medical care were being driven beyond the reach of the average person, creating a "very serious situation".

"We feel that the major cause for this is the legislation governing medical aid schemes and their scale of benefits.

"The legislation prevents deregulation, which I believe would eliminate the in-built structural costs currently borne by medical aid schemes' members".

Medical fees shoot up by 20%

93
SAP
CME Tariffs
25/6/87

Deterioration

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But doctors were finding it increasingly difficult to continue rendering an acceptable standard of service at the Rams rates and the medical aid industry would be urged to consider more realistic rates of remuneration.

For instance, said Dr Mandell, medical schemes offered only R13,60c for a GP visit while Masa believed R27 was not unreasonable.

But both Rams and the Consumer Council have expressed concern over the rising costs of health care in recent years.

The Consumer Council urged doctors to keep the economic plight of consumers in mind if they intended to increase their tariffs.

"It is essential that medical services remain affordable for all consumers," said Mr Cronje.

He endorsed Masa's

CME Tariffs 25/6/87
From Page 1

viewpoint that doctors' fees were negotiable and that no doctor should put financial consideration before the welfare of patients.

The council was concerned at the "great expense facing consumers" and said it was aware that the Minister of National Health and Population Development, Dr Willie van Niekerk, viewed the matter in a "serious light".

Mr Cronje said that "if the exorbitant cost

of medical services does not receive urgent attention, consumers will simply not be able to afford such services in future".

Mr Leveton admitted the costs of medical care were being driven beyond the reach of the average person, creating a "very serious situation".

"We are very alarmed at the way costs have gone up in the last few years, but we feel that the major cause for this is the legislation governing medical aid schemes and their scale of benefits.

"The legislation prevents de-regulation, which I believe would eliminate the in-built structural costs currently borne by medical aid schemes' members," he said.

By CHRIS ERASMUS and
Own Correspondent

DOCTORS' fees are to soar — some by as much as 20%, triggering warnings from the medical aid industry and consumer watchdogs that rocketing costs are driving health care beyond the reach of ordinary South Africans.

The director of the Consumer Council, Mr Jan Cronje, warned that consumers would "simply not be able to afford" medical services in future.

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the house last week when a quorum September

Doctor shortage SAMDC criticized

HOUSE OF DELEGATES. — The attitude of the South African Medical and Dental Council towards the admission of foreign-trained doctors was criticized on all sides of the House yesterday.

In a private member's motion, Mr Narantuk Juma expressed concern at the shortage of doctors and dentists in SA, at their exodus and at the difficulties experienced by foreign-trained doctors and dentists in being registered by the SAMDC.

The motion called upon the Minister of National Health and Population Development, Dr Willie van Niekerk, to direct the SAMDC to accommodate these doctors and dentists.

Speaking in the debate on the motion, Mr Mahmoud Rajab (PRP Springfield), said a "positive effort" should be made to open all universities so that all sections of the population could study medicine.

This would help to alleviate the shortage of doctors.

The Minister of National Health and Population Development, Dr Willie van Niekerk, said last night that SA had been gaining substantially more doctors and dentists over the past five years than those lost through emigration.

Responding to the private member's motion, which expressed concern over the shortage of doctors and dentists, and their exodus after training at the taxpayers' expense, Dr Van Niekerk said the training of the 973 doctors who qualified last year had cost the state R38,5 million or R39 600 per student in subsidies.

In the past five years SA had lost 256 medical doctors through emigration while 706 immigrated to SA, showing a nett gain of 450 doctors. Equally 41 dentists left and 101 immigrated to show a nett gain of 60 over the same period.

The minister said the doctor density as a whole in SA (7,3 per 10 000 population) compared well with medium developed countries which ranged from 6,5 to 10 per 10 000.

Developed countries ranged between 14 and 19 per 10 000. — Sapa

SMC 93

Doctor acted disgracefully, council rules

Medical Reporter

A doctor who advertised himself as a specialist anaesthetist and medical doctor and sent out accounts charging for services not rendered was found guilty by a disciplinary committee yesterday on nine counts of disgraceful conduct and two of improper conduct.

Doctor W J Verbosche of Louis Street, Northcliff, Johannesburg, who appeared before the committee of the SA Medical and Dental Council (SAMDC), pleaded guilty to improper conduct — by advertising his services and sending out incorrect accounts — which, he said, he had done in ignorance and not out of avarice.

The committee recommended he be suspended for three months.

There was evidence that in October 1986 he distributed circulars to medical practitioners claiming he was a specialist anaesthetist.

He displayed the same circular on a noticeboard at the Park Lane Clinic and the Main Reef Hospital.

The committee heard that in October last year he had sent an account to a Mrs C Joubert in which he overcharged her and on which he also described himself as a specialist anaesthetist when he was not registered as such with SAMDC.

Dr Verbosche said he came to South Africa from Holland in 1983 and believed his qualifications as a specialist anaesthetist overseas enabled him to practise in South Africa.

2.5.16/8
6/11/8
93

Doctors to be paid directly for dispensing

DIANNA GAMES

DISPENSING doctors are to be paid directly the cost of medicine dispensed by them, if they agree to adhere to newly devised guidelines on reducing medical costs.

The Association of Medical Scheme Administrators (AMSA) has concluded an arrangement in which it will pay the cost of medicine directly to the doctors instead of reimbursing the patients — but only where the guideline is in force.

Previously, AMSA paid out dispensing doctors — 60% of whom operate in rural areas — on an arbitrary basis depending on their costs.

Doctors whose claims are extraordinarily high will now be able to present their cases to AMSA, whereas previously payment to them would simply be stopped.

AMSA chairman Keith Hollis says the Society of Dispensing Family Practitioners has drawn up a cost-containment scheme to make doctors more aware of costs and protect AMSA's 550 000 members' interests.

PRETORIA — The Medical Association of SA (Masa) has recommended a 20% increase in its guideline tariffs for doctors from July.

Masa's Federal Council chairman Bernard Mandell said the benefit offered by medical schemes were 50% short of a "reasonable remuneration" for doctors services.

He stressed the continually rising costs of running a practice, and warned if doctors were denied reasonable incomes the quality of services could deteriorate.

Masa's economic adviser Professor Fritz Steyn said an increase in excess of 20% could have been justified.

Mandell said about 20% of doctors charged the guideline tariffs. The others adhered to the tariffs laid down by the Representative Association of Medical Aid Schemes (Rams).

Rams tariffs were last increased in January last year by 12,5%.

During this time doctors practice costs increased from 52% of gross earnings in 1985 for GPs, to more than 60% in 1987.

In the case of high cost practices, such as pathology, costs had spiralled to 90% of gross income, Mandell claimed.

Medical fees might go up

93
25/6/87

GERALD REILLY

Everything possible had to be done, he said, to keep private medical services within the reach of as many as possible. Doctors had to take into account patients financial circumstances.

Mandell asked why medical scheme members who carried a heavy load in monthly contributions did not demand increased benefits.

Last year their contributions were raised by between 40% and 112,5% — they received no increase in benefits for doctors services.

In spite of allegations by medical schemes of an "uncontrollable" increase in payouts, total payouts had decreased from more than 40% in 1980/81 to 35,8% in 1985/86.

Mandell stressed doctors were finding it increasingly difficult to continue rendering an acceptable standard of service at Rams rate.

Rams would be urged by Masa to urgently consider a more realistic level for their scale of benefit.

DOCTORS WILL BE UNDER WATCH

93
Somerset
26/6/89

THE prescribing and dispensing performance of individual doctors is to be monitored through a cost-containment programme launched by the Association of Medical Scheme Administrators (AMSA) in Johannesburg this week.

Announcing details of the programme on Wednesday, AMSA's chairman, Mr Keith Hollis, said it would protect the interest of AMSA's 550 000 members.

The programme, he said, had been agreed upon by his association and the Society of Dispensing Family Practitioners (SDFP).

The SDFP would develop norms for the profession against which the performance of doctors would be monitored. These norms would be determined and measured from the statistical data of claims analyses provided by AMSA. The monitoring programme starts on July 1, this year.

Cost

Mr Hollis said AMSA would in future pay the cost of medicine prescribed and dispensed by doctors directly to them. This would provide a significant service to members of medical schemes administered by them.

He warned however, that only those doctors who agreed to the SDFP guidelines on cost-containment would qualify.

This initiative, welcomed by the SDFP, would be of significant benefit to general practitioners and members of schemes administered by AMSA.

According to Mr Hollis, the growth in number of so-called "Dispensing Doctors", had been startling.

Five years ago, the

Aim is to protect members of medical schemes

national register stood at a few hundred. But recently when AMSA invited general practitioners to apply for direct payment of dispensing medicines, it received 1 700 applications.

Over the last five years, Mr Hollis said, there has been a surge of new members into medical schemes. These people were either becoming members for the first time in their lives, or a dependant of a member.

Surge

He said the surge could be explained by the growth in medical schemes for blacks. An example, a Government medical scheme launched in 1982 for its black employees, had a membership of 83 000 principal members today — one of the largest in the country.

Black medical needs presently differed from Indians, coloureds and whites. There was little demand by blacks for specialised services, but high demand for general practitioners services, including the provision of medicines.

Direct pay likely for dispensing doctors



93

DD
26/6/87

**Dispatch Correspondent
JOHANNESBURG** —
Dispensing doctors are to be paid directly the cost of medicine dispensed by them if they agree to adhere to newly devised guidelines on reducing medical costs.

The Association of Medical Scheme Administrators (AMSA) has concluded an arrangement in which they will pay the cost of medicine directly to the doctors instead of reimbursing the patients, but only where the guideline is in force.

Previously AMSA paid out dispensing doctors, 60% of whom operate in rural areas, on an arbitrary basis depending on their costs. Doctors whose claims are ex-

traordinarily high will now be able to present their cases to AMSA, whereas previously payment to them would just be stopped.

Mr Keith Hollis, AMSA chairman, said yesterday the Society of Dispensing Family Practitioners (SDFP) had drawn up a cost-containment programme to make doctors more aware of costs and to protect the interests of AMSA's 550 000 members.

Dispensing doctors, who now number up to 3 000, will be monitored by the society from July 1. Its guidelines are to be determined and measured from statistics of claims analyses provided by AMSA.

Mr Hollis said it was thus hoped that the profession would discipline itself in the area of cost.

He said the surge of new members into medical schemes could be explained by the growth in medical schemes for blacks. He said that membership of a state medical scheme for government-employed blacks stood at 83 000 principal members, one of the country's largest.

Black medical needs presently differed from Indians, coloureds and whites. There was little demand by blacks for specialist services, but high demand for GP services including the provision of medicines, he said.

CME Times
26/6/87 (93)

Doctors' increases 'overdue'

Staff Reporter

DOCTORS have rejected criticism of the Medical Association of SA's recommended increase of 20% in tariffs from July 1, claiming that the increase is long overdue.

The Consumer Council and the Representative Association of Medical Aid Schemes (Rams) reacted with concern to Masa's announcement.

But city doctors yesterday said the last increase in Masa rates was in December 1985. It had been only 12,5% and was well below the inflation rate, several doctors said.

Before that, the tariffs had been increased by an average of 8,8% in July 1984, giving a total average increase of just over 40% in three years — or about 13% a year, which was also well below the inflation rate.

In announcing the new tariffs, Dr Bernard Mandell said only 20% of doctors were expected to adopt the new recommended rates, while all would take into account the financial circumstances of their patients.

CAPE Times 25/7/87 93

Masa criticizes Namda chief

Staff Reporter

THE Medical Association of South Africa (Masa) has accused the president of the National Medical and Dental Association (Namda), Dr Diliza Mji, of making "unsubstantiated allegations" against the association on his recent trip to the United States.

It said Dr Mji's "inaccurate" statements were made in the Chicago Sun-Times of May 24 and in American Medical News of June 6.

In the latest edition of the South African Medical Journal, published on Saturday, Masa (15 000 members) says Dr Mji said: Masa was an integral part of apartheid; Masa has failed to condemn the mass detentions under the emergency, and the average life expectancy is 71 years for white females, 61 for white males, 47 for black females and 41 for black males.

In reply, Masa said it did not discriminate between members on the basis of race, colour, creed or political persuasion.

'Barbaric killings'

Masa said it deplored the unrest and violence which led to the declaration of the emergency and the detentions associated with it; did not support apartheid, nor any political organization or party and was totally opposed to all violence.

The association also said it was "significant that Namda had not to date issued any statement deploring the barbaric killings of blacks by blacks, *inter alia* by means of the gruesome necklace method developed by the ANC".

Masa also accused Namda (579 members) of "being quick to allege police brutality, maltreatment and torture of political prisoners" without substantiating these allegations.

Masa said Dr Mji's statistics were "at least 30 years out of date" and that the average life expectancy of whites was 71 years, Asians 66 years and blacks 57 years.

Dr Mji last night denied that Masa and Namda were "ideological opponents", saying "we have a difference of approach on a number of issues".

The secretary-general of Masa, Dr Marais Viljoen, said yesterday the article in the journal was "an official Masa document".



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said the two men were
found unconscious by
cleaning staff. - Sapa.

Busi Shange, a guest artist at the opening of the

By REVELATION NTOULA

A PROMINENT medical doctor may soon cease to operate if a full committee of the South African Medical and Dental Council upholds a recommendation by the council's disciplinary committee that he be struck off the roll.

Dr Joachim Fermum, popularly known as "Mo-Jeremane" of Florida, was last week found guilty of allowing unqualified persons to dispense of classi-

Doc's ⁽⁹³⁾ practice at stake

fied drugs on his behalf, and for conducting his practice from unsuitable premises.

The charges arose from inspections of his previous consulting rooms by Health Department officials in 1985.

^{CP/10}
Fermum was operating from Soweto until 1976 when he was forced to abandon the practice because of the riots and moved to dilapidated premises just outside Dobsonville to stay within reach of his Soweto patients. 26/7/87

The doctor treats about 30 000 patients from all over the country.

Patients come from as far afield as Botswana, Swaziland and Lesotho to consult him.

The "other" in the table refers to people that are divided into more than 500 occupational classes—amongst them engineers, scientists, administrative personnel, legal personnel, clerks, artisans, technicians and caretakers.

From this it can be deduced that the increases which did occur (educators, nursing and Services personnel) had nothing to do with the implementation of the constitutional dispensation.

(d) 1 October 1985 to 30 September 1986.

State Security Council

194. Mr C W EGLIN asked the State President:

- (1) How many meetings of the (a) State Security Council and (b) working committee of this council were held in 1986;
- (2) whether any officials of the State have been seconded to work for the secretariat of the State Security Council; if so, (a) for what period in each case, (b) from what Departments, (c) how many officials from each such Department, (d) what percentage of the staff of the secretariat is seconded and (d) in respect of what date is this information furnished?

THE STATE PRESIDENT:

- (1) The State Security Council and the work committee of this council meet as required. The time, place, attendance and frequency vary.
- (2) Officials from various departments are seconded to the Secretariat of the State Security Council according to varying requirements for undetermined periods since the establishment thereof. If the honourable member requires more information about the Security Management System, he is welcome to discuss it with the State President.

GST

199. Mr R R HULLEY asked the Minister of Finance:

What total revenue did the State receive from general sales tax on petrol sales during each of the latest specified five years for which figures are available?

THE MINISTER OF FINANCE:

Statistics which distinguish between collections of sales tax in respect of the sale of petrol and the sale of other petroleum products are not maintained. At all events the disclosure of any information relating to petrol sales without the written permission of the Minister of Economic Affairs and Technology would be contrary to the regulations made under the provisions of section 4A of the Petroleum Products Act, 1977 (Act No 120 of 1977).

Teacher/pupil ratio

214. Prof N J J OLIVIER asked the Minister of Education and Development Aid:

What teacher/pupil ratio was applicable in (a) primary and (b) secondary schools in each departmental region of the Department of Education and Training as at the latest specified date for which information is available?

THE MINISTER OF EDUCATION AND DEVELOPMENT AID:

Region	(a)	(b)
Northern Transvaal	1:39.51	1:32.14
Highveld	1:39.99	1:30.50
Johannesburg	1:34.40	1:27.75
Orange-Vaal	1:42.20	1:38.55
OFS	1:40.95	1:35.11
Natal	1:37.98	1:28.90
Cape	1:39.71	1:28.36

Information as on 4 March 1986.

Sandton

225. Mr D J DALLING asked the Minister of Constitutional Development and Planning:

- (1) How many applications were received during the period 1 June 1986 to

31 May 1987 from (a) Coloured, (b) Indian and (c) Black persons to (i) occupy and (ii) own residential property in areas proclaimed for occupation by White persons in Sandton;

- (2) how many such applications (a) had been (i) granted and (ii) refused and (b) were pending as at 31 May 1987

THE MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

- (1) Yes.
 - (a) Falls away.
 - (b) The Department of Education and Training.
- (2) Yes.
 - (a) Further sports facilities will be provided according to the need, the development program and the availability of funds.
 - (b) The estimated cost of providing the required sports facilities for the whole of Khayelitsha is ± R50 million.

- (c) (i), (ii), (iii) and (iv) The variety and quantity will depend on the need of the community.

Blacks of school-going age

226. Mr R M BURROWS asked the Minister of Education and Development Aid:

- (1) Whether, with reference to his reply to Question No 72 on 20 February 1987, his Department has now made a calculation of the number of Black persons of school-going age in the Republic who are not attending school at present; if not, why not; if so, (a) what is the total number involved, (b) on what basis was the calculation made and (c) in respect of what date is this information furnished;
- (2) whether he will furnish information on the number of Black persons of school-going age in the national states who are not attending school at present; if not, why not; if so, (a) what is the total number involved in

respect of each of the national states, (b) on what basis was this number calculated in each case and (c) in respect of what date or dates is this information furnished?

THE MINISTER OF EDUCATION AND DEVELOPMENT AID:

- (1) No. The information required will only be available by the end of October 1987.
 - (a) Falls away.
 - (b) Falls away.
 - (c) Falls away.
- (2) No. The Departments of education of the various self-governing states are autonomous, and all information with the exception of that published with the permission of these departments in the annual reports of the Department of Education and Training, is the responsibility of the government of each state.
 - (a) Falls away.
 - (b) Falls away.
 - (c) Falls away.

Detainees: doctors

236. Dr M S BARNARD asked the Minister of National Health and Population Development:

- (1) Whether a panel of private doctors has been appointed by the Medical Association of South Africa to attend to detainees; if so, (a) when was it appointed and (b) what are the names of the doctors on this panel;
- (2) whether the names of these doctors are made available to detainees and their parents; if not, (a) why not and (b) what procedure are they to follow to find out the names of these doctors; if so, how are the names made available to detainees and their parents;
- (3) (a) under what circumstances may detainees request that they be attended to by private doctors and (b) how many detainees (i) requested

27/7/87

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The STATE PRESIDENT:

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(1) Whether, with reference to his reply to Question No 72 on 20 February 1987, his Department has now made a calculation of the number of Black persons of school-going age in the Republic who are not attending school at present; if not, why not; if so, (a) what is the total number involved, (b) on what basis was the calculation made and (c) in respect of what date is this information furnished;

(2) Whether he will furnish information on the number of Black persons of school-going age in the national states who are not attending school at present; if not, why not; if so, (a) what is the total number involved in

respect of each of the national states, (b) on what basis was this number calculated in each case and (c) in respect of what date or dates is this information furnished?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

- (1) No. The information required will only be available by the end of October 1987.
- (a) Falls away.
- (b) Falls away.
- (c) Falls away.
- (2) No. The Departments of education of the various self-governing states are autonomous, and all information with the exception of that published with the permission of these departments in the annual reports of the Department of Education and Training, is the responsibility of the government of each state.
- (a) Falls away.
- (b) Falls away.
- (c) Falls away.

Detainees: doctors

236. Dr M S BARNARD asked the Minister of National Health and Population Development:

(1) Whether a panel of private doctors has been appointed by the Medical Association of South Africa to attend to detainees; if so, (a) when was it appointed and (b) what are the names of the doctors on this panel;

(2) whether the names of these doctors are made available to detainees and their parents; if not, (a) why not and (b) what procedure are they to follow to find out the names of these doctors; if so, how are the names made available to detainees and their parents;

(3) (a) under what circumstances may detainees request that they be attended to by private doctors and (b) how many detainees (i) requested

Handwritten: Howard, 27/7/87

that they be attended to and (ii) were attended to by private doctors since the appointment of this panel up to the latest specified date for which information is available?

THE MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

- (1) Yes.
 - (a) The first names of panel doctors were made available on 3 September 1986. Additional names were added subsequently.
 - (b) Names of doctors appointed on panels are confidential and can only be made available on request, to those concerned, by the SA Police or the District Surgeons when instructed by the SA Police.
- (2) Yes.
 - (a) Falls away.
 - (b) The District Surgeon will make the names available on verbal request by the detainee or his parents.
- (3) (a) If the detainee prefers to have a consultation with a doctor, selected from the panel and undertakes to accept responsibility for the cost.
 - (b) (i) 13.
 - (ii) 13 as on 25.6.87.

Unemployment Insurance Fund

242. Mr F J LE ROUX asked the Minister of Manpower:†

What total amounts were contributed to the Unemployment Insurance Fund in terms of the provisions of the Unemployment Insurance Act, No 30 of 1966, by (a) White, (b) Black, (c) Coloured and (d) Indian employees in the latest specified period of five years for which figures are available?

THE MINISTER OF MANPOWER:

(a), (b), (c) and (d) The Unemployment Insurance Act, 1966, makes no distinction

HoA

between the different population groups and consequently the Fund does not have separate figures available.

The following total contributions, were received from employees of all population groups:

- 1982: R 74 521 972
- 1983: R 87 644 697
- 1984: R104 264 171
- 1985: R118 442 183
- 1986: R196 086 986

Unemployment Insurance Act

243. Mr F J LE ROUX asked the Minister of Manpower:†

What are the total amounts paid to (a) Whites, (b) Blacks, (c) Coloureds and (d) Asians in terms of the provisions of the Unemployment Insurance Act, No 30 of 1966, during the latest specified period of five years for which figures are available?

THE MINISTER OF MANPOWER:

(a), (b), (c) and (d) The Unemployment Insurance Act, 1966, makes no distinction between the beneficiaries of the different population groups and consequently the Fund does not have separate figures available.

The following total amounts in benefits were paid to beneficiaries of all population groups:

- 1982: R120 347 613
- 1983: R188 363 953
- 1984: R195 961 492
- 1985: R325 133 883
- 1986: R386 467 103

Unemployment Insurance Fund

244. Mr F J LE ROUX asked the Minister of Manpower:†

What total amounts were contributed to the Unemployment Insurance Fund in terms of the provisions of the Unemployment Insurance Act, No 30 of 1966 by (a) White, (b) Black, (c) Coloured and (d) Indian employees in the latest specified period of five years for which figures are available?

THE MINISTER OF MANPOWER:

(a), (b), (c) and (d). The Unemployment Insurance Act, 1966, makes no distinction between employers of different population groups who have to register with the Unemployment Insurance Fund and thus separate statistics are not available.

The following total contributions by employers of all population groups were paid to the Fund:

- 1982 R44 713 183
- 1983 R52 586 818
- 1984 R62 558 503
- 1985 R71 065 309
- 1986 R196 086 985

Pension schemes

251. Mr R M BURROWS asked the Minister of National Health and Population Development:

- (1) Whether his Department administers all government pension schemes; if not, which schemes does his Department administer;
- (2) whether his Department has determined the age at which contributors are required to retire; if so, what is the compulsory retirement age in respect of each pension fund;
- (3) whether his Department has determined a minimum age at which contributors to funds may retire; if not, why not; if so, (a) what is the minimum retirement age in respect of each pension fund and (b) in terms of what statutory provisions are these minimum ages determined;
- (4) whether he has received any representations calling for the standardisation of the retirement age for the various Government service pension schemes; if so, (a) from whom, (b) on what dates and (c) what was the response in each case;
- (5) whether he will make a statement on the matter?

THE MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

HoA

(1) Yes—except the Authorities' Service Pension Fund and the Authorities' Service Superannuation Fund which are administered by the Department of Development Aid, as well as the pension funds for employees of the South African Transport Services.

(2) No—the retirement age is prescribed by the employers and not by the Department of National Health and Population Development.

(3) No. (a) and (b)—see reply to question (2).

(4) Yes, but only in respect of the Government Service Pension Fund.

(a) From individual members, employers and recognised staff associations.

(b) Sporadically since 1970 and especially since the actuarial valuation of the Fund.

(c) The representations were turned down mainly because of the costs involved. During the recent valuation the actuarial investigated the financial implications of the possible standardisation of the retirement age. His findings are presently being considered by the Commission for Administration.

Parity in education

262. Mr R M BURROWS asked the Minister of National Education:

- (1) Whether it is the policy of the Government to bring about parity in education for all population groups; if so, over what period is parity expected to be phased in;
- (2) whether a formula has been or is being devised for the manner in which the principle of parity in education is to be phased in over a period of 10 years; if so, what is that formula;
- (3) what percentage of the (a) State budget is expected to be set aside for the

Handwritten notes: *Handwritten*, *27/7/87*, *Mr. M. Burrows*

Heat's on for 'committed' doctors

NATIONAL Medical and Dental Association officials believe a "pattern of harassment" is emerging, directed at professionals who challenge the status quo in South Africa's health services.

Namda has identified several examples of this alleged harassment which includes a disciplinary case — eventually thrown out of court — brought against a "trade union doctor".

The latest issue of the *South African Medical Journal*, the official publication of the Medical Association of South Africa, was devoted to criticism of Namda. It contains a special supplement dealing with remarks allegedly made by Namda's president, Dr Diliza Mji, during a visit to the United States in May.

Mji went to America to receive a human rights award on behalf of Namda, and he allegedly made a number of remarks there, some of them critical of the state of medicine and health in South Africa, others critical of Masa.

The *SAMJ* special edition carries an official Masa reply to several of these remarks as reported in two US newspapers.

In the supplement, each comment allegedly made by Mji is followed by a paragraph headed "facts and comments" by Masa.

An example of the remarks attributed to Mji to which Masa takes exception is the following: "We don't have a death wish for Masa ... if only Masa would take up the issues we have taken up, we would close up shop and join them."

Masa complains this seems incompatible with the "repeated calls by Namda" for the expulsion of Masa from the World Medical Association and with the continuing attempts to discredit Masa, for example by describing it as "a pillar of apartheid".

Masa claims Namda "chose the path of confrontation right from the start" and assumed Masa would not agree to take up the issues espoused by Namda.

Among the issues Namda has taken up, says Masa, is a call for the un-

Relations between two medical associations reach an all-time low amid accusations of harassment of committed doctors. CARMEL RICKARD reports

banning of the African National Congress, an end to the State of Emergency and a statement that the House of Delegates does not represent the Indian community.

"Masa believes that issues such as (these) do not fall within the ambit of activities of a professional organisation such as Masa," the comment concludes.

Masa's criticism of Namda in this special supplement is not the first time it has slated its rival, although the issue represents an all-time low in relations between the country's two largest doctors' associations. In February, for example, the new president of the Soutpansberg branch of Masa, Dr Andre Fouche, was quoted as saying: "We know for a fact that Namda (is) sponsored by the ANC and the SA Communist Party".

Of Fouche's comments Masa's secretary general, Dr Marais Viljoen, said "Masa has not discussed the question of whether Namda is involved in the ANC or SACP or not. It can therefore neither agree or disagree with such a statement."

A Namda official, commenting on the supplement, said it was "arrogant" of Masa to issue it, as it seemed to convey the idea that no-one was entitled to disagree with Masa about health in South Africa.

"Although they claim they do not support apartheid, many of their criticisms of Dr Mji are in fact little more than apologies for the status quo in health in South Africa, and in fact give support to many apartheid practices," the official said.

"The attacks made on us by Masa officials are part of a general pattern of claiming anyone critical of apartheid is acting as a front for the ANC and SACP.

"We are not affiliated to any political organisation but the underlying reason for our existence is to draw at-

tention to our belief that apartheid is a basic reason for ill health in this country and that it is having a detrimental effect on the health of black people especially."

Namda says another example of "harassment" of health professionals was the sudden transfer in March of Dr Krish Vallabhjee who worked at RK Khan Hospital.

"He was involved in a campaign to expose poor conditions — for workers and patients — at the hospital, and was suddenly transferred to Dundee."

Namda says they have "absolutely no doubt" that the action against Vallabhjee, both in transferring him and subsequently refusing to let him move from Dundee, was "straight political victimisation".

The organisation also refers to the eight KwaZulu doctors who were "dismissed" last year from the KwaZulu government service.

Among them was Dr Joe Phaahla, a ex-president of the former Azanian Students Organisation. The doctors claimed they were being victimised because of their political convictions. KwaZulu officials said they had not been dismissed — rather their appointments had not been confirmed.

Last week, a Durban Industrial Health Unit doctor, Mark Colvin, was brought before a disciplinary committee of the South African Medical and Dental Council, the statutory body governing the profession.

Dr HE Godfrey, employed by a Pinetown factory, Pineware, claimed that Colvin had "pinched" two of Godfrey's patients and had misdiagnosed the condition of one of them.

After a brief adjournment the president and assessors agreed to throw out the case.

Commenting on the matter, a Namda official said: "People like Mark Colvin and the Industrial Health Unit — where medical help is given free of charge to workers — are providing an invaluable service and should be congratulated rather than taken to task."

W/Mail 7-13/8/87

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'Dire' shortage of hospital doctors

Star 17/8/87

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By Chris van Gass,
Pretoria Bureau

The dire shortage of doctors in South Africa's state medical services was such that it was adding to the "rapid deterioration" in the hospital services being offered in the country, the Medical Association of South Africa (Masa) has warned.

"Unless urgent steps are taken to improve service conditions of medical practitioners, the standards of patient care and training of medical practitioners will decline to the detriment of the population as a whole," the Masa warned in a statement.

Estimates are that as many as 40 percent of posts in major hospitals are vacant.

"This is attributed to a total lack of adequate incentives, financial and promotional, to attract career-oriented doctors to opt for careers in fulltime employment."

Big shortage

At the HF Verwoerd Hospital in Pretoria, a major teaching hospital, there was a shortage of 84 doctors.

Professor Ralph Kirsch of the University of Cape Town, head of a Masa committee investigating the problem, said today the situation confronting State hospitals and medical training institutions was extremely serious.

Many doctors had already left the service because of poor financial incentives and there was an indication by those left that they were seriously consid-

ering leaving if no relief was in sight.

Although the Commission for Administration was presently investigating the problems concerning service conditions, immediate action was needed.

"If you take my situation as an example: I am a chief specialist and there are only two chief specialists in my department at Groote Schuur, and my take-home pay is only R400 more than some of the trainees in my department," the professor said. "Although one hates to talk in cash terms I am doing the job because I have a commitment and I know there are people out there who need our service. Unfortunately, even

those young doctors who share that commitment are finding that adequate remuneration has become a priority for them," he said.

Even though vacant posts were being filled, they were not necessarily being filled by adequately qualified doctors — and this at teaching hospitals responsible for maintaining the standard of the medicine practised in this country.

"The ripple effect of this situation is enormous and unless something is done immediately about the conditions of service of medical practitioners, it might be too late — if it is not too late already."

Dire shortage ⁽⁹³⁾ of hospital service doctors — Masa

Pretoria Bureau

The dire shortage of doctors in South Africa's State medical services was adding to the rapid deterioration of hospital services, the Medical Association of South Africa (Masa) has warned.

"Unless urgent steps are taken to improve service conditions of medical practitioners, the standards of patient care and training of medical practitioners will decline," Masa said in a statement.

Estimates are that as many as 40 percent of posts in major hospitals are vacant.

"This is attributed to a total lack of adequate incentives, financial and promotional, to attract career-oriented doctors to opt for careers in full-time employment."

At Pretoria's H F Verwoerd Hospital, a major teaching hospital, there was a shortage of 84 doctors.

Professor Ralph Kirsch of the University of Cape Town, head of a Masa committee investigating the problem, said yesterday the situation was extremely serious.

Many doctors had already left the service and more would leave if no relief was in sight.

Although the Commission for Administration was investigating, immediate action was needed.

"If you take my situation as an example: I am one of only two chief specialists in my department at Groote Schuur, and my take-home pay is only R400 more than some of the trainees in my department," the professor said.

"Although one hates to talk in cash terms, I am doing the job because I have a commitment and I know there are people out there who need our services. Unfortunately, even those young doctors who share that commitment are finding that adequate remuneration has become a priority," he said.

Vacant posts were not always filled by adequately qualified doctors.

"The ripple effect is enormous and unless some thing is done immediately it might be too late if it is not too late already."

Snowballing doctor drain worry for SA

Dispatch Correspondent

JOHANNESBURG — The drain of emigrating doctors has become a matter for great concern, the Dean of the medical faculty at the University of the Witwatersrand, Mr Clive Rosendorff, said yesterday.

Earlier in the week the Medical Association of South Africa claimed that state medical services were deteriorating because of a shortage of doctors. In some large hospitals vacant posts were as high as 40 per cent.

Mr Rosendorff said a survey of 150 doctors, out of a total of 180 who graduated at Wits in 1983, showed a third had emigrated; and a third were contemplating leaving the country.

He said the main reasons for the drain were:

- the unwillingness of the government to come to terms with the realities of the socio-political situation;
- appalling conditions in many of the country's big hospitals, and;
- the relative pittance paid to doctors in the public service and the two years of military service following a long medical course.

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2. Cape Times, Wednesday, August 19, ~~1987~~
1987

Exodus of doctors 'cause for concern'

Own Correspondent

PRETORIA. — The rapid rise in numbers of doctors leaving the country has become a matter of much concern, dean of the medical faculty at the University of the Witwatersrand, Dr Clive Rosendorff, said yesterday.

The Medical Association of SA has claimed that state medical services are deteriorating because of a shortage of doctors. Dr Rosendorff said a survey showed that out of 180 doctors who graduated from Wits in 1983, 50 had emigrated and another 50 were contemplating leaving SA.

Reasons given were hospital conditions, poor pay for public service doctors, and conscription.

The shortage of doctors was undermining clinical and research programmes and the quality of patient care, Dr Rosendorff said.



Mrs Georgina de Beer and 18-month-old Jessica. Jessica had open heart surgery in Johannesburg at the age of four months and, says her mother, is a happy, healthy tomboy today. ● Picture by Karen Sandison.

Heart surgery should be done in SA, says patient's mother

A British immigrant, whose daughter underwent open heart surgery in South Africa, has come out in full support of local cardiac surgeons and has urged other parents not to take their children overseas.

Mrs. Georgina de Beer, now living in Craighall Park, has a healthy 18-month-old daughter, Jessica, who underwent open heart surgery at the Morningside Clinic at four months.

"What the surgeons here did for her was a total miracle. We were prepared to take her anywhere in the world, but were assured South Africa's cardiac surgeons were tops, and look at the result.

"Jessica was navy blue in colour when she went in for surgery. Now just look at how healthy she is. She's a real little tomboy. My niece in the UK went through the same thing and I think Jessica is doing much better."

She said she felt very strongly about parents taking their children abroad for heart operations.

"Because of what I have seen with my child, I urge parents to stay here. The surgeons and the nursing staff here are absolutely wonderful. The care they show towards the children is incredible and the surgery is of a very high standard," Mrs de Beer said.

Lack of advertising is crippling, says cardiologist

'SA has superb surgeons'

Many parents make the controversial decision to take their children overseas for heart operations. Yet, says a top local paediatric cardiologist, South Africa's surgeons are on a par with the best in the world. TONI YOUNG-USBAND reports.

One of the major reasons parents take their children overseas for surgery is because local surgeons are not allowed to advertise their skills, says a Johannesburg paediatric cardiologist.

"We are not allowed to advertise our fantastic surgeons yet we have superb surgical skills in this country, the results here are on a par with anywhere in the world," the cardiologist said.

Over the past few years many parents have appealed through the media,

Barely months old, this child has already undergone open heart surgery. The baby was operated on by a Johannesburg cardiac team and is doing well.

for funds to help finance their overseas medical expenses.

"Surgeons read these stories too but are unable to do anything about it.

"If we offered our services we would be struck off the roll," the cardiologist said.

"It makes me mad that which they have not yet done overseas and they have followed our excellent facilities available for all types of surgery in this country. Every single operation that is done overseas can be done here.

"In fact, we have often performed operations here where South African surgeons refused to do certain operations. There are some operations we don't do. If we are not happy with previous results of the operation and if the case does not conform to certain criteria we don't do it."

He said if parents still insisted on the operation they then had to take their children overseas.

South African surgeons had regular contact with their overseas counterparts, he said, and frequently exchanged knowledge and techniques.

"They come out here and we go over there; we visit their hospitals and facilities at least every two years," he said.

"South Africa also has excellent teaching facilities and surgeons are constantly reeducated and take with new developments," he said.

He slammed recent criticism of "exorbitant" private hospital costs, saying the cost of heart operations in South Africa was "so cheap it's a joke".

"In fact, they should charge much more so that people feel they are getting something worthwhile.

"The attitude has always been the Government will look after us but when patients use Government facilities they often have the attitude that they are guinea pigs and are being used as experiments. They cannot choose their own surgeons and are often not satisfied with that," he said.



He added however, that South Africa's provincial hospitals also had excellent cardiac facilities and top surgeons.

He criticised local medical aid schemes, the majority of which paid only a small portion of the cost of a heart operation.

He said he was in favour of a local fund being set up to financially assist parents who could not afford the cost of heart operations in South Africa.

Black and white lungs under the microscope

IF the results of an extensive lung function survey recently completed in Johannesburg are as the chief investigator of the research project, Dr Jonathan Goldin, expects them to be, medical opinion throughout the world may well have to do an about-face.

The survey, co-sponsored by First National Bank and conducted by doctors from the University of Cape Town's respiratory clinic, sets out to challenge a long-accepted medical theory on the disparity between the lungs of black and white people.

Medical surveys conducted throughout the Western world in the last 50 years on the comparative lung functions of blacks and whites have indicated that black lungs are smaller in size than their white counterparts.

Western scientists believe that this factor is due to a genetic predisposition and have established a 15 percent average difference in the predicted normal lung volumes of black and white lungs.

This finding has severe repercussions in countries with a large mining workforce.

A high percentage of chest disease exists among miners with miner's pneumoconiosis or "miners' dust dis-

ease", a common condition in South Africa.

Miners with a clinical diagnosis of the this disease are eligible for compensation, providing their lung function testing is 13 percent lower than the predicted normal.

Hence, a black miner seeking compensation for lung damage is at a serious disease disadvantage as his lung function has to read a full 28 percent lower than the white predicted normal in order to qualify for compensation.

Researchers from the medical faculty of the University of Cape Town believe that it is possible that the 15 percent disparity might well be due to socio-economic factors rather than genetic. Reasons for this belief are:

- No research has been published in South Africa on a broad cross-section of healthy lungs.

- No research has ever been conducted investigating the specific relationship between socio-economic factors and lung function.

- Until recently, black children were thought to grow more slowly than white children. However, researchers discovered that this growth retardation was due to poor diet.

- It would not be unreasonable to say that until recently, most blacks in the Western world have come from socio-economically deprived backgrounds.

Therefore, in order to obtain a truly objective analysis, it was necessary to find a cross-section of working middle-class people from both the white and black communities.

In addition to a cash donation of R10 000, First National Bank offered space in Barclaycard House as a home for the research project.

The bank provided statistics of staff members of which some 900 were selected as suitable subjects.

Subjects were required to complete an extensive questionnaire with the primary focus being on environmental factors during childhood.

They then had to undergo numerous lung function tests, utilising some of the most technologically advanced equipment in the world.

Preliminary results of the research should be available in December, with the final conclusive results scheduled for publication in February 1988.

A staggering 40-60 percent of all medicine consumed in the Western world is for chest problems.

C/Press

30/8/87

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SA doctors 'leaving deteriorating hospitals'

By Toni Younghusband,
Medical Reporter

South African doctors are leaving Government and academic hospitals "in droves" and the medical profession is rapidly losing its excellent international reputation, the retiring chief of medicine at Baragwanath Hospital, Professor Leo Schamroth, said last night.

Professor Schamroth blamed the "deteriorating conditions of service" at Government hospitals for the drain of expertise to the private sector.

Speaking at a farewell function in his honour at the University of the Witwatersrand's Medical School, Professor Schamroth delivered a scathing attack on the conditions at Baragwanath Hospital.

"Conditions at Baragwanath Hospital are such that the em-

phasis now is not so much on quality of service as on quantity.

"The situation is so bad that Baragwanath Hospital is being transformed from an internationally renowned academic centre for training and research to a glorified primary health care centre. And I can foresee that Baragwanath Hospital will soon lose its academic and teaching function altogether."

He said under-established, over-worked medical and nursing staff were being forced to cope with large numbers of patients at the expense of deteriorating standards, training and research.

"Doctors are leaving the hospital service in droves. I fear that the medical profession is on a slippery downhill course, and the situation may already be irreversible."

Recess 9/9/57

Hospital doctors ⁹³ leaving 'in droves'

The Argus Correspondent

JOHANNESBURG. — Doctors are leaving Government and academic hospitals "in droves" and the medical profession is fast losing its excellent international reputation.

This was said last night by the retiring chief of medicine at Baragwanath Hospital, Professor Leo Schamroth.

He blamed "deteriorating conditions of service" at Government hospitals for the drain of expertise from academic hospitals to the private sector.

Speaking at a farewell meeting in his honour, Professor Schamroth delivered a scathing attack on conditions at Baragwanath, emphasising that this deterioration was being felt in all academic and Government hospitals.

He said South Africa's medical profession had always had a reputation for excellence but this era was declining at an alarming rate.

"Conditions at Baragwanath Hospital are such that the emphasis is not so much on quality of service as on quantity.

"The situation is so bad that the hospital is being transformed from an internationally renowned academic centre for training and research to a glorified primary health care centre.

"And I can foresee that Baragwanath Hospital will soon lose its academic and teaching function altogether," Professor Schamroth said.

He said under-established, over-worked medical and nursing staff were being forced to cope with inordinately large numbers of patients with the resulting deterioration in standards, training and research.

Deteriorating conditions, coupled with poor salaries, had contributed to the emigration of academics, he said.

It was reported last month that overcrowding at Baragwanath had reached critical proportions with some departments having only one bed for every three patients.

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Cape Times 10/19/87

Medical profession 'losing reputation'

Municipal Reporter

DOCTORS were leaving provincial hospitals "in droves" and the medical profession was rapidly losing its excellent international reputation, a retiring professor said on Monday night.

Professor Leo Schamroth, retiring chief of medicine at Baragwanath Hospital, blamed "deteriorating conditions of service" at government hospitals for the drain of expertise to the private sector.

He spoke at a farewell function in his honour at the University of the Witwatersrand's Medical School and delivered a scathing attack on the conditions at Baragwanath Hospital.

"Conditions at Baragwanath Hospital are such that the emphasis now is not so much on quality of service as on quantity.

"Baragwanath is being transformed from an internationally renowned academic centre for training and research to a glorified primary health care centre."

Dr N S Louw, executive director of hospital and health services for the Cape Provincial Administration, said yesterday that the professor's statement "is not applicable to the Cape Province".

But Dr Marius Barnard, the PFP spokesman on health, said that all over the country doctors were leaving provincial hospitals for private practice.

The solution, he said, lay in the private and government sectors helping each other in keeping up standards.

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Private sector lures medical academics

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ARCUS
14/9/87



Picture: PETER STANFORD, The Argus

WILL BE QUEEN? These 10 finalists were chosen from 25 semi-finalists for the Queen of '88 at a function held on a Stellenbosch wine farm at the... they are, from left, back row, Nita de Lange, Joandri Malherbe, Heidi da Visser and Cornelia de Kock. Front row: Nichola Achorman, Nicolette Woodie, Anneke Alheit, Chantal Kitley and Karen Terblanche.

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Union suspends its national chief

By DICK USHER,
Labour Reporter

THE national chairman of the 40 000-member Public Servants' League, Mr Malcolm Domingo, has been censured and suspended from all offices by the league's national committee.

The vice-chairman of the league, Mr Joe Davids, who is now acting chairman, confirmed the committee's actions against Mr Domingo at a meeting at the weekend.

According to sources at the meeting, the motion was passed unanimously by delegates from all of the league's 26 branches after a 45-minute motivation prepared by the Groote Schuur branch outlining a series of grievances against Mr Domingo.

It was alleged that he often acted without a mandate from the league's membership, was unduly influenced by the House of Representatives to act in ways that were not in the members' interests and exercised authoritarian control over the league.

Another source of dissatisfaction was a statement he made supporting President Botha over the resignation of the Rev Allan Hendrickse from the Cabinet.

In terms of the motion of censure, Mr Domingo is suspended from acting in any way for the league — he is also a district and a branch chairman — and from representing the league on the Commission for Administration's joint advisory committee.

● Meanwhile, the national committee has appointed three members to a special committee to investigate the claims against Mr Domingo. Three people outside the league will be co-opted to serve on the committee.

Grinder slashes man's throat

Staff Reporter

A WORKER at an Eerste River building site died after a grinder slashed his throat when he slipped.

He was Mr Jan Frans, 42, of Eerste River.

A police spokesman said Mr Frans was working at a house in Hartbees Street, Eerste River, about 5.35pm on Saturday.

The spokesman said Mr Frans was working with a grinder used for walls when he slipped.

By LINDA GALLOWAY
Medical Reporter

TOP medical academics are being "creamed off" by the private sector and the standard of teaching is dropping, according to Cape Town academics.

The problem has become serious because South Africa is unable to attract top overseas doctors and vacant posts are being filled by less-qualified people, according to Professor H P Wasserman, dean of the medical faculty at Stellenbosch University.

"The doctors who come here from overseas to start private practices are by and large the ones who could not get jobs at home," he said.

Exodus of nurses

Professor J P van Niekerk, deputy-dean of the University of Cape Town medical school, said private clinics and hospitals had become an "enormous problem" because the service they offered was very expensive and very selective, serving only a fraction of the country's population.

Another problem was that private hospitals and clinics were not committed to training.

The exodus of nurses from Government hospitals and clinics was also "very worrying".

Professor Wasserman said 48 percent of South Africa's doctors were in private practice — where only 20 percent of patients could afford private treatment, in itself an artificially inflated figure because of medical aid subsidies.

"In essence, the private sector is too attractive and the public sector cannot compete," he said.

Military service

Professor van Niekerk said better pay and working conditions and the prospect of military service were the major considerations of doctors leaving the country. However, Cape Town seemed less affected by the medical "brain drain" which faced the rest of the country.

Reasons for this were the top research facilities which offered an active, dynamic environment and, to an extent, the good relations between teaching units like UCT and provincial authorities.

The working atmosphere in Cape Town was also a factor, with less emphasis being placed on material wealth than on the Rand.

Professor Wasserman said specialist areas like radiology, radiography and neurology were mainly affected because highly qualified staff in these fields were leaving to take up jobs overseas.

29/9/87 C/Pers



93



Mercedes-Benz
of South Africa



Staying out ... Mercedes-Benz workers outside the plant.

Mercedes strikers supported

CP Correspondent

TRADE unions in the Eastern Cape are rallying to the cause of striking Mercedes-Benz workers.

Workers at Port Elizabeth motor firms are to take unspecified solidarity action at their plants and the Commercial, Catering and Allied Workers' Union is putting pressure on furniture companies to be lenient with Mercedes workers who fall behind in their payments.

In addition, the East London local of Cosatu has issued a statement warning it would not to "stand idly by and see the company prolonging a negotiated settlement of this dispute".

"Cosatu will not accept or tolerate the action by companies to revert to mass dismissals as a means of resolving industrial disputes," the statement said.

And internationally, there is growing support from West German unions.

A statement by the National Union of Metalworkers of South Africa said a meeting of shopstewards from Daimler Benz, Mercedes' German parent company, had been held over the weekend.

The meeting had resolved to support Numsa, and demanded that the company reopened negotiations to settle the dispute.

The Numsa statement said, after a meeting of Eastern Cape shopstewards in Port Elizabeth, it was decided shopstewards from Delta, Samcor and Volkswagen would visit East London this week to discuss "the plans of action to be implemented in their support".

Numsa spokesmen would not give details of the actions contemplated.

Earlier in the strike, Numsa had written to local furniture shops informing them of the dispute and asking that people falling behind in HP instalments should not have their furniture repossessed.

A Numsa spokesman said the response had been lukewarm, but when Ccawusa, which organises in these shops, took up the matter with them, there had been more sympathy for the strikers.

These developments follow the dismissal of the entire workforce of 2 800 striking workers at Mercedes last Wednesday.

The company decided to fire all the workers after they had ignored its third ultimatum to return to work.

Meanwhile, the company has invited applications for re-employment from all dismissed employees, except in cases where "person's behaviour constituted gross misconduct" during the strike.

The company said the offer would be open until 3pm on Friday, September 25, but a union spokesman said nobody had applied for re-employment as the dismissal was not recognised by the workers.

The Mercedes workers have been on strike since August 3, demanding an hourly wage of R5 and compensation for the shortening of the working week.

Workers are also demanding that they be paid during the strike. - Elnews.

Medaids agree to 17,5% rise for doctors

Call 7:15 30/9/87
93

Own Correspondent

JOHANNESBURG. — The Representative Association of Medical Schemes (Rams) has agreed to pay medical practitioners between 12% and 17,5% more next year.

Rams spokesman Mr Tony Leveton said Rams had been compelled to accept a 17,5% tariff increase for the medical profession, a 15% increase for the dental profession and a 12% increase for physiotherapists from January 1, 1988.

He said that, with medicine prices constantly increasing and hospitals about to raise tariffs, employers and medical aid society members would have to find a further R700m to finance the expected 25% jump in medical costs next year.

The extra R700m — which would take total annual medical-aid payments to more than R3bn (from R2,4bn) — was worked out on an estimate of all increases and societies would have to adjust their members' fees and employer contributions according to their expenses, structure and membership.

Mr Leveton said: "In a nutshell, the man in the street and his employer

To page 2

From page 1

Medical aid

will have to find at least an additional 25% in medical-aid subscriptions to meet the increases.

"In reaching this estimate, Rams has taken into account that medicine prices will continue to increase at an alarming rate."

Medicine-price increases formed a large part of hospital charges and so would affect the cost of treatment at private hospitals and clinics.

Doctors got a 12,5% increase in January. Mr Leveton said their gross incomes rose a further 13% because of an increased level of service.

to the latest specified date for which information is available, (b) what are their names and (c) from which countries did they come;

(2) whether these visitors were afforded the opportunity of meeting members of the official opposition in this House; if not, why not?

The DEPUTY MINISTER OF INFORMATION:

(1) (a) The Bureau for Information handles guests of the Department of Foreign Affairs on an agency basis. 183 Guests of the Department of Foreign Affairs were received between 7 May 1987 and 30 September 1987 in this way by the Bureau.

(b) It is not the policy of the Bureau to divulge the names of guests without their approval.

(c) It is not in the interest of the RSA to name individual countries.

(2) It is practice to arrange interviews with members of political parties from all three Houses of Parliament. From time to time appointments cannot be arranged with members of all political parties as the representative of a specific party is not available or the itinerary of the guest does not permit it.

Aircraft on charter: maintenance

548. Mr C J DERBY-LEWIS asked the Minister of Transport Affairs:

Whether technical personnel of the South African Airways are responsible for the maintenance of Airways aircraft while they are on charter to other airlines or countries; if not, what steps are taken to ensure that such aircraft are returned in the condition in which they were when they were chartered out?

The MINISTER OF TRANSPORT AFFAIRS:

The situation regarding the maintenance of leased aircraft varies from contract to contract.

HoA

The airline leasing the aircraft is contractually responsible for ensuring that the maintenance work is performed in terms of the airworthiness requirements of the country where the aircraft is registered.

When the lease period expires the lessee of the aircraft must return the aircraft in technically the same maintenance condition as at the outset of the lease period.

Gold

549. Mr C J DERBY-LEWIS asked the Minister of Finance:

(1) Whether the South African Reserve Bank is responsible for the marketing of South Africa's gold; if not,

(2) whether he will furnish the names of the organisations responsible for such marketing; if not, why not; if so, (a) what are their names and (b) with effect from what date has each been permitted to engage in such marketing?

The MINISTER OF FINANCE:

(1) Yes.

(2) Falls away.

Officials working overtime

550. Mr C J DERBY-LEWIS asked the Minister of Communications:

(1) Whether any officials of his Department are required to work overtime without being compensated for doing so; if so, (a) what are the relevant details, (b) since when has this policy been in force and (c) what acknowledgement do the officials concerned receive for working overtime on this basis;

(2) whether this procedure has led to any savings in terms of posts; if so, what savings?

The MINISTER OF COMMUNICATIONS:

(1) and (2) In the event of officials being called upon to work longer than their prescribed weekly hours of attendance, e.g. during periods of staff shortages, ab-

sences, and seasonal increases in work, they are remunerated at prescribed overtime rates. Situations arise, however, where officials perform extra duty of their own accord without expecting payment for the extra hours worked. During the debate on the Post Office budget earlier this year, I gave credit to the staff for their valuable contribution towards keeping operational expenditure as low as possible. It is impractical without an extensive and protracted investigation to determine the savings in terms of posts.

Redundant naval vessels

551. Mr C J DERBY-LEWIS asked the Minister of Defence:

(1) Whether any redundant naval vessels are being scrapped or about to be scrapped; if so, (a) why, (b) when and (c) how many;

(2) whether any consideration has been given to allocating these vessels to Citizen Force naval units; if not, why not; if so,

(3) whether the South African Defence Force have investigated the possibility of these vessels being used and maintained by Citizen Force naval units without any additional expense being incurred for the Defence Force; if not, why not; if so, what were the findings?

The MINISTER OF DEFENCE:

(1) Yes.

(a) As a result of limited capital and running costs, and also manpower and especially logistic support capability, the battle order of the SA Navy has been reviewed and it was decided to dispose of redundant and obsolescent platforms.

(b) Approval in principle was given on 4 December 1985. The disposal has already commenced but the phasing out will still take a considerable time.

(c) Fourteen.

HoA

(2) No. As a result of the age and obsolete technology of the vessels continued logistical support would have been very problematical and in conflict with the decision to dispose of the vessels.

(3) Falls away.

Pharmacies/doctors: subsidization

552. Mr H J COETZEE asked the Minister of National Health and Population Development:

(1) Whether the State subsidizes (a) private pharmacies and (b) doctors in private practice in respect of (i) medicines supplied and (ii) medical services rendered to pensioners; if so, up to what amount, in each case; if not, why not;

(2) whether he will make a statement on the matter?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) (a) No.

(b) (i) No.

(ii) Doctors in private practice appointed as part-time District Surgeons attend *inter alia* to pensioners (all race groups) and are reimbursed for medicine supplied to above mentioned patients for *minor ailments*.

The procedures followed in the 4 Provinces are basically very similar, but differ in detail only, for example:

Transvaal
An amount of R4,50 for medicine is paid per consultation.

Cape
An amount of R5,00 is paid for medicine per consultation.

OFS
An amount of R5.04 is paid for medicine per consultation.

NATAL

An amount of R5.20 is paid for medicine per consultation.

(2) No.

Supply of medicines

553. Mr H J COETZEE asked the Minister of National Health and Population Development:

- (1) What percentage of the consumption of medicines by the population of the Republic of South Africa was supplied by (i) State and provincial hospitals, (ii) State-controlled clinics, (iii) prisons, (iv) the South African Defence Force and (v) the South African Transport Services in the latest specified financial year for which information is available and (b) what total amount was involved;
- (2) whether he will furnish information on the consumption of medicines by the populations of the independent Black states; if not, why not; if so, (a) what are the relevant figures for each of these states and (b) in respect of what financial year is this information furnished?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

- (1) (a) Financial year 1986-87.
 - (i) 29%.
 - (ii) See note 1.
 - (iii) 0,5%.
 - (iv) 2,5 (see note 2).
 - (v) 5,0%.
- (b) R1,123,000 000.

(2) No.
The Department of National Health and Population Development has insufficient information at its disposal

HoA

to enable it to provide meaningful answers to the enquiries in this regard.

Note 1: It is unfortunately not possible to differentiate accurately between the value of medicines supplied to patients through hospital outlets and clinics.

Note 2: This percentage represents that which is supplied by the South African Defence Force in order to meet its own needs. The South African Defence Force has in the past purchased medicine on behalf of the Department of National Health and Population Development and other central Government departments.

The amounts involved in this respect are included under paragraphs 1 (a) (i) and (ii).

Diep River offences

554. Mr S S VAN DER MERWE asked the Minister of Law and Order:

- (1) Whether there has been an increase in the incidence of the offences of (a) robbery, (b) theft of vehicles and (c) housebreaking with intent to steal and theft in the Diep River police station area in recent years; if so, to what extent;
- (2) whether, in view of this increase, he intends opening a police station in Plumstead; if so, (a) where and (b) when; if not, (i) why not and (ii) what steps does he intend taking to combat the increased incidence of these offences in the said area;
- (3) whether he will make a statement on the matter?

The MINISTER OF LAW AND ORDER:

- (1) (a) to (c) No. These types of crimes have displayed a fluctuating tendency during the past 5 years in this police station area. However, during the 1986/87 statistical year it displayed a strong decrease.
- (2) No. (a) and (b) Fall away.
 - (i) and (ii) Because the Diep River police station serves the com-

munity in that station area effectively. Existing crime prevention actions also produce positive results and shall be adjusted if it appears to be necessary.

- (3) Yes. I wish to point out to the hon member that the South African Police monitor the crime situation in this police station area, as in every other station area, accurately and in a specialised manner. Instructions and methods regarding crime prevention are continually being adjusted as circumstances require. The South African Police has a proud record regarding crime prevention in South Africa and they aim to continue building on that record.

Group Areas Act

555. Mr S S VAN DER MERWE asked the Minister of Constitutional Development and Planning:

- (1) Whether, since 1 January 1986, his Department has received any applications for exemptions from the provisions of the Group Areas Act. No 36 of 1966, in respect of residential premises in each specified magisterial district in the Transvaal; if so, (a) how many such applications had been (i) granted and (ii) refused as at the latest specified date for which information is available and (b) what were the reasons for (i) granting and (ii) refusing each application;
- (2) whether any action has been taken against (a) owners and (b) occupants of residential property in the Transvaal in terms of the provisions of the said Act during the above-mentioned period; if so, (i) in respect of the owners or occupants of which properties, (ii) what action was taken, (iii) who initiated the action, (iv) who decided that action should be taken, (v) why was action taken and (vi) what was the outcome of this action in each case?

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

HoA

(1) The Transvaal Provincial Administration, which has been responsible for the issuing of permits in terms of the Group Areas Act since 1 October 1986, has supplied the following information for the period 1 October 1986 to 30 September 1987:

District	(i) Granted	(ii) Refused
Alberton	2	
Amerfoort	1	
Balfour	1	
Barberton	1	
Belfast	1	
Bethal	1	
Boksburg	1	2
Brakpan	1	
Benoni	1	4
Christiana	1	
Carolina	1	
Delareyville	2	5
Germiston	2	
Hoëveldrif	2	
Johannesburg	853	42
Kempton Park	12	7
Klerksdorp	19	1
Leraba	2	
Lichtenburg	3	1
Lydenburg	1	
Krugersdorp	2	
Marico	5	2
Nigel	1	
Oberholzer	1	1
Piet Retief	1	
Pietersburg	1	
Potchefstroom	4	
Potgietersrus	10	3
Pretoria	10	4
Randburg	2	3
Randfontein	1	
Schweizer-Reneke	1	
Soutpansberg	1	
Swaartkrans	1	
Vereeniging	1	2
Volksrust	5	
Wakkerstroom	2	
Westonaria	1	1
Withbank	1	
Wolmaransstad	1	

(b) (i) and (ii) Applications are granted or refused in terms of the provisions of the Group Areas Act, 1966.

CPB 7/1/82
23/10/82
93

Patients may soon pay half doctor's fee

DURBAN. — Some medical aid society members may soon have to pay about half of their doctor's consulting fee.

Patients are being caught in the middle of a clash between medical aid societies and doctors, who yesterday warned they were being forced to adopt the Medical Association of South Africa's higher tariffs, including R27 for a visit to a GP.

Doctors are angry at the recent 17,5% increase in fees set by the Representative Association of Medical Schemes.

A Masa spokeswoman confirmed that the recently announced increases in the scale of benefits for doctor's services, to come into effect on January 1, were "inadequate".

"It is quite possible that in order to maintain a high standard of service and yet be able to run viable practices, more and more doctors will have to charge the higher fees recommended by the Masa.

"At present the benefits offered by medical schemes are about 50% lower than the maximum recommended tariffs.

"It is regretted that patients who, in addition to paying high monthly subscriptions to medical aids, will have to pay the difference out of their pockets."

Observers said not all doctors would necessarily charge a higher fee and that not all patients would have to pay more.

— Sapa

Doctor in court over detainees

CAF 6 To 45
11/11/87
93
[Handwritten scribbles]

JOHANNESBURG. — A medical doctor appeared in the Magistrate's Court here yesterday after being subpoenaed to reveal the identity of former detainees who were his patients.

The matter was postponed pending a review of the subpoena in the Supreme Court.

Dr Paul Davis, who appeared in the British television film "Witness to Apartheid", has been subpoenaed in terms of Section 205 of the Criminal Procedure Act to disclose the names of former detainees who consulted him for treatment of injuries received in detention, or detainees who complained of injuries.

He is required to hand to the court all his notes and records from these consultations.

Hippocratic Oath

Should he fail to do so, he could face a jail sentence of up to two years.

The subpoena would require him to break his professional vow of confidentiality.

In terms of the Hippocratic Oath, doctors are required to keep secret all details of their patients, but no legal protection exists for doctors on this ethical stand.

Mr Denis Kuny SC, for Dr Davis, argued yesterday that the subpoena was "so vague and meaningless" it was invalid. It did not specify who was assaulted or any details of time and place, he said.

"What the doctor is supposed to do is guess what he's supposed to produce his records about. Section 205 is not intended as a witchhunt or a fishing expedition, nor is it meant to be an inquisition."

No power

It was too open-ended to require Dr Davis "to betray the confidence which exists between doctor and patient".

The prosecutor, Mr A van Wyk, said Mr Kuny was asking the magistrate to review his own document. This he had no power to do.

Alternatively, he said Dr Davis had had meetings with the state in which it was made clear what was required and, if confusion existed, he had a duty to ask for further particulars.

The magistrate, Mr J van der Merwe, in postponing the matter, said he could not review his own judgment in issuing the subpoena.

Dr Davis's subpoena follows a study on his treatment of former detainees, which was reported in The Star. Earlier this year, a Star reporter was subpoenaed to reveal his name, which she refused to do, having promised to protect his identity.

Before her final appearance, Dr Davis released her from her obligation. — Sapa

November 13 to 19, 1987

3

Doctor warned to hand over medical files

A DOCTOR was this week ordered to hand over medical records of detainees he treated.

Dr Paul Davis appeared in the Johannesburg Supreme Court, subpoenaed under Section 205 of the Criminal Procedures Act to hand over notes and records relating to patients who had alleged assault, or assault with intent to commit grievous bodily harm, while they were detainees.

His appearance followed the serving of a similar subpoena on *The Star* journalist Joanne Richards earlier this year in connection with an article alleging widespread assaults on detainees. Richards' subpoena called on her to reveal her source, which she did with Davis' permission.

The doctor's defence counsel Denis Kuny, SC, told the court his client's subpoena did not identify a single complainant, nor refer to any time period or list any place of detention. He added the requirements of the subpoena were "vague, uncertain and open-ended" and did not require the doctor to take the oath and "betray the confidentiality that exists between doctors and patients".

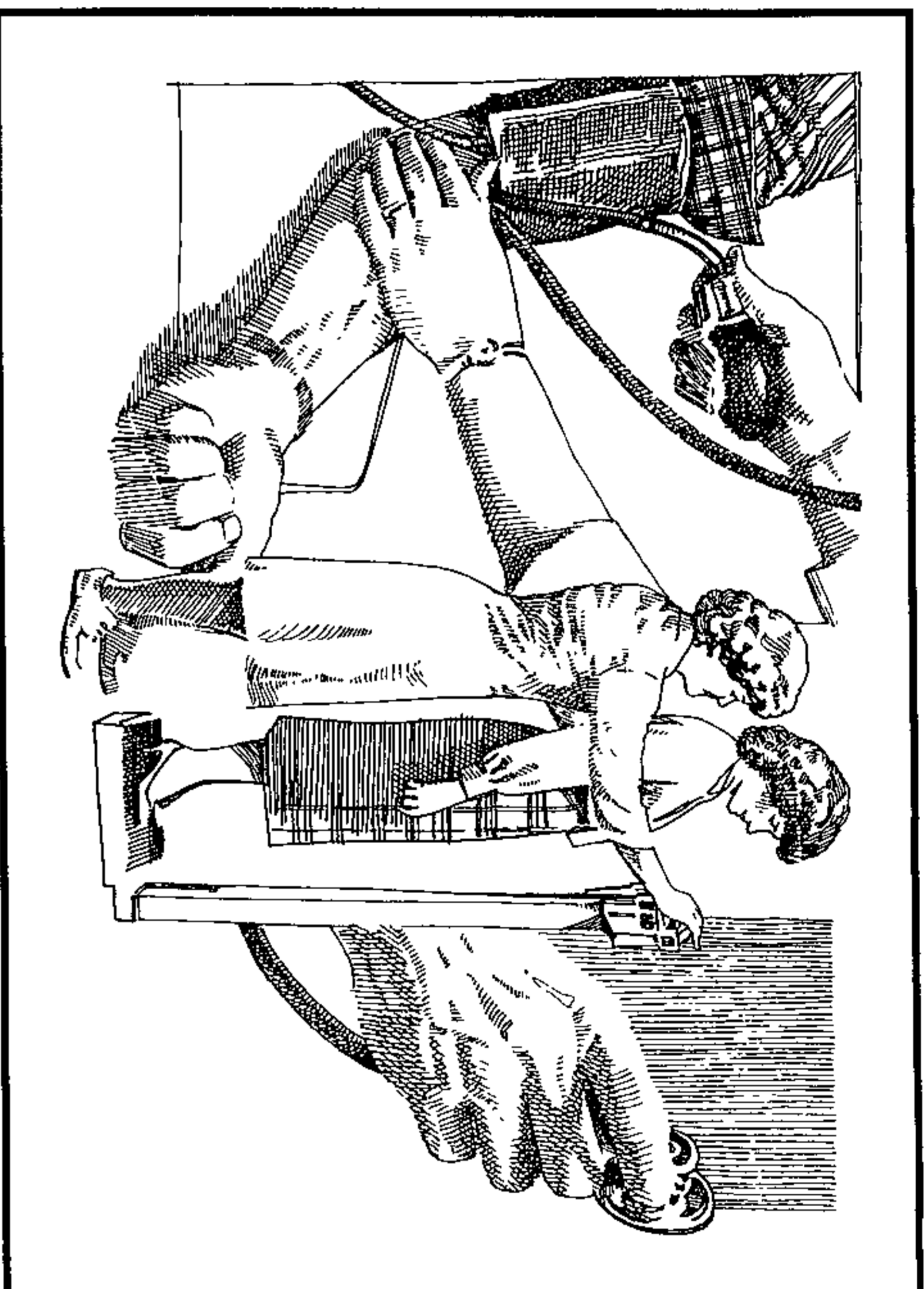
State prosecutor A van Wyk said the requirements had been clearly spelt out in numerous consultations between Davis, his lawyer, the investigating officer and the prosecutor. Davis had also been shown "a certain newspaper clipping".

Commenting on the matter, the Detainees' Parents Support Committee said the maintenance of patient confidentiality was the ethical responsibility of all doctors and "the subpoena served on Dr Paul Davis is an attempt by the government to undermine this internationally accepted ethic.

"The DPSC salutes and supports Dr Davis in his attempt to resist breaking doctor-patient confidentiality. This subpoena places the moral standing of the entire medical profession under scrutiny."

Medical profession is feeling the pinch

DIANNA GAMES



(62) 9/10/87 27/11/87

Medical aid contributions will soon rise to enable higher medical aid payments to doctors. Too little too late, complains the medical profession, citing squeezed profit margins because costs are rising faster than medical aid tariff payments.

Business Day examined the anatomy of two medical disciplines — a general practice and a large pathology laboratory

GENERAL practitioners have not had a medical aid increase in consulting fees for two years. Their profit margins have been reduced and they place much of the blame on medical aid schemes.

Estimated costs for running a practice have risen from 50% of earnings about 10 years ago to 64%, leaving them with a profit margin of 36%.

Doctors complain that their medical aid rates do not counteract the dent inflation has made into what they get out of the business. While this had not meant a general change in lifestyle, a doctor practising in a fairly wealthy suburb of Johannesburg said that the lower profit margins have meant larger overdrafts and a decreasing ability to save.

One doctor said that in 1970 his consulting fee was R2,50 and his 3,5-litre car cost him R4 000 now. His fee is now R13,60 and a similar car costs R120 000.

While doctors are doing far fewer home visits than they did 10 years ago, they are spending long hours in their surgeries in an attempt to counteract the gap between income and expenditure.

His practice averages 25 patients a day, but only 30% of his patients are charged scale of benefits fees paid by medical aid.

"You have to harmonise... you can't charge a banker the same as a labourer or a student," he maintains. But, he said, in poorer areas doctors would have a much higher percentage of patients being charged medical aid tariffs.

The control over what a doctor charges private patients is mostly

determined by the fee guide devised by the Medical Association, an independent body of doctors representing about 60% of the profession.

Doctors charging private fees greatly in excess of this stand to be prosecuted by the Medical and Dental Council for overcharging.

He maintains the doctor/patient relationship was ruined by the 1967 Medical Schemes Act, which made medical aid more widespread in SA and made patients, in their own eyes, no longer responsible for their accounts.

The present consulting fee, determined by the Representative Association of Medical Schemes (Rams), has been R13,60 for the past two years. In its July 1987 guide to fees, the Medical Association suggests a R27 consultation fee.

In January next year, GPs and other clinicians are to be given a 10,6% scale of benefits increase by Rams, which will raise the consulting fee to R15 for a GP.

All costs of syringes, bandages and other disposable products used in a GP's practice are not refunded but built into the consulting fee.

In one hour of a doctor's time, two life insurance tests can be done costing a total of R67,50, according to Life Officers' Association scales. With R40,50 deducted for running costs, that hour's work would leave a GP with R27 profit.

In December 1984, the practice of doctors being contracted in or out fell away and now, whether they are refunded directly by medical aid depends on whether they charge the patient the medical aid tariff or a private tariff.

If private fees are charged, the patient is personally refunded the stated portion and must pay the doctor. But, said the doctor, pa-

tients are more likely to spend the cheque before it gets anywhere near him.

But even where entitled to a payment from medical aid, doctors often send first and second accounts to the patient to arrange payment. If this is not paid, the third account may be sent to the medical aid scheme.

At the outside, this means the medical aid can keep the money for four-and-a-half-months after the date of service, which allows interest build-up in their favour.

A Johannesburg pathologist claims pathologists' profit margins have been narrowed by up to 50% in the past 10 years, which has led to a financial winding down in lifestyle and in perks.

Pathologists are what could be termed the backroom boys, faceless to most of their patients but engaged in highly specialised and cost-intensive work.

One of the country's largest pathology laboratories has about 35 000 patients a month, conducts an estimated 100 000 tests a month and has machinery worth a conservative R8,3m.

A pathologist, one of several partners, said that about 10 years ago the profitability of a pathologist's practice, after deducting operating costs, was in the vicinity of 27% to 30%. But latest estimates stood at around 5%.

One pathologist said overdrafts have greatly increased both for the business and personally, overseas holidays and congresses have dwindled considerably and the tendency is to drive an older car instead of a new one every year.

Take-home pay has decreased both in amount and in value.

The costs of the practice have risen 34% or more in the past 18 months. A pathologist's fixed cost component for tests is 65% of the total. In some cases additional costs means tests are done at a loss. The overall cost is reduced if there are a large number of patients, but the growth in patient numbers has fallen from 15% a year ago to about 5%.

Fees are primarily dictated by the boundaries of the medical aid tariff scale. Pathologists' long fight for a minimum fee per test will finally be rewarded in January with a R4,86 minimum for work in office hours and R10,20 for night work.

"This does not cover our fees, but we are happy that it has been accepted in principle and we can now fight to improve it," the pathologist said.

In the past two decades, pathology has only had a 38% increase in medical aid fees.

Between September 1984 and January 1988, when a 12% medical aid increase is due, there will have been no increases in scale of benefits fees, and in fact all specialists suffered a 4% decrease in January 1986.

One of biggest loss tests is the PL, a test for the control of blood clotting, which, with administration costs, costs about R20, of which R3,20 is charged to the patient and repaid by medical aid. Because of the loss involved, this is only considered a service.

A full blood count test costs R10 and is a break-even test, while the Urea and Electrolyte test for blood components is a money-spinner because of the type of instruments used and the frequency with which it is done.

Pathology laboratories are obliged to enter into a contract

with medical aids, and 90% of all patients are medical aid patients. The remaining 10% are charged private fees in line with Medical Association guidelines, which work out to about double those of medical aid fees. The profession is thus very dependent on medical aid schemes.

A major cost factor has been the rising cost of chemicals and substances used, almost all of which are imported, and also a large rise in the cost of those made locally.

The cost of medicine has gone up about 30% in the past year, while instrumentation and chemical raw products have risen over 30%.

Another major expense is the fact that the intricate machines used in pathology need, ideally, to be updated about every three years, as do testing methods, and in the course of this expensive instrumentation can be rendered useless. This affects the R8m machinery investment figure.

"Pathology is bound very much by changes in trends and requests; it has to follow what clinicians want. It doesn't lead, it follows".

Salaries and wages are also a major cost component, especially with the high number of professionals employed.

In areas like research, new test development and teaching the losses can be considerable because of little or no monetary return.

Other costs that have risen dramatically are those of textbooks — which now cost anything between R400 and R1 000 each, and journals, the lifeblood of the medical profession. The British Medical Journal cost R390 a year four years ago; it now costs R400 a year.

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DOCTOR SHORTAGE

93 Blday GERALD REILLY 19/11/87

PRETORIA — The critical shortage of doctors in large public hospitals remains unresolved as government continues to delay announcing improvements in their salary and service conditions.

Over the past two years, the Medical Association of SA (Masa) has warned the Department of National Health of the critical situation developing and the urgent need for salary adjustments.

The seriousness of the position has been acknowledged by National Health director-general Francois Retief.

Masa claims as many as 40% of doctors posts in major urban hospitals are vacant.

It has warned that State medical services are deteriorating rapidly as a consequence.

It is understood the commission for administration has completed an evaluation of doctors' earnings and that the issue is now with Cabinet.

17% jump in payout

PRETORIA — Increases averaging 17% in the payout to private hospitals with effect from January 1 have been approved by the medical schemes movement.

The new scale of benefits have been announced by the Representative Association of Medical Schemes (RAMS) — which represents 200-plus medical schemes — after discussions and negotiations with the Representative Association of Private Hospitals.

RAMS deputy chairman Arnold Fair said: "We have recognised the need for enhanced compensation for hospitals which provide highly specialised and capital intensive services associated with major surgery and intensive care." RAMS had also made substantial amendments to the existing scale of benefits for private hospitals. — Sapa.

Blday 19/11/87

It's tradition to make

Hulley tipped

Political

Annual Confer

Conditions deplored

Doctor pleads for probe into Baragwanath

Medical Reporter

The Medical Association of South Africa should institute an inquiry into conditions at Baragwanath Hospital to determine the validity of complaints by the hospital staff, a Canadian doctor has said.

The doctor, of the Department of Cardiology at the Royal Victoria Hospital in Montreal, said in a letter to the South African Medical Journal that the "dignified and heart-rending" appeal by Baragwanath Hospital doctors for help deserved the most active support.

"These are not stirrers or troublemakers. The staff of this hospital includes some of the most dedicated and skilled colleagues with whom I have ever had the privilege of being associated," the doctor said.

Their description of conditions at Baragwanath was, if anything, "an understatement of the deplorable conditions" which had existed at the hospital for many years.

"Who should bear the blame is irrelevant. It is surely not the hospital's own administration who, like their medical and nursing colleagues, have succeeded in making the unworkable work year after year," the doctor said.

"Nor is it necessarily the fault of the Transvaal Provincial Administration who are also attempting to operate a vast hospital system in the face of impossible financial and political pressures.

BREAKING POINT

"But this is a cry for help by doctors who have reached breaking point."

The doctor suggested that MASA should institute an inquiry into conditions at Baragwanath.

He said MASA should also meet the Minister of Health to enquire what plans there were to rectify the situation.

"If a staff is to be retained at this hospital some realistic hope must be offered. If our profession is not to hang its head in collective shame it must

strenuously protest the authorities' continued toleration of this intolerable situation."

A recent letter signed by 70 doctors described conditions at the hospital as "disgusting and despicable". They complained of inadequate facilities and gross overcrowding. The executive director of hospital services, Dr Hennie van Wyk, said Baragwanath had not been abandoned and the Province was doing what it could.

Stop traditional healers — Motlana

The Argus Correspondent

JOHANNESBURG. — All health-care professionals, including psychologists, must stop romanticising the evil deprivations of the sangoma (traditional healer), Dr Nthato Motlana, the president of the Soweto Civic Association, has urged.

Addressing a medical graduation ceremony of the University of the Witwatersrand, Dr Motlana hit out at medical professionals who allowed the "indigenous doctor" to form part of the health team.

"Scientific bases for traditional medicine have not been established, most of it is based on superstition and this meaningless pseudo-psychological mumbo-jumbo is often positively harmful," said Dr Motlana.

Avoid going to hospital

"One of the difficulties of eradicating tuberculosis — a disease which is now of epidemic proportions in areas like the Transkei — from our land is that often, when you suggest a course of treatment, the patient then will consult our competitors who will tell him of the 'gogga' lurking in his chest.

"They (traditional healers) will advise the patient to avoid hospitalisation and injections at all costs," said Dr Motlana.

Dr Motlana said gonorrhoea was spreading like wildfire in Soweto.

"You ask any young man who comes to you with this problem of several days standing why he did not come earlier.

"The standard reply is that he was afraid you would give him an injection that would drive the disease inward and render him impotent," said Dr Motlana.

He pointed out that the President of Mozambique, Mr Samora Machel, rounded up all the sangomas, herbalists and witch doctors and sent them to a detention farm for re-education and the acquisition of new and different skills.

Worth a try

"It is said we are among the world's most organised and regulated nations. The remedy adopted by Samora Machel is perhaps not appropriate — although it is certainly worth a try.

"We have the Anti-Witchcraft Act, we have laws against gambling and prostitution. Surely, we can use the anti-witchcraft law to protect the ignorant," said Dr Motlana.

"One often gets the feeling that some of my comrades in the struggle and in the medical profession — thrashing around for some meaningful contribution to the total sum of human achievement by blacks — mistakenly latch on to indigenous medicine as part of those contributions.

"If so, let us first subject it to rigorous scientific examination before there is the beating of drums in the Great Hall of our University," said Dr Motlana.

He said the medical profession should use all the resources at its disposal to wean black and white patients from the tyranny of superstition.



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11/12/87

Six doctors take official to court

SIX doctors who criticised facilities at Baragwanath hospital are taking Rand Supreme Court action against the Director of the Transvaal Provincial Hospital Services today.

The doctors are seeking an interdict against Dr Attie van Wyk's refusal of their appointments to senior positions at the hospital.

The six were selected by the Department of Paediatrics at the hospital in August.

In October, Dr van Wyk refused the appointments. At that time it was said that it was because

By THABISO
LESHOAI

the doctors were signatories with 101 other doctors to a letter exposing what they described as gross inadequacies at Baragwanath hospital. The letter also said the Provincial Administration's attitude to these conditions was one of indifference and contempt.

Support

Although several approaches have been made to the director by

the Medical Advisory Committee at Baragwanath hospital no official reason for the refusal have yet been given.

Other doctors and the Wits medical faculty have come out in support of the six doctors bringing the action. On Wednesday doctors from Johannesburg hospitals formed a committee to "co-ordinate a support and action programme." Also present at the meeting was Progressive Federal Party MP (Bryanston) Mr Rupert Lorimer who pledged his support.



Docs win case

THE Rand Supreme Court yesterday overruled the Transvaal Hospital Administration's decision to deny six Baragwanath doctors senior positions at the hospital because they had publicly criticised facilities there.

In his judgment Mr Justice R. Goldstone ordered that the six doctors' application be reconsidered by December 31 and that they be given the opportunity to a fair hearing.

The doctors had been selected by the Department of Paediatrics of Baragwanath to positions of senior house officers earlier this year.

However, because they were party to a letter published in the South African Medical Journal criticising conditions at the hospital, the TPA refused their selection without hearing representation from the doctors.

Mr Justice Goldstone said in his view, denying the doctors a hearing was "fatal irregularity."

He further said their non-appointment was prejudicial to their cases.

Leave to appeal was granted.

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Doctors must get hearing — COURT

SUSAN RUSSELL

SIX young doctors, who were refused appointments as senior house officers at Baragwanath because they were signatories to a letter criticising conditions at the hospital, are to get a hearing, and their applications will be reconsidered, following an order granted in the Rand Supreme Court.

The doctors — Beverley Traub, Linda Jivhuho, Zolela Ngcwabe, Gideon Frame, Hubert Hon and Mark Friedman — all signed the letter, which was sent to the SA Medical and Dental Council and was published in the SA Medical Journal on September 5.

The letter criticised Transvaal Provincial Administration policy in regard to conditions in the department of medicine. It described conditions in the medical wards as disgusting and the attitude of the authorities as deplorable.

None of the doctors received a hearing before their appointments were rejected.

Court order

Mr Justice R Goldstone yesterday set aside the decision by the Director of Hospital Services not to approve their appointments.

The judge also directed the Administrator of the Transvaal to consider their applications — either himself, or someone else other than the Director of Hospital Services and the hospital superintendent.

He ordered that this be done before December 31, and after the doctors had been given a fair hearing.

It was argued on behalf of the hospital authorities that the doctors, having been party to the letter, were unsuitable for appointment as senior house officers.

Mr Justice Goldstone said to find them unsuitable for appointment without having heard them was unfair.

No matter how strong the case against them, the denial of a hearing was a "fatal defect".

The judge granted the authorities leave to appeal to the Appellate Division.

Counsel for the Administrator said the hearing and consideration of the doctors' appointments would go ahead meanwhile.

DOCTORS PROTEST

OVER PAY

CAPE TOWN — New salary scales at Cape provincial hospitals have outraged doctors, who are having a series of meetings to elect representatives to put their case to the authorities.

Since the new scales came into effect recently, several registrars have expressed their anger at the fact that specialists and medical officers were given increases while registrars, interns and senior house officers received no increases at all.

"We do not object to specialists getting more money as they have higher training, but we do not understand why medical officers — who have no extra training — were given increases but not registrars," said one doctor.

He said that registrars were doctors who were studying to become specialists. "We and the interns are the work force of the hospitals, we carry the responsibility for patients and work overtime," he said.

No doctors were willing to have their names published.

It is understood that doctors at hospitals have held a series of meetings which could culminate in the election of a representative committee next week.

Dr Hannah-Reeve Saunders, senior deputy director of Hospital Services in the Cape Provincial Administration, said yesterday she had been away, had no knowledge of the matter and could not comment. — Sapa

HEALTH AND DISEASE - DOCTORS

1987

JANUARY ——— SEPT. ——— A DECEMBER

to bear the costs of could amount to large said. residents did not get could draw up a petition. could seek legal redress.

ok 'safe' inspectors

Mr Dudu said. said his association pleased by a decision a few weeks ago by community allowing to trade as they like out binding them to sell liquor between 9am 9pm.

women barred from the sheens last year have allowed to patronise again.

Mr Duru is appealing to members of his association trade within business and maintain order at shebeens.

ck' lost'

Jock of the Bushveld found in a fortnight — has are in such demand

month-old Staffordshire home in Walmer while Mahoney, were out. They the dog's return.

Staffordshire bull terriers on more popular now with on circuit.

contacted at 51 1246. the same litter, disap- He was missed within and.

Krige, said the four-month- and was badly missed. chest and a black tail. He

and can be contacted

an "eyesore and vice den", has been sold for the Port Elizabeth Child and Family Welfare Society to a firm of undertakers.

Neighbours and passers-by have criticised the state of the building saying it is overdue for demolition.

Some have described it as an "unsavoury place where all sorts of things" happen. Prostitutes and vagrants use it as a hideout.

Every window pane has been smashed and a strong stench emanates from it.

The building, on the corner of Harrower Road and Hancock Street, was officially opened by the Countess of Clarendon in October, 1931.

It was used as a child day centre until about 12 years ago when an organisation for handicapped children moved in temporarily.

Drop in EL beach numbers

Weekend Post Reporter EAST LONDON — A marked drop in the number of bathers using East London's beaches during the holiday season was disclosed this week in a report to the City Council.

But some query whether the statistics, compiled by acting Beach Manager, Mr Colin Broomhead, reflect a drop in the number of visitors to the city last year.

Orient Beach attendance in December dropped from 20 900 the previous year to 7 000.

The number at Nahoon dropped from 31 000 to 9 000 and at Eastern Beach from 20 000 to 12 000.

Mr Broomhead blames the drop largely on over-cast days in December and the fact that many visitors are now taking shorter holidays.

Medical aid organisation snubs 'unfair' doctors

By RAYMOND HILL SEVERAL doctors claimed to be dispensing medicines at "unfair" prices have been snubbed by a large medical aid organisation. Some are in Port Elizabeth.

But the Association of Medical Scheme Administrators (Amsa) is prepared to review their cases.

There were also other reasons for the decisions, an Amsa spokesman said.

The association's Johannesburg head office has been flooded with complaints from doctors whose applications were turned down.

The new ruling means that the "offending" doctors may no longer submit the accounts of patients directly to the medical schemes.

This action had been taken because of unfair prices being charged for

Last year the whole property was valued at R120 000.

Mrs Enid Smuts, the society's outgoing director, said she was aware that the building had fallen into disrepair.

The society had considered hiring a security guard to protect it during the past three years that it has been vacant.

But the costs were too high. The society's staff had tried to keep it clean but it was badly vandalised.

The building was considered a hazard by municipal health officials, who recently asked the society to do something about it.

Mrs Smuts said it was now in the process of being transferred to its new owners.

The money will be used for the society's new headquarters. Their present offices in the Feather Market Hall are inadequate.

medications, and in order to regularise a "chaotic" situation, the spokesman said.

Now doctors must send the accounts directly to the patient concerned.

It is the patient's responsibility to send the account to his or her scheme after checking it properly.

When the patient receives the money from the scheme, he or she must pay the doctor.

Many doctors fear that they will not get their money. One, with a busy practice in PE's northern areas, was offended when his application failed.

He said he was performing an essential service by dispensing medicines, especially at night when no chemists were available in the northern areas.

He preferred dealing directly with medical aid

societies.

Mr K Hollis, chairman of Amsa, said his office was "inundated" with complaints from doctors whose applications failed.

He said the unhappy doctors could re-apply and their cases would be reviewed.

"There is a certain 'mark-up' in the price of medicine that varies from doctor to doctor.

"My association only wants to deal with doctors charging fair prices.

"We are determined to stamp out abuse, and are more than willing to have a sound working relationship with doctors," he said.

Dr Angus Hofmeyr, chairman of the Eastern Cape branch of the Medical Association, said doctors were "very upset" about the association's ruling.

THE large number and quality of medical professionals emigrating from SA is having an adverse effect on the practice of medicine in the country, according to Clive Rosendorff, Dean of Medicine at the University of the Witwatersrand.

He was commenting on the increasing number of medical practitioners leaving SA. Since 1982 the number emigrating has more than doubled.

Between January and October last year, 86 doctors and dentists emigrated, compared with 70 in 1985, 56 in 1984, 38 in 1983 and 36 in 1982, according to Central Statistical Services — a sub-section of the Department of Home Affairs.

Rosendorff said teaching hospitals were particularly badly hit by the brain drain, with many posts vacant. Teaching hospitals include the Johannesburg Hospital, Baragwanath, Coronation and the JG Strydom.

"It is serious, not only because of the numbers leaving but also because it is often the brightest practitioners and the most productive research workers who emigrate," he said.

Doctor drain ⁹³ causing concern

THELMA TUCH

Most left to settle in the US, Australia, Canada, the UK and Israel, he said. Doctors, Rosendorff said, were leaving because they were concerned about the socio-political situation in SA or left the hospital services because salaries there were way behind those in the private sector.

"The serious shortage of staff at teaching hospitals means that pa-

tients must inevitably suffer," he said.

Chairman of the Federal Council of the Medical Association of SA (Masa), Dr Rene Le Roex, said Masa was concerned at the increasing emigration. "We are unhappy and worried that top doctors, and particularly senior academics, are leaving the country," adding that it was difficult to fill these gaps.

During the past month Masa had made representations to government to improve the salaries of hospital staff. Le Roex added that there was a Masa commission looking into this on an on-going basis.

Inka Mars, chairman of the national executive of the SA Red Cross Society, said SA invested enormously in the training of every doctor and that it could not afford to lose one of them. "In certain rural areas, 90 000 people are reliant on the services of one doctor," she said.

She added that the metropolitan areas in SA were well-served compared with the rural areas, where there has always been a shortage of doctors.

some employe

AMMAM



CISKEI President Lennox Sebe.

... man and the injured man had been clearly identified as Transkei Defence Force riflemen, Colonel Ngaki said.

The captured man was named as a senior Ciskei defence force officer Major N Sandile who was detained recently by Transkei auth-

... up as a Lieutenant Colonel Jombolo of the Transkei army.

Attack

He said four more members of the raiding party — about 23 altogether — were surrounded in a farm house in the Bisho vicinity while the conference was in progress.

Colonel Ngaki said a helicopter and a fixed wing aircraft were in the vicinity of Bisho during the attack. They were chased off by Ciskei aircraft and disappeared in the direction of Komga.

Asked whether South Africa had played a role, Ciskei government spokesman Mr Headman Sontunzi said a number of questions had to be answered.

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Crisis at hospital

THE Sebokeng Hospital is on the brink of a crisis following the resignation of several doctors who are leaving for various reasons including going to the army, too much work and to become private practitioners.

The situation has become so serious that unless more doctors take up posts, certain wards will stop operating, according to sources yesterday.

The superintendent of the hospi-

By JOSHUA RABOROKO

tal, Dr Jurie van der Vyver, said that a large number of doctors have left their posts to go to the army while others have gone into private practice.

He said the hospital has 45 posts for medical officers, nine of which have been frozen. At the moment

To Page 4

Crisis at hospital

From Page 1

there are 24 medical officers, three of whom are working a month's notice.

There are 14 posts for interns but only five are filled.

He said although he did not have the correct figures on the number of doctors who have left the hospital, the situation was nearing a crisis.

He appealed to doctors, especially blacks to help in the crisis.

The hospital has 960 beds and 26 wards and the present number of doctors cannot cope with the demand. The hospital caters for all seven townships in the Vaal Triangle and neighbouring farms.

A doctor told the *Sowetan* that their working conditions were deplorable and strenuous because at night there were only two doctors working. One doctor attended to the 26 wards while the other treated cases in the casualty department.

Emergency

"If there is an emergency at night, both doctors are forced to leave the patients to work in the theatre. This is very hard on us, especially over weekends," the doctor said.

The doctor added: "Unless the authorities attend to this crisis, many patients could die without receiving treatment. The situation is so critical that something has to be done before the hospital collapses."

Nursing sisters also work under severe strain because they are often forced to do "doctors' work" in an attempt to help in the crisis.

It is estimated that dozens of babies are born at Sebokeng Hospital every day, many being delivered by caesarean section, which means that doctors have to work long hours.

Dr van der Vyver also explained that the remaining doctors held a meeting yesterday with representatives of the Department of Hospital Services in an attempt to resolve the problem at the hospital.

SAVI

- Large
- Cassette
- Turntable
- FM/AM
- Stand

G.S.T. EXCLUDED

SL

THE L.A.I.

BENONI, 4 Voortrekker St.
 GERMIJON, 26 Railway St.
 GARDEN ST LOUIS TRICHARDT, For
 Church St PIETERSBURG, 826
 Rd. RUSTENBURG, Shop 2,
 10 Danie Joubert St. VEREENIGING.

Medical schools

13. Mr H E J VAN RENSBURG asked the Minister of Education and Culture:

How many students in each race group qualified as doctors at the end of 1986 at each specified medical school falling under the control of his Department?

The MINISTER OF EDUCATION AND CULTURE:

The information is not yet available.

Medical students

14. Mr H E J VAN RENSBURG asked the Minister of Education and Culture:

(a) What is the present estimated cost to the State of the training per student for the MB Ch B degree at each of the medical schools falling under the control of his Department and (b) in respect of what date is this information furnished?

The MINISTER OF EDUCATION AND CULTURE:

(a) Estimated cost per student per annum:

R	University
6 850	Cape Town
6 606	Stellenbosch
6 649	OFS
6 506	Pretoria
6 747	Natal
6 630	Witwatersrand

(b) The estimates are based on the subsidy formula used for calculating the 1987 subsidies.

Teachers

15. Mr H E J VAN RENSBURG asked the Minister of Education and Culture:

What total number of White male teachers falling under his Department were doing their national service (a) in 1986 and (b) as at the latest specified date in 1987 for which figures are available?

The MINISTER OF EDUCATION AND CULTURE:

(a) 1 216.

(b) 1 258 (as on 13 February 1987).

Per capita expenditure

16. Mr H E J VAN RENSBURG asked the Minister of Education and Culture:

What was the per capita expenditure, (a) including and (b) excluding expenditure of a capital nature, on White school pupils in (i) each province and (ii) the Republic in the 1985-86 financial year?

The MINISTER OF EDUCATION AND CULTURE:

	(a) R	(b) R
(i) Transvaal	2 108	1 892
Orange Free State	2 660	2 310
Cape	2 517	2 372
Natal	2 206	2 106
Department of Education and Culture	10 470	8 784
(ii) Republic	2 374	2 160

Notes:

(1) Training centres for mentally retarded children included.

(2) Private schools excluded.

Dias quinquenary celebrations

17. Mr S S VAN DER MERWE asked the Minister of Education and Culture:

(1) Whether his Department is concerned with the central committee and regional committees charged with the preparations for the Dias quinquenary celebrations; if so, (a) why and (b) to what extent;

(2) whether these committees were previously connected to any other Government Department; if so, (a) to which Department and (b) why were they transferred to his Department;

(3) whether any members of these committees are non-Whites; if so, what is the race classification of these persons;

(4) whether any of these persons have resigned from these committees; if so, (a) how many, (b) why and (c) when;

(5) whether he will make a statement on the matter?

The MINISTER OF EDUCATION AND CULTURE:

(1) Yes.

(a) the responsibility of the State for the Dias Festival has been assigned by the Cabinet to the Department of Education and Culture, Administration: House of Assembly;

(b) (i) the Department is represented in the National Dias 88 Festival Committee and the regional committee for Natal;

(ii) the Department is responsible for partially financing the national festival;

(2) Yes.

(a) the Department of National Education;

(b) the Department has no information regarding the factors which motivated the Cabinet;

(3) Yes, a Coloured, an Indian and a Black man;

(4) Yes.

(a) one;

(b) he was a departmental representative and had reached retirement age. In addition a member of the local committee in Cape Town also resigned;

(c) May 1986 and November 1986 respectively;

(5) No.

Expenditure

18. Mr S S VAN DER MERWE asked the Minister of Education and Culture:

What was the average expenditure, excluding expenditure of a capital nature, per school falling under the control of this Department in 1986?

The MINISTER OF EDUCATION AND CULTURE:

R860 613.

Old-age homes

21. Mr S S VAN DER MERWE asked the Minister of the Budget and Welfare:

What, in each category, was the per capita subsidy paid to old-age homes for Whites in 1986?

The MINISTER OF THE BUDGET AND WELFARE:

The maximum average subsidy payable per sub-economic aged per month during 1986/87 is as follows:

Category A	R166,83
Category B	R252,89
Category C	R481,96

Pensioners

22. Mr H H SCHWARZ asked the Minister of the Budget and Welfare:

How many White social pensioners in each specified category were there in the Republic as at the latest specified date for which figures are available?

The MINISTER OF THE BUDGET AND WELFARE:

Old Age Pensions	143 047
Blind Persons' Pensions	762

23/2/87
Hansford

23/2/87

23/2/87

HQA

23/2/87
Hansford

(2) The newspapers are printed in terms of State Tender Boards exemptions extended to the Government Printer (SDK 77).

(3) News on constitutional developments is conveyed on a factual and informative basis.

(4) (a) The editorial policy of all the regional newspapers is the same and has as its objective the promotion of effective communication between the Government and regional communities.

(b) The management of the Bureau for Information in accordance with the general objectives of the Bureau.

(5) The editors of the regional newspapers act in their capacity as officials of the Bureau. They do not act in their individual capacities and are not ultimately responsible for the content of their newspapers. This responsibility resides in the Deputy Minister of Information and in the Head of the Bureau. The names of the editors of the regional newspapers are accordingly not relevant.

393. Mr P G SOAL asked the Minister of Constitutional Development and Planning:

KwaNdebele

- (1) Whether it is still the intention of the South African Government to grant independence to KwaNdebele; if so, why;
- (2) whether any negotiations on independence have been held with the Government of KwaNdebele since its decision in 1986 not to take independence; if so, (a) when and (b) what was the outcome;
- (3) whether he will make a statement on the matter?

HoA

THE MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(1) The option for independence of a self-governing territory is the prerogative of the government of the territory concerned.

The RSA government will again consider a request for independence by the KwaNdebele government should they so request.

- (2) No.
- (a) and (b) Fall away.
- (3) No.

Detainees: voters

394. Mr J VAN ECK asked the Minister of Law and Order:

(1) Whether persons who have been detained under (a) emergency regulations and (b) security legislation and who are registered as voters for the House of Assembly will be allowed to vote in the forthcoming election; if not, (i) why not and (ii) in terms of what statutory provisions; if so, what arrangements will be made for them to cast their votes;

(2) whether such persons will be allowed to receive material pertaining to the election from the candidates contesting the election; if not, why not; if so, on what basis;

(3) whether he will make a statement on the matter?

THE MINISTER OF LAW AND ORDER:

- (1) I refer the honourable member to the answer of the Minister of Home Affairs to question number 395.
- (2) Yes, depending on the circumstances in each instance and provided that the particulars furnished entails the

normal particulars which a candidate furnishes to all his voters.

(3) No.

Detainees: voters

395. Mr J VAN ECK asked the Minister of Home Affairs:

Whether his Department will make any arrangements to allow (a) persons who are detained in terms of (i) emergency regulations and (ii) security legislation and (b) awaiting-trial prisoners to vote in the forthcoming election for the House of Assembly; if not, (aa) why not and (bb) who took the decision in this regard; if so, what arrangements?

THE MINISTER OF HOME AFFAIRS:

(a) and (b) No.

(aa) and (bb) Arrangements regarding postal and special votes of voters who are not able to attend a polling station on election day, are made by presiding officers for postal and special votes in accordance with requests submitted to them by such voters.

Infants: assault

396. Mr A B WIDMAN asked the Minister of Law and Order:

- (1) How many cases of assault on infants by parents were reported in respect of each race group in each province during the period 1 July 1985 to 30 June 1986;
- (2) in how many cases in respect of each race group did the infant (a) die and (b) suffer serious injury as a result of the assault?

HoA

THE MINISTER OF LAW AND ORDER:

	Cape Pro-vince	Natal	Orange Free State	Transvaal
(1)	12	6	17	60
White	92	4	1	7
Coloured	—	4	—	2
Asian	8	117	14	31
Black				

	(a)	(b)
(2)	3	31
White	4	46
Coloured	—	—
Asian	—	—
Black	13	67

Medical doctors

397. Mr A B WIDMAN asked the Minister of Home Affairs:

(a) How many medical doctors left the Republic permanently in 1986 and (b) what was the age distribution of these medical doctors?

THE MINISTER OF HOME AFFAIRS:

Age	Number
20-24	1
25-34	37
35-44	23
45-54	5
55-64	7
65+	7

The above-mentioned data is for the period January to November 1986. Data for December 1986 is not yet available.

Mental illness/defects

398. Mr A B WIDMAN asked the Minister of Justice:

In how many cases in 1986 (a) were persons referred for inquiry in terms of sec-

(3) The Department of Water Affairs has no control over developments taking place on privately owned land, unless it takes place within 100 metres of the Departmental servitude line, in which case Departmental approval must be obtained in terms of the Vaal Dam Development Guide Plan. The Department is, however, not aware of any such developments taking place along the banks of the Vaal Dam.

(4) No.

Prisoners: deaths

67. Dr M S BARNARD asked the Minister of Justice:

(1) Whether any deaths were reported in

The MINISTER OF JUSTICE:

(1) Yes.

(a) (i) and (ii) 1 January 1986 to 31 December 1986:

	Natural	Unnatural
Black	83	45
Coloured	34	8
Asian	1	2
White	10	—
Total	128	55

(b) (i) Natural causes
 Heart diseases and lung diseases
 Black Heart diseases
 Coloured Lung disease
 Asian Heart diseases
 White
 (ii) Unnatural causes
 Suicide/Assault by fellow prisoners
 Black
 Coloured
 Asian
 White
 None
 Assault by fellow prisoners
 Suicide

(2) Yes, in terms of the Inquest Act, 1959 (Act No 58 of 1959) 55 post-mortems were performed in respect of unnatural deaths.

As far as natural deaths are concerned, post-mortems are also conducted when, in the opinion of the medical practitioner involved any uncertainty exists as to the exact cause of death. However, these figures are unfortunately not readily available.

Medical doctors

68. Dr M S BARNARD asked the Minister of National Health and Population Development:

How many White males qualified as medical doctors in each of the latest specified five years for which information is available?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

The South African Medical and Dental Council does not maintain separate statistics for the different population groups and does not distinguish between male and female on the register. Statistics of the total registrations for the latest specified five years as obtained from the Council, are as follow:

23

1981—863.
1982—871.
1983—973.
1984—917.
1985—996.

Medical doctors

69. Dr M S BARNARD asked the Minister of Defence:

(1) How many White male medical doctors (a) performed national service in each of the latest specified five years for which information is available and (b) were serving in the Permanent Force as at the latest specified date for which information is available?

(2) whether any White males have been granted deferment in respect of national service to study medicine overseas; if so, how many as at the latest specified date for which information is available?

The MINISTER OF DEFENCE:

(1) (a) 1982—332.
 1983—323.
 1984—347.
 1985—325.
 1986—282.

(b) As on 5 February 1987: 158 medical doctors and 32 specialists.

(2) To obtain this information the personal files of all persons who applied for deferment of national service will

have to be consulted. This will be a time-consuming and expensive process.

Detainees

70. Dr M S BARNARD asked the Minister of Law and Order:

(1) Whether any persons detained since 12 June 1986 have been hospitalised since 29 August 1986; if so, (a) how many, (b) in terms of what statutory provision was each being detained, (c) to what hospitals were they admitted, (d) for what reasons were they hospitalised in each case and (e) in respect of what date is this information furnished;

(2) whether he will furnish the names of the persons concerned; if not, why not; if so, what are their names?

The MINISTER OF LAW AND ORDER:

(1) Yes.

(a) 263 persons.

(b) 39 persons in terms of the Internal Security Act, 1982. 1 person in terms of the Intimidation Act, 1982.

(c) 65 persons in terms of the Criminal Procedure Act, 1977.

158 persons in terms of the Emergency Regulations.

(d) In various hospitals country wide.

(e) For a variety of reasons inter alia, heart attacks, stomach ailments, diabetes, operations, general illness, injuries and venereal disease.

(f) From 29 August 1986 until 10 February 1987.

(c) why and (d) what special provision is made in respect of diet, exercise and prison routine with regard to these juveniles?

The MINISTER OF LAW AND ORDER:

(1) Yes.

(a) and (b) Fall away.

(i) The standards and regulations prescribed for the South African Police are contained in Standing- and Force Orders and the rules for Prisons promulgated in terms of the Emergency Regulations. Because these standards and/or rules are voluminous, I do not regard it as practical to supply the full contents thereof. Some of these rules are *inter alia* healthy diet and in this regard I refer the honourable member to my answer to written question number 447, separate detention of juveniles, adequate recreation time and facilities, adequate medical treatment and other aspects to make the period of detention for detainees as comfortable as possible. I also refer the honourable member to my answer to oral question number 2 which I furnished on 17 February 1987 and in which a series of matters regarding the detention of juveniles were furnished.

(ii) Various measures are taken to ensure that these standards are maintained and the regulations complied with. These include regular visits by commissioned officers of the South African Police, Inspectors of detainees and Judges of the Supreme Court of South Africa.

(iii) By the Minister of Law and Order, the Minister of Justice and the Commissioner of Police.

(2)

Yes, in respect of most police cells where these categories of persons are detained. Where-ever possible detainees in these categories are accommodated in police cells which comply with all the requirements or which are the most suitable for this purpose. I, however, wish to point out that detainees in these categories are only in exceptional cases detained for longer than periods of 14 days. Where such exceptions occur it must be authorised by Head Office.

(3) Yes.

(a) to (c) Complaints normally deal with minor matters, for example, washing facilities, visits by family and recreation facilities such as reading material and games.

(d) All complaints and criticism are handled without delay and thus far the South African Police has succeeded in solving all such matters satisfactorily.

(4) No. (a) to (d) Fall away.

Browne Commission

*4. Dr W J SNYMAN asked the Minister of National Health and Population Development:†

(1) Whether the Browne Commission has recommended that surplus accommodation in hospitals of one population group be made available to members of other population groups; if so,

(2) whether the Government intends accepting this recommendation?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) No.

(2) Falls away.

Medical practitioners/specialists
Huwonder (27)

*5. Dr W J SNYMAN asked the Minister of Home Affairs:†

How many (a) general medical practitioners and (b) medical specialists emigrated from the Republic in the latest specified period of 12 months for which figures are available?

The MINISTER OF HOME AFFAIRS:

(a) and (b) Statistics are not kept separately.

A total of 87 general medical practitioners and specialists emigrated during the 12 months ending 30 November 1986.

Competition Board

*6. Dr W J SNYMAN asked the Minister of National Health and Population Development:†

Whether the Government has taken any decisions pursuant to the recommendation of the Competition Board made known on or about 26 November 1986 in respect of (a) profit-taking by medical doctors and pharmacists on prescription medicines and (b) advertising by pharmacists; if so, (i) when and (ii) what decision in each case?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

No.

*7. Mr S S VAN DER MERWE—Law and Order. [Withdrawn.]

Detainees
*8. Mr S S VAN DER MERWE asked the Minister of Law and Order:

What total number of persons detained in terms of emergency regulations (a) had been held in police cells since 12 June 1986 and (b) were still being held in police cells as at the latest specified date for which information is available?

The MINISTER OF LAW AND ORDER:

(a) and (b) I refer the honourable member to my summarised reply which I furnished on oral question number 2 on 17 February 1987.

Attorney struck off roll

*9. Mr D J DALLING asked the Minister of Justice:

(1) Whether, with reference to his reply to Question No 2 on 26 August 1986, the Attorney-General of the Transvaal has as yet received the docket in regard to the attorney struck off the roll for allegedly misappropriating trust funds; if not, why not; if so, when;

(2) whether a criminal prosecution is to be instituted against this person; if not, why not; if so, when?

The MINISTER OF JUSTICE:

(1) Yes, the final documentation for the docket was received in February 1987.

(2) The matter is being considered by the Attorney-General and a decision whether to institute a prosecution or not will be taken in due course.

Trust funds: misappropriation

*10. Mr D J DALLING asked the Minister of Law and Order:

(1) Whether, with reference to his reply

Bid to avert collapse of operations at hospital

DOCTORS,

93
some fun
23/2/87

NURSES

Demand for better pay

THREAT TO QUIT

960 patients may be at risk

THE crisis at the Sebokeng Hospital worsened this week when a number of the remaining doctors threatened to resign unless their demands for better pay and working conditions received immediate attention.

BY JOSHUA RABOROKO

This comes after the nursing staff resolved at a meeting on Wednesday that they will be forced to leave the hospital if they were not paid for working long hours and if working conditions are not improved.

In an attempt to save the collapse of operations at the hospital, the superintendent, Dr Julie van der Vyver, yesterday held a meeting with several private doctors to persuade them to do casual work at the hospital.

Unhappy

By late yesterday the doctors were still locked in the meeting. Doctors told the *So-wetan* yesterday that they were unhappy with the low salaries they received as compared with

doctors in private practice. "We are made to work long hours without pay and have to attend to hundreds of patients from townships in the Vaal and surrounding farms," they said. They have approached officials of the hospital on other complaints which include working under trying conditions.

"Under the circumstances we feel that we must follow our colleagues who resigned after voicing similar grievances," they said. Nursing sisters also complained about the conditions they were forced to work under, especially at night. The shortage of doctors has

being given time-off which we do not need," the nurses said.

Both doctors and nurses at the hospital agreed that the hospital

aggravated the situation, they said.

"We are not paid any money for working overtime, instead we are

was on the verge of a crisis and blamed the authorities for allowing the situation to prevail for a long time without attending to problems.

They said that the authorities seemed to be relaxing and making vague promises.

"We are worried about the most of the 960 patients currently admitted to the hospital," they said.

Dr van der Vyver admitted yesterday that the doctors' demands included pay rises. The matter had been referred to the Department of Hospital Services which will make a decision soon, he said.

There was a shortage of doctors mainly because many doctors had left "for greener pastures", and other were going to the army.

"We are still talking to private doctors to see if they can help in the situation. We are hoping that they will agree and things will be sorted out," he said.

To Page 8

Over-servicing by GPs costs fund members R6-m a year ^{1/28/81} (93)

Medical Reporter

Over-servicing and increased charges by doctors are driving the cost of medical aid to "frighteningly high levels", says Mr Tony Leveton, chairman of the Affiliated Medical Administrators.

In an article titled "Doctor, we're in trouble" in the latest *Portfolio*, an insurance journal, Mr Leveton says over-servicing by GPs alone will cost medical fund members R6 million a year.

GUARANTEED PAYMENT

"Last year, despite a huge increase in medical aid rates for consultations, general practitioners who charged at the scale of benefits and obtained guaranteed payment, rendered 39 percent more consultations a patient than those general practitioners who charged in excess of the scale of benefits," he said.

Although contracted-out doctors charged on average 15 percent more than the official medical aid rate, the contracted-in section grossed nearly 24 percent more.

"The contracted-in practitioners who receive guaranteed payments obtained income by performing more services, while the contracted-out

doctors, who render potentially fewer services, obtain income by charging more for each service.

"If doctors in my own group of societies who render services on a guaranteed fee basis reduced their activity to the level of doctors who do not, we could have saved our members more than R3 million a year in general practitioners's consultations alone," Mr Leveton said.

He said that while the Representative Association of Medical Schemes (RAMS) was allowed to set its own fees, it was obliged, in terms of the new Medical Schemes Act, to adhere to relative values assigned to various procedures by the Medical Association of South Africa (MASA).

"In simple terms, this allows RAMS to decide on the size of the cake but forces it to allow MASA to decide how to slice it up."

The solution, says Mr Leveton, is substantial deregulation of the medical aid movement and includes:

- Replacing the compulsory guaranteed payment system by a voluntary system.
- RAMS being allowed to establish a scale of benefits independently of MASA.
- Allowing medical aid schemes to offer a variety of benefit packages.

Sowetan 3/3/87

Patients' long wait

PATIENTS at the Sebokeng Hospital say they often wait for hours — sometimes days — without treatment, because of a shortage of doctors.

And yesterday three more doctors told the *Sowetan* they had handed in their resignations.

Although there has been no official confirmation of the number of doctors who have left the hospital so far, about 20 have resigned in the past six months.

The hospital's superintendent, Dr Jurie van der Vyver, yesterday said the Department of Hospital Services would release a statement on the matter today.

This follows a decision taken by the hospital's board at a meeting called to resolve the problem.

Patients, who did not want to be named, told the *Sowetan* that they were often forced to wait for several hours without treatment because the few doctors at the hospital were too

By JOSHUA RABOROKO

busy with critical cases.

"Since I was admitted to the hospital last Wednesday I was only treated by a doctor on Sunday. Usually nursing sisters give us tablets when we complain of pains," one patient said.

Another patient said it was surprising how a well-equipped hospital such as Sebokeng did

not have enough doctors. "I am afraid people will die without treatment. The authorities must do something".

The views of the patients were confirmed by doctors who said the situation had not improved and more doctors might leave.

They said unless their pay and working conditions were improved, more doctors would leave the hospital.

PROBE INTO SEBOKENG HOSPITAL CRISIS

THE medical superintendent of the Sebokeng Hospital, Dr Jurie van der Vyver, yesterday said the shortage of doctors at the hospital would be brought to the attention of the Government.

Dr van der Vyver said black private practitioners have agreed to help by treating patients at the hospital on a casual basis.

This was confirmed by a

By JOSHUA RABOROKO

spokesman for Vaal Triangle medical practitioners, Dr Thabo Lenake.

He said: "We are going to operate during certain hours and if we are unhappy with the conditions we will be forced to change our decisions".

Dr Lenake expressed concern at the plight of patients who wait for long hours with-

out treatment at the hospital and said: "We sympathise with our black people who might die without treatment".

Dr van der Vyver said representatives from the Transvaal Provincial Administration have collected evidence from the hospital personnel.

He said the findings of the investigation will be submitted to the government's central committee which will later

make recommendations to Parliament.

"We explained every problem, including the shortage of doctors, to the representatives and hope that problems will soon be sorted out," Dr van den Vyver said.

The investigation came after doctors and nursing sisters protested that they work long hours because medical practitioners are leaving the hospital at an alarming rate.

Sawetaw

(93)

(scribble)

4/3/87

Doctor from Soweto gets top honour

By DERRICK LUTHAYI

SOWETO's own and only obstetrician and gynaecologist, Dr Jiyana "GG" Mbere, has been awarded one of the highest awards of the Royal College of Obstetricians and Gynaecologists.

Queen Elizabeth, the Queen Mother, the college's patron, will confer the fellowship on Mbere and other doctors from all over the world.

The ceremony will take place on June 5, at Hammersmith's University of London Hospital. Among the recipients will be the Princess of Wales who is to be admitted as an honorary fellow.

Mbere was elected to the fellowship at the council meeting held on February 7. Mbere is the second black doctor to be awarded the fellowship. Dr Mchube Mphahlele, Lebowa's Secretary of Health and Welfare who died in a car crash last weekend, was the first.

The college's president, Sir Malcolm MacNaughton, in his letter dated February 9 said: "The council may elect to the fellowship such of the members of the college are deemed to have advanced the science and or practice of obstetrics and gynaecology or to have attained such position in the profession of medicine or other spheres as to merit the promotion."

Noluthando Mbere said the election came unexpectedly, but that they owed it to the people who gave him the necessary backing, support and encouragement.

"This is a dream come true for 'GG', in spite of all the obstacles it was a real achievement for a black to go to the top.

"This shows that blacks can do more if given a chance. It is criminal that only two blacks have done so. The prestigious award is not automatic but depends on performance," she



Dr Jiyana "GG" Mbere ... honoured.

said.

Mbere qualified as a medical practitioner at the University of Natal and furthered his studies at Makerere University, Uganda, where he gained a post-graduate diploma in obstetrics.

Mbere also studied for

three years at London University's Hammersmith Hospital and practiced at Baragwanath Hospital for many years, where he also lectured student doctors.

He is still attached to Baragwanath as a part-time consultant and runs a clinic in the centre of town.

Coovadia questions MASA 'legitimacy'

el, Engineering and
agreements
of Labour

Cape Times 11/3/87 (93)

By PETER DENNEHY

PROFESSOR Jerry Coovadia confirmed yesterday he had initially accepted an invitation to deliver a paper at the 55th congress of the Medical Association of South Africa (MASA) in Cape Town, but later pulled out.

He told the Cape Times of his reasons in a telephone interview from Durban yesterday.

Professor Coovadia, head of paediatrics and child health at the University of Natal Medical School, belongs to the national executive of the National Medical and Dental Association, NAMDA. He is also on the regional

executive of the United Democratic Front in Natal.

"I did accept the invitation to speak in good faith," Prof Coovadia said, "but there was concern among many NAMDA members that participation by progressive doctors would lend the MASA conference a legitimacy it would not otherwise have."

NAMDA had opposed many aspects of MASA policy in the past, "involving our perception of MASA lying too close to government propaganda and State policy", he said.

The Biko issue and MASA's attitude to detainees had been decisive here.

"MASA finally did take a stand on detainees, after a lot of pressure. We in NAMDA who felt that existing 'safeguards' for detainees were not enough have been proven right by subsequent events.

"One must challenge detentions at the fundamental level, and MASA has not done that. Solitary confinement is bad for health, and just look at the number of children in detention."

Another reason for his pullout was that he was to have spoken on "A Nationalized Health Service for South Africa", and this is a topic to be discussed at NAMDA's April conference.

"It was felt the two events were too close, and the impression would be created that MASA and NAMDA were tackling the same issues," Prof Coovadia said.

He said he knew of a COSATU trade unionist and a doctor who had also pulled out of the MASA congress.

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CAPE Times 12/3/84

Masa rejects reasons for prof's desertion

By CHRIS ERASMUS

93 100

DR Rene le Roex, chairman of the Federal Council of the Medical Association of SA (Masa), has rejected the reasons given by Professor Jerry Coovadia for pulling out of Masa's 55th congress.

Prof Coovadia, head of paediatrics and child health at the University of Natal and a national executive member of an alternative medical body, the National Medical and Dental Association (Namda), was to have spoken at the congress which ended in the city yesterday.

The professor, who is also on the regional executive of the UDF, told the Cape Times this week that he had withdrawn from the congress because his participation might have been seen to be giving the Masa conference "a legitimacy it would not otherwise have".

He referred to Masa's track record on issues such as the Biko affair and the plight of detainees, saying Masa had been seen by Namda as "lying too close to government propaganda and State policy".

Another reason for his withdrawal was that he was to speak on "A Nationalized Health Service for South Africa", a topic to be covered by the Namda conference in April.

Dr Le Roex said he presumed that Prof Coovadia knew of the close scheduling of the two conferences when he accepted an invitation to speak.

"And I totally disagree with his statement implying that we are acting on behalf of the government in any respect — the truth is anything but that.

"On detainees, let's get the record straight... all our efforts have eventually resulted in government agreeing to a panel of doctors from which detainees can choose who will treat them. We have accomplished something where they (Namda) have not.

"I therefore find Professor Coovadia's reasons for withdrawing very difficult to accept," said Dr Le Roex.

BARA IS FACING A 'CRISIS'

Sowetan
13/3/87

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By LEN MASEKO

A CRISIS is looming at Soweto's Baragwanath Hospital as "overworked" newly qualified doctors work a marathon 19 hours daily, the *Sowetan* learnt this week.

A Health Workers Association (HWA) spokesman told the *Sowetan* that this problem did not affect "interns" only but nurses and other workers in other departments of the hospital. He said a newly qualified doctor started his day at 8 am, and worked until 1 pm the following day — meaning being on call for a "strenuous" 19 hours.

Longer hours for these doctors meant that they were on duty "double or more" than the normal 40-hour week, he said.

"The interns are tremendously overworked, and things are as bad in other categories", the spokesman said. "If we don't address this problem in time, things are going to worsen".

The HWA, in a bid to avert a crisis at Africa's largest hospital, has called an urgent meeting with a view to addressing these grievances. At the meeting a dossier of

grievances is to be compiled and handed to the hospital authorities.

But a Baragwanath spokesman said the hospital's superintendent, Dr Chris van der Heever, "neither confirms nor denies" these claims. Dr van der Heever had no knowledge of any complaints Bara doctors might have, the spokesman added.

Resign

The Government is probing similar complaints at the Vaal Triangle's Sebokeng Hospital, where "overworked" doctors and other staff have threatened to resign unless their demands for better pay and working conditions receive immediate attention. At least 15 doctors have resigned at the hospital over the past few weeks.

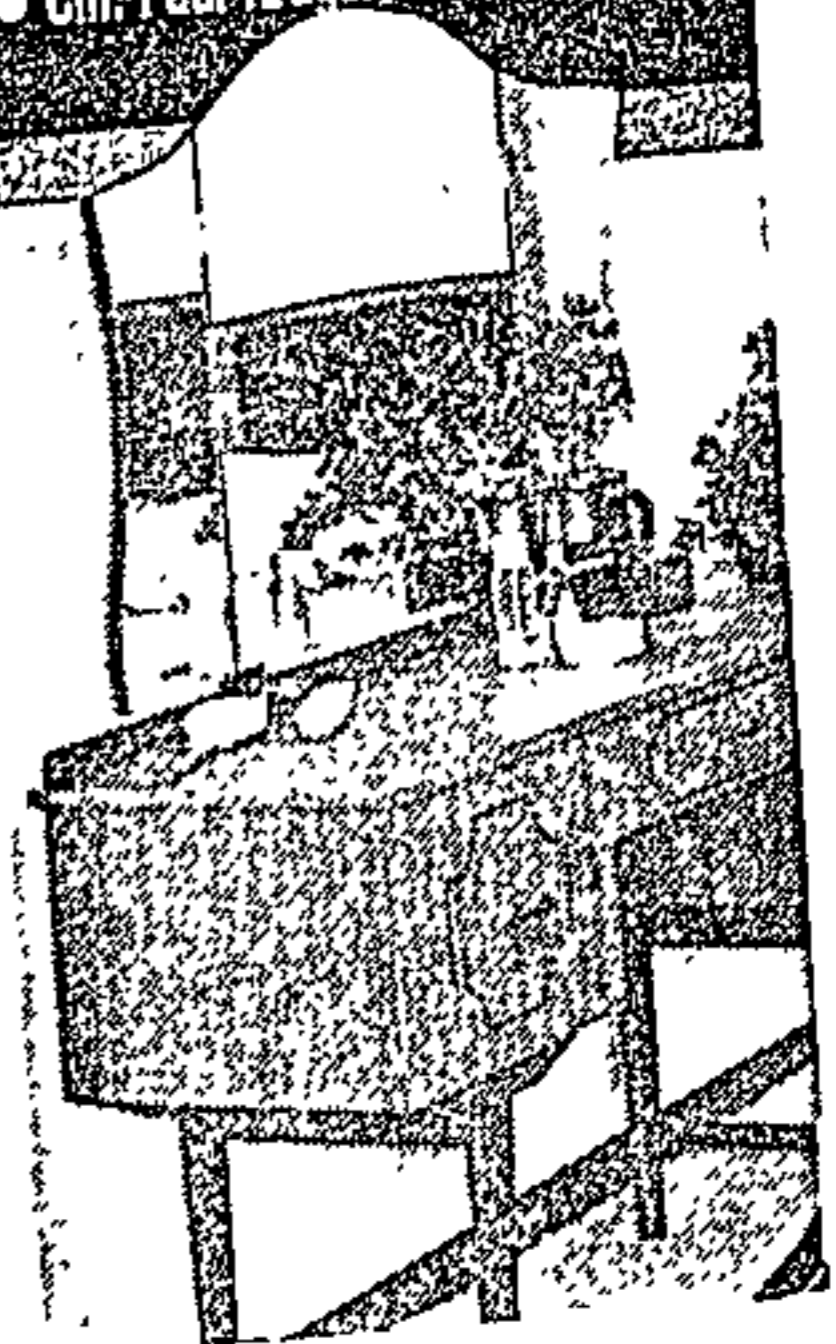
Referring to the Baragwanath issue, the HWA spokesman said the problem at the hospital was not only the shortage of doctors but "the current lopsided approach" to black health services. A major overhaul was urgently

needed in the present health system, he said.

"We want to address this problem at a broader level, hence we have invited doctors from other hospitals to attend this meeting", the spokesman added. He said 90 percent of doctors in this country were white, and the remainder black.

"These figures should be viewed against the fact that nearly 90 percent of South Africa's population is black, the HWA spokesman said.

- Cnr. Pritchard & Simmonds Sts., J
- 264B Bree St., Johannesburg (near
- Cnr. Marshall & Aired Sts., Jeppe.
- Cnr. Victoria & Odendaal Sts., Germ
- Cnr. Voortrekker St. & Woburn Av
- 61 Pretoria Road, Kempton Park; T
- Cnr. Paul Kruger & Skinner Sts., P



State fails to prove false fee claims (13)

Surgeon is acquitted of medical aid fraud

SMB
13/3/87

Johannesburg orthopaedic surgeon Dr Jan Pont was yesterday acquitted, after a two-week trial, of 159 counts of medical aid fraud after the State withdrew 29 of the charges.

Dr Pont was alleged in the Johannesburg Magistrate's Court to have claimed fees in excess of R8 000 from medical aid schemes for a fictitious medical assistant.

It was also alleged that between January 1984 and November 1985 he entered fees of between R50 and R75 a patient in a fees book and that these fees were then claimed from certain medical aid societies including Transmed and Gencor.

NATIONWIDE ISSUE

Dr Pont's records were examined by police at the Garden City Clinic after complaints from Transmed, the SATS medical aid society.

The investigation developed into a nationwide issue involving allegations of fraud by doctors and chemists in which more than 50 medical aid societies were alleged to have been cheated.

Acquitting Dr Pont, magistrate Mr H S van Heerden said the State's case consisted mainly of book entries by certain people.

It was clear the entries were extremely unreliable, to such an extent that the court could not find the State had a prima facie case.

Dr Pont was acquitted on all counts.



Orthopaedic surgeon Dr Jan Pont leaves the magistrate's court.

has been arrested in Pretoria

Minister to pay Wendy Orr's costs

THE Law and Order Minister will pay about R260 000 in costs for an application that Dr Wendy Orr and 43 others brought to the Port Elizabeth Supreme Court during the first emergency last year.

A spokesman for Cheadle, Thompson and Haysom, the lawyers who represented the applicants, said the Minister had to pay their costs and his costs.

The applicants' legal costs amounted to R259 818,83.

In her application Orr, a former district surgeon in Port Elizabeth, alleged detainees had been assaulted while in detention.

The court granted an interim interdict in September restraining the police from assaulting detainees.

Orr, who had been responsible for visiting detainees, said they were being "systematically assaulted" and had complained to her of "brutal assaults". She said their injuries were consistent with their claims.

The police had opposed the order and filed answering affidavits denying the allegations and stating that people were sometimes injured while resisting arrest.

However, the order fell away when the emergency was lifted and the only issue which remained was the question of costs.

The Minister agreed to pay the costs, which were determined by the Registrar of the Port Elizabeth Supreme Court. — Sapa.

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Vlok to pay out R260 000



LOUIS le Grange . . .
Minister at the time.

THE Minister of Law and Order will pay about R260 000 in costs for an application by Dr Wendy Orr and 43 others brought by the Port Elizabeth Supreme Court during the first state of emergency last year.

A spokesman for Cheadle, Thompson and Haysom, who represented Dr Orr and the 43 others, said the Minister of Law and Order had to pay the costs of the applicants in addition to his own

93 costs. The applicants' legal costs amounted to R259 818,83.

In her application, Dr Orr, a former district surgeon in Port Elizabeth, alleged detainees had been assaulted while in detention.

Interdict

The court granted an interim interdict in September last year restraining the police from assaulting detainees.

Dr Orr, who had

been responsible for visiting detainees, told the court detainees were being "systematically assaulted" and had complained to her of "brutal assaults".

The injuries she had found on them were consistent with their claims.

The police had opposed the order and filed answering affidavits denying the allegation and stating that people were sometimes injured while resisting arrest. To Page 2

Some of those dismissed are shown steward

SOWETAN 19/3/87

Vlok pays

From Page 1

However, the order fell away when the emergency was lifted and the only issue which remained was the question of costs.

The Minister agreed to pay the costs which were determined by the Registrar of the Port Elizabeth Supreme Court. — Sapa.

Doctors and patients: a rule of trust

A patient's confidences are the moral responsibility of a doctor and he should feel bound not to reveal a patient's name or details of his ailment, says a spokesman for the National Medical and Dental Association (NAMDA).

Several leading medical men strongly support this stand, even where it conflicts with the demands of the State.

However, this is a moral issue, and both NAMDA and the Medical and Dental Council point out that doctors are not protected if they refuse to reveal confidential information or the names of their patients. Neither the law nor the rules of the South African Medical and Dental Council give doctors protection on this ethical stand.

The issue has been raised again since a reporter of The Star, Jo-Anne Richards, was served with a subpoena demanding she reveal the name of a source — a doctor. If she refuses to do so before a magistrate, she could face up to five years in prison.

If she gave his name, it is probable he would receive a similar subpoena, requiring the names of his patients — who are released detainees. Should he refuse, he would also face jail.

The doctor has indicated he could not ethically reveal these names. Also, his work depends largely on retaining the trust of those consulting him.

Namda said a patient's confidences were the moral responsibility of a doctor and he should feel bound not to reveal a patient's name or details of his ailment.

'REVELATION UNDER PROTEST'

"This is especially important at present in South Africa, where patients put their trust in doctors. The revealing of confidences could involve dire consequences for patients, be they detainees or people injured in unrest situations."

The Medical Association of South Africa (Masa), however, said a doctor could reveal professional secrets in a court — but only "under protest after the directive of a presiding officer".

"If there were a complaint to the Medical and Dental Council that he had acted unethically, he would be exonerated by the council," said Mr A Volschenk, legal adviser to Masa. Other than this, a doctor could not divulge information about a patient without his permission.

In contrast, the World Medical Assembly clearly states that "a physician shall preserve absolute confidence on all he knows about his patients, even after the patient has died".

Ethics, they declare in a regulation, remain identical in times of armed conflict and peace. Particularly in times of conflict, "the fulfilment of his medical duties shall in no circumstances be regarded as an offence. The physician must never be prosecuted for observing professional secrecy".

CONSEQUENCES OF LEGISLATION

On this point, Dr Jonathan Gluckman, a prominent pathologist, wrote to the South African Medical Journal: "Considering the invidious position in which a physician may find himself, perhaps Parliament should re-examine the consequences of legislation which might bring those charged with maintaining law and order into conflict with the physician, whose primary obligation is his professional duty, and his supreme guide is his conscience, all directed to the preservation of health and saving of lives."

Professor John Gear, of the Department of Community Health at the University of the Witwatersrand, said a doctor was ethically bound by the Hippocratic Oath to "protect confidentiality at all times".

A matter of secondary ethics concerned whether he would respond to the needs of the State or take the consequences of retaining doctor-patient confidentiality. "The law is in conflict with ethics in South Africa," he said.

Professor Trefor Jenkins, head of the Department of Human Genetics and the School of Pathology, South African Institute of Medical Research and University of the Witwatersrand, said a doctor who believed it to be unethical to break doctor-patient confidentiality would, in terms of the law, "have to take the consequences".



Reporter Jo-Anne Richards . . . she could face up to five years in jail if she refuses to reveal the name of doctor informant.

Namda supports doctors' silence

19/3/87 STAF
23

By Carina le Grange

A patient's confidences were the moral responsibility of a doctor and he should feel bound not to reveal a patient's name or details of his ailment, said a spokesman for the National Medical and Dental Association (Namda).

The association is supported by the world medical body and a number of leading South African medical men.

However, both Namda and the Medical Association of SA (Masa) agree South African doctors are not protected legally if they refuse to reveal confidential information or the names of their patients.

The issue arises out of "205" subpoena on a reporter of The Star, Jo-Anne Richards, who is being called upon to give names and addresses of doctors who gave her information about allegedly assaulted detainees. If she reveals her confidential sources the doctors are likely to be subpoenaed for the names of the released detainees.

A spokesman for Masa said a doctor could reveal professional secrets in a court, but only "under protest after the directive of a presiding officer".

"If there were a complaint to the Medical and Dental Council that he had acted unethically, he would be exonerated by the council," said Mr A Volschenk, legal advisor to Masa.

Other than this, a doctor could not divulge information about a patient without his permission.

● The Media Workers' Association and the International Press Institute (IPI) yesterday joined other media organisations in supporting Jo-Anne Richards.

In terms of the subpoena, Richards must reveal the names of one or more doctors she quoted in a report on alleged physical abuse of detainees, published in The Star in September last year. If she fails to do so she will have to appear before a public prosecutor for questioning next Thursday.

If Richards refuses to reveal her sources, she may be imprisoned for up to five years.

The IPI's South African representative, Mr Joel Mervis, said the IPI "protests strongly against the action on Jo-Anne Richards."

● See Page 15.

Minister

(93)

to pay

EROST 19/3/87

Dr Orr's

costs

JOHANNESBURG — The Minister of Law and Order will pay R259 818,83 in costs for an application Dr Wendy Orr and 43 others brought before the Port Elizabeth Supreme Court during the first state of emergency last year.

A spokesman for Cheadle, Thompson and Hayson, who represented the applicants, said the Minister of Law and Order had to pay the costs of the applicants in addition to his own costs.

In her application, Dr Orr, a former district surgeon in Port Elizabeth, alleged detainees had been assaulted while in detention.

The court granted an interim interdict last September restraining the police from assaulting detainees.

Dr Orr, who was responsible for visiting detainees, told the court detainees were being "systematically assaulted" and had complained to her of "brutal assaults".

The injuries she had found on them were consistent with their claims.

The police opposed the order and filed answering affidavits denying the allegations and stating that people were sometimes injured while resisting arrest.

However, the order fell away when the emergency was lifted and the only issue which remained was the question of costs.

The Minister agreed to pay the costs which were determined by the Registrar of the Port Elizabeth Supreme Court. — Sapa

Asian doctors call for discrimination probe

93 ~~23/3/87~~

Own Correspondent *SMC 23/3/87*

DURBAN — Scores of overseas-trained doctors have joined the ranks of the unemployed as they battle for recognition by the South African medical authorities.

The latest move to get the SA Medical and Dental Council to lift certain tough conditions for registration was made at a meeting on Friday when about 60 medics called for talks with the council.

The doctors, all graduates of medical schools in India and Pakistan, have also demanded an inquiry into why different regulations are applied to people who have studied at institutions in the East and the West.

They are demanding to know why they are not allowed to register as easily as those who have studied in Canada.

The resolution demanding a probe and a detailed memorandum will be submitted to the council by the recently formed Overseas Medical and Dental Graduates' Association of Southern Africa (Omega), which convened the meeting.

Dr Joëy Gobind, chairman of Omega, said applying different registration requirements to doctors who had trained in Pakistan and India was clearly a case of discrimination.

"The people who studied in these countries are baffled ... the training they have received compares favourably with that of institutions in the West."

He said demands by the council that graduates from India and Pakistan rewrite examinations, a test of what they had studied for six years, and then serve an internship if they passed, appeared to be a reflection on the institutions where they had studied.

Regulations applying to graduates from the West were not so severe. A doctor who had studied in Canada, for instance, was automatically accepted for registration, and a graduate from America had to write exams in English and ethics only.

Dr Gobind said graduates from India and Pakistan had only two chances to pass the exams. If they failed at their second attempt, they could not become registered.

He said only eight of the 65 graduates who had written the examinations last year had passed. The rest were either without a job or working in the homelands where they were accepted without difficulty.

"It is imperative that an inspection of medical schools in Pakistan and India be conducted to gauge the standard of education there."

23/2/91
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Medical graduates complain

Mercury Reporter

THE newly formed Overseas Medical Graduates' Association yesterday called on the Government to investigate allegations of discrimination against some medical graduates seeking registration with the South African Medical and Dental Council to enable them to work here.

After a meeting of the association in Durban yesterday, Dr Joey Gobind, the chairman, claimed the SAMDC was applying different registration requirements for doctors who had trained in India and Pakistan.

'This is clearly a case of discrimination,' he said.

'Students graduating in India after six years of study have to serve their internship in India for a year, come back to South Africa and do further compulsory internship in addition to writing an examination to gain registration with the SAMDC.'

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Doctors join striking nurses and teachers

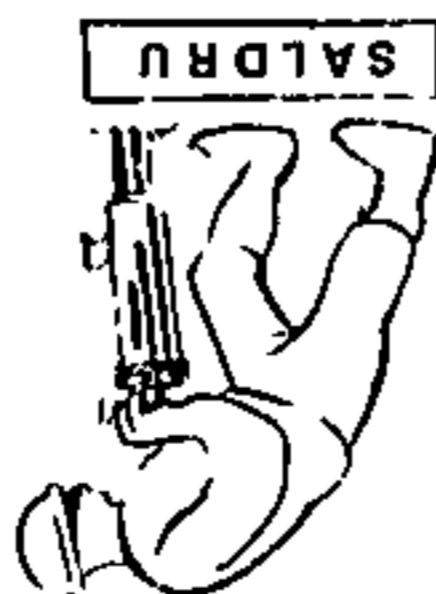
LUSAKA — Some doctors in Lusaka stayed away from work a second day yesterday as part of a nationwide Zambian strike by nurses and teachers over poor wages.

Government officials described the 40 new strikers as "junior doctors".

An undetermined number of nurses and 8 000 members of the 35 000-strong Zambian teachers' union are on strike.

At least 40 patients were said to have died as a result of the strike. — Sapa-AP.

RESEARCH DIVISION,
SCHOOL OF ECONOMICS,
ROBERT LESLIE BUILDING,
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TELEPHONE 69-8531 (EXT 440)

SOUTHERN AFRICA LABOUR AND DEVELOPMENT RESEARCH UNIT



By Carina le Grange

The document on "artificial" birth methods released by the Vatican this month does not surprise or shock bishops and informed lay members of the church, according to Pretoria priest Father Hyacinth Ennis.

The directives forbid as morally illicit test tube births and artificial insemination (whether from husband or a donor), surrogate motherhood, cloning, attempts to fashion animal human hybrids, freezing of embryos and the planting of human embryos in artificial and animal uteruses.

It says the only acceptable way to give birth is through natural sexual acts between married couples.

Father Ennis, lecturer in moral theology at St John Vianney Seminary, said: "The document is .. the confirmed decision of bishops individually and corporately in all parts of

Vatican document on test tube birth no surprise to bishops,

says moral theologian

the world. It is not that new to bishops here or elsewhere."

Asked whether adoption is the only way infertile Catholic couples could have children, Father Ennis replied "The document says further research should be done on infertility so medical science could come up with other methods."

The document rules out therapeutic abortions should pre-natal examinations such as scanning and amniocentesis tests indicate genetic or other

abnormalities. "No abortion is acceptable," he said.

"Medical science works with two lives in the case of pregnancy. One is not more important than the other."

METHODIST CHURCH
The Rev Peter Storey said: "The Methodist approach would be based primarily on a pastoral concern for guarding the dignity of human life and the sanctity of family life.

"That would not necessarily exclude some of the advances

The Vatican has condemned artificial insemination and other methods aiding infertile couples to have their own babies as morally illicit. Doctors in South Africa disagree with the Catholic church directives on 'artificial' birth methods in general use.
What do you think?
Phone Speak Out with your views today between 5 pm and 7 pm on 834-7747

the context of the family love relationship."
Mr Storey also said abortion was not condemned by the Methodist church should the mother's life be at risk.

NED GERREFF KERK
Professor D du Toit of Stellenbosch said science and techniques developed so fast the issues needed constant reassessment.

The NGK approved of artificial insemination within the marriage and that in vitro fertilisation was welcomed as long as donors were not used.

Surrogate motherhood was condemned and the church was hesitant about the freezing of embryos and experimentation.

Pre-natal tests which might be a precursor for abortion were accepted only in cases where there was no other choice but to save the life of the mother, he said.

Most doctors support artificial birth methods

South African doctors support most "artificial" birth methods — condemned last week by the Vatican.

But the doctors are in agreement with the Vatican on issues such as surrogate motherhood.

A gynaecologist who is a practising Christian said the Vatican's rejection of pre-natal testing with the view to a possible abortion also contradicts South African legislation.

He pointed out that the Abortion and Sterilisation Act of 1975 states that if pre-natal tests show a foetus has a serious congenital anomaly, if the mother's life is in danger (physically or mentally), or if she had been raped, a legal abortion may be granted.

"My view is that I have no hesitation to abort a baby with Down's Syndrome, Mongolism Myelocoele (abnormality in development of the spine), or a case of classical anencephalic.

"This will protect the mother and whole family from

immense stress, and I do not hesitate in performing an abortion under these conditions."

However, the law has a conscience clause which allows any doctor who opposes abortion of any form to be excused from having to perform the operation, he added.

The Catholic Church condemns abortion outright. The gynaecologist said: "I feel problems arise where scientific advances lead to surrogate motherhood, freezing of embryos, and the genetic engineering of embryos. This is a worry.

"But I believe artificial insemination, using the ovum and sperm of the married couple, to be a normal procedure solving infertility.

"In cases of donor sperm, it is a different matter, as with surrogate motherhood, although I believe there is a case in South Africa where the woman's mother is the surrogate mother. The baby has not been delivered yet. I don't personally agree with it."

Another gynaecologist said of the Vatican's rejection of artificial birth methods, he said he found it "very sad".

"It is a tragedy for the people who have to be guided by this ruling because it denies couples the chance of their own child."

The head of the University of Pretoria's Department of Obstetrics and Gynaecology, Professor J V van der Merwe of the HF Verwoerd Hospital, said the statement that conception is seen as artificial is to be regretted, as that is not the way it is experienced by infertile couples.

"If modern methods of aid used within the monogamous and stable love relationship to overcome problems of fertility are rejected, the couple would find it very difficult to accept this."

He said donor insemination is legal in South Africa if certain regulations are followed.

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Doctor's case delayed

Court Reporter

THE case against Dr Arthur Solomon, 71, who was charged with illegal dealing in dangerous medicine, was again postponed in the Port Elizabeth Magistrate's Court today to April 21.

Because investigations into the case have not yet been completed, no details of the charge against Dr Solomon, of Mutualhof, Beach Road, Humewood, are yet available.

Mr D van Wyk was on the Bench. Mr D Grobler appeared for the State.

More doctors to go

By STAN MHLONGO

29/3/87
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EIGHT more doctors are expected to resign from Sebokeng Hospital at the end of the month - leaving the number remaining at the 900-bed hospital at about 11.

A reliable hospital source said there were 45 medical posts available at the hospital.

Twenty of these have been created in the past six months, following a spate of resignations by doctors allegedly leaving the hospital because of low salaries, overwork, and the lure of private practice.

In February, 24 of the 45 posts were filled, but this has not alleviated the crisis.

A spokesman for Vaal Triangle Medical Practitioners, Thabo Lenake, said this week that doctors belonging to his organisation were giving assistance at Sebokeng Hospital.

"The help is basically voluntarily and we have no figures of black doctors assist-

ing at the hospital," said Lenake.

Sebokeng Hospital superitendant Dr Jurie van der Vyver's recent promise to bring the shortage of doctors at his hospital to the attention of the Government has failed to appease patients, who claim that they often have to spend "over 10 hours waiting to be treated by doctors".

Emily Khoza, of Evaton, said: "Hospital officials should immediately attend to the crisis. Sebokeng Hospital is the only one in the Vaal Triangle and to think that it has to cope with residents from Sebokeng, Evaton, Zamdela, Boipatong, Bophelong, Sharpeville and Refengkgotso with no doctors is a crying shame."

According to Van der Vyver, representatives from the Transvaal Provincial Administration have been collecting evidence from hospital personnel and aim to launch an investigation into the crisis facing the hospital.

DOCTOR CRISIS

Sebokeng Hospital needs help

SEVERAL patients from Vaal Triangle townships at the weekend returned home or consulted private doctors after failing to get treatment at the Sebokeng Hospital.

The patients complained that they started queueing as early as 7am in order to receive treatment at the hospital, but they left without being attended to because there was a shortage of doctors.

The shortage of doctors at the hospital was reaching a crisis point following the alarming

By JOSHUA RABOROKO

rate of resignations by doctors who have left for various reasons, including going to the army, practising privately and because of too much work.

Resigned

The superintendent of the hospital, Dr Jurie van der Vyver, said the situation at the hospital was nearing a crisis point because of the large number of doctors who resigned.

He was appealing to private doctors to help by working casually at

the hospital to avoid a crisis.

Some of the patients, who went to the hospital at the weekend, said they were disgruntled because they waited for long hours before receiving treatment.

Mrs S Monare, who took her baby to the hospital, said: "I was forced to leave the hospital because no doctors came to examine him. I was forced to see a private doctor in the township and paid more than R10 for treatment.

"The situation must be improved at the Se-

bokeng Hospital before it becomes disastrous".

Another resident, Mr D Duma, said he was surprised that the shortage of doctors affected blacks only. Patients at the white hospital in Vereeniging received good treatment.

"I think the authorities should take the matter up before there is a crisis at the hospital," he said.

Mrs Nthabiseng Maseko said she waited for almost seven hours before her baby could be treated. She could have consulted a private doctor in the township, but unfortunately she did

not have enough money because she was unemployed.

"In future we will be forced to travel to other hospitals elsewhere and this may mean spending a lot of money," Mr P Sethotho said.

A spokesman for the Vaal Civic Association said the situation at the hospital needed serious attention.

A doctor, who did not want his name mentioned, said the problem with helping at the Sebokeng Hospital was that they were expected to work long hours without remuneration.

Namda was formed as an expression of disapproval

Masa 'learnt from death of Steve Biko'

17/1/87
6/4/87
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Own Correspondent

DURBAN — Since the death in detention of black consciousness leader Mr Steven Biko, the Medical Association of South Africa (Masa) had worked hard to put its house in order by improving its image and its actions.

This was said by Dr Basil Munro, a member of Masa's federal council.

DISAPPROVAL

Masa had learned from the black activist's death in detention, he added.

Mr Biko's death cast many doubts on the ethics of the medical profession and the formation of the National Medical

and Dental Association (Namda) was, in part, an expression of disapproval by doctors who felt the response of the profession to the black activist's death had been inadequate.

The chairman of the Masa, Dr Rene le Roux, described Masa's role after Biko's death as "a terribly unhappy experience in our country's life. Masa is a voluntary organisation that can only discipline its own members. At the time we had a constitutional problem in that once a disciplinary matter had been dealt with by a branch, the parent body was powerless to act further."

He explained that

Masa's constitution had since been changed. A commission appointed by Masa after Biko's death recommended that detainees have free access to a doctor of their choice.

"The Government just said 'get lost', so we came up with a compromise.

"The position is this: the Government is responsible for the care of a detainee. The district surgeon is the person appointed by the Government, he reports to the Department of Health, but he is an employee of the State. One understands that if you're locked up and a doctor (who) comes from the

person who is locking you up, you might look at him with suspicion, no matter how good he is.

"We negotiated that at each centre there should be a panel of doctors nominated by us (but the State insisted it have the final say) who would be available should a detainee wish to have a second opinion."

'NONSENSE'

What was his reaction to Namda's claim that Masa had not pressed for the implementation of these proposals?

"That's nonsense. They're implemented."

As far as broader socio-political issues were concerned, Dr le

Roux felt Namda was challenging the whole structure of society, whereas Masa saw its function as alerting politicians when policies impinged on the health care of the population.

Dr le Roux said that a major difference between Masa and Namda was that Namda was not prepared to negotiate with the Government.

Challenged by Namda's claim that Masa did not publicly decry the "terrible consequences of migrant labour and forced removals on health and family life, Dr le Roux accepted that Masa could have said more, but he felt such issues were now coming to the fore and being brought to the attention of the council by Masa members.

Masa had taken a strong stand against the tricameral system, "not as a political issue as such, but certainly against the fragmentation of health services the system introduced", Dr Munro said.

Asked about Masa's views on a national health service (NHS) and on privatisation, Dr le Roux said adequate health services for "a section of our community, for the foreseeable future, and probably forever, must be the responsibility of the State; be they black or white; there is a socio-economic grouping that can't look after themselves".

He believed that those who could afford to contribute to their own health care should do so.

"A question we are begging," Dr le Roux said, "is the quality of care being given to that section of the population for whom the State is responsible.

INADEQUATE
The demand has

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Doctors in South Africa and abroad have a strong code of ethics requiring that they do not disclose confidential information entrusted to them by patients.

However, the SA Medical and Dental Council, like the British Medical Council and World Medical Assembly, directs that in a court of law "professional secrecy may be contravened only under protest after direction from the presiding judicial officer".

A previous article in The Star created the unintentional impression that the local medical body differed from the world body on this point.

The issue of confidentiality was raised since a reporter of The Star, Jo-Anne Richards,

Doctors may disclose secrets if judge orders — Medical Council

was served with a subpoena demanding she disclose the name of a source — a doctor. If she gave his name, it is probable he would receive a similar subpoena requiring the names of patients — who are released detainees. Both could face imprisonment if they refused.

The Medical Association of South Africa (Masa) abides by the Medical Council rule, which means a doctor would not be considered unethical if he gave

information, if directed to in court.

Mr A Volschenk, legal adviser to Masa, has stated that "when directed as such in a court, a doctor has no choice but to reveal information regarding his patient, and in the circumstances his actions could not be regarded as unethical".

But it is apparent, as noted in the previous article in The Star, that there is a strong body

of medical opinion which feels that in the South African situation the moral issues do not stop at whether or not a doctor will be considered unethical by revealing information in court.

In some medical quarters it is felt that in certain circumstances a doctor should maintain confidentiality, even if a court demanded information. This is particularly so when the information concerns those detained without trial, and whose situation is not monitored. Detainees have very little protection against being detained.

Should a doctor be subpoenaed to give information in court about a patient, he receives no legal protection if he decides to keep silent.

93 4700 10/4/87

Doctor wages war against quackery in all its forms

Quackery is something of a speciality for Dr Cyril Adler, but he's no medical pretender.

In fact, he's likely to tackle the subject quite forcibly when he speaks on "Quacks and Quackery" on Monday at the Wits Autumn School being held at the University of the Witwatersrand.

As co-founder and now director of the Adler Museum of the History of Medicine in Johannesburg, his fascination with medicine's past has often led him into encounters with quackery, and he has lectured worldwide on the subject.

In his lecture, he will trace the history of quackery as it grew alongside conventional medicine, describing past and present practices as diverse as mesmerism and macrobiotics.

"Quite simply, a quack is a person who fraudulently pretends to a medical skill he knows little or nothing about," says Dr Adler.

He regards with suspicion any unregistered consultant who does not have recognised medical qualifications, and it is not only the practitioners themselves who fall into his "quackery" classification.

"There are also the remedies which may have little value, the diets and all those slimming machines which have no use," says Dr Adler.

His greatest concern is with quacks who profess to treat cancer and, he says, may prevent people from seeking more effective medical treatment.

At a recent conference in the United States, a conservative estimate of 10 billion dollars (R20 billion) was given as the annual cost of quackery there, with two billion (R4 billion) of that spent on cancer "cures".

"But the cost of quackery in rands only introduces the scandal — in terms of false hopes, ugly deception and tinkering with human life, the expense cannot be measured.

"The problem is greatest for people whom the medical profession is unable to help, and who will desperately believe any promise made to them and will follow a quack's directions, whatever the costs," says Dr Adler.

He concedes that some "alternative" medical methods may have value, but believes these methods should be used in conjunction with conventional medicine.

For more information about the Wits Autumn School please telephone (011) 716-3481.

Worse®

by Lynn Johnston

I DON'T UNDERSTAND

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Women doctors make their mark through hard work

93 STATE 11/4/87
KATE MCKINNELL

WOMEN doctors tend to serve more working hours after they have graduated than their male classmates, says a lecturer at the University of the Witwatersrand medical school.

The lecturer, who does not wish to be named, says this was partly due to more male doctors leaving the country after qualifying, and partly because more women stayed in general practice while bringing up their children.

"That also proves wrong the idea that women should not be accepted because they will stay at home and have babies after they qualify," says the lecturer.

And this year's prizegiving ceremony at medical school showed just how women are making their mark in the medical field, and justifying their places at medical school.

Thirty women's names appeared among the 51 graduate and undergraduate prizewinners, including the most outstanding graduate of the year, Dr Catherine Gray, and best final-year student in surgery, Dr Rene Tait.

Dr Tait also won an award for orthopaedics, while Ms Aine Allison won five awards in her third year, and Ms Aine de Villiers won two prizes in her first year of study.

GROWING CONTINGENT

These students were members of a growing contingent of women at the Wits medical school — the percentage of women in first year grew from 19 percent in 1977 to 48 percent in 1986.

A medical school staff member says: "Our selection is based entirely on merit and we do not set a quota for women students. The women we accept have scored in the top 200 in our rating system."

He says applicants were judged according to scores based on a biographical questionnaire and interview, as well as on their academic achievements.

"I don't think the girls are necessarily brighter — there seems to be something that drives them to be more conscientious," says the lecturer.

Another medical school staff member says women still felt they had to work twice as hard to prove themselves equal to their male counterparts.

Women also tended to mature earlier and took their work more seriously. Once they had chosen a career, they seemed to throw all their energy into it.

Ms Allison says she worked extremely hard for examinations, and found that women at medical school appeared to be more conscientious than their male classmates.

"But it seems women work hard out of a sense of responsibility to pass and qualify, while the men are more ambitious and competitive," says Ms Allison.

She feels that women today have an important role to play in medicine, and she is interested to note the waning of the traditional notion of the woman doctor seeing herself as first a wife and mother, and then as a doctor.

Natal court finds 9 guilty of terrorism

Doctors chant freedom slogans after verdict

PETERMARITZBURG

Freedom slogans were chanted by nine men, including two doctors, shortly after they were found guilty of terrorism in the College Road Supreme Court in Pietermaritzburg yesterday.

The men, who were found guilty before Mr Justice Thirion and two assessors, were Sibongiseni Maxwell Dhlomo, 26, Vejaynand Indurjith Ramlakan, 28, Sibusiso Robert Ndlanzi, 29, Jude Francis, 21, Ordway Quondo Msomi, 20, Mapiki Dlomo, 32, Bafu Nguqu, 30, Malusi Israel Majola, 20 and Vusumuzi Wesley Mahlobo, 25.

Twelve people originally appeared, but the first accused in the trial, Mrs Duduzile Buthelezi, 32, was acquitted earlier this week, while Mr Siphobhila, 31, and Mr Phumezo Nxiweni, 20, were acquitted earlier this year.

Sentence is to be passed on April 22.

Mr Justice Thirion said it had been proved by the state that Vejaynand Ramlakan became a member of the ANC in 1984, and that he re-

cruited Jude Francis and trained him and one other in the use of explosives and the establishing of arms caches.

He said it was also proved that Ramlakan trained Mapiki Dlomo and one other person in the use of explosives.

Mr Justice Thirion said it had also been proved that in July, 1985, Ramlakan and Jude Francis had reconnoitred the house of Mr Amichand Rajbansi, with the intention of planting a bomb there.

It had been proved by the state that Ramlakan conspired with two other people to place an explosive device at the Chatsworth Magistrate's Court in December, 1985.

Mr Justice Thirion said the state had proved that Sibongiseni Dhlomo was a member of the African National Congress, and that he trained Vusumuzi Mahlobo in the use of limpet mines, explosives and handgrenades.

He said it was also proved that Dhlomo fetched three trained

members of the ANC, including Sibusiso Ndlanzi from Ingwavuma and took them to Durban in about September, 1985.

Mr Justice Thirion said the state had also proved that Sibusiso Ndlanzi was trained by the ANC, and that in October, 1985, he crossed into South Africa to commit acts for the ANC.

He said it had been proved that Ndlanzi was appointed by the ANC as commander of a group of ANC members and was responsible for the training of several people in matters relating to the ANC.

Mr Justice Thirion said the state had proved that Ordway Msomi had joined the ANC in 1985, and had received training in the use of explosives and other military devices.

The state had proved Msomi had taken Mapiki Dlomo to Umgababa for training with the ANC.

It proved that Msomi handed explosives over to an accomplice to be used for the training of ANC recruits.

The state also proved that Msomi established or helped in the establishment of a DLB (dead letter box or arms cache) consisting of a cache of arms in about November 1985. It was proved that Mapiki Dlomo established or assisted in establishing a DLB containing a cache of arms at the Kwa-Gijima Sports Grounds, Lamontville, in about September, 1985, and one in Mpanza Road, Lamontville, at an undetermined date in 1985.

It was also proved he received military training from Andrew Zondo in the use of several weapons.

It was also proved that at an unknown date, Bafu Nauqu established a DLB at Mpanza Road, and one at the Kwa-Gijima Sports Grounds, which he had subsequently pointed out to police. — Sapa

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17/4/87

Doctors must defy system — Ramphele



Dr Ramphele

APARTHEID in hospitals cannot continue without the participation of doctors.

Doctors have enough clout to end "socially convenient" racial segregation in hospitals, according to Dr Mamphela Ramphele, a medical doctor presently working in the Department of Anthropology at the University of Cape Town.

"While their ethics would preclude racial discrimination, some doctors argue quite convincingly that it is the Cape Provincial Administration's doing, as it provides the facilities.

"Doctors can easily challenge the CPA and say that if the wards are not segregated, we are not prepared to practice there. "There is no way CPA can continue to run the hospital without the doctors."

The fact that there was segregation at teaching hospitals, such as Groote Schuur, could mean that the doctors did not care enough to fight it.

It remained to be seen, whether the UCT

medical school was "prepared to stand up and be counted in terms of the university's theoretical commitment to a non-racial and equitable system of health care", Ramphele said.

Another problem in terms of the total health care of the patient, was that most doctors and many nurses could not even speak Xhosa.

"As doctors are members of a society which tolerated racial discrimination, medical students too, are trained to tolerate race discrimination as a way of life in this country," Ramphele said.

"Training encourages them to have too much respect for people in authority — like their professors."

Students in other faculties all tend to fight authority much earlier in their training and are "less likely to be convinced that the thing to do is to quieten down".

"We must integrate the campuses," Ramphele said.

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Doc tells of 'assault'

SOWETAN CORRESPONDENT

AN Umtata doctor who was detained under Section 47 of the Transkei Security Act told the *Sowetan* how he was suffocated with a wet canvas bag and punched several times while he was being interrogated.

Dr Zola Dabula, a father of two, was detained on December 8 last year at his Umtata surgery. His release this week came in the wake

of an interdict filed by his wife, Dr Mandisa Thuthula Dabula.

Treated

Two weeks ago Mr Justice Davis had ordered that Doctor Zola Dabula be visited by a district surgeon and a local magistrate

following allegations of assault on him.

Dr Dabula said the worst moments for him were the earlier days of his detention at Butterworth where he was questioned about a man he had treated at his surgery.

Police claimed he was wounded in a shootout with police when the Umtata charge office was attacked in June last year. Seven people — four of them policemen — were killed and four injured.

"I was also accused of being a member of numerous banned

organisations which I am not," Dr Dabula said.

Among other things, Dr Dabula claimed that during December, shortly after his detention, he was denied food for two-and-a-half days while the police also dilly-dallied for eight days by not taking him to a

doctor for treatment for his hypertension. He also said he was kept in solitary confinement for 16 days.

Worse

He said he was interrogated three to four times a week. Interrogation sessions lasted between five to six hours.

Dr Dabula also claimed that during March six men from

East London arrived to take part in the interrogations. "I was never ill-treated by them, but the situation was worse in the hands of the Transkei police," he added.

Dr Dabula is considering taking legal action. He claims his detention was unlawful. He was first detained on September 3, 1985 and released on December 27.

Medical Council told of operating tragedy

Tonsil death anaesthetist admits improper conduct

(23) 5/11/87 20/5/87

A doctor convicted of culpable homicide after the death of a 10-year-old girl during an operation to remove her tonsils was found guilty in Johannesburg yesterday of disgraceful conduct.

Dr Jack Max Katzel, who practised in Bonaero Park, pleaded guilty before a disciplinary committee of the Medical and Dental Council to improper and disgraceful conduct.

He was suspended for six months, but the sentence was suspended for four years.

Both Dr Katzel, anaesthetist during the tonsilectomy on Susan Harrison at the Rydal Clinic, Boksburg North, on December 4 1981, and the surgeon who operated, Dr Michael Victor Kramer, were found guilty of culpable homicide by a Johannesburg Regional Court in 1984.

Appeal dismissed

Dr Kramer was fined R1 000 (or 200 days) and Dr Katzel fined R6 000 (or 1 000 days). Both appealed in Rand Supreme Court last June.

Conviction and sentence against Dr Kramer were set aside and the appeal by Dr Katzel dismissed.

Evidence in the lower court was that Susan was a "normal, healthy child", but 20 minutes after being taken into theatre to have her tonsils out Dr Kramer told her mother: "I'm sorry, we've lost her."

Neither doctor gave evidence at their trial and Dr

Katzel gave no evidence at the disciplinary hearing.

The Supreme Court upheld the finding of the magistrate who said Dr Katzel was negligent in not using a blood pressure cuff and not ensuring a tube supplying oxygen was correctly placed.

The Supreme Court said Dr Katzel was at fault in not monitoring Susan properly and failing to detect the tube was misplaced.

The Supreme Court found: "Dr Katzel should not have frozen at the first signs of a crisis as he was busy with a dangerous undertaking and the patient's life was in his hands."

At yesterday's hearing, a Johannesburg attorney and friend of Dr Katzel, Mr Alan Wedcliffe, was called to give evidence in mitigation.

He said when he first met Dr Katzel he was a charming, outgoing, friendly person and the "life and soul" of a party.

Mr Wedcliffe added: "The publicity surrounding the tragedy got to him and he gave up his practice.

"It was impossible to find a buyer for the practice. Dr Katzel was offered nothing for the goodwill and eventually sold fixtures and furniture for R5 000.

"He worked sporadically as a locum and worked for a time for Sanca. His wife worked and contributed to the upkeep of the family."

In April last year Dr Katzel started another practice "from scratch" in Alberton.

Medical council finds doctor guilty of disgraceful conduct

JOHANNESBURG — A Benoni medical practitioner, Dr Jack Katzel, was yesterday found guilty of disgraceful conduct by a disciplinary committee of the Medical and Dental Council.

Dr Katzel was suspended for six months and the sentence was suspended for four years. The sentence will be reviewed at a council meeting in October.

Dr Katzel had been found guilty of culpable homicide in the Johannesburg Magistrate's Court in 1984 and was sentenced to a fine of R6 000 or 1 000 days imprisonment. His appeal to the Witwatersrand Division of the Supreme Court against the finding was rejected in 1986.

The duty of the council's committee was to

establish whether Dr Katzel was guilty of improper conduct or disgraceful conduct.

Dr Katzel pleaded guilty to charges of culpable homicide involving the death of Susan Harrison, 10, during an operation to remove her adenoids and her tonsils, at the Rydel Clinic in Boksburg in 1981. It was found that Dr Katzel had inserted a tube into her oesophagus instead of her windpipe, which led to a lack of oxygen, resulting in brain death and finally to cardiac arrest.

Dr Katzel, acting as an anaesthetist with another doctor, Dr M. V. Kramer, "froze" when the child suddenly began showing signs of cardiac arrest, after it was established that the

93 DD 20/7/87
tube had been misplaced.

It was also found that Dr Katzel had not used a blood pressure cuff and that the child's condition was not monitored properly by him.

In August 1984, Dr Katzel had to sell his private practice in Benoni for R5 000.

Dr Katzel then worked as a locum and for the South African National Council for Alcoholism.

Dr Katzel then opened another practice in Alberton last year and is still there.

The advocate acting for Dr Katzel, Mr M. Ver-skin, submitted yesterday that Dr Katzel "had suffered to the hilt" and that if the public wanted retribution, "it had had it. — Sapa

Cape Times 21/5/87

Van Niekerk committed 'ethical offence'

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By CHRIS STEYN

A TOP medical doctor yesterday said the Minister of National Health and Population Development committed a "heinous ethical offence" when he prescribed tranquillizers to the late Mr John Wiley.

The National Medical and Dental Association (Namda) yesterday called on the SA Medical and Dental Council (SAMDC) to investigate whether Dr Willie van Niekerk acted outside the scope of the general code of medical ethics when he prescribed 20 Ativan tablets for Mr Wiley.

They were commenting on investigations by the Cape Times which shows that Dr Van Niekerk is registered with the Medical and Dental Council as a specialist and concluded that he could have acted outside his scope as a gynaecologist when he prescribed the pills to Mr Wiley on December 24, 1985.

The minister may therefore have contravened regulations regarding the practice of specialists, which were published in the Government Gazette No 5349, on December 3, 1976.

The regulations state: "A medical practitioner or dentist whose speciality has been registered by the council shall confine his practice to the speciality or associated specialities registered against his name and the retention of that speciality or those specialities in the register against his name shall be contingent on his doing so."

It further states: "A specialist who is consulted by a patient or who treats a patient shall take all reasonable steps to ensure the collaboration of the

To page 3

From page 1

patient's general medical or dental practitioner, as the case may be."

The medical source also said Dr Van Niekerk could be guilty of superseding another practitioner who was in charge of Mr Wiley's case without the consent of the late minister's doctor — an offence under the Medical, Dental and Supplementary Health Services Professions Act.

"How can he prescribe a Schedule 5 drug to a cabinet colleague without consulting his (Mr Wiley's) general practitioner?" the doctor asked.

A local doctor, who cannot be named for ethical reasons and who had treated Mr Wiley over a period of 40 years, yesterday said: "Dr Van Niekerk did not contact me. I was not contacted by anybody at all."

When approached for comment on Tuesday, Dr Van Niekerk said: "Most doctors, on occasion, would prescribe medication to a friend or a family member regardless of his or her speciality.

"These prescriptions are, off course, never charged for."

But the general code of medical ethics states that it is "unwise for practitioners to treat themselves or their families, except for minor ailments, if the services of another practitioner are readily available".

Dr Marius Barnard, the Progressive Federal Party's spokesman on health, yesterday said he had "quite often" prescribed medication to friends.

Dr Barnard, a practising cardio-thoracic specialist, said: "Technically, I think you are right — but I've done it in the past and I will do it again."

He added: "Medical ethics are very strict, but at times my duty as a doctor supersedes the code of ethics."

Hospitals are facing crisis

THERE IS an acute shortage of doctors at Western Transvaal's two major provincial hospitals.

This resulted in chaos last week when two medical practitioners — dealing with out patients at Potchefstroom's Kalie de Haas Hospital — fell ill.



By DAN DHLAMINI

This was confirmed by Tsepong Hospital superintendent Dr B Vos, who told *City Press* that the shortage of medical officers in the Western Transvaal was very serious.

Queues in both black and white sections at Kalie de Haas Hospital were long and patients complained that they waited for hours for doctors who did not turn up.

Some said they had to go home because they could not endure the pain and chilly weather while waiting for doctors to treat them.

Most black patients with transport last week went to Klerksdorp's Tsepong Hospital.

Kalie de Haas Hospital's acting superintendent, Dr Douw Kruger, who has recently resigned from the post of superintendent, was not available for comment.

The hospital's secretary, Daan van der Merwe, declined to say how many doctors were serving Kalie de Haas Hospital when the crisis was caused by the absence of two doctors.

"A rural clinic is far better than this hospital. We queue for hours and end up without being treated," said one furious patient who wished to remain anonymous.

★ The House of Representatives MP for the Rastavaal constituency, Sam Louw, said he was doing his best to ease the crisis at Kalie de Haas Hospital.

als. "I have contacted some Indian doctors in Potchefstroom and Klerksdorp and asked them to help at the hospitals in the meantime and they have all given me

their assurances that they would be of assistance," he said.

Vos told *City Press* that the shortage of medical officers in the area would be eased if the government stepped in. He said Tsepong catered for more than 700 black patients and thousands of out patients.

He said Tsepong was also facing a crisis but was better off than Kalie de Haas Hospital.

Vos said that in Tsepong there were two specialists, a superintendent, 12 house doctors and 18 medical officers. The actual need to cope with the present situation would be to have 32 medical officers, 16 house doctors, two specialists and a superintendent.

Vos, who is writing a book on black hospitals, said the crisis was initiated by the doctors' dissatisfaction over salaries.

He said the other reason was that some doctors were in the army, although these were reflected in the hospital's books.

At Potchefstroom the situation was very bad because there were three house doctors and one medical officer, and the superintendent had resigned.

Attempts to contact Health Services Minister Dr W van Niekerk failed on Wednesday.

Vos said he was going to Pretoria this week to talk to senior officials in the Department of Health Services in connection with the deteriorating situation at Western Transvaal hospitals.

Tsepong Hospital is to the Western Transvaal what Baragwanath is to the West Rand. It is the only hospital in the region catering for black patients only.

93 City Press 24/12/87

(93) 09 25/19/87.

Doctor: chiropractic controversy goes on

Dispatch Reporter

EAST LONDON — Chiropractors are responsible for at least three million chiropractic adjustments in South Africa each year, but chiropractic is still being continuously criticised particularly by the medical profession for being unscientific and a serious hazard to the public.

This was confirmed here yesterday by the vice president of the Chiropractic Association of South Africa (Casa), Dr G. B. Tasker.

In answer to the whole debate of how scientific chiropractic is, Dr Tasker said: "Chiropractors complete a six year tertiary education on a par with the medical profession and write the same type of examinations for licensure."

"The first four years of study are identical to those completed by the medical profession.

"It is also accepted throughout the Western World that chiropractors are on a par with other medical standards.

"Here in South Africa, we are recognised by the department of health as an official health profession and in June, 1985, the Register was re-opened to provide for registration of duly qualified doctors of chiropractic," Dr Tasker said.

"The medical profession performs acts of manipulation and now recognises the merit of treating certain conditions by manipulation. If chiropractors are trained specifically in spinal manipulation, how can we be deemed to be unscientific and incompetent?" Dr Tasker said.

"The chiropractor's diagnosis of disease is accepted by both the legislators and the government and competence has to be attained before a chiropractor qualifies for licensure.

In terms of the whole question of the risk and hazard involved as far as manipulation is concerned, Dr Tasker has several supporting documents in his possession to support the fact that chiropractic is safe.

"The question of risk has been thoroughly investigated and it has been proved that the risk in adjustment is one in a million for chiropractic treatment," Dr Tasker said.

"It is also significant to note that in 1985 the past leader of the National Republic Party, Mr Vause Raw stated in the Hansards that there had been no reported injury by any chiropractor in the history of South Africa.

"If manipulation is done by an untrained person, it could be dangerous, but if it is left to professionally trained people, it is not.

"From the historical point of view, the medical profession has paid little attention to the area of the spine as a cause of disease and in their training, consequently little attention has been paid to the treatment of muscular-skeletal disorders.

"This area in the health care of the public is adequately filled by chiropractors and research carried out by the Human Sciences Research Council (HSRC) reports favourably on the needs for chiropractic services in South Africa," Dr Tasker said.

"The fact that the HSRC has established that

over three million chiropractic adjustments are carried out each year in South Africa, indicates the need for this specialised service here.

"There is great frustration here among chiropractors in not being able to have access to facilities for clinical diagnosis rendered in institutions, for example, clinical laboratory tests, X-ray facilities and scans.

"The medical fraternity are denying us the use of these facilities and it is greatly frustrating.

"Our whole motivation to be recognised by the medical profession as a whole, is for the benefit of the public.

"We are spinal specialists. Medical practitioners do not adequately fill the tremendous need that chiropractic renders.

"We are not permitted to refer anyone to another practitioner as we are not registered with the South African Medical and Dental Council.

"On a personal level, there is generally a great deal of co-operation between medical practitioners and ourselves, but by their own rules, they are not permitted to fraternise with chiropractors.

"The chiropractic profession looks forward to greater reciprocity with the medical fraternity for the greater benefit of the public. For this reason we do not understand the animosity and jealousy towards a healing art that is proven to be scientific and on a par with medical practice.

"Regardless of the medical profession's animosity, our profession is growing at great speed throughout the country. A faculty is being investigated for chiropractic study here as well," Dr Tasker said.

There are currently about 200 chiropractors practicing in the country at present.

The views of the Medical Association of South Africa (Masa) on the whole issue of chiropractic is definite.

In a policy statement issued by the secretary general of Masa, Dr C. E. M. Viljoen, it was stated that the practice was deemed to be totally unacceptable to the medical profession based on their argument that its practice does not rely on acceptable scientific facts.

On this basis, as Masa's first concern is for the welfare of patients and the community, it believes that chiropractic constitutes a serious hazard to the health of the public.

●In the light of the ongoing saga between chiropractors and the rest of the medical profession, a documentary on chiropractic will be screened on SABC TV1 on Sunday night.

CHC Times 9/1987

Detainees: Doctors are concerned about 'co-option'

By CHRIS BATEMAN

A PROMINENT doctor and a well-known academic have expressed concern over doctors who treat detainees being "co-opted" by government authorities.

In a letter to the secretary-general of the Medical Association of South Africa (Masa), published in last month's South African Medical Journal, Dr M Bhikoo said he was "extremely disturbed at recent events which threaten the code of ethics of our profession".

Dr Bhikoo, a member of the national executive committee of the National Medical and Dental Association (Namda), said his association had recently learnt that a doctor who had treated detainees on their release from detention could be subpoenaed to divulge the names of those cited in a scientific study on the effects of detention.

"We urge the Masa to take a public stand and condemn, in the strongest possible terms, this threat of violation (of medical ethics)," Dr Bhikoo said.

Professor David McGuoid-Mason, professor of clinical and adjectival law at the University of Natal, in a recent address to the Medical Students' Conference on medical ethics and the treatment of prisoners and detainees, said doctors should guard against "being co-opted by the detaining authorities".

He gave an example of a psychiatrist

being required by the authorities to "cure" a detainee so that he could be subjected to further interrogation.

Professor McGuoid-Mason said this doctor could be regarded as participating in the "deliberate systematic or wanton infliction of mental suffering if he allows a psychologically disturbed person to be returned to the custody of the detaining authorities in circumstances which will lead to further psychological deterioration".

In his reply to Dr Bhikoo's letter in the same magazine, Dr C E M Viljoen, secretary-general of Masa, said that where allegations were made of detainees being tortured or receiving cruel, inhumane or degrading treatment, these were "very serious accusations indeed", not only against the detaining authorities but also against the district surgeons responsible for detainees' health.

Well documented medical ethics "surely" included the prevention of cruelty and torture of detainees.

"Doctors cannot only pay pious lip-service to these ethical codes by running to the media and making generalized statements ... it is also their bounden duty to see to it that these practices are ceased forthwith, that appropriate steps are taken to punish those responsible."

Doctors also had a duty to ensure that these practices did not recur and that detainees received adequate care and protection, Dr Viljoen said.

they are agreed they

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'Barefoot doctors' work in the frontline of health care

The Argus Correspondent

ALG 9/6/87

DURBAN. — South Africa's "barefoot doctors" — known in Xhosa as the "people's health workers" — have begun giving basic health care to residents of Cape Flats townships.

The community health workers, who have completed anything from standard three to standard nine at school, are sent into the field after a six-week training course in first aid, elementary treatment and preventive procedures by the Sacla Health Project.

Dr Ivan Toms, who is running the project, said the community health workers were seen as first-line health providers.

CAN WORK IN WAR

Selected by the community, one of their main strengths was that they could work in situations of high conflict or civil war.

They could continue to operate if Government health services were withdrawn or outside health workers were unable to enter the townships in times of political violence.

Dr Toms was expanding on a speech he gave on the South African Christian Leadership Assembly (Sacla) project as a health service in an unrest situation at the University of Natal Medical Students Conference last week.

Dr Toms, former head of the Crossroads Sacla clinic, said the context he was speaking in was the result of an election where whites "have decided on confrontation rather than consultation and health services have to cope with an ever-increasing state of civil war".



Dr Ivan Toms.

Dr Toms said the Medical Officer of Health (MOH) in the area in which he operated kept saying he would co-operate if the project proved its neutrality. Yet, this same MOH sat on the Cape Town Joint Management Committee (JMC) which was controlled by the Defence Force.

By serving on the JMC, the MOH was seen by the community as taking the side of the oppressor. Whereas 40 percent of Sacla projects funding used to come from the province this had been stopped by the JMC.

TAKE AWAY THE MYSTERY

Dr Toms said community health workers helped to take the mystery out of health care and would, it was hoped, help promote change and empower the community to make demands on the Government for basic services.

The first 15 community health workers, operating in Khayelitsha, serve about 2 000 people each. Trained in preventive and curative aspects of health, they are sometimes the only people available to provide health care in the township at weekends and at night.

They are given regular, in-service training sessions and are able to do first aid, teach mothers how to make a simple solution of sugar and salt for treating diarrhoea, detect and refer cases of malnutrition and tuberculosis to clinics, promote breast-feeding and treat ailments like worms, skin rashes, sores, colds and flu.

They are also taught when to send people to hospital for immediate treatment.

Statistics had shown that up to 80 percent of the routine patients seen in day hospitals or clinics could be treated by trained community health workers.

Dr Toms said the Sacla health project, funded by American businesses and the church, would train 51 community health workers in four townships by March next year.

Doctor refused to examine assault victims

PKbus 18/6/87
93

Staff Reporter

A GRABOUW doctor who said he did not like to treat assault victims has been found guilty of improper conduct for failing to investigate the condition of an assault victim brought to him for treatment.

Dr Frederik Smit was warned by a committee of the Medical and Dental Council, which acquitted him of failing to treat two seriously injured patients, Mr Ivan May, who died of his injuries, and Mr Gilbert Cornelius van der Ross, on January 4 last year.

The committee found him guilty of a section of the alternative charge of failing to establish the condition of one or both of the patients.

Mrs Siena May said her son Ivan was assaulted on their property.

Ambulance

Dr Smit refused to treat him "because it was an assault case". He told her that he treated only his own patients.

She said her son was later taken to a police station, where an ambulance was called, but he died before it arrived.

Dr Smit told the committee he was dealing with two emergencies when a policeman arrived with Mr van der Ross. There were other patients in the waiting-room as people "literally streamed in" when he opened the surgery.

He told the policemen to take Mr van der Ross to the district surgeon. He did not know that the district surgeon was not in.

Dr Smit said that the first time he had seen Mrs May was yesterday. She had not asked him to treat her son.

"Chased out"

Mr Gilbert Wilson, a former policeman, said he took Mr van der Ross, a farm worker, to Dr Smit's surgery at the request of the farmer, who gave him a "doctor's letter" accepting responsibility for costs.

Mr Wilson said Dr Smit refused to treat Mr van der Ross, saying he did not treat assault cases and, gesturing for him to leave, chased him out.

Carb Times 22/6/07 (93)

Child detentions: Masa publishes code of conduct

By SHAUNA WESTCOTT

A CODE of conduct for the treatment of children in detention has been published by the Medical Association of South Africa (Masa), which intends putting pressure on the government to give it the force of law.

"Fourteen thousand of the 18 000 doctors in the country are Masa members and there's going to be pressure to get statutory protection for children," drafter of the code Dr O J Ransome said yesterday.

Dr Ransome, who teaches at Wits University and is an executive member of the Paediatric Association, described the code as "a bill of rights for kids who run foul of the State".

He said the code, published in a supplement to the association's

magazine, was "our statement against the current emergency regulations".

"We are absolutely against anyone, let alone children, being held without charge," he said.

One of the key points of the code is that no child should be imprisoned for longer than two days without a court order.

Another is that a report clearly stating why it was deemed necessary to arrest the child should be available within 24 hours of the arrest for scrutiny by parents, legal representatives and child welfare officers.

An important proposal is that no child should be interrogated other than in the presence of their parents, guardian or a legal representative.

The code proposes the creation of special police units trained to handle children and urges policemen arresting children to

act "with the utmost discretion and gentleness" to minimize the trauma of the experience for the child.

It says children awaiting trial should be released into the care of their parents and imprisoned children should be segregated from adults. All children should be tried in a children's court and a probation officer's report should be mandatory.

The code includes detailed advice about adequate environment and facilities — including education, recreation, medical and psychological care and liaison with parents.

"If the State decides to remove a child from its home environment where its chances for growth are optimal, then it is the responsibility of the State to ensure that the environment it provides is conducive to growth," Dr Ransome said.

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Mixed reaction to detained children code

Political Staff

MOST of the provisions of a Medical Association of South Africa (Masa) code for the treatment of children in detention were already being applied by the authorities, according to three Ministers.

This was stated today in a joint statement by Dr W A van Niekerk, the Minister of National Health, Mr Adriaan Vlok (Law and Order) and Mr Kobie Coetsee (Justice).

The code has been published in a supplement to the South African Medical Journal and Masa is pressing for statutory protection for children.

The Ministers' statement said officials of their departments had deliberated with Masa before the publication.

Code "just tinkering"

"From the discussions it became apparent that most of the provisions which form part of the code are already being carried out as part of the various departmental policies."

The Argus Correspondent in Johannesburg reports that a

spokesman for the Detainees Parents Support Committee (DPSC) said the code was "tinkering" and did not address the real issue.

He said the DPSC was totally opposed to any suggestion that the detention of children could be made acceptable by improving prison conditions.

"The Medical Association should be calling for the total abolition of detention of children without trial — and of everyone else," he said.

Special unit urged

He described the code, which laid down guidelines for the arrest, detention and physical conditions of detainees under 18, as "Band-Aid stuff".

Mrs Ethel Walt of the Black Sash welcomed the code and said it was long overdue.

"This is an enlightened step for the Medical Association and one we have campaigned for for years," she said.

Commenting on the code's proposal to create a special police unit trained to handle children, Mrs Walt said she hoped these would differ from the ordinary police.

HEALTH AND DISEASE — DOCTORS

1988

New hospital pay scales anger Cape Town doctors

EAST LONDON — New salary scales at Cape provincial hospitals have outraged Cape Town doctors who are having a series of meetings to elect representatives to put their case to the authorities.

The Medical Superintendent at Frere Hospital, Dr Peter Mitchell, said no official notification had as yet been received in East London regarding the new salary scales.

"We expect to receive them shortly, but it would be premature to comment on staff reaction at this stage," he said.

Since the new scales came into effect in Cape Town recently, newspapers there have received calls from several registrars expressing their anger at the fact that specialists and medical officers were given increases — which some said amounted to up to 40 per cent in some cases — while registrars, interns and senior house officers received no increases at all.

"We do not object to specialists getting more money as they have higher training, but we do not understand why medical officers — who have no extra training — were given increases but not registrars," said one doctor.

He said that registrars

were doctors who were studying to become specialists. "We and the interns are the work force of the hospitals, we carry the responsibility for patients and work overtime," he said.

No doctors were willing to have their names published.

It is understood that doctors at hospitals have held a series of meetings which could culminate in the election of a representative committee next week.

Dr Hannah-Reeve Saunders, the senior deputy director of hospital services in the Cape Provincial Administration, said yesterday she had been away, had no knowledge of the matter and could not comment.

— DDR-DDC

1976-77 8/11/80

Row grows over pay scales for hospital doctors

Labour Reporter

93



AGGRIEVED doctors at provincial hospitals claim new salary scales have been designed to discourage specialisation and attract staff to smaller non-teaching hospitals.

Registrars (trainee specialists) and interns said they had been given nothing while other medical staff had increases of up to 40 percent.

Meetings have been held at Groote Schuur, Red Cross Children's Hospital and Tygerberg to protest against the pay scales and form plans of action.

A doctor said: "We don't begrudge consultants (qualified specialists) their increases because they have had a poor deal for years and have been leaving the service.

"The Province is obviously trying to keep them and possibly attract others back.

"But the pay scales for recently qualified doctors mean that people with four or five years experience, such as registrars, will be earning less than the people they are supervising."

table

Signatories are being

Victimised, say doctors

By Carina le Grange

Doctors at Baragwanath Hospital's department of medicine this week spoke anonymously to The Star about the grossly inadequate basic facilities that prevented them from providing adequate medical care to their patients.

They were not alone in voicing their concern — nurses also expressed their worry about not being able to give either proper medical attention or simple "psychological care and comfort".

At the centre of the doctors' criticism is their concern for the patients as well as their desire to keep up the standards of the hospital as an academic institution.

A letter, published in the *South African Medical Journal* in September criticising conditions in the department of medicine at Baragwanath, was written after attempts over many years to put matters right through the correct channels. The letter described basic conditions in the department of medicine.

Previously, letters had been written to the Minister of Health and, through the National Party leader in the Transvaal, Mr. F. W. de Klerk, to the then Prime Minister, Mr. P. W. Botha.

Called for assistance

The recently retired head of the department of medicine, Professor Leo Schamroth, described the conditions to Dr. H. A. Grove (director of hospital services at the time) as long ago as 1973, and also called on the the University of the Witwatersrand for assistance. As an academic hospital, Baragwanath is attached to Wits.

The doctors felt that nothing had been done to improve conditions and then wrote the letter published last year. It was first sent to the Medical and Dental Council — which, in the words of the letter, ignored it — before it was sent to the SAMJ.

More than 100 interns, registrars and consultants signed the letter. It is their impression that signatories to the letter are now being victimised. This started with six interns being denied appointments to senior posts at the hospital.

These six brought an urgent application last month against the Administrator of the Transvaal, the Director of Hospital Services and the superintendent of Baragwanath.

Rand Supreme Court judge, Mr. Justice Goldstone, ordered that the interns be given a fair hearing and that a new decision be taken on their appointments. Before their appointments were refused by the director of hospital services — a mere formality in the past — they had already been approved by the department that they had applied to.

The doctors who spoke to The Star say they have reason to believe action will be taken against all those who signed the letter first the most junior and now the registrars. One registrar has already been threatened with 24 hours' notice, and at least two more are at risk.

The doctors constantly stressed that they were concerned with their patients and the hospital — not their personal misfortune.

"The future is gloomy. The teaching status of Bara is being jeopardised. We like to look after our patients as best as possible; we demand decent treatment for them. It is very hard to work under these conditions," one senior doctor said.

"Do these people, as blacks, not merit proper treatment? Financial considerations cannot be an excuse. Johannesburg Hospital was built at great expense — but stands half empty. It is a matter of redistribution of funds."

At times, the department of medicine at Baragwanath has 900 patients in its six units — more than the entire number of patients at Johannesburg Hospital.

All we ask for are improved basic facilities — beds to sleep in, or even die in, rather than the floor. If Bara were a hotel it would be declared a health hazard and condemned as such," said one doctor.

1.5 million and 2 million people living in Soweto.

By Carina le Grange

"Patients are simply because the doctor is too busy to cope. There are just too many patients but these are unnecessary deaths."

These are the words of a doctor working at Baragwanath Hospital and were my unnerving introduction to the complex that serves between

1.5 million and 2 million people living in Soweto.

The doctor who made the remark prefers to remain anonymous. He is not scared of likely repercussions — he says he has nothing to lose and will do almost anything to bring about change in the tired hospital with its tired staff and many tired and very sick patients.

But he does not want de-

al publicity. The issue, he says, is not himself, or other colleagues of his that I had met earlier. "The issue is the quality of medicine practised at the hospital and the welfare of its patients."

I visited the hospital on a night described as "quiet" by doctors and nursing staff.

I did not believe them. They might not have been running around like doctors in TV soap-emergencies, but they had wards and wards full of very sick people to tend to under very difficult circumstances.

In one ward with 92 patients there was only one sister, one nurse and an aide. Another ward was lucky enough to have five nursing staff for more than 70 people.

A LITTLE PRIVACY

One man sat sleeping upright in a chair, covered by his blanket from head to toe — a little bit of privacy.

Off the end of the ward there was a single bath, four wash basins and three toilets (all without seats).

The wards smelt of too much human flesh in one place on a summer's night.

Seventy-five women were crammed into another ward with 38 beds. At times, the sister on duty told me, they have as many as 100 patients in the ward. More than half of those lying on the floor did not even have a mattress.

Some, asleep, had long since rolled off their double-folded blanket, and lay on the tiled floor.

"In the mornings it takes us hours to get people moving," said a nurse.

"They are stiff from sleeping on the floor. And at night it is difficult to identify the correct patient for the appropriate medicine — there are no bed-ends on to which medical files with names and other information can be hung."

With only three toilets, three basins and one bath I was pleased to be spared the early morning rituals — only one toilet for 25 women.

EMBARRASSMENT

I averted my eyes in embarrassment when a dignified elderly man, with neatly tanned grey hair and beard, looked up at me from underneath the bed of another patient. The indignity of his situation was not lost on him.

But to lie under the bed does at least mean he is less sick than the man lying on top of it.



No room to care... the overcrowded admissions ward of the department of medicine at Baragwanath Hospital. At times there is barely space to walk between beds and stretchers.

How can we get better?

Baragwanath patients are highly critical of the conditions they have to endure.

Those who sleep on the floor are usually provided with foam mattresses about 3 cm thick.

Others sleep on blankets.

During the day those who have had strokes have preference over others to sit on padded chairs — and even these are scarce, doctors say.

Other patients sit on wooden benches for up to 12 hours a day. This includes those on intravenous drips.

Here are some comments.

- Names have been removed to protect the patients.
- This place is disgusting, it is a disgrace. Patients queue at the toilets for hours, many defecate or urinate in their clothes while waiting.
- Patients cannot wait for three hours to use a toilet. They

simply relieve themselves on the floor. The area around the toilets is often covered with urine and excrement.

I feel quite sick when I think about it. The toilets overflow with faeces and urine. There are close to a hundred of us and only two working toilets. The nurses cannot cope.

Two weeks on the floor. How can I get better? My back is killing me. Are you people mad? What do you think we are?

How can I get better? Do you no longer care about me?

The floor is hard and cold. I turn over. I can't sleep. I cry. We are suffering. Do you think we feel no pain?

I have been sleeping under beds for four weeks. In the day there are not enough chairs to sit on and I sit on the floor.



A nurse tends to a patient lying on the floor in a ward of Baragwanath's department of medicine.

Star 7/1/86
93

Baragwanath puts screws on doctors

(93) 93

CONFLICT between Baragwanath Hospital doctors and the Transvaal hospital authorities has intensified over the past week, with scores of doctors being given the choice of apologising for and retracting criticisms of hospital conditions, or losing or being refused posts.

The clash was sparked by a letter, from 101 Wits University department of medicine doctors employed at Baragwanath, published in the SA Medical

ALAN FINE

Journal in September.

A doctor, who does not wish to be identified, said yesterday the authorities' reaction was unfortunate in that it had obscured the main issue the letter attempted to address — the plight of patients in medical wards at the hospital.

The letter stated overcrowding and the state of ablution facilities, among other things, were compromising ethical

standards. It accused the authorities of callous disregard and hypocrisy in responses to previous representations

Soon after its publication, six signatories were told their applications for new posts had been refused. After a hearing ordered by the Supreme Court, they were told the decision had not changed.

Last week, said the doctor, another 19

☉ To Page 2 ➡

KEY MARKET MOVEMENTS — JANUARY 5 to JANUARY 6 FEUTERS											
Gold			JSE	Previous			Latest		Johannesburg Stock Exchange		
LON close \$/oz	LON PM \$/oz	LON PM R/oz	Krugerrand	\$/R Comm	\$/R Fin	Ffurt close DM/\$	LON close £/R	3 months BA	All Gold BD Index	BD Indust Index	JSE Ov'ls Index
484,50	481,40	948,57	1157	0,5120	0,3150	1,6475	0,2810	9,50	1446,3	1732,0	1860
					NO MOVE						
478,00	475,50	928,71	1145	0							

Doctors sign to avoid hospitals 'blackball'

applicants were told they would have to sign a letter of retraction and apology if they wished their applications to be considered. Seventeen, and two of the original six, signed.

And on Tuesday, about 25 more doctors — already occupying more senior, but temporary, positions — were told to sign the apology or be dismissed. They

are considering their position.

The written apology, according to the doctor, was largely laid down by the authorities. It states "there have been inaccuracies", and withdraws "derogatory" comments made about the authorities.

☉ From Page 1 ➡

1st page
27/11/88
1st

Apologise or face action, registrar told after voicing criticism

Bara doctors may be sacked

By Carina le Grange

A Baragwanath Hospital registrar specialising in clinical medicine has been informed that he is to be given 24 hours' notice.

He was one of 101 doctors who last year criticised, in a letter to a medical journal, the "deplorable" conditions in the hospital's department of medicine.

There is now reason to believe the same fate might befall other registrars — and this was confirmed yesterday by comment from the MEC in charge of hospitals, Mr Daan Kirstein.

When asked whether people were being victimised for having signed the letter, he said: "They are being victimised because it is not true what they said".

"If people are not prepared to apologise for the untruths they signed, they can expect action against them. We are not prepared to employ them," he said.

Mr Kirstein added that 16 people had already signed an apology.

A visit by The Star to Baragwanath Hospital this week confirmed reports and affidavits by interns and senior staff, including a respected professor, on the squalor and overcrowding there.

Patients were seen being treated by nursing staff on ward floors, and overcrowding can be as high as 300 percent occupancy in some wards.

Toilet facilities are grossly inadequate, with as few as three toilets to 92 patients in one ward. In each ward there was only one bath.

More than 100 doctors and interns signed a letter, published in *The South African Medical Journal (SAMJ)* in September, describing conditions at the hospital as "disgusting and despicable".

The same edition of the journal carried a supporting editorial written by Cape Town academics Professor SR Benatar and Professor R E Kirsch.

'Insensitivity'

The editorial in the *SAMJ* said Baragwanath's problems reflected decades of "exploitation, of gross insensitivity to the needs and aspirations of the black population".

According to an affidavit filed in a recent court case, the retired head of the department of medicine at Baragwanath, Professor Leo Schamroth, met a Deputy Director of Hospital Services in the Transvaal, a Dr Kritzinger, in February last year.

At this meeting Professor Schamroth related the "distressing conditions" to Dr Kritzinger. According to the affidavit, the deputy director's response was that "Baragwanath serves a Third World community, that they were used to sleeping on the floor and that he did not know what all the fuss was about".

The registrar prefers to remain anonymous at this stage, but is considering legal action.

He was asked to sign the letter on Tuesday, given half an hour to make up his mind, and told that failing this his job would be terminated.

He has refused to apologise.

● See Page 17.

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(93) 2/1/88

Action against Bara medics slammed

ALAN FINE

WITS University's dean of medicine, Professor Clive Rosendorff, yesterday criticised steps taken by the authorities against Baragwanath doctors for criticising conditions at the hospital and inadequate efforts to alleviate them.

About 50 of the 101 signatories to a letter published in the SA Medical Journal last September have been told they would be dismissed from or refused new posts in provincial hospitals unless they signed a letter retracting their allegations and apologising.

By yesterday most of the 50, comprising 25 applicants for new posts and

about another 25 junior and temporary staff subject to 24-hour notice — housemen, senior housemen and registrars — had signed.

However, one registrar was given 24 hours' notice on Tuesday when, at an interview, he stated he was not prepared to sign the retraction. The other housemen and registrars were given an ultimatum to sign by 10am yesterday.

One doctor said it appeared most had submitted to the dismissal threat. The specialist consultants, who hold permanent posts and who signed the SAMJ letter, have not yet been officially approached.

The doctor, who did not wish to be identified, pointed out that most of the doctors affected so far had to act in the knowledge that their careers were at stake. They either had not begun or not completed their specialist training.

Baragwanath is one of five Wits teaching hospitals, although administration of the hospital is the responsibility of the Transvaal Department of Hospital Services (DHS). It is only at such hospitals that specialist training is available.

Rosendorff said the university had made strenuous representations to the DHS on behalf of the 101 doctors.

"The university would greatly regret the loss of highly qualified, dedicated and concerned doctors who provide a unique and invaluable service to the Soweto community," he said.

"The university has supported the repeated requests by Baragwanath medical staff for improved facilities, and has offered its assistance to the DHS in its

Wits dean defends Bara medics

efforts to upgrade facilities.

"However, we are disturbed that the provision of hospital beds has not kept pace with the rapidly expanding population of Soweto," he said.

GERALD REILLY reports that a DHS spokesman said yesterday the administration was not averse to legitimate criticism. However, any employee who published "untruths" and publicly denounced his employer as being "indifferent, callous, hypocritical, deplorable and uncaring", could expect appropriate action.

He said that in an SAMJ article last November, Executive Director of Hospi-

tal Services Henrie van Wyk said the administration did not deny that many of the buildings at Baragwanath were old and failed to comply with all requirements expected at an academic hospital.

He also did not deny that many of the wards were often overcrowded. However, the administration had been upgrading the hospital since the '70s.

Two medical wards with 70 beds had been added since 1980.

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To Page 2

See Comment, Page 4

Two letters at the centre of the row

Recant or leave, province tells Bara doctors

93

2/1/88

Two letters — one written by doctors at Baragwanath Hospital and the other by their employers — are at the centre of a dismissal row.

Registrars, interns and consultants unhappy with the situation at the department of medicine at Baragwanath wrote a letter to the *The South African Medical Journal* in September last year describing conditions as "disgusting and despicable". It was signed by

101 doctors.

According to the MEC in charge of hospitals, Mr Daan Kirstein, the letter is untrue and if the signatories do not sign a letter of apology, they can expect action to be taken against them. "We are not prepared to employ them," he told *The Star*.

A letter drawn up by the province insists the doctors apologise if they wish to retain their positions.

What the province says:

The letter demanding apologies said: The crux of a letter drawn up by the authorities is that the letter in the SAMJ contained inaccuracies, was drawn up by "eminent doctors" who "motivated" people to sign it in "good faith". By signing the letter prepared by the province, the doctors "acknowledge" that developments and improvements have taken place.

Three clinics have been set up in Soweto and 200 beds opened to Baragwanath at Leratong Hospital.

Signatories "concede that there have been inaccuracies ... we did not know about this at the time".

"The facts contained in the letter were taken on trust from senior academic and clinical staff in the wards in which we were working. We signed the letter on the assumption that these facts were correct. We accept now that an incorrect allegation was made about the H F Verwoerd Hospital ...

Thus the letter was signed on the basis that eminent doctors, whom we all respect, took the lead in motivating people to sign the letter and, in so doing, we acted in the best of faith.

"We further unconditionally apologise and withdraw the following comments which are derogatory:

- The attitude of the responsible authorities can only be described as deplorable.
 - Pleas for help have been met by indifference and callous disregard.
 - The answer ("there is no money for new facilities") is utterly hypocritical.
- Furthermore, we acknowledge nurses are allocated according to the average number of patients and not beds."

What the doctors said:

The doctors said:

"The conditions in the medical wards at the hospital are disgusting and despicable. The attitude of the responsible authorities can only be described as deplorable. The state of affairs is inhumane. Facilities are completely inadequate ... The overcrowding is horrendous.

"Nurses are allocated according to the number of beds, and not to the number of patients. Ablution facilities are far short of acceptable health requirements, and ethical standards are undoubtedly compromised.

"Pleas for help have been met by indifference and callous disregard. Patients and their problems are treated with utter contempt by the authorities. Nothing is done to correct this affront to human dignity. Here is human suffering which cannot be portrayed by mere statistics."

The letter started by stating that a similar letter had been sent to the South African Medical and Dental Council in 1980 (it was signed by 70 doctors). That letter was ignored, as well as repeated appeals and pleas to the Transvaal Provincial Hospital Administration.

The University of the Witwatersrand was also approached, as Baragwanath is a teaching hospital and appeals were made to the Faculty of Medicine for support. "Years later the situation has not improved. Indeed it is worse," the letter states.

The letter said the authorities have responded by saying a new hospital is being planned for Soweto and that improvements cannot be made to Baragwanath.

"These statements are devoid of truth," the doctors said, "given the passage of time and the fact that inquiries at provincial level have shown there is no basis for this excuse."

The letter stated that the authorities claim there is no money. However, a R300 million hospital mainly for whites was being planned alongside the H F Verwoerd Hospital in Pretoria.

OUTGIRY AT BARRA



DR DILIZA MJI . . . president of Namda.

By THABISO LESHQAI

THE National Medical and Dental Association and the Health Workers Association yesterday slammed the Transvaal's department of hospital services as the furore over the victimisation of the doctors who criticised conditions at Baragwanath Hospital worsened.

Seniors doctors face the sack

Nineteen of the 101 doctors who signed a letter describing conditions at the hospital as "deplorable" have been warned to apologise or lose their jobs.

Unity

In a statement yesterday Namda said: "We condemn the high-handed manner in which the situation is being handled by the provincial authorities. Furthermore, the methods used to undermine and divide the unity of the concerned doctors must be deplored."

The Health Workers Association said that the threatened dismissals could lead to further staff

shortages at the already overworked hospital.

It said the action by the authorities had "strong elements of repressiveness, vindictiveness and a gross insensitivity to the health care needs of our community".

A Soweto medical practitioner said that instead of being victimised the doctors "should be commended for bringing the situation to the notice of the public".

The controversy erupted when 101 doctors at Baragwanath signed a letter published in the SA Medical Journal in September criticising conditions at the hospital.

In the letter the doctors also accused the administration of callous disregard for the

conditions.

After the letter was published six of the signatories were told that their applications for new posts at the hospital had been turned down.

Judge

A Supreme Court action brought by the six was decided in their favour with the judge ordering they should be given a hearing by the

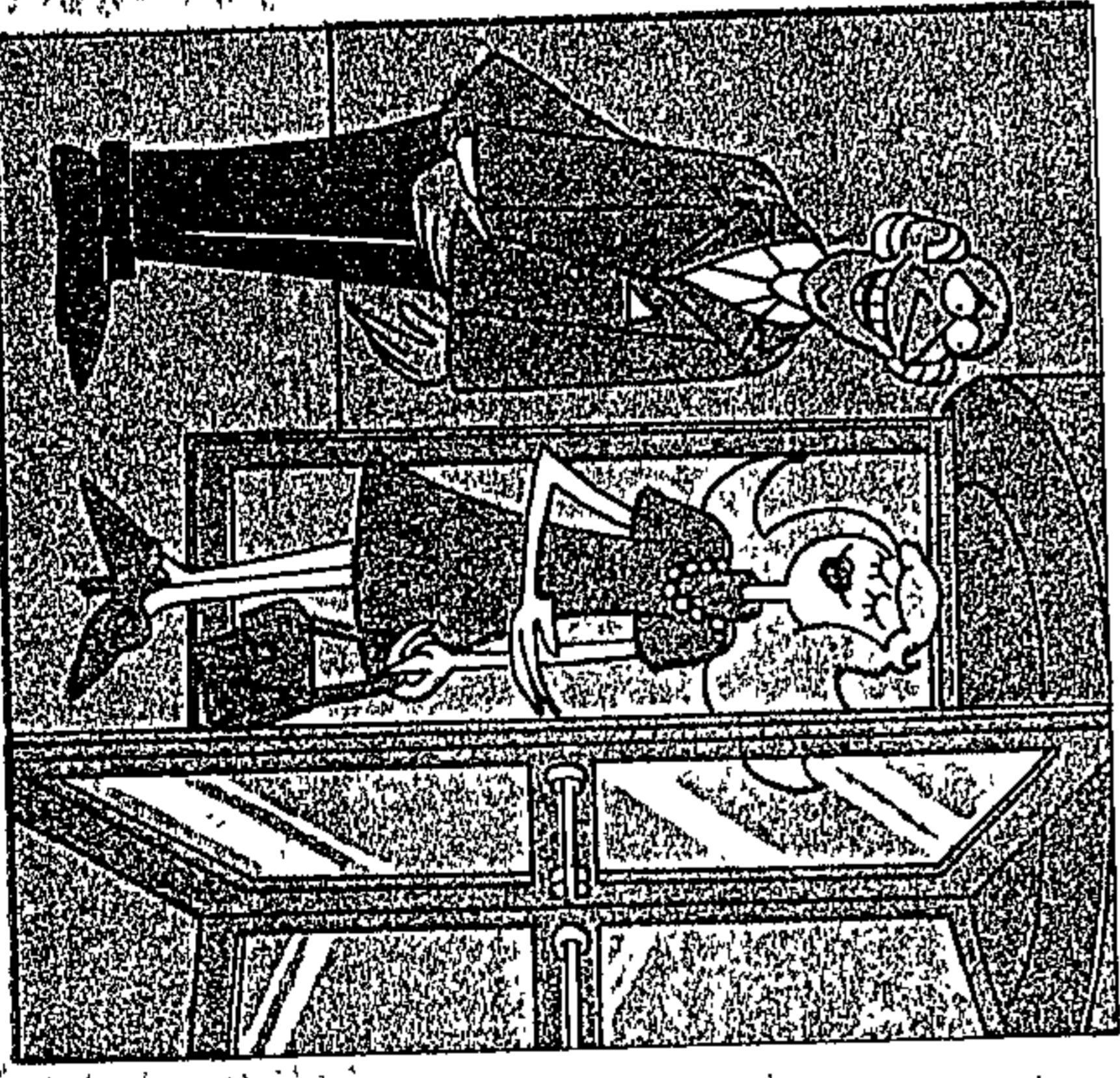
administration. After that hearing they were told the decision remained unchanged.

Last week 19 other signatories were told to apologise or face dismissal or refusal of post applications. Of these, 17 signed and their jobs were secured.

Three of the six doctors who instituted the court action subsequently signed the letters of apology.

REPORTS, pictures and comment in this edition may be censored in terms of the Government's state of emergency.

66 When faced with a revolving door, I'm uncertain whether to precede a lady or to follow her. But when it's my turn to offer cigarettes, I have no doubt as to the correct choice. 99



* A gentleman who patronises the more exclusive London stores

9/11/88

2 Cape Times, Sat

Two Bara doctors ⁹³ dismissed ~~93~~

JOHANNESBURG. — Authorities yesterday dismissed two doctors on 24 hours' notice and at least six others face penalties for refusing to retract their criticism of "disgusting and despicable" conditions at Baragwanath Hospital.

Professor Clive Rosendorff, dean of medicine at Witwatersrand University, said yesterday he heard two specialist trainees were fired.

He said they apparently refused to apologize for signing a letter last September in which 100 doctors condemned conditions at the hospital.

In the letter doctors said: "The conditions in the medical wards at the hospital are disgusting and despicable."

Up to 500 patients were treated on the floor, they said.

Patients claimed earlier this week that toilets overflowed and people were forced to relieve themselves on the floor.

— UPI

MEG 11/1/88 93 285

PFP man's challenge on hospital declined

The Argus Correspondent
JOHANNESBURG. — The Transvaal's MEC in charge of hospitals, Mr Daan Kirstein, today declined an invitation by PFP MP for Bryanston, Mr Rupert Lorimer, jointly to inspect conditions at Soweto's Baragwanath Hospital.

Mr Lorimer last week challenged Mr Kirstein to accompany him on an inspection of the hospital because he believed that Mr Kirstein was not aware of how serious conditions there were.

Mr Lorimer said that if Mr Kirstein rejected criticism of the hospital by doctors then he was "not on top of his job" and should resign.

Mr Kirstein said today he agreed with dissatisfied doctors that conditions at Soweto's Baragwanath Hospital were not adequate.

"I know what is going on and I have never said everything is in order at the hospital," he said.

"I know we have problems and have always said so. We are doing everything in our power, with the money available, to alleviate the situation."

"ATTITUDE"

He said that doctors were not being victimised because they criticised conditions at the hospital.

"Action is being taken against them because of their attitude and their language towards their authorities and employers."

According to Professor Clive Rosendorff, dean of the University of the Witwatersrand's medical school, two registrars at the hospital had been dismissed.

Masa backs Baragwanath doctors' stand

Own Correspondent

JOHANNESBURG. — The Medical Association of SA (Masa) has come out in support of the Baragwanath doctors under fire from the Transvaal Department of Hospital Services for their criticisms of conditions at the hospital.

Southern Transvaal Masa president Dr Sholem Kay said the organization deplored in the strongest terms the victimisation of the doctors, who are being forced to sign a retraction of their allegations if they wish to remain employed at a provincial hospital.

He said a Masa delegation had recently visited Baragwanath, and was able to confirm the doctors' claims about conditions in the medical wards.

Dr Kay said the letter should be seen as reflecting a feeling of despair on the part of medical staff. "The need to care for patients being nursed on the floor and under beds would inevitably put doctors under great stress," he said.

He also noted the letter had been published in the SA Medical Journal, not the public press. Its intention was to gain the medical profession's support.

Doctors had been upbraided for saying the authorities had done nothing to alleviate the situation, said Dr Kay. While some action had been taken, conditions at Baragwanath had not improved but continued to worsen.

Masa deplored this too, said Dr Kay. He added there was no magical solution. Ultimately, the problem of hospital facilities in Soweto could be solved only through building more hospitals.

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Masa supports Bara doctors

ALAN FINE

He also noted the letter had been published in the SA Medical Journal, not the public Press. Its intention was to get the support of the medical profession.

Doctors had been upbraided for saying the authorities had done nothing to alleviate the situation. While some action had been taken, nothing had been achieved because conditions at Baragwanath had not improved. Rather they continued to worsen.

● See Page 5

'Victimised' doctor to take province to court

By Carina le Grange

One of the Baragwanath doctors denied a post for speaking out about conditions at the hospital is taking the matter to the Rand Supreme Court.

An application for a hearing is expected to be filed today.

The doctor, who asked not to be identified, will challenge the Transvaal Provincial Administration for finding her "unsuitable" to take up a position as registrar.

After an earlier case in December, the doctor won the right to a hearing from the province at which she stated that she had met all but one of the criteria in Section 10 of the Public Servant Act: qualification of level of training, efficiency and relative merit.

The criterion in question is that of suitability. She contends that she is being found unsuitable for having signed the letter criticising the conditions at Baragwanath.

She told *The Star* yesterday she could not sign the apology demanded by the authorities.

She was informed on December 30 that she was "not suitable" for a more senior post.

She had been notified in November her application to the department of paediatrics had not been approved despite recommendations by two departmental heads. "No explanation was given at the time," she said.

She said she had been prepared to retract certain issues stated in the letter published in the *South African Medical Journal* critical of conditions and of the authorities' attitude, but that the province refused to accept anything less than their own preprepared letter of apology.

"It must be clear that we attacked policy and not individuals in the *South African Medical Journal* letter. As this policy persists, I do not see how I can retract what was said. It would be a disservice to patients and the community."

● The Medical Association of South Africa (Masa) has also come out in support of the Baragwanath doctors, saying the victimisation of doctors was "deplorable". A Masa delegation who visited the hospital said they could confirm the doctors' claims.

Soweto

(93) 11/1/88

Bara on my shoulders

WHEN doctors graduate they are obliged to take the Hippocratic Oath, which commends them to certain vows concerning the preciousness of life.

Nurses also make pledges, more specifically attached to the type of vow and service given by one of the first nurses, and one who has assumed a saintliness in the profession, Florence Nightingale. These vows are not taken by the bureaucrats who have to see to the business of running a hospital in such a way that doctors and nurses may fulfill their obligations.

By and large the bureaucrats, although they tend to be pests, normally provide adequate facilities for nurses and doctors to work properly. Not at Baragwanath Hospital. Not at this, the largest hospital south of the Equator.

The truth of the matter is that both doctors and nurses have acted in a very timid and poorly fashion — up to now.

We all know, those of us who live in Soweto, what has been happening at the hospital. Many of us have had agonising personal experiences wherein we saw loved friends or relatives die while they were waiting to be attended to at Bara.

Ironic

The most ironic thing is that the hospital has had some of the best medical people from various universities studying or working there. This has obviously led to the hospital getting some of the most modern equipment in medicine.

But slowly, things began to fall apart.

More than 20 years ago there was a suggestion that a new hospital would be built in Soweto.

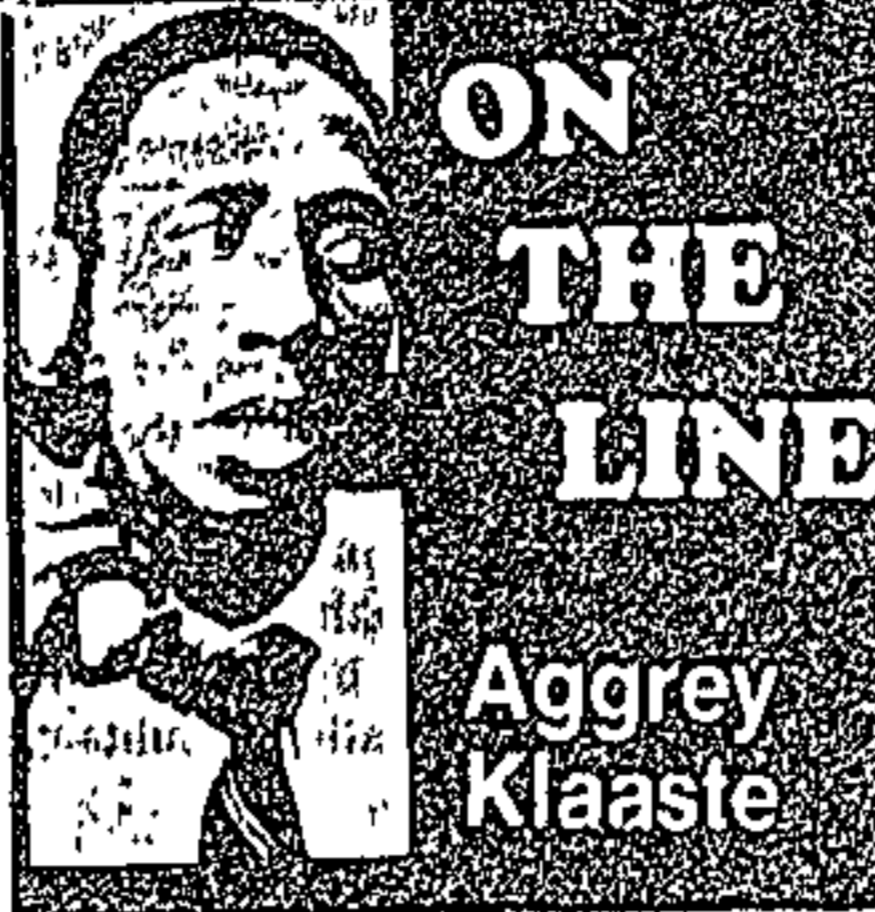
This scheme came to naught in a strange way. The reason, it would seem to me, was that the superintendents at Bara, and their doctors, managed to create a holding kind of operation which made the feasibility study into the creation of a new hospital appear unnecessary.

Last year some doctors at Baragwanath went public, for the first time, in expressing the intolerable situation there. That expression of disgust and dismay should have been welcomed by everybody.

Instead the authorities have taken on the most ridiculous umbrage at the expression of what was, after all, fact.

The facilities at Baragwanath are in shambles. The scandal is there for anybody to see.

Most of us are aware that very sick people sleep on the floor, under beds. Many of us have heard shocking stories about the conditions in the maternity wards,



at least, mean, he is less sick than the man lying on top of it.

She might not know it, but that is the type of detail that sticks in the mind — a small personal touch which makes the entire series more memorable because of it.

Although the variety of diseases and incapacitations at the hospital is something of a dream-land for the specialist,

most doctors would rather go into private practice than work at Baragwanath. Almost all black doctors I know spend a year or two at Baragwanath and retire in exhaustion to make money and perhaps practice in dignity on their own. Nobody, least of all a doctor, can bear the conditions at Baragwanath Hospital for long.

which are cramped and plainly unsuitable.

I will be among the first to tell how a friend of ours literally died on a contraption that looked like a stretcher. Bled inwardly whimpering like a baby while the doctors and nurses could plainly not deal with the rush of patients.

I was struck, rather forcibly, by one phrase from a story written by a reporter from The Star,

one Carina le Grange who in the end of a lengthy investigative piece said this about an elderly black patient: "I averted my eyes in embarrassment," she says, "when a dignified elderly man, with neatly tended grey hair and beard, looked up at me from underneath the bed of another patient. The indignity of his situation was not lost on him. But to lie under the bed does

NOVEMBER

1987

EDUCATION - GEN

the Kruger national Park.

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Bara doctors: Wits intervenes

Own Correspondent

JOHANNESBURG. — Witwatersrand University vice-chancellor Professor Robert Charlton yesterday met the Transvaal MEC in charge of hospitals, Mr Danie Kirstein, to discuss action against doctors at Baragwanath Hospital.

Doctors who signed a letter to the SA Medical Journal on conditions at the hospital have been refused new posts or threatened with dismissal unless they sign a retraction and apology.

After the meeting Mr Kirstein said suggestions made by both sides would be considered overnight and he expected finality to be reached in telephone discussions by tonight.

Mr Kirstein said that at the latest count 44 doctors had signed the retraction, while "three or four" had not.

Bara: actions against doctors discussed

ACTIONS taken against doctors at Baragwanath Hospital were discussed yesterday by Wits University vice-chancellor Professor Robert Charlton and Transvaal MEC in charge of hospitals Danie Kirstein.

Doctors who signed a letter to the SA Medical Journal on conditions at the hospital have been refused new posts or

ALAN FINE

threatened with dismissal unless they signed a retraction and apology.

After the meeting, Kirstein would not be specific about the issues discussed, but said it had been fruitful.

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To Page 2



B/day

Bara: actions against doctors discussed

Certain suggestions made by both sides would be considered overnight and he expected finality to be reached in telephone discussions by tonight.

A Wits spokesman said Charlton might issue a statement today.

Meanwhile, Medical Association of SA (Masa) federal council chairman Dr Bernard Mandell said yesterday Masa identified itself completely with the doctors' actions in addressing shortcomings at the hospital.

He said: "Where their first concern is the health of their patients, the doctors can be assured of Masa's full support if retaliatory action of any nature should be taken against them."

93 B/day



From Page



"The most important consideration of all for Masa, the authorities and the doctors is that the purpose of any action taken by them must at all times be to ensure that their patients receive the best treatment possible."

Kirstein said at the latest count 44 doctors had signed the retraction, while "three or four" had not.

The Department of Hospital Services was still considering what action to take against the remainder of the 101 signatories, who are senior permanent medical staff.

Q3

DOC signed 'under duress'

Bara doctors had no unifying organisation

ONE of the doctors who apologised to the Transvaal Provincial Administration for criticising conditions at Baragwanath Hospital yesterday claimed in an article in a medical journal that he signed the apology because of threats from the authorities.

BY THABISO LESHOA

apology was drafted by attorneys acting on behalf of the doctors.

To date 44 of the 101 doctors who signed the letter of criticism have signed apologies.

The doctor we interviewed, who wished to remain unnamed for fear of victimisation, said he signed under duress, and because the medical department at Baragwanath was unable to react to the TPA as a unified body.

According to him, the signing of the apologies

had caught them unawares and they had not been prepared properly. "The reactions to the pressures by the Government were mostly individualistic. There was no organisation on the issue and everybody decided for himself what he would do," the

medical doctor said.

A spokesman for the Health Workers Association agreed. "The lack of collective organisation developed into individual responses to the pressure the TPA was putting on the doctors," a spokesman said.

The doctor said further pressure was brought to bear on all by a threat to bar all who did not sign from working in government hospitals.

"Not working in Government hospitals would peg your level of training," he said. "It would rule you out being

able to specialise." This is because specialist training can only be done in teaching hospitals and most of them are government run.

Meanwhile the Chief Director of Hospital Services in the Transvaal, Dr J A Fourie, dismissed the threat claims as absolute nonsense.

"A letter was drawn up by 20 of the doctors and we just changed it a bit," he said. "We deleted some paragraphs and changed some of the wording to our satisfaction and that was accepted by the doctors and their attorneys. Only then was the letter signed," he said.

REPORTER

CAPE TIMES 14/1/88

500 mentally ill patients at Bara get 'no services'

JOHANNESBURG. — Psychiatrists yesterday joined in strong criticism of conditions at Johannesburg's black Baragwanath Hospital, backing physicians who face dismissal for their public condemnation of overcrowding at Africa's biggest medical centre.

Staff at the hospital told reporters last week that up to 500 patients were treated on the floor and in corridors. They said bathroom facilities were inadequate, forcing patients in some wards to relieve themselves on the floor.

The Society of Psychiatrists of South Africa (SPSA) said in a statement yesterday that services for psychiatric patients were "totally inadequate" at the 2 700-bed hospital.

The society, representing more than 150 psychiatrists, said mental patients were accommodated alongside surgical cases, putting staff and patients at risk of assault.

"The overcrowding at Baragwanath is not only in itself potentially dangerous and degrading, but the housing of seriously mentally disturbed patients in wards with physically ill patients is completely unacceptable," the society said.

The SPSA also condemned the system whereby mental patients wear tags on their backs with their names and numbers in case they get lost in

the hospital's open-ward system.

"The degrading practice of tagging mentally ill patients on their backs with names and ward numbers is a reflection of the totally inadequate services for this category of persons."

Baragwanath has been in the news since government health authorities last week vowed to fire 100 doctors who signed a letter to the South African Medical Journal condemning conditions as "disgusting and despicable".

Mr Daan Kirstein, the senior government official in charge of hospital services, said doctors who signed the letter could endorse a repudiation drafted by government lawyers or face immediate dismissal.

Professor Clive Rosendorff, dean of medicine at the University of the Witwatersrand, said he had heard of two trainee specialists being given 24 hours to quit after refusing to recant.

A Johannesburg psychiatrist with personal experience of conditions at Baragwanath said doctors had been talking to the government for years about improving conditions at hospitals.

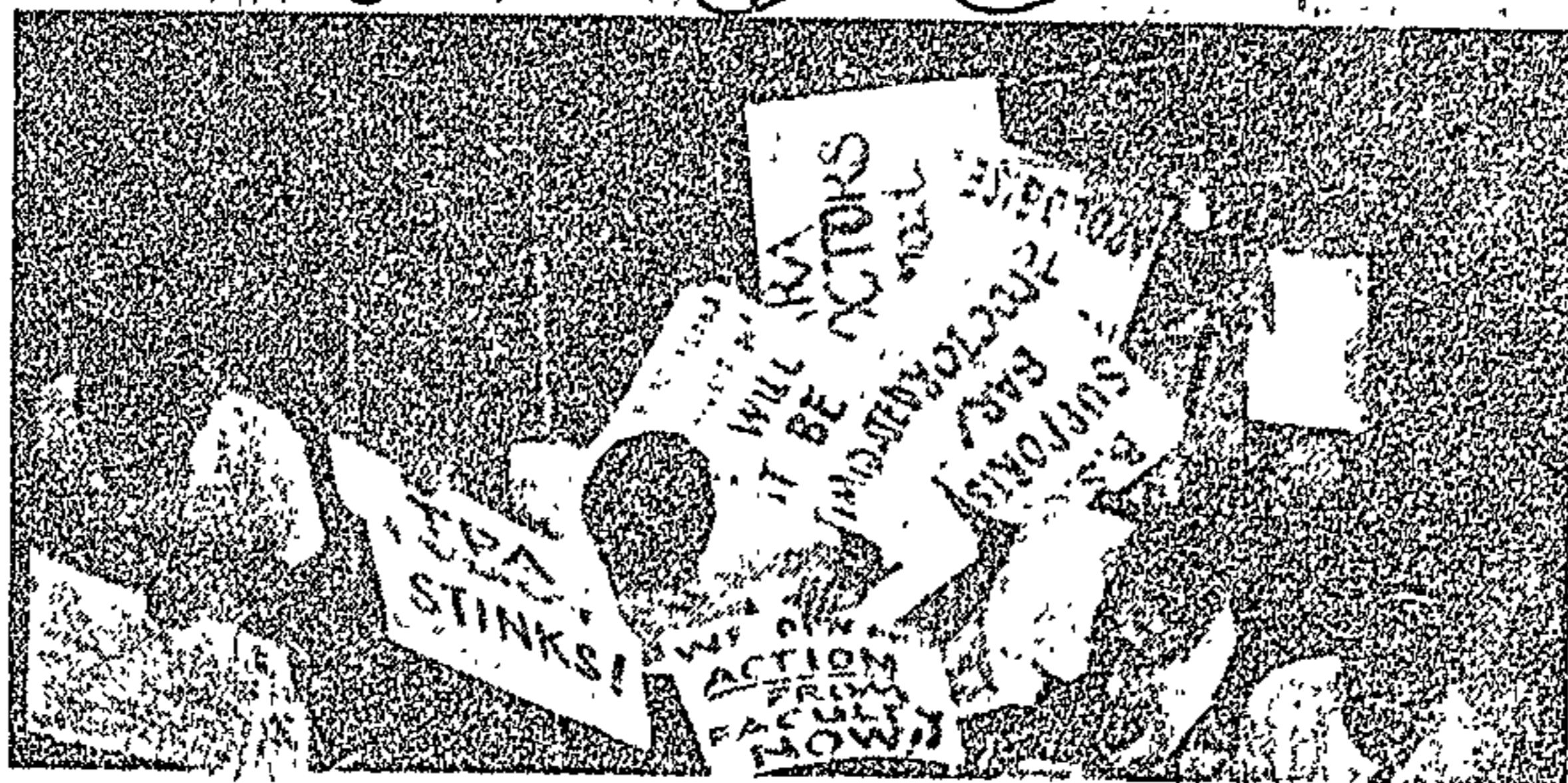
He said the government's insistence on separate facilities for blacks and whites contributed greatly to the poor conditions, but added that facilities for psychiatric patients of all races were inadequate throughout the country. — Sapa-AP

B/Day 15/1/88

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B/Day

BUSINESS DA



Students and doctors at a mass meeting at Wits Medical School last night called on provincial authorities to stop disciplinary action against Baragwanath doctors who had signed a letter to the SA Medical Journal highlighting poor conditions at the hospital.

Picture: ROBBIE BOTHA

Wits and Province differ on Bara row

ALAN FINE

DISCUSSIONS between the Department of Hospital Services (DHS) and Wits University on the Baragwanath row ended in deadlock yesterday, when two senior Wits officials refused to sign a letter which the authorities had planned to send to the offending doctors.

MEC in charge of Hospital Services Danie Kirstein and DHS deputy director Dr J A Fourie met Wits vice-chancellor Professor Robert Charlton and Medical School dean Professor Clive Rosendorff on Monday.

Discussions continued by telephone until yesterday morning.

Kirstein said he and the Wits men had at first "agreed on a common way of acting against the doctors" who signed the controversial SA Medical Journal letter. They are employed jointly by the Province and

Wits.

In terms of the agreement, each doctor would have received a letter composed by Charlton and Rosendorff, said Kirstein. But yesterday morning the two had refused to associate themselves with the letter.

Charlton said he had urged the authorities not to proceed with disciplinary action against the doctors.

"We could not convince them to drop the matter. So we suggested... each doctor receive a letter rather than face formal disciplinary action. The DHS drafted a letter, and we recommended certain changes.

"However, the DHS then said they wanted us to sign it, and we decided we could not. The university will not be involved in any action against the doctors," said Charlton.

29 letters on Bara since 1973

By THABISO
LESHOAI

A mass meeting of staff and students of the Wits University faculty of medicine was yesterday told that since 1973 no less than 29 letters describing horrendous conditions at Baragwanath hospital had been sent to the Transvaal Provincial Administration.

Addressing the meeting held at the Wits medical school, Professor Leo Shamroth, former head of Baragwanath's department of medicine said 80 percent of the memoranda had been ignored. When hospital authorities answered his letters they were either evasive or cursory, he said.

Professor Shamroth said conditions at Baragwanath were "a pathetic display of man's inhumanity to man." He said the basic tenets of the Hippocratic Oath were on trial at Baragwanath.

Yesterday's meeting was called in solidarity with the 101 Baragwanath doctors who wrote a letter last September in the *South African Medical Journal* criticising conditions at the hospital.

Meanwhile a patient at Baragwanath who asked not to be named said next time he is sick he will go to the SPCA because it is safer there. He alleges that yesterday a mental patient attacked and urinated on him while he was helpless.

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15/1/88
Some Pan

Hospital investigator stands down

THE senior deputy director of the Transvaal department of hospital services was this week asked to stand down from a commission of inquiry into the conduct of two Baragwanath doctors who criticised conditions at the hospital.

The doctors claimed Dr D Kritzing-er — who reportedly said Baragwanath Hospital served a Third World community which was accustomed to sleeping on the floor — could not be an impartial adjudicator.

Kritzinger was sitting on the commission with the director of hospital services, Dr JA Fourie, who was chairing the hearing. When lawyers for the two doctors objected to Kritzinger's presence, Fourie asked his deputy to leave.

Approached for comment yesterday, Kritzinger said he was "not allowed" to speak to the press and referred questions to Fourie.

By JO-ANN BEKKER

Fourie said he did not think the objections to Kritzinger were "applicable" and said the allegations against his deputy were "unsubstantiated". "But I did not have time to discuss all that nonsense so I asked him whether he would excuse himself," Fourie said.

According to papers before the supreme court, Kritzinger made his comments about Third World patients to the former head of Baragwanath's department of medicine, Professor Leo Schamroth, last year.

Kritzinger's reported remarks have received wide publicity following the row over a letter published in the *South African Medical Journal* which slammed conditions in Baragwanath's medical wards. The letter was signed by 101 doctors.

Officials of the Department of Hospital Services have reacted strongly to the letter and have demanded the doctors sign apologies or lose their jobs. To date a total of 44 out of 51 signatories to the *SAMJ* letter have signed the approved apology.

One registrar refused and was told he would be given 24 hours notice. This was not confirmed in writing and he has since been given time to reconsider.

Of the other 50 doctors who signed the *SAMJ* letter, a few have left the department of hospital service and others are on leave.

A Wits spokesman said the university had learned "from a very reliable source that the next step will be disciplinary action against permanent members of staff."

● See PAGES 6 and 7

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15-2/1/88

(A) (93)

800 doctors in Bara protest

JOHANNESBURG. — Eight hundred doctors and medical students demanded that the government withdraw threats of dismissal against colleagues who signed a letter condemning conditions at Baragwanath Hospital near Soweto, a doctor said yesterday.

Professor John Milne, deputy dean of medicine at Johannesburg's University of the Witwatersrand, said yesterday the doctors met behind closed doors on Thursday night.

They demanded an end to the persecution of doctors who published a complaint about overcrowding at the giant Baragwanath Hospital and instructed the university to seek improvements in the "squalid" conditions at the state-run facility.

In another development, doctors said that five wards, with a capacity of 200 beds, have remained unused for 23 years while patients have been forced to sleep on floors and in corridors.

The doctors, who spoke on condition that they should not be identified, said a sixth ward had been turned into a dormitory for security staff.

Government health officials were not available yesterday to explain why the wards have not been utilized.

Professor Milne said 800 doctors and students voted at their meeting on Thursday to condemn the dismissal of doctors who refused to sign a repudi-

ation of their earlier criticism.

At least six of the 100 doctors who signed the letter to the South African Medical Journal are known to have refused to recant. It is not yet known whether all have been dismissed.

The president and head of the department of surgery at Wits, Dr J A Myburgh, said in a statement yesterday that the situation which has arisen over the doctors is "viewed with the greatest distress and alarm" by the College of Medicine of South Africa.

He made an appeal for moderation and wisdom in settling the issue.

"There is acceptance by all involved that there are serious problems, difficulties and deficiencies in the provision of health care to the people of Soweto, and in that Baragwanath Hospital occupies a crucial position," Dr Myburgh said.

"Intense feelings have been aroused by what have been perceived to be intemperate and derogatory statements and inaccuracies on the one hand, and drastic and unjustifiable punitive overreaction on the other.

"Persuance of unyielding confrontational attitudes will have tragic consequences for the very people whose welfare must be, and surely is, of fundamental deep concern to all parties," he added.

"This explosive situation can be, and clearly should be, diffused by just and decent corrective action." — UPI and Sapa



Fall from grace for Bara - once the pride of Africa

By REVELATION NTOLA

BARAGWANATH Hospital, once the toast of Africa's medical services, has fallen from grace.

Hardly a day passes without a disturbing report on what used to be one of Africa's best-equipped hospitals.

Doctors employed at the hospital now describe conditions there as "disgusting and despicable" while the attitude of the authorities is said to be "deplorable".

And while a storm is raging following the Transvaal Provincial Hospital Ad-

17/11/88

ministrations demand that all doctors who signed a letter of complaint that appeared in the *S4 Medical Journal*, another bombshell revealed that mentally sick patients at the hospital were made to share the same wards with physically ill patients.

In a letter sent to South African Medical and Dental Council on June 12, 1980, 70 doctors employed in the department of medicine at Baragwanath Hospital, pointed out the unsatisfactory conditions at the hospital. The letter, the doctors said, was ignored by the council. Similar ap-

peals to the Transvaal Provincial Hospital Administration also drew a blank.

In a more recent letter published in the medical journal, 101 doctors pointed out that years after the 1980 letter was sent, the situation had worsened with nothing to suggest that things were about to improve.

"Facilities are completely inadequate. Many patients have no beds and sleep on the floor at night and sit on chairs during the day. The over-crowding is horrendous. Nurses are allocated according to

the number of beds, and not according to the number of patients," said the letter.

"Pleas for help have been met with indifference and callous disregard. Patients and the problems are treated with utter contempt by the authorities. Nothing is done to correct this affront to human dignity.

"Here is human suffering which cannot be portrayed by mere statistics." While most of the doctors who signed the letter have apologised to the administration, others have refused to do so.

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Inquest
18/1/88

'Distress and alarm' over Bara doctors

THE situation which has arisen over the Baragwanath Hospital doctors is "viewed with the greatest distress and alarm" by the College of Medicine of South Africa, its president and head of the Department of Surgery at the University of the Witwatersrand, Dr JA Myburgh, said in a statement at the weekend.

He appealed for moderation and wisdom in settling the issue which arose

after the *South African Medical Journal* printed a letter from a group of doctors at Baragwanath complaining about conditions at the hospital.

"There is acceptance by all involved that there are serious problems, difficulties and deficiencies in the provision of health care to the people of Soweto, and in that Baragwanath Hospital occupies a crucial position," Dr Myburgh said.

"Intense feelings have been aroused by what have been perceived to be intemperate and derogatory statements and inaccuracies on the one hand, and drastic and unjustifiable punitive overreaction on the other.

"Persuance of unyielding confrontational attitudes will have tragic consequences for the very people whose welfare must be, and surely is, of fundamental deep concern to all parties," he added.

"This explosive situation can be, and clearly should be, diffused by appropriate just and decent corrective action." — Sapa.

Bara doctors are only doing their duty by complaining, says report

12/1/88
Medical Reporter

Doctors at Baragwanath Hospital are merely performing their duty by pointing out the gross deficiencies in the hospital's services, the Health Workers' Association has claimed.

In a report entitled "Health in RSA" the association says there is no doubt that health care facilities for blacks are generally inferior to those for whites.

"Overcrowding is a major problem at most black hospitals and particularly Baragwanath. White hospitals on the other hand are relatively empty. No apology extracted forcibly or made under duress will success-

fully conceal the truth," the report says.

The dismissal of those doctors who complained about conditions at Baragwanath will only worsen the staff shortage situation, the report claims.

It says the repressive action

taken against these doctors is a matter of concern for all health workers.

"Health care workers have an ethical duty to oppose the continued imposition of discriminatory practices in our health services," the report adds.

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Case 7-11-1978

Black health care 'inferior'

JOHANNESBURG. — Doctors at Baragwanath Hospital are merely performing their duty by pointing out the gross deficiencies in the hospital's services, the Health Workers Association has claimed.

In a report entitled "Health in RSA", the association says there is no doubt that health care facilities for blacks are generally inferior to those for whites.

"Overcrowding is a major problem at most black hospitals and particularly Baragwanath. White hospitals on the other hand are relatively empty. No apology extracted forcibly or made under duress will successfully conceal the truth," the report says.

The dismissal of those doctors who complained about conditions at Baragwanath will only worsen the staff shortage situation, the report claims. — Sapa

Bara crisis - TIC tells Arbee 'resign'

THE Transvaal Indian Congress (TIC) yesterday called on former House of Delegates member Mr Ahmed Arbee to resign from the Transvaal Provincial Executive because he has been silent about the victimisation of Baragwanath doctors who criticised conditions there.

The TIC said: "Mr Arbee has remained silent over the actions of his colleague, Mr Danie Kirstein. This silence must be construed to mean that Mr Arbee supports the action of the Province."

The TIC have come out in full support of the doctor's actions in exposing conditions at Baragwanath hospital, and blamed the Government for "the disgraceful neglect of black hospitals in the country".

Mr Arbee's inability to secure more funds for health and hospital services in Indian, 'coloured' and African areas was also questioned by the TIC. It said both the Baragwanath crisis and the failure to open the Lenasia hospital more than a year after its completion demonstrated his powerlessness.

By the time of going to press yesterday, Mr Arbee could not be reached for comment.

Smyth
20/11/88
93

Needed: First Aid for Baragwanath

JOHANNESBURG — Several doctors at Baragwanath Hospital face the axe unless they apologise to hospital authorities.

This follows the publication of a letter in the SA Medical Journal severely criticising conditions at the hospital. Signed by 101 doctors, the letter warned the "appalling situation was rapidly approaching a major crisis".

The doctors have been threatened with expulsion by the Transvaal Department of Hospital Services, who demanded signed apologies. It is believed about 20 doctors have already apologised.

In a letter to the Medical Journal, the doctors note a letter signed by 70 doctors employed at Baragwanath was sent to the South African Medical and Dental Council on June 12, 1980.

Ignored

This letter was ignored, as were repeated appeals and pleas to the Transvaal Provincial Administration.

"Years later, the situation has not improved. Indeed, it is worse. Conditions in the wards are disgusting and despicable. The attitude of the authorities can only be described as deplorable," the doctors said.

Describing the state of affairs as "inhuman", the doctors noted that facilities were "completely inadequate" at the hospital which provided medical services to more than 1,5 million black people.

Many patients, they said, had no beds, and slept on the floor at night and sat on chairs during the day. The overcrowding was "horrendous" and nurses were allocated according to the number of beds, and not the number of patients.

The doctors said: "Ablution facilities are far short of the accepted health requirements, and standards are undoubtedly compromised.

"Pleas for help have been met by indifference and callous disregard.



Doctors have called for medical facilities for blacks to be upgraded

Patients and their problems are treated with utter contempt by the authorities. Nothing is done to correct this affront to human dignity. Here is human suffering which cannot be portrayed by mere

statistics."

The 101 doctors described as being "devoid of the truth" statements by the hospital administration that improvements could not be made at the existing

hospital because a new hospital was being planned in Soweto.

They said it was "utterly hypocritical" of the administration to say there was no money for new facilities.

An expensive administration block had recently been built at the hospital and a R300-million hospital, mainly for whites, was being planned alongside the HF Verwoerd Hospital in Pretoria.

Meagre

"The population of Soweto is very large and resources at Baragwanath are meagre. Influx control has been abolished. How much greater is Baragwanath's burden now? Has there been planning to anticipate this?

"We are of necessity forced to lower our expectations in the quality of care we can offer our patients. The uncaring, uncompromising attitude to the handling of sick human beings is beyond belief," added the doctors.

According to a spokesman of the United Democratic Front-affiliated Health Workers' Association about 20 doctors had already apologised.

He said the doctors had been exercising their ethical and public responsibility. The actions of the authorities was "both repressive and vindictive."

Ignore

"The authorities, through these actions, display gross insensitivity to the health care needs of a large sector of our community."

Members of the HWA could not ignore or allow repressive action against health professionals exercising the basic right to criticise.

"All we ask for are improved facilities — beds to sleep in, or even die in, instead of the floor. If Bara were a hotel it would be declared a health hazards and condemned as such," a doctor reportedly said.— ANO

COMMENT

Telephone: (011) 673-4160

Bara docs should be honoured

THE patients who spend hours in the queues at Baragwanath Hospital or who sleep on the floor there because there are not enough beds will do anything to see the conditions at the hospital changed.

And as they lie in their pain they sometimes use foul language to describe the conditions there.

It is natural that doctors who treat them share the feelings of frustration.

If the doctors did not share the anger they would have no place in the healing business.

The 101 doctors who wrote to the *SA Medical Journal* about the conditions at the hospital acted responsibly, after numerous memoranda had been written to the authorities with very little effect.

They have now jolted the authorities into a grudging admission that conditions at the hospital are bad.

The Administrator of the Transvaal, Mr William Cruywagen, has said: "We have been aware of these conditions and are just as concerned about them as are the doctors."

There is even talk of finding R8-million to help ease the overcrowding at Baragwanath.

We should be happily working towards a solution. But no, the provincial authorities still insist on getting apologies from the doctors for, believe it or not, "the intemperate language used in the article in the *SA Medical Journal*. The cheek of it is unbelievable.

The doctors who signed the letter should be honoured for being true to their profession.

(93)

Sowetan

21/1/88

13 27/1/88
SCA punts
Bara doc's

THE Soweto Civic Association (SCA) has called on health authorities to re-instate all Baragwanath Hospital doctors who were forced to resign after they had condemned the "despicable" conditions at the hospital.

In a statement issued yesterday, the SCA said the stand taken by doctors at Baragwanath Hospital was a remarkable and courageous one.

"We know that for the health workers to have actually stood up against the State apparatus and bureaucrats must have taken a lot of courage. It took remarkable will to correct what is wrong and unjust," the statement said.

The association called on all Soweto residents to rally around the health workers

Pressure on Bara doctors mounts

93
Star 2/2/88

By Carina le Grange

Registrars of Baragwanath Hospital's department of medicine are under renewed pressure to apologise to the Department of Hospital Services for signing a letter published last year.

If they do not sign, they face possible dismissal.

A letter detailing overcrowded conditions at the department of medicine at the hospital, signed by 101 doctors, was published in *The South African Medical Journal* in September, leading to demands that the signatories apologise.

Five registrars received letters last week giving them until February 12 to sign a letter of apology drawn up by the authorities, failing which "further steps in terms of service contracts will be considered" against them.

Last month one of the five registrars was threatened with dismissal within 24 hours for not signing the letter. He did not sign the apology but his dismissal was not carried out. Last week he received the latest demand for a signed apology.

Executive committee member and chairman of the Southern Transvaal branch of the Medical Association of South Africa, Mr S Kay, said yesterday that the "disciplinary measures would stay with these doctors for the rest of their professional lives".

He hoped to continue to be instrumental in further negotiation concerning the disciplinary factors and in bringing about measures to improve conditions.

D-day set for Bara five

93
Smeets
3/2/88

By THABISO LESHOI

FIVE Baragwanath Hospital registrars have been given until February 12 to apologise to the Transvaal Provincial Administration for exposing overcrowding at the hospital.

If the doctors have not signed the letter by then they face possible dismissal.

One of the five registrars got a similar warning last month but resisted. He received the latest ultimatum together with the other four.

One of the registrars said the apology they were required to sign — an apology drawn up by the TPA — contained inaccuracies. Two registrars who have so far offered "alternative apologies" of their own have had them returned.

Refused

Late last year two senior house officers and four interns were refused positions as registrars at the hospital for signing the letter which, among other things, exposed severe overcrowding and inadequate ablution facilities.

They were informed that they were unsuitable for the positions despite the fact that the relevant departments in which they sought appointments had already found them suitable.

Support for the doctors has been widespread. About 160 doctors of the South African Medical Discussion Group have called on the provincial authorities to reinstate the doctors.

Support

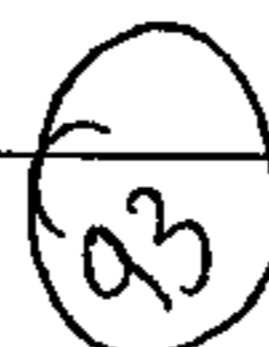
The group praised the doctors for "exhibiting the finest examples of ethical behaviour".

The Medical Association of South Africa (Masa) and the staff and students of the medical faculty of Wits University have also expressed their support for the doctors and condemned the authorities' "victimisation" of the doctors.

On Monday an executive committee member of Masa, Mr S Kay, said he hoped to continue to be instrumental in further negotiations concerning both the disciplinary factors relating to the doctors' case and in bringing about measures to improve conditions.

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Woman bled to death: doctor cleared of negligence

By Toni Younghusband,
Medical Reporter

A Johannesburg general practitioner, whose patient bled to death while giving birth, was last night acquitted by a disciplinary committee of the South African Medical and Dental Council of negligence or improper conduct.

Dr Charles John van der Westhuizen pleaded not guilty to eight counts of failing and/or neglecting to attend adequately to Mrs Elaine Amy Berrange (38) when she allegedly haemorrhaged after giving birth.

Dr van der Westhuizen was earlier acquitted by a Johannesburg magistrate on a charge of culpable homicide arising from Mrs Berrange's death.

The South African Medical and Dental Council's disciplinary committee, chaired by Professor Frans Geldenhuys, heard yesterday that post-mortem examinations showed lacerations of Mrs Berrange's cervix and a 5 cm rupture of the uterus.

Mrs Berrange gave birth naturally at 1.50 am on December 22 1984 at the South Rand Hospital in Johannesburg. She died

about three hours later.

A Johannesburg obstetrician, Dr E Blignaut, told the committee he was called to assist Dr van der Westhuizen at about 3.15 am.

Dr Blignaut said that when he arrived at the hospital some 20 minutes later he noticed an "excessive" amount of blood.

"It became obvious that she needed examination under anaesthetic in an operating theatre," Dr Blignaut said.

While he was making arrangements, Dr van der West-

huizen informed him that Mrs Berrange had gone into cardiac arrest.

Dr Blignaut said he believed Mrs Berrange should have been taken to an operating theatre much earlier.

A specialist in obstetrics and gynaecology at Baragwanath Hospital, Professor Cyril van Gelderen, told the committee he did not believe there was any significant delay between the time Mrs Berrange started bleeding and the time arrangements were made for the theatre.

93 (circled) SMM 3/2/88

Letters to the Editor

Bara: Tvl hospitals head should resign

Mr Daan Kirstein (MEC in charge of Transvaal hospitals) appears to have really over-extended himself in the handling of the doctors calling for improved conditions at Baragwanath Hospital.

Their grievance letter was printed in a select journal, the *South African Medical Journal*, which is circulated almost exclusively to the medical community. The problem areas stated in the letter were specific and explicitly pertained to Baragwanath Hospital, eg. "Many patients have no beds and sleep on the floor" and "ablution facilities are far short of accepted health requirements".

If scandal-mongering was their aim they could quite easily have gone to the popular press to gain maximum publicity. This was not the case. The entire affair would have stayed an internal medical matter had it not been for the sheer bloody-mindedness of the Directorate of Hospital Services.

The high-handed arrogance shown by Mr Kirstein and his officials in ignoring a Supreme Court ruling which stated the doctors should be given a fair hearing, is truly incredulous. Their ultimatum was: apologise or lose your

jobs. The hospital directorate's defence was that facilities at other black hospitals had been upgraded, implying that these improvements would ease the situation at Baragwanath.

A moment's thought reveals this logic to be fraud. The Soweto population is not going to travel approximately 30 kms to Hillbrow hospital for treatment, when a hospital, no matter how bad, exists on their doorstep.

In dictatorial style Mr Kirstein appears unable to bear criticism. His banana republic overreaction has resulted in a decision which has affronted and outraged a large number of the medical and general population.

This laager-type stupidity is precisely the ammunition that South Africa's critics revel in using against the country, when they point out that apartheid is very much alive. Such incompetent blundering should not be tolerated.

Mr Kirstein must resign and be replaced by someone who understands the meaning of negotiation and the subtle diplomatic moves required by such a prominent public position.

David T Cason

Kensington

PRETORIA

Government has at last moved to ease the acute shortage of doctors in provincial hospitals and state institutions by granting some categories salary hikes.

This follows repeated warnings from the Medical Association of SA (Masa) of the threatening crisis.

Masa's executive committee stressed months ago medical services provided by the state were deteriorating fast because of unsatisfactory service conditions and a lack of adequate facilities.

Unless urgent steps were taken, the standards of patient care and training of doctors would decline, the committee warned.

Yesterday Masa gave a qualified

Govt moves on doctors' salaries

(92) 5/20/88

GERALD REILLY

welcome to the increases granted some categories of doctors.

Masa Deputy Director General H A Hanekom said it was hoped the rises would help eliminate the "dire" medical staff shortage.

Masa regretted, however, that no salary adjustments had been awarded registrars.

Masa's executive committee is to petition the Commission for Administration urgently to reconsider registrars' salaries.

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Long history of serious overcrowding at Bara

Star, 4/2/88

93

Fifteen years ago, in January 1973, the Director of Hospital Services was informed by letter that the department of medicine at Baragwanath Hospital was in a state of "imminent collapse".

The then director, Dr H Grove, was told by Professor Leo Schamroth that his suggestions to ease the situation had received "little support" by the hospital's administration.

This letter, dated January 15 1973, was followed by many others to his superiors. Some detailed attempts were made by Professor Schamroth, who retired last year as head of the department of medicine, to alleviate the situation by bringing it to the attention of the superintendent, the University of the Witwatersrand and the provincial authorities.

Increasing stringency

A letter by Professor Schamroth, who enjoys an international reputation, to the superintendent written in 1979 referred to other correspondence over the previous six years and said admissions to the department had increased "despite ever-increasing stringency in criteria for admission".

"All patients admitted are acutely ill and in an advanced state of disease. If usual or standard criteria had to be applied, the intakes would unquestionably be far higher ... Many patients are being discharged prematurely.

Injections

"Drugs are not given, injections are omitted and intravenous drips run dry ... this is no reflection on the nursing staff since circumstances are beyond their control," Professor Schamroth wrote.

The letter noted that a 40-bed ward had 91 patients.

Today, nine years later, the situation has not changed. During a visit by The Star to the department last month, a 40-bed ward had 92 patients with only three nurses in attendance.

Despite the authorities' accusation that the 101 doctors were inaccurate in saying nurses are allocated according to beds and not pa-



Professor Leo Schamroth ... battled for years to effect improvements.

By Carina le Grange

tients, letter after letter also mentioned the "intolerable load" on nurses and their inability to maintain adequate standards.

A letter dated March 11 1980 said that nurses, already "hard-pressed and understaffed", had to double as porters, and that "overcrowding is so chaotic, and the resulting pressure of work so great, that it transcends all ethical norms of medical practice".

Professor Schamroth mentioned in this letter the desire of the doc-

tors to approach the South African Medical and Dental Council, which they did later that year. The letter was ignored.

Shorter letters to the superintendent over the 15-year period stated only the basics: "This is to inform you that Ward 16, a 40-bed ward, now has 85 patients."

Worked 30 hours

Among the suggestions made to alleviate the conditions was that the five closed wards at the hospital be opened "simultaneously with the unfreezing of the 500 nursing posts".

A record of correspondence between Professor Schamroth and his

Last September, 101 doctors at Baragwanath Hospital published a letter in a medical journal describing conditions at the hospital as "disgusting and despicable". They were severely critical of the attitude of the provincial administration. Their criticism, which they said was triggered by concern for the quality of treatment of their patients and medical professional standards, is costing them dearly. Doctors have been threatened with dismissal or non-promotion unless they sign formal apologies, while six junior doctors have already been denied appointments by the province. Publication of the letter led to some publicity in the media, but what is now known as the "Bara crisis" became controversial only when the extent to which the doctors are to be punished by the authorities became clear. However, the struggle for improvements of conditions at the hospital has been going on for a long time. This report gives some indication of formal complaints over 15 years.

superiors, contained in court records of the recent Supreme Court case brought by the interns who were refused positions for signing the letter in the *South African Medical Journal* last year, showed the "Baragwanath dilemma" was also brought to the attention of the Cabinet which was "briefed" on the position.

The publicity surrounding the health crisis has led to an announcement by the Minister of Health and Population Development, Dr Willie van Niekerk, that an extra R10 million will be allocated to ease the situation. But the disciplinary action against doctors who signed the letter published last year continues.

93

8/2/88

SOWETAN, Mond

Bara meeting

THE Health Workers' Association has invited community organisations to discuss the crises in health particularly at Baragwanath Hospital, at a meeting on Thursday.

The meeting will take place at the Glyn Thomas house at Baragwanath Hospital. It will be held on the eve of the February 12 deadline the Transvaal Provincial Administration has given to senior doctors at the hospital to

apologise for their criticism of conditions at Baragwanath.

A spokesman for the association said at a meeting between himself and other organisations on Friday, it was decided to call an open meeting where all would be welcome. Last Friday's meeting had been attended by mostly UDF affiliates. All community organisations are welcome and invited to attend the Thursday meeting.



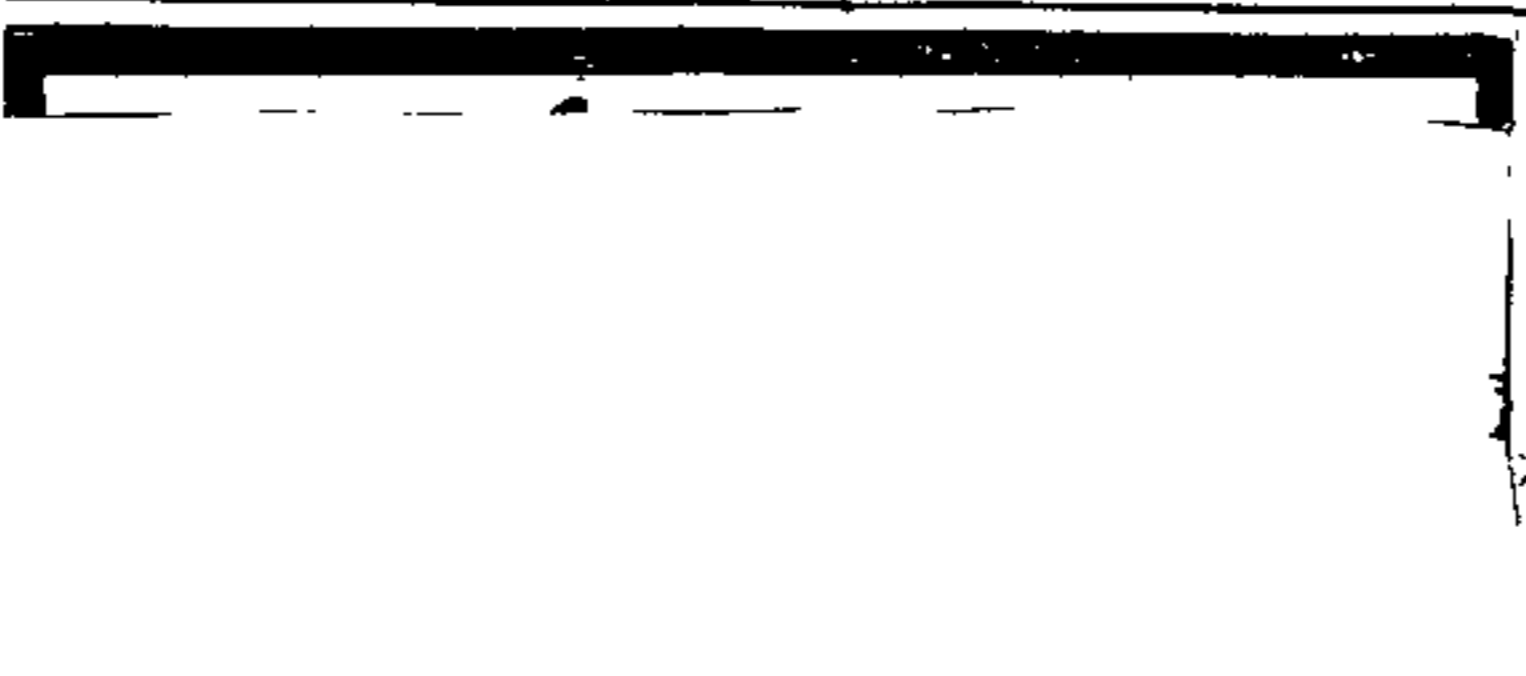
Health workers meet

HEALTH workers will meet at the Glyn Thomas hall next to Baragwanath Hospital today to air their grievances and to support Baragwanath doctors who

Sowetan Reporter
criticised conditions at the hospital.
The meeting, organis-

ed by the Health Workers Association, will also voice opposition to the new tariffs which were increased last month. The meeting starts at 5 pm.

A HWA spokesman said community organisations, civic associations, political organisations and trade union groups will send representatives to the meeting.



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Five Bara

(93)

Shev 12/2/88

doctors face

sack today



By Carina la Grange

At least five registrars at Baragwanath Hospital were facing dismissal today unless they signed apologies drawn up by the provincial authorities.

They are among the 101 doctors who protested in a letter last year against the "deplorable" conditions at the department of medicine at the hospital. The letter was published in a medical journal.

The authorities subsequently took action against six interns, who have not been appointed to posts approved by departmental heads of the hospital.

This disciplinary action was followed by demands that the more senior registrars as well

n for kill

Diari, said the petition highlighted many of the "grey areas" of law and evidence which the original trial and the appeal hearing had left begging. The six were sentenced to death in 1985.

as the permanent consultants sign a letter of apology.

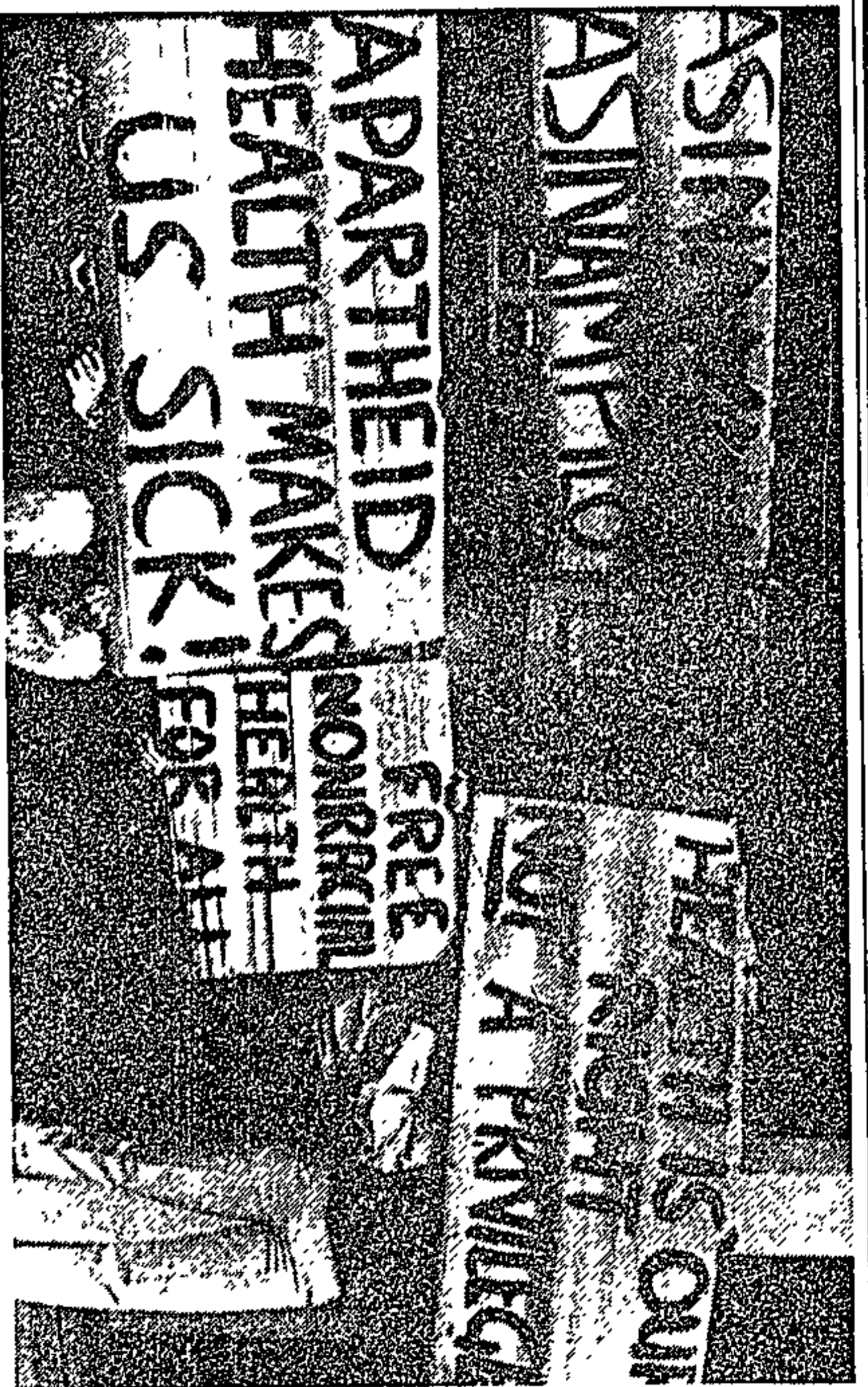
It is believed about 50 doctors have not yet signed the letter.

Registrars who do not sign face dismissal, while the consultants — who have been granted a week's grace before their deadline is up — face non-promotion or other disciplinary measures.

At a meeting to show solidarity with the doctors who face action, a spokesman for the Health Workers' Association (HWA) said last night: "Health workers are forced to become political activists if true justice in health care cannot be attained under the apartheid ideology."

The meeting was called by the HWA and supported by the United Democratic Front, the Congress of SA Trade Unions, the Soweto Civic Association and other community organisations.

The HWA spokesman said one of the ways in which a doctor could take action would be to refuse to transfer patients from the "wrong" race to a hospital that catered for the other race.



Health workers raise placards at a meeting yesterday to show solidarity with Baragwanath doctors facing disciplinary measures.

Bus ambush

Freed detainees are re-arrested by police

12/15/88
2/5/88
The Star's Africa News Service

2/5/88
2/2/88
Crime Reporter

MAPUTO — The Mozambican authorities have denied that dozens of civilians were killed during a rebel attack on a bus convoy north of Maputo.

A Portuguese news agency reported on Wednesday that dozens of people had been killed in an ambush of a bus convoy.

"We are mystified by the Lisbon reports," a spokesman for the official Mozambique news agency, AIM, said.

He said the Lisbon agency was possibly exaggerating the ambush on one vehicle earlier in the week.

Two Mairitzburg township activists, Mr Martin Wintenberg and Mr Sikhumbuzo Ngwenya, have been re-detained in connection with activities "which threaten the safety of the public and the maintenance of public order", police said in a statement.

The two, believed to be affiliated to the United Democratic Front, are now being held in terms of the emergency regulations after police said they had "no option" but to detain them again.

A statement released by the police directorate of public relations in Pretoria, said: "After their release, both continued with activities which threatened the safety of the public and the maintenance of public order.

"Everything possible is being done to end the violence and the police will not allow anyone, through their actions, to endanger the safety of the public or disrupt public order."

Bara tense as medics vow NOT to ignore conditions

By SINNAH KUNENE

HERE is mounting tension and the possibility of a breakdown of health services at Baragwanath Hospital.

Doctors and medics at Bara, fully supported by health workers' unions and political organisations last night vowed they would not shut their eyes to the unsatisfactory conditions under which they had to operate at black hospitals.

Today is D-day for the hospital's five doctors, who were among critics who exposed unhealthy conditions at Bara, to send in their apologies to the Transvaal Provincial Hospital Services in Pretoria.

The TPA's MED, Daan Kirkbride, warned that they would either be reprimanded or dismissed. He rejected allegations that the authorities had cast a blind eye to the crisis at Bara.

The five senior registrars and an-

other 43 temporary doctors had attached their signatures to a memorandum published in the *S1 Medical Journal*, which criticised conditions in the hospital.

Speakers from the Health Workers Association, National Education, Health and Allied Workers Union, the UDF and civic bodies called for a national health campaign for equal health services for all races in the country.

Focusing on the World Health Organisation's theme, "Health for all by the year 2000", a spokesman for HWA said it was time for people to demand their basic right to free, non-racial hospital care.

She said: "Nobody can be turned away from a hospital or clinic. Refusal by a doctor or nurse to treat a patient without money or because of his race is a crime."

She said health authorities

"shunned their responsibilities" by shifting the blame on political groups.

"How do you convince a patient there is no bed in a hospital while he reads about an empty hospital which offers health services to whites only?" she asked.

December 1987 statistics show that the Johannesburg Hospital was three quarters empty.

Although patients at Bara get cheaper medicine, they often do not get enough medicine to cure them properly and are often discharged before they are cured, a HWA report states.

In the latest increase, medical fees went up by over 150 percent, from R2 to R5 a visit for pensioners and the unemployed.

Of over 5.5-million admissions to all provincial hospitals, 1.6-million are white and about 4-million are black.



Many Baragwanath patients do not even have their own beds.

One quiet night at Bara

A 14-YEAR old girl suffering from chronic diabetes lies listlessly on a hospital bed. On the stretcher along-side, a middle-aged man undresses for his examination and pulls on the standard green and white striped pyjamas

This scene would raise an uproar in any "white" hospital. But at Soweto's Baragwanath Hospital no-one notices.

In Ward 20, the medical intake ward, all new patients are screened together. Rudimentary curtains are sometimes drawn during undressing, examinations, the taking of urine samples — and sometimes not.

Up to 4am only urgent cases are referred to Ward 20 by the hospital's admissions department. These patients arrive with a red sticker on their foreheads which reads "Urgent *Dringend*" — the kind of sticker most people would recognise from hand-delivered mail.

But after 4pm all patients who are not younger than 10, pregnant or bleeding are admitted to the medical intake ward.

Psychiatric patients are brought in strapped with bandages to the tin trolleys which serve as stretchers. The heads of patients with respiratory problems are supported by upside-down chairs strapped to stretchers.

The patients examined when *Weekly Mail* visited the hospital this week were suffering from illnesses such as TB, pneumonia, malignant hypertension, epilepsy, diabetes, renal failure, rheumatic heart disease and psychiatric disorders.

Commenting on the condition of the young girl with diabetes a doctor said bitterly: "Anywhere else she would be in an intensive care unit."

Out on the porch — which serves as a hopelessly inadequate women's wing — a 12-year-old girl weeps and weeps. "I'm all alone," she cries. Nobody has the time to comfort her. "At first I used to worry about eventually patient. Now I don't. If you do it kills you," a doctor said.

A few beds away an old woman has defecated in her bed. She is on hands and knees in a pool of urine. In the main ward a nurse ties a sheet around her middle and goes to attend to her.

The smell of urine is everywhere. A beaker beside most beds contains a urine sample.

A young woman asked to give a

Today is 'apology' day for Baragwanath doctors, told to retract a controversial open letter describing conditions at the hospital as 'hopelessly inadequate'. Reporter JO-ANN BEKKER visited the wards on a 'quiet night' this week ... and arrived back shaken

Regret ... no official visit allowed

THE Transvaal Executive Director of Hospital Services this week refused *Weekly Mail* permission to visit Baragwanath Hospital's medical wards, the focus of an ongoing controversy between doctors and the authorities.

The visit was requested five months after the South African Medical Journal published a letter signed by 101 Baragwanath doctors criticising conditions in the wards and the attitude of the authorities.

Many doctors have until today to reply to the Transvaal Provincial Administration's letters requesting they retract some of their statements and apologise for the heated

urine sample squats down beside her bed in full view of everyone. The beaker overflows and the pool of urine remains on the floor until the nurse has time to mop the floor.

Nurses are porters, interpreters and cleaners. They dish up the supper — a bowl of porridge or soup with noodles and bread — and later evening tea with a slice of bread and jam.

The nurses had to cope with a psychiatric patient who sang at the top of her voice until sedated. And with demanding patients, like a large, thick-set man who was admitted with a type of epilepsy which induces halu-



Drawing: DEREK BAUER

tone of their attack.

Weekly Mail wished to determine whether the facilities were, as the doctors' letter described, "completely inadequate. Many patients have no beds and sleep on the floor at night and sit on chairs during the day. The overcrowding is horrendous. Nurses are allocated according to the number of beds, and not to the number of patients.

Although official permission to visit Baragwanath was refused, *Weekly Mail* reporter Jo-Ann Bekker was able to enter the hospital openly this week. No attempt was made to stop the reporter.

cinations.

"Doctor, I'm flying," he said. "Everything is going up and down. Feel my arm, I'm so hot. The world is ending. I'm sure the world is ending. I'm so happy."

Sometime later he cut his finger and the doctor prescribed sedation. He was angry when the nurse injected him. "I just asked her to take my temperature." When he did not calm down after further sedation, a nurse tied him to the bed with bandages.

There is only time to take the essential medical history. "Do you smoke?" "No," says an old man who is little more than skin and bones. "Do you drink?" "Only on Saturday."

"Have you had TB before?" He nods.

The doctor asks him to cough while he measures his heartbeat. After the examination, the man reaches for a

specimen bottle beside the bed and coughs blood into it.

Only one medical unit, which was built in 1980, has wards which are divided into separate sections.

Each of the neon-lit bungalow wards was overflowing. The average occupancy was 175 percent — far above the official figure of 110 percent.

One unit — which includes separate male and female wards — had 152 beds for its 80 patients. Wards 25 and 26 had 138 patients for 80 beds. Wards 23 and 24 had 141 patients for 80 beds. Wards 21 and 22, 132 patients for 80 beds. Wards 35 and 38 had 144 patients for 69 beds.

One sister said she and three nurses had to cope with a ward more than 200-percent full which included "10 mental cases, 14 diabetics, 10 help-less patients who need two-hourly changes, 14 old-age patients who crawl around on their hands and knees".

In all the bungalow wards, most patients on beds were flanked by patients on the floor and under the bed. During visiting time it was difficult to walk along the aisles as relatives squatted on the floor to talk to patients, or stood around stretchers.

"You came on a quiet day, in a quiet week and summer is a quiet season," one doctor said.

Housed in brick and tin-roof bungalows built in 1948, five of the six medical units consist of one long dormitory with a row of beds on each side, and a porch where more patients are kept.

A total of 65 patients were admitted to Ward 20 that night. When they had been examined and diagnosed, they waited — dressed in the hospital's multi-coloured towel gowns on a wooden bench or on stretchers — to be admitted to the medical unit which was accepting new patients that night.

12-18/2/88

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W/Meine

Bara doctors get reprieve

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PATRICK BULGER 19/2/88

B/day

UP TO 30 Baragwanath doctors face the sack unless they retract statements about the hospital before next weekend.

MEC in charge of Transvaal hospitals Daan Kirstein said yesterday the doctors had asked for a week-long extension. They had earlier been given until February 12 to retract a letter published in the SA Medical Journal criticising facilities at the hospital. They are all on the permanent staff.

Kirstein said up to six temporary doctors whose contracts were not renewed at the start of the year had also been given until February 12 to retract. He was not sure whether they had done so.

Meanwhile community organisations have thrown their weight behind the doctors. At a meeting at Soweto on Thursday night, members of the Health Workers Association spoke out against the Transvaal Provincial Administration's treatment of the doctors.

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Cape Times, Monday, February 15, 1988 9

Doctors given further week to decide on jobs

Own Correspondent

JOHANNESBURG. — Up to 30 Baragwanath doctors face the sack unless they retract statements about the hospital before next weekend.

Mr Daan Kirstein, MEC in charge of Transvaal hospitals, said yesterday that the doctors, who are all on permanent staff, had asked for a week-long extension. They had earlier been given till February 12 to retract a letter published in the SA Medical Journal criticizing "deplorable" conditions at the hospital.

Five temporary Baragwanath medics who have refused to withdraw a statement criticizing conditions at the hospital are no longer in its employ, he said.

He denied reports that the five faced dismissal saying they had not been reappointed this year.

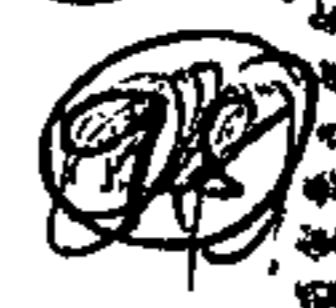
"It is not a matter of firing, they are not in our employ until they withdraw what they said about the hospital authorities."

With regard to permanent staff, Mr Kirstein said a letter had been addressed to them which said they "should withdraw" their statements.

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Bara doctors get extension on apology deadline

Star 16/2/88



By Carina le Grange

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Registrars at Baragwanath Hospital under threat of dismissal for refusing to apologise to the provincial authorities have been granted an extension.

They were among 101 doctors at the hospital who wrote a letter published in a medical journal, saying conditions at Baragwanath were "deplorable".

The authorities accused them of having included inaccuracies in the letter and demanded they sign a letter of apology or face disciplinary action such as dismissal or non-promotion.

Friday was the deadline for the registrars to sign the apologies, but they applied for an extension of a week. The consultants concerned had already been granted an extension.

One registrar told The Star he would not sign the letter and added that since the conditions at the hospital had been brought to public notice nothing had been done at the hospital to alleviate matters.

The latest issue of the *South African Medical Journal* carries an editorial and six letters from the medical community in support of the doctors.

A letter from a member of the Federal Council of the Medical Association of South Africa, Dr J Adno, also details conditions at the hospital as inadequate.

Dr Adno also says that he proposed last year that the "health authorities proclaim Baragwanath Hospital a disaster area and have the overflow of patients transferred to the empty Johannesburg Hospital".

A special meeting convened by the Health Workers' Association — and supported by organisations such as the United Democratic Front, Congress of SA Trade Unions, the Release Mandela Campaign and Lawyers for Human Rights — also drafted a letter to the authorities saying it was their "firm conviction that the apology required of these doctors was unnecessary".

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st shot had struck

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Doctor asks court to set aside decision

By MICHAEL DOMAN
Supreme Court Reporter

A REGISTRAR at the University of Cape Town, deemed by the dean of the medical faculty to be unsuitable for postgraduate study in forensic medicine, has applied to the Supreme Court for the decision to be reviewed, corrected or set aside.

Dr David Lunt, 49, of Pinelands, claims the decision preventing his re-registration is unfair, but the dean, Professor George Dall, denies this.

Dr Lunt said that after deciding to specialise in forensic medicine he was employed as a registrar at UCT's Medical School in 1984.

His employers were the Department of Health and Welfare, the Cape Provincial Administration and the university.

He said he was shocked in August 1986 when the Department of Health and Welfare questioned his suitability for a career in forensic pathology.

"I took the opportunity afforded me to refute certain criticisms levelled against me but, in December 1986 the director-general of the department informed me the merits of my explanations had not been considered since UCT had

decided not to register me as a postgraduate student (in forensic medicine) for the 1987 academic year.

"My services were terminated from March 1 1987," Dr Lunt said.

The loss of his job meant the end of his career in forensic medicine, since it was a prerequisite for his postgraduate studies that he hold a position in that field and a requirement for the job that he should study the subject at UCT.

Dr Lunt is now a general practitioner at a Peninsula day hospital.

"Criticisms"

He said the department heads of the pathology division found him unsuitable without hearing him and because of hostility and enmity towards him from the head of forensic medicine, Professor Gideon Knobel.

"Criticisms I have made of his department have not been kindly taken by Professor Knobel and there is an acute personality clash between us."

Dr Lunt is also asking the court to review, correct or set aside a decision by UCT vice-chancellor Professor Stuart Saunders to dismiss his appeal against the faculty's decision.

Professor Dall said in an affidavit that he decided not to allow Dr Lunt to register for 1987 after careful consideration, based on his own observations and recommendations by heads of departments in the division of pathology.

"I was mindful that its consequences were of a serious nature and I re-applied my mind to the matter for the 1988 application after requesting additional information from the department heads."

Professor Dall said that on inquiry he told a Dr Grove of the laboratory services division of Department of Health and Welfare in July 1986 that the recommendation of pathology department heads was that Dr Lunt was unsuitable as a potential specialist in forensic medicine.

Inadequate report

Professor Dall denied that the decision not to accept Dr Lunt was unfair or biased. He said his view that Dr Lunt was temperamentally unsuited to forensic medicine was fortified by letters in November 1987 from the pathology division heads.

"A further consideration was Dr Lunt's conduct when, questioned about his allegedly inadequate report while a witness at an inquest, he launched into an attack on Professor Knobel."

Mr Justice Howie reserved judgment.

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Doctors' D-Day

TODAY is D-Day for Baragwanath doctors who have been ordered to apologise for an article that appeared in the *South African Medical Journal* or face disciplinary action.

The ultimatum from the Transvaal Provincial Administration was extended to today by the Director of Hospitals, Dr Hennie van Wyk, last week after representations were made to him.

Last Thursday several organisations met at the Glyn Thomas Hall at Baragwanath and resolved to write a letter to the provincial authorities.

A spokesman for the Health Workers Association, representing

the doctors, yesterday said none of the doctors had apologised. They were prepared to defend themselves against whatever action might be taken against them.

The director of Hospital Services, Dr Hennie van Wyk, and MEC in charge of hospitals, Mr Dan Kirstein, were not available for comment yesterday.

A receptionist in the office of Dr van Wyk in Pretoria yesterday said he was in a meeting with Mr Kirstein.

A doctor at the hospital yesterday said that they would not apologise because nothing had been done to improve the conditions since the matter was brought to public notice.

(93) Smetur 19/2/88

and Mr Dan Kirstein

Bara doctors standing firm

20/2/88 Star

Twenty-eight senior doctors at Baragwanath Hospital have refused to respond to the deadline set by hospital authorities demanding that they apologise for signing an open letter condemning conditions at the hospital's medical wards. The deadline was yesterday.

A spokesman for the National Medical and Dental Association said yesterday that the 28, who included consultants and the academic backbone of Baragwanath, had refused to apologise for signing the letter that was published in the September 5 edition of the *SA Medical Journal*.

Ultimatum extended

An ultimatum for apologies — from the Transvaal Provincial Administration — was last week extended to yesterday by the director of Hospital Services, Dr Hennie van Wyk.

The open letter pointed to the shocking conditions in the hospital's medical wards, describing them as "disgusting and despicable".

Valiant 28 ignore deadline

"The state of affairs is inhumane," the letter said.

It claimed that many patients had no beds and slept on the floor at night and sat in chairs during the day.

The overcrowding was described as "horrendous" and the ablution facilities were "far short of accepted health requirements". Ethical standards were "undoubtedly compromised."

It added that the population of Soweto was increasing daily and no planning had been done taking this into consideration.

A spokesman for the director of Hospital Services refused to comment on the matter, saying it was "a personnel matter" that would be handled internally.

The TPA demanded that the signatories to the open letter apologise for the strong language in which the letter was

couched and for alleged inaccuracies it contained.

Namda said in a statement yesterday that the crisis at Baragwanath Hospital continued as the TPA had resolved to further demand of an apology from the remaining 28 doctors despite calls by the community, local organisations, and doctors that there should be a process of negotiation rather than punitive action.

Namda fully supported the action of the 28 registrars (doctors training in specialisation) and consultants (heads of department).

Instead of answering the problems highlighted in the letter signed by 101 doctors at the hospital, the TPA had countered with a "game of semantics" and failed to address the issues raised by the doctors.

Doctors saluted

"The position taken by the doctors has to be further saluted in view of the threats made by the TPA (that these doctors will not be employed anywhere in the country).

The letter was signed by 101 doctors in the medical department, seven of whom were interns at Baragwanath at the time.

On applying for posts for 1988, they were told they were unacceptable. Three eventually apologised, three refused and one has taken the matter to court.

Forty-four junior doctors also eventually apologised to the TPA.

Last week, several organisations, including Cosatu, the UDF, the Federation of SA Women, the Soweto Civic Association, the Democratic Lawyers Association and the National Education and Health Workers Union, held a meeting in Soweto where they gave their support to the doctors involved. — Sapa.

● SEE LETTERS — PAGE 8

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A spokesman for the National Medical and Dental Association told Sapa that the 28, among whom are consultants and the academic backbone of Baragwanath, had refused to apologize for signing the letter that was published in the September 5 edition of the SA Medical Journal.

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Baragwanath doctors refuse to apologize

CAT TRIPS 20/2/88

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Senior Bara doctors face possible censure

DIANNA GAMES

TWENTY-FIVE senior doctors with permanent posts at Baragwanath Hospital, who have refused to apologise to provincial authorities over statements made about the hospital last year, now face possible disciplinary action.

A letter was submitted on Friday by the 25, who are part of a group of 31 doctors given until then to apologise to the Transvaal Provincial Administration (TPA) for statements made to the SA Medical Journal condemning conditions at the hospital's medical wards.

Friday's letter contained no apologies as the doctors felt the objections the TPA had to the original letter were irrelevant to the hospital's main problems.

It is not yet clear what the response was of the other six doctors, who are believed to have submitted individual responses.

Transvaal hospitals personnel division head Dr J A Fourie said at the weekend there would be no automatic dismissal for those who did not apologise, but each case would be dealt with on its merits.

One of the doctors, who did not want to be named, said he felt that by focusing on trivial points in the letter, the authorities were trying to obscure the main issue of overcrowding in wards and the authorities' unwillingness to remedy the situation.

The doctors felt the dispute would not be resolved until these issues had been satisfactorily dealt with and until the problem of the doctors, whose appointments were denied because they were signatories to the letter, was resolved, he said.

Sapa reports the letter to the journal was initially signed by 101 doctors in the medical department.

TPA 'action' against 25 Bara doctors?

CAF TRIPS 22/2/88

Own Correspondent

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One of the doctors, who did not want to be named, said he felt the authorities, by focusing on trivial points in the letter, were trying to obscure the main issue, that of overcrowding in medical wards and the authorities' unwillingness to remedy the situation.

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Sapa reports the letter to the journal was initially signed by 101 doctors in the medical department, seven of whom were interns at Baragwanath at the time.

On applying for posts for 1988, they were told they were unacceptable. Three eventually apologized, three refused and one has taken the matter to court. Forty-four junior doctors also eventually apologized to the TPA.

9/10.22/2/88
Action
expected
against
doctors (93)

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28 Senior Bara doctors

Send letters stating case

23/1/88

By Carina le Grange
Baragwanath doctors have dipped into their own pockets and bought 50 mattresses for the "floor population" at the hospital.

Doctors at Bara fork out for bedding

had "always been a certain hope" the province would supply beds and mattresses but recent communications indicated that the government believed the wards were only 105 percent full while the medical wards were 300 percent full at times.

Twenty-eight senior doctors at Baragwanath Hospital last week refused to apologise to the authorities for the letter they signed which was published last year in a medical journal — but they have responded by sending letters stating their case.

Friday was the deadline set by the provincial authorities for apologies.

The letter published last year detailed the inadequate situation at the hospital's department of medicine and was severely critical of the authorities.

The authorities responded by demanding apologies from the 101 signatories. Six interns had earlier been refused appointments because they were also signatories.

Before last week's deadline, about 50 doctors had already signed the official apology, but others have, through their lawyers, sent alternative letters setting out their views and continued to refuse to apologise. Alternative letters sent earlier had not been accepted by the province.

But it is believed that while registrars received a deadline letter recently asking for an outright apology, senior doctors were asked only to "reply" to the province's letter — which they have now done without apologising. In the sense that senior doctors had only to reply, they may find themselves off the hook.

At least one registrar has written stating that "under no circumstances" would an apology be made. As the deadline passed, officials of the Directorate of Hospital Services refused to comment on the matter and said it was a "personnel matter" that would be dealt with internally.

Yesterday there was no further development. Registrars have been threatened with dismissal and consultants — the senior doctors — with non-promotion unless they respond to the authorities' demand.

Meanwhile, the crisis at the hospital continued, with doctors saying very little has changed although there has

Garrison captured — MNR

LISBON — Mozambique National Resistance (MNR) rebels said yesterday they overran a key southern garrison last week in an offensive aimed at isolating Maputo, the Mozambican capital.

The rebels, in a statement issued in Lisbon, said they seized the garrison town of Bela Vista last Wednesday, destroying two mobile radar units, killing 18 soldiers, including two Cubans and a Soviet officer, and capturing 43 others. — The Star's Foreign News Service.

been a promise from the Minister of Health that R10 million would be found to help. Support for the doctors has come from the Medical Association of SA, the Health Workers' Association and National Medical and Dental Association. Many others have written letters in solidarity and support.

The doctors have also bought five toilet seats to improve the ablution facilities in the wards.

Although the Minister of Health, Dr Willie van Niekerk, announced that an extra R10 million would be found to alleviate problems at the hospital, doctors said they could no longer condone the continued existence of the large "floor population" without mattresses.

The phrase, "floor population", was coined by a doctor and refers to the up to 300 patients who sleep on the floor without even a mattress. Others, with mattresses, also sleep on the floor. Wards with 40 beds often have 90 or more patients.

"As doctors we are healthy and, after work, we go home to sleep on beds — but our patients are lying on the floor. How can we allow that? To a certain extent we have allowed this to continue despite our protest but we can no longer wait for the government to do something," a doctor said.

He added that there

The 50 foam rubber mattresses bought by the doctors will be delivered some time this week but will help only a fraction of the floor population. At least another 250 mattresses are needed.

"In view of the reluctance of the authorities to acknowledge the existence of the floor population, some doctors decided that they could no longer allow the situation to continue and were morally obliged to provide at least mattresses," the doctor said.

He added that he knew of no other hospital in the world where doctors have had to provide their patients with bedding — although only mattresses.

93

BUSINESS DAY, Tuesday, February 23 1988

3

DOCTORS WILL BE DISCIPLINED

SENIOR Baragwanath Hospital doctors-facing disciplinary action could be penalised through demotion, reduction in salary, a bar on promotion or a fine.

Those, according to one of the affected doctors, are the options available to the authorities should they choose not to sack staff members who failed to apologise for the controversial letter in last September's SA Medical Journal.

ALAN FINE

Hospital Services director Dr van Wyk said yesterday the doctors would be disciplined in terms of the public service staff code.

He said he had not yet received replies from all 31 of those given a deadline to reply by last Friday. All except six submitted a letter to the authorities, but it did not contain an apology.

No travel expenses for black doctors

By Toni Younghusband,
Medical Reporter

Black doctors in the Transvaal are being refused travel allowances by the Provincial Administration, although these are granted to their white, coloured and Asian colleagues.

Travel allowances have been granted to white, coloured and Asian doctors since the late 1970s, usually to doctors working at hospitals outside the area in which they live.

In reply to questions by The Star, the Director of Hospital Services, Dr Hennie van Wyk, said: "The possible payment of a travelling allowance to all categories of personnel is at present being considered."

Doctors interviewed by The Star said they were told in the 1970s that the reason they were excluded was that most worked at hospitals in black townships and were therefore not eligible for travel expenses.

"But, today, many black doctors work outside their home towns. There are doctors living in Soweto and working at Coronation Hospital, Hillbrow and even at the Johannesburg Hospital, yet still they receive no travel expenses," a doctor said.

Referred to province

Last year, one black doctor wrote to the superintendent of the hospital at which he works, asking for a travel allowance. The matter was apparently referred to the province.

The reply was: "With a view to uniform action in the administration, and the resulting financial implications that the payment of such allowance would have, it was decided that a travel allowance for black officers/employees cannot be considered."

A group of doctors at Coronation Hospital sent a petition to Dr van Wyk, but has received no reply.

One doctor said: "A petition of protest was sent over a year ago. As yet, the authorities have not replied. Black doctors are still not getting travel allowances."

The doctors apparently approached their hospital superintendent once more who then referred the matter to Pretoria again.

"Pretoria's whole attitude is discourteous and shows they are obviously not interested," one doctor said.

The Health Workers' Association (HWA) has condemned the province's action as a form of "very blatant and obvious discrimination".

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23/2/88

Bara docs defiant

SOWETAN
REPORTER

TWENTY-EIGHT senior doctors at Baragwanath Hospital last week refused to apologise to the authorities for the letter they signed which was published last year in a medical journal — but they have responded by sending letters stating their case.

Friday was the deadline set by the provincial authorities for apologies.

The letter published last year detailed the inadequate situation at the department of medicine at the hospital and was severely critical of the authorities.

The authorities responded by demanding apologies from the 101 signatories. Six interns had earlier been refused appointments because they were also signatories.

Before last week's deadline, about 50 doctors had already signed the official apology, but others have, through their lawyers, sent alternative letters setting out their views and continued to refuse to apologise. Alternative letters sent earlier had not been accepted by the province.

Deadline

But it is believed that while registrars received a deadline letter recently asking for an outright apology, senior doctors were asked only to "reply" to the province's letter — which they have now done without apologising. In the sense that senior doctors had only to reply, they may find themselves off the hook.

At least one registrar has written to the authorities stating that "under no circumstances" would an apology be made.

As the deadline passed, officials of the Directorate of Hospital Services refused to comment on the matter and said it was a "personal matter" that would be dealt with internally. Yesterday there was no further development.

Registrars have been threatened with dismissal and consultants — the senior doctors — with non-promotion unless they respond to the authorities' demand.

Meanwhile, the crisis at the hospital continued, with doctors saying very little has changed although there has been a promise from the Minister of Health, Dr Willie van Niekerk, that R10 million would be found to help alleviate the problem.

Doctors countrywide have also responded in support of their Baragwanath colleagues

93
24/2/88
28 Bara doctors
won't apologize

JOHANNESBURG. — So far 28 doctors at Baragwanath Hospital have refused to apologize to the Directorate of Hospital Services for the letter in the SA Medical Journal slating conditions at the hospital.

Authorities set a deadline of Friday for apologies and about 50 doctors had signed the official apology while others sent alternative letters but refused to apologize. These letters were not accepted by the authorities. — Sapa

kissogram girl "Magnificent Mandy".

CAPE TOWN 26/2/88
Baragwanath
93
to collapse?

JOHANNESBURG. — Baragwanath Hospital's medical department could collapse after the furore surrounding the protest letter by 101 doctors over conditions there, Wits University deputy medical dean Mr John Milne said last night.

Speaking at a prize-giving ceremony, Mr Milne said the furore left the possibility that the hospital's medical department may collapse in the near future as senior officers stop applying for jobs at Baragwanath and registrars consider transfers elsewhere.

Mr Milne said there was no doubt that there was an unequal distribution of funds and resources among the five teaching hospitals, and the black hospitals fared worst.

CAPE TOWN 26/2/88

Violence flares in M'burg centre

MARITZBURG. — Armed groups attacked each other in the city centre here on Wednesday night and police made a number of arrests.

According to witnesses, the attack "appeared to have been between supporters of Inkatha and the United Democratic Front".

However, a police spokesman, while confirming the assaults, said it could not be confirmed whether the attack had been between supporters of the two organizations. "We know that the assaults did take place in Commercial Road involving a group of about 15 people, but we cannot confirm the involvement of any organization," he said.

He confirmed that a number of arrests had been made and that there were no deaths as a result of the attacks.

At Imbali near Maritzburg, police on Wednesday night found the body of a 36-year-old man with several stab wounds. Three men have been arrested, police said.

In other incidents on Wednesday night, police said in yesterday's unrest report, a Grassy Park school was extensively damaged by a petrol bomb. There were no other details.

In Ledi, Soweto, a youth was arrested after a group had stoned a security force vehicle.

A number of primary schools were stoned at Ika-geng, Potchefstroom, but damage was minimal. Two men and a youth have been arrested. — Sapa

Department of Education and Culture	10 754	9 266*
(ii) Republic	2 508	2 299**

* Training centres for mentally retarded children included.
 ** Private schools excluded.

National Senior Certificate examination: Whites entered

25. Mr R M BURROWS asked the Minister of Education and Culture:

- (a) How many Whites entered for the full National Senior Certificate examination in 1987 and (b) how many entrants (i) passed, (ii) failed and (iii) obtained matriculation exemption?

The MINISTER OF EDUCATION AND CULTURE:

- (a) 2 339,
 (b) (i) 955,
 (ii) 1 384,
 (iii) 326.

Promotion of culture: recommendations of pilot committee

29. Mr R M BURROWS asked the Minister of Education and Culture:

- (1) With reference to his reply to Question No 78 on 4 September 1987, what were the recommendations included in the report drafted by the pilot committee appointed to inquire into the promotion of culture in the Republic;

- (2) whether any action is to be taken as a result of these recommendations; if not, why not; if so, what action?

The MINISTER OF EDUCATION AND CULTURE:

- (1) The report as well as the comment of the Regional Councils for Cultural Affairs are currently under consideration. Details will be made known in due course;

- (2) falls away

Medical schools: cost of training per student

32. Mr R M BURROWS asked the Minister of Education and Culture:

- (a) What is the present estimated cost to the State of the training per student for the MB Ch B degree at each of the medical schools falling under the control of his Department and (b) in respect of what date is this information furnished?

The MINISTER OF EDUCATION AND CULTURE:

(a) Estimated cost per student per annum	University
R 6 649	Cape Town
7 176	Stellenbosch
6 543	OFS
6 454	Pretoria
7 743	Natal
6 853	Witwatersrand

- (b) the estimates are based on the subsidy formula used for calculating the 1988 subsidies.

(Handwritten initials and scribbles)

Indicates that

For oral reply:

General Affairs

State President

Constitution

*1. Mr D J D
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Ministers:

Question star
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South Africa

*18. Mr C J D
of Home Aff

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the Depart

(House of Assembly). No 104 of 1986: if so, which schools in each case:

(2) whether any registered private schools have not applied for this subsidy; if so, which schools?

The MINISTER OF EDUCATION AND CULTURE:
(1) Yes, (a), (b), (c) and (d) (i) Applications for financial grants in respect of 1988 are only due on 31 July 1988.
(ii) falls away:
(2) falls away.

Primary/high schools/training colleges: total potential capacity/enrolment

19. Mr R M BURROWS asked the Minister of Education and Culture:

(1) What was the (a) total potential capacity

(1)	(a)(i)(aa)	(bb)
Cape	163 000	133 950
Natal	83 820	67 762
OFS	55 330	35 415
Transvaal	397 653	244 718
Cape		

(2) (a) yes.

(i) 27**

(ii) unutilized 19

let to Hospitals Department 1

let to Mr P W Kautmann 1

let to Prima Pineapples 1

let to SA Police and SA Defence Force 1

let to Oudstroom Division Council 1

let to Vaalharts Commando 1

let to Chief Directorate Local Government 1

let to SA Defence Force 1.

(b) (i) 6**

(ii) unutilized 1

let to DR Churches 3

let to Municipalities 2:

(3) yes.

(a) 11 primary schools.

(b) let to the Administration: House of Representatives 10

HOUSE OF ASSEMBLY

of, and (b) enrolment in, (i) (aa) primary and (bb) high schools and (ii) training colleges in each province as at 31 January 1988:

(2) whether any (a) schools and (b) hostels owned or controlled by his Department are unutilized or utilized for purposes other than education; if so, (i) how many as at the latest specified date for which information is available and (ii) for what other purposes were they being utilized;

(3) whether any unutilized or under-utilized facilities have been made available to other population groups; if not, why not; if so, (a) which facilities and (b) to whom have they been made available?

The MINISTER OF EDUCATION AND CULTURE:

(ii)	(b)(i)(aa)	(bb)	(ii)
2 450	*	*	1 282
1 750	55 360	44 806	967
700	42 946	31 355	481
8 100	290 718	206 298	6 133

let to DR Church for use as a mission school 1:

Natal (2) (a) yes (i) 3**

(ii) 1 leased to Kupagani Centre for Training Resources in Early Education.

(b) yes. (i) 4** (ii) 1 hostel is to be utilized by the Natal Provincial Administration Ambulance Services and 1 is leased to a private concern as a play-centre:

(3) yes.

(a) 9 developed school sites consisting of buildings and sports fields.

(b) 7 school sites are leased to the Department of Education and Culture, Administration: House of Delegates and 2 school sites to the Department

of Education and Culture, Administration: House of Representatives:

OFS

(2) (a) yes.

(i) 9**

(ii) 3 farm schools unused

1 leased as offices to a road construction company

1 utilized by a church and nursery school

1 changed into a Special School

1 changed into a Child Guidance Clinic and a regional office

1 utilized by a church

1 utilized by the Department of Law Enforcement:

(b) yes.

(i) 2**

(ii) 1 utilised by the Department of Law Enforcement

1 utilized by the Army;

(3) no, the facilities will be re-utilized for other purposes in the near future.

(a) and (b) fall away;

Transvaal (2) (a) yes.

(i) 19**

(ii) for other State purposes e.g. Police. Post and Telecommunications and the SA Defence Force. Some of the buildings are let to Municipalities and private instances such as the SA Womens Association and private training institutions:

(b) yes.

(i) 2**

(ii) 1 application to lease a building as an Old Age Home is under consideration and 1 hostel is unused:

(3) no, no applications were received from other groups.

(a) and (b) fall away.

*information not available.

**information as at 31 January 1988.

Matriculation/equivalent examination: Whites entered/passed

26. Mr R M BURROWS asked the Minister of Education and Culture:

(1) How many White pupils (a) entered for and (b) passed the matriculation or an equivalent examination in 1987 in each of the provincial education departments;

(2) how many of these pupils passed with matriculation exemption;

(3) how many of these pupils passed in (a) mathematics and (b) physical science in the above-mentioned year?

The MINISTER OF EDUCATION AND CULTURE:

(1)	(a)	(b)
Cape:	16 381	15 185
Natal:	8 842	8 434
OFS:	4 894	4 762
Transvaal:	35 688	33 864
Cape:	6 615	
Natal:	4 300	
OFS:	2 020	
Transvaal:	14 918	
(2)	(a)	(b)
Cape:	8 232	5 355
Natal:	5 652	3 752
OFS:	2 525	1 889
Transvaal:	22 722	16 662

27. Mr R M BURROWS asked the Minister of Education and Culture:

What total number of White male teachers falling under his Department were doing their national service (a) in 1987 and (b) as at the latest specified date in 1988 for which figures are available?

Teachers: national service

(a)	(b)
Cape: 278	256 as at 1988-01-01
Natal: 147	147 as at 1988-02-01
OFS: 78	83 as at 1988-02-01
Transvaal: 1 022	1 077 as at 1988-02-01

The MINISTER OF EDUCATION AND CULTURE:

Medical schools: doctors qualified
31 Mr R M BURROWS asked the Minister of Education and Culture:

How many students in each race group quali-

93 SA

Doctor drain hits SA

DURBAN — Kwazulu is suffering from a serious shortage of doctors — there is one doctor for 15 844 patients, compared to the national average of one for every 2 320, according to a report in the latest edition of The Developer.

The report said only 40 per cent of existing Kwazulu posts for doctors were filled. A third of these were filled by overseas doctors.

It said KwaZulu Health Department officials attribute the crisis situation to the "brain drain".

It said doctors working in the region were "almost totally hospital-bound" and rural communities were not receiving vital health care. — DDC

8/8/84
d/a

'Conditions the same as 10 years ago'

Health crisis looms in KwaZulu

By S'BU MNGADI

KWAZULU faces a health crisis.

This was revealed in a special survey compiled by Mike Phillips, of the Umhazibased KwaZulu Finance and Investment Corporation - the economic development wing of the KwaZulu government.

Writing in the latest edition of *The Developer* - the quarterly journal of the KFC, Phillips said that against a background of shrinking operational budgets loomed a drastic shortage of doctors to serve an ever-increasing population.

"The region's doctor-patient ratio stands today at a staggering 1 doctor to 15 844 patients, while the national average is 1 to 2 320."

He found that doctors working in KwaZulu were almost totally hospital-bound by time constraints and high patient loads and were therefore unable to reach communities in the rural areas.

This was likely to severely hamper community upliftment and socio-economic development within the region and limit the effects of the promotion of health education, the provision of a fresh water supply, sanitation and the promotion of a good food supply and proper nutrition.

However, in spite of the problems the department was facing, the dedication of existing staff and the suitably situated hospitals and clinics were providing a

marvellous base for an accomplished and dynamic health care service.

The department's current staff provided an effective service under very trying conditions. And this opened the way for doctors to rise to the challenge, he said.

Health care in KwaZulu offered prospective doctors operational experience, opportunities to gain training in referral hospitals, an introduction to involvement in vocational training programs for general practitioners and close links to community health services.

The KwaZulu Department of Health was not only concerned about combating disease, but it was deeply involved in development needs.

Dr Daryl Haekland, secretary for the KwaZulu Health Department, said he believed people living in a diseased state could only be lifted out through development of literacy and education, generation of job opportunities, adequate housing, and general socio-economic upliftment.

However, increasing population levels and the spiralling cost of living placed an ever-increasing burden on the facilities of the department.

Indications were that the department's target population was showing signs of a high, though slightly declining, pregnan-

cy rate and a continuing reduction in the mortality rate. Population growth was therefore expected to remain relatively high during the next decade or two.

The world population was expected to increase from about 400 000-million to about 600 000-million between 1980 and 2000. Of this increase, about 180 000-million births were expected to occur in less developed countries.

KwaZulu's health officials believed the current "brain drain" trend affecting SA was starting the country of doctors. And the majority of those who remained opted to enter private practice.

This would inevitably lead to a crisis situation, particularly in rural KwaZulu, where only 40 percent of existing posts were filled. At least a third of these positions were held by doctors recruited overseas, particularly Britain, Holland, Italy, the United States and Australia.

The doctor shortage was not restricted to rural KwaZulu, however. Peri-urban areas, such as Inanda outside Durban also presented problems to the region's hard-pressed health services.

Urban drift and high density urbanisation in the major centres had led to large-scale overcrowding in the department's four urban, or specialist, hospitals which, in turn, had led to the gross over-utilisation of bed space.

The shortage of doctors to provide the necessary care aggravated an "already drastic situation."

Many doctors - both local and overseas - used KwaZulu as a short-term learning curve.

"Young doctors come in for about a year to gain experience and then move on. They are not really committed," said health official Peter Vos. "This has proved unsatisfactory for long-term strategic planning and policy structure in the health field."

Linked to the shortage of manpower, was the need to create a number of new posts to help compensate for recent doctor losses. Although these posts had been created, they were yet to be filled.

It was believed that by filling these positions the KwaZulu ratio of beds to doctors will drop to 35 to 1 - still as much as 300 percent greater than in the Natal Provincial Administration.

Health officials cite the vast number of courses centred around specialist activities as a contributing factor to the KwaZulu doctor crisis. "Many are over-qualified for the sort of work required in KwaZulu," said Vos.

KwaZulu, in terms of health structures, is a Third world region and the department's officials have identified an urgent need for the recruitment of doctors, from

both local and overseas sources, dedicated to health development in largely impoverished areas.

"KwaZulu's rural areas offer doctors a tremendous challenge and provides great experience," Vos said.

Exacerbating the situation was the fact that the department faced severe financial constraints.

His budget for the 1987/88 financial year was cut substantially because of a general shortage of funds.

Hackland said: "This means we are just keeping the ship afloat. Hospitals in KwaZulu - there are 26, four specialist and 22 rural - are at the same levels as they were 10 years ago. Some don't even have operating theatres."

However, department officials stressed that some of the region's hospitals boasted modern equipment, laboratory and X-ray facilities.

Doctors and nurses in rural areas have the added advantage of being able to refer patients requiring specialist treatment to the larger, better equipped urban hospitals through effective existing channels.

However, the department's greatest fear was that unless more doctors made themselves available in the region to fill vitally important vacant posts, the region faced the prospect of the enforced closure of medical services at many hospitals.



Nkonjeni Hosp

93
W/MAIL 4-10/3/88

Now Bara's doctors bring in mattresses

By JO-ANN BEKKER

DOCTORS in Baragwanath Hospital's overcrowded medical wards have adopted a new strategy: if the authorities won't take action to improve conditions for patients, then the doctors will.

Recently, senior doctors had 50 foam mattresses delivered to the hospital for patients who had been sleeping on blankets on the floor.

In an extraordinary response, the hospital's chief superintendent, Chris van den Heever, said there were never more than 500 patients without a bed.

The delivery caused consternation in a state-run hospital where all goods must be issued through the stores department.

In one ward, a matron, abiding by the rules, removed the mattresses from under the patients. The doctor in charge said he was donating the mattresses and ordered nurses to give them back to the patients. A tug-of-war took place and the mattresses were removed and replaced three times.

Van den Heever said the authori-

● TO PAGE 3

Bara doctors bring mattresses

ties were examining the reasons for doctors buying mattresses as they had not informed the administration of a shortage of mattresses.

Doctors responded that it was the administration's responsibility to provide adequate facilities.

They pointed out it was only patients in the surgical and medical wards which slept on the floor. Thus Van den Heever was virtually admitting there was a 200 percent occupancy in the six medical units.

On the same day the mattresses were delivered, doctors bought five toilet seats. The following day, coincidentally, toilet seats in the

● From PAGE 1

medical wards were replaced.

Meanwhile, the Transvaal Provincial authorities have still not taken action against doctors who failed to sign retractions for signing a letter criticising conditions in the medical wards and the authorities' attitude.

Several legal hearings against signatories to the letter published in the *South African Medical Journal* last year are still pending. It is thought the authorities will wait for their outcome, before proceeding with action.

93

4-10/3/88

W/MAIL

Demand for transplants 'not being met'

By Toni Younghusband
Medical Reporter

The problem with organ donation in South Africa is that doctors are not informing the public of donor potential, claims Professor J A Myburgh, head of the department of surgery at Johannesburg Hospital.

Professor Myburgh says there seems to be a general belief that relatives of potential donors refuse to give permission for transplantation. "But the real reason for the shortage of donors is that doctors are not asking relatives for consent," he says.

The reasons for this reluctance on the part of doctors are many.

Speaking at a function last week to herald the 1 000th kidney transplant performed at Johannesburg Hospital, Professor Myburgh said that while there was a sense of gratification in the success of the hospital's renal unit,

there was no reason for complacency.

"We are not fulfilling what the population requires. We have done 1 000 transplants; we should have done 4 000," he said, because only a quarter of the demand for transplants was being met.

LONGEST SURVIVOR

The first kidney transplant performed in South Africa was carried out at Johannesburg Hospital in 1966 and the longest-surviving patient, Mrs Anita Meyer, died last year.

The 1 000th patient to receive a transplant is Miss Elsie Makhawana (35) of kwaNdebele.

Professor Myburgh said another myth about organ donation was that blacks, for religious and cultural reasons, would not consent to organ donation.

"A study done at Ga-Rankuwa Hospital (near Pretoria) showed that two-thirds of the relatives of

possible organ donors will give their consent. A lack of facilities and patient care is the real reason for the shortage of black donors," Professor Myburgh said.

The lack of funds for adequate facilities was a serious problem facing Johannesburg Hospital and other medical centres.

According to Professor Peter Thomson, of the hospital's paediatric renal unit, the last seven patients he has tried to get into the paediatric intensive care unit could not be admitted because no beds were available.

"And there are no beds because there is not enough nursing staff," Professor Thomson said.

Professor Myburgh slammed kidney transplant critics. "I get very angry when people say why bother with kidney transplants when there is malnutrition. You cannot achieve success by breaking down what already is," he said.

Answered

	1	1	0	0	0	0	0	0	1	0	1	0	3	1	2
Efficiency Officer	1	1	0	0	0	0	0	0	1	0	1	0	0	3	1
Physiotherapist	7	5	3	1	9	6	1	0	0	4	1	24	13	11	
Medical Technologist	30	9	0	0	2	1	0	0	0	0	5	1	37	11	26
Health Inspector	0	0	1	1	0	0	0	0	0	0	0	0	1	1	0
House-keeper/ House Mother	2	1	0	0	0	0	0	0	0	0	0	0	2	1	1
Engineer	24	22	9	6	5	3	2	0	3	1	6	4	49	36	13
Clinical Psychologist	2	0	1	1	0	0	1	1	0	0	0	0	4	2	2
Agricultural Officer	14	8	41	21	9	7	1	1	21	5	6	4	92	46	46
Land Surveyor	10	9	3	2	1	0	0	1	0	1	0	0	16	11	5
Mortuary Attendant	1	1	0	0	0	0	0	0	0	0	0	0	1	1	0
Magistrate	36	34	8	7	4	3	3	3	8	6	4	3	63	56	7
Medical Officer	270	189	47	38	42	36	12	4	11	4	32	25	414	296	118
Medical Superintendent	27	20	14	10	9	4	2	1	1	1	3	3	56	39	17
Medical Specialist	81	59	15	10	19	13	2	1	0	0	8	6	125	89	36
Medical Intern	46	43	1	1	16	9	0	0	0	0	8	3	71	56	15
Social Worker	0	0	0	0	0	0	0	0	0	1	1	1	2	2	0
Nature Conservator	12	5	11	9	6	3	1	1	6	2	9	6	45	26	19
Industrial Technician	50	18	23	8	1	0	7	1	12	1	26	3	119	31	88
Operator: Sewerage and Water	0	0	0	0	0	0	0	0	0	0	1	0	1	0	1
Purification Personnel	1	0	2	1	0	0	0	0	0	0	0	0	3	1	2
Police Functional Staff	20	18	20	16	8	6	9	6	72	48	18	9	147	103	44
Programmer	7	4	0	0	1	1	1	1	2	1	2	0	13	7	6
Superintendent	0	0	0	0	0	0	0	0	3	2	1	0	4	2	2
Personal Secretary	1	1	1	1	0	0	1	1	7	6	2	1	12	10	2
Radiographer	16	10	1	1	1	1	1	0	1	1	7	6	2	1	2
Accountant	20	15	3	3	1	1	1	0	1	1	7	3	27	16	11
Legal Adviser	0	0	1	1	1	0	0	0	1	1	0	1	4	1	3
Secretary (Head of Department)	8	6	6	6	6	5	5	6	6	8	7	39	36	3	

HOUSE OF ASSEMBLY

Answered

Security Officer	0	0	0	0	0	0	0	0	0	1	0	1	0	1	
Speech Therapist	0	0	0	0	0	0	0	0	0	1	0	1	0	1	
Liaison Officer (and Media Officer)	0	0	0	0	0	0	1	0	2	1	1	0	4	3	
Town and Regional Planner	1	0	0	0	0	0	0	0	1	0	1	0	3	0	
Regional Magistrate	0	0	0	1	1	0	0	0	0	0	0	1	1	0	
Dentist	18	8	6	3	5	3	2	1	1	0	5	2	37	17	
Dental Technician	2	1	0	0	0	0	0	0	0	0	0	2	1	1	
Dental Therapist	0	0	0	0	0	0	1	0	0	0	0	1	0	1	
Technical Assistant	5	0	0	0	0	0	0	0	0	0	0	0	5	0	
Typist/Data Typist	2	2	0	0	0	0	1	1	4	4	6	1	13	8	
Professional Officer	61	29	32	23	5	4	2	0	12	4	15	11	127	71	
Veterinarian	7	4	5	5	6	1	0	1	1	1	0	20	11	9	
Animal Health Officer	7	3	2	1	2	1	0	0	1	1	3	1	15	7	
Traffic Inspector	0	0	2	2	2	1	0	0	0	2	1	7	5	2	
Nursing Staff	15	11	0	0	2	2	13	1	1	1	5	3	36	18	
Catering Service Supervisor	1	0	0	0	0	0	0	0	0	0	0	1	0	1	
Foreman	20	13	24	18	0	0	0	0	0	1	1	45	32	13	
Laundry Supervisor	2	1	1	1	0	0	0	0	0	0	0	0	3	2	
Works Inspector	0	0	9	9	0	0	4	3	3	3	7	2	23	17	
Total	1 158	780	462	338	211	147	116	56	315	204	376	1802	638	1 705	933

Medical doctors: national service

278. Dr M S BARNARD asked the Minister of Defence:

How many White male medical doctors performed national service in 1987?

The MINISTER OF DEFENCE:

663

Functional/legal training: courses completed

329. Mr D J DALLING asked the Minister of Justice:

How many (a) White, (b) Coloured, (c) Indian and (d) Black persons (i) attended and (ii) successfully completed courses in (aa) functional and (bb) legal training provided by the legal training branch of his Department in 1987?

HOUSE OF ASSEMBLY

663 serving doctors ⁹³ ~~2517~~

^{5700 8/3/88}
Six hundred and sixty-three White male doctors performed national service in 1987, the Minister of Defence, General Magnus Malan, said in a written reply to a question by Dr Marius Barnard, (PFP, Parktown).

Stewart

HOUSE OF ASSEMBLY

†Indicates translated version.

For written reply:

General Affairs:

Infant mortality rate

387. Dr M S BARNARD asked the Minister of Home Affairs:

What was the infant mortality rate for (a) Blacks, (b) Coloureds, (c) Indians and (d) Whites in the Republic in 1986?

The MINISTER OF HOME AFFAIRS:

(a) 80,0* (Estimate — registrations incomplete)

(b) 31,6*

(c) 13,6*

(d) 7,0*

*Per 1 000 births.

Gainfully employed people directly/indirectly in State employ

435. Mrs H SUZMAN asked the Minister of Home Affairs:

What percentage of gainfully employed (a) Whites, (b) Coloureds, (c) Indians and (d) Blacks were (i) directly and (ii) indirectly in State employ in the Republic as at the latest specified date for which figures are available?

The MINISTER OF HOME AFFAIRS:

(i)

(a) 4,8%

(b) 1,5%

(c) 0,3%

(d) 4,2%

(ii)

(a) 2,1%

(b) 0,6%

(c) 0,1%

(d) 4,5%

Percentages as at 30 June 1987.

HOUSE OF ASSEMBLY

Stewart

Deportations/reparations

539. Mr S S VAN DER MERWE asked the Minister of Home Affairs:

(a) How many Black (i) male and (ii) female persons were (aa) deported and (bb) repatriated from the Republic in 1987 and (b)(i) in terms of what statutory provision and (ii) to which states were they so (aa) deported and (bb) repatriated?

The MINISTER OF HOME AFFAIRS:

(ca) Deportations

(a) (i) 139

(ii) 1

(b) (i) In terms of section 43 of the Admission of Persons to the Republic Act, 1972 (Act 59 of 1972).

(ii) Lesotho 33

Transkei 73

Mozambique 10

Zimbabwe 10

Swaziland 3

Ciskei 2

Botswana 2

Bophuthatswana 5

Venda 2

Total 140

(bb) Reparations

(a) (i) and (ii) 37 423. Separate figures in respect of male and female persons are not being kept.

(b) (i) In terms of section 16 of the Admission of Persons to the Republic Act, 1972 (Act 59 of 1972).

(ii) Zimbabwe 3 124

Mozambique 26 870

Botswana 2 669

Swaziland 1 349

Malawi 99

Zambia 1

Tanzania 1

Zaire 1

Gambia 1

Lesotho 3 308

Total 37 423

HOUSE OF ASSEMBLY

Children born in South Africa

495. Mr P G SOAL asked the Minister of Home Affairs:

How many (a) White, (b) Black, (c) Coloured and (d) Asian children were born in South Africa in 1986, (i) including and (ii) excluding the self-governing territories?

The MINISTER OF HOME AFFAIRS:

(i)

(a) 72 955

(b) 769 000*

(c) 81 825

(d) 19 560

(ii)

(a) 72 914

(b) 421 950*

(c) 81 808

(d) 19 548

*Estimated.

School buildings constructed

519. Mr S S VAN DER MERWE asked the Minister of Education and Development Aid:

(a) How many school buildings were constructed or caused to be constructed by his Department in 1987 and (b) what was the average capital cost of constructing these buildings?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

(a) Primary schools: 28 complete schools consisting of 700 classrooms and the addition of 142 classrooms at 11 existing schools. Besides this 411 classrooms at farm schools were subsidized.

Secondary schools: 24 complete schools consisting of 1 064 teaching rooms and the addition of 468 teaching rooms at 18 existing schools.

(b) Primary school for 1 000 pupils of R1,256 million.

Secondary school for 1 000 pupils R2,932 million.

(Escalation costs and professional fees excluded.)

HOUSE OF ASSEMBLY

The MINISTER OF HOME AFFAIRS:

(1) 4 502 400 (estimate)*

(2) (a) 423 600 (estimate)

(b) (i)***

Zimbabwe	33 750
Other in Africa	18 540
Greece	7 720
Italy	12 970
The Netherlands	17 410
Portugal	42 510
United Kingdom	115 560
West Germany	24 960
Other in Europe	128 810
United States of America	4 880
Other in America	3 920
Australia	4 300
Other in Oceania	1 480
Asia	5 950
Stateless and unknown	840

30 June 1987; if so, how many in each category as at the latest specified date for which figures are available?

The MINISTER OF JUSTICE:

In an effort to be of assistance to the Honourable Member, the following information for the period 1 July 1986 to 30 June 1987 was obtained from the Central Statistical Services:

(a) 8 221

(b) 5 318

Medical doctors: left RSA permanently

498. Mr P G SOAL asked the Minister of Home Affairs:

(a) How many medical doctors left the Republic permanently in 1987 and (b) what was the age distribution of these medical doctors?

The MINISTER OF HOME AFFAIRS:

(a) General practitioner

Specialist

General practitioner	24	25-34	35-44	45-54	55-64	65+
Specialist	—	26	27	9	5	5
Specialist	—	3	13	2	2	1

Independent Black states: foreign aid

533. Mr C J DERBY-LEWIS asked the Minister of Foreign Affairs:

What amounts were granted in terms of foreign aid to each of the four independent Black states in each of the latest specified five financial years for which figures are available?

The MINISTER OF FOREIGN AFFAIRS:

FOREIGN AID (*): TRANSKEI (RAND)

1)	1)	1)	1)	2)
----	----	----	----	----

* For the purposes of answering this question foreign aid includes the following: all direct and indirect financial assistance as well as transfer payments (which are regarded as own income, in terms of specific agreements where the Department of Foreign Affairs is involved).

A Direct Financial Assistance

Budgetary aid	201 300 000	219 000 000	272 976 000	352 400 000	517 722 000
Incentive scheme for industries	9 693 928	14 000 000	16 000 000	17 000 000	15 000 000

Non recoverable financial assistance

Relief of distress

Job creation

TOTAL

B. Transfer payments

Tax compensation

Customs union

Common monetary area

TOTAL

C. Loans (Project aid)

D. Technical and other assistance

Manpower provision

Flour subsidy

Technical assistance

Salaries of Judges

TOTAL

GRAND TOTAL

E. Guaranteed overdraft facilities

(1) Actual Figures

(2) Estimates

(3) Total value of the guarantees provided.

It is not necessarily the total guaranteed amount taken up by the Transkei government.

FOREIGN AID (*): BOPHUTHATSWANA (RAND)

1)	1)	1)	1)	2)
----	----	----	----	----

* For purposes of answering this question foreign aid includes the following: all direct and indirect financial assistance as well as transfer payments (which are regarded as own income) in terms of specific agreements where the Department of Foreign Affairs is involved.

A Direct financial assistance

Budgetary aid	25 560 000	32 000 000	74 049 090	154 764 000	336 000 000
Incentive scheme for industries	475 618	4 000 000	4 700 000	6 000 000	14 000 000

MANY DOCTORS ARE

A LARGE proportion of doctors discriminated against their patients purely on the basis of skin colour, a survey has concluded.

This "undefensible" practice had allowed itself to become the norm and was providing ammunition for further isolating the South African medical community, the Sixth General Practitioners Congress was told in Cape Town. Dr Andrew Jamieson said a pilot study of general practitioners in the Johannesburg/Witwatersrand area showed:

- 12 percent did not see non-whites at all;
- 40 percent made black patients wait in separate rooms and;
- 40 percent saw black patients in a separate consulting room.

PRACTISING APARTHEID

'Undefensible' practice has become the norm

In Pretoria 36 percent of doctors surveyed did not see black patients. Paternalism rather than straightforward prejudice was the

dominant attitude among doctors interviewed, said Dr Jamieson. Some said they feared conservative patients would go to another doctor.

Others said patients "preferred their own kind" and "were lucky to get a waiting room at all". Bigoted responses included: "they smell", "I can never understand them" and "they don't appreciate white medicine."

Dr Jamieson said although the medical practice had ethical rules governing virtually all aspects of the system, there was not one regarding racial discrimination.

This discrimination actively affected the doctor-patient relationship. He called for a rule which would force all doctors to apply the same principles so that no one could complain of losing patients to another doctor. — SAPA.

Details of

Sowetan

15/3/88

(93)

Ambassadors and attachés in foreign countries: 15
Local friends and family: 177

(iii) In 1986 the printing cost per card was 12 cents, but it is not possible to determine the hidden costs of manpower and other materials.

(iv) Armscor

(b) yes

(i), (ii), (iii) and (iv) Christmas cards are sent out by the SA Defence Force on a decentralised basis by some Headquarters, Formations, Commands and Units. To obtain this information will be too time-consuming and expensive.

(2) Minister No. The Christmas cards were distributed against Government cost in terms of paragraph 8.1.3 of the Guidelines for Ministers.

SA Defence Force. Christmas cards are sent out on a decentralised basis by some Headquarters, Formations and Units. To obtain this information will be too time-consuming and expensive.

Professional standing defence force: estimated cost

620. Prof N J J OLIVIER asked the Minister of Defence:

Whether an estimate has been made of the cost of establishing a professional standing defence force to replace, over a period of time, the present system of military conscription; if not, why not; if so, (a) what is this estimate and (b) in which year was it made?

The MINISTER OF DEFENCE:

Yes.

(a) RM 2 415 for direct personnel expenses (salaries and allowances) only which, in 1984 Rand values, would have been 117% higher than the existing system in the same year.

(b) 1984/85 financial year.

Permanent Force: applications to join

621. Prof N J J OLIVIER asked the Minister of Defence:

How many Black, White, Coloured and Indian

HOUSE OF ASSEMBLY

incurred in respect of the (aa) London, (bb) Frankfurt and (cc) New York South African Transport Services travel bureaux for each of the latest specified three financial years for which information is available and (b) is the projected (i) profit or (ii) loss in respect of each of these bureaux for the current financial year?

The MINISTER OF TRANSPORT AFFAIRS:

(a) (i)	(aa)	(bb)	(cc)
1984/85	R19 100	R23 100	R17 800
1985/86	R20 000	R 5 000	—
1986/87	R50 900	R10 000	R28 400
(ii) 1985/86	—	—	R15 000
(b) (i)	R100 000	R40 000	R30 000
(ii)	Falls away.		

SAA flight 295: air hostesses able to speak Japanese/Mandarin

663. Mr D J N MALCOMMESS asked the Minister of Transport Affairs:

(1) Whether any air hostesses on SAA flight 295 on 28 November 1987 could speak (a) Japanese and/or (b) Mandarin; if so, how many; if not, what languages could they speak;

(2) whether any air hostesses on aircraft used on the Far East service speak either of these languages; if so, how many; if not, why not?

The MINISTER OF TRANSPORT AFFAIRS:

(1) (a) and (b) No. They were able to converse in English, Afrikaans, German, Portuguese and Italian.

(2) Yes. Two.

Pension funds: shortages

674. Mr J S PRINSLOO asked the Minister of Transport Affairs:

(1) Whether there are any shortages in the pension funds of the South African Transport Services at present; if so, (a) in which pension funds, (b) (i) what do these shortages amount to and (ii) in respect of what date is this information furnished and (c) what did these shortages amount to on the corresponding date (i) 12, (ii) 24 and (iii) 36 calendar months ago;

(2) whether he will make a statement on the matter?

The MINISTER OF TRANSPORT AFFAIRS:

(1) (a) and (b) Actuaries in the private sector are presently in the process of evaluating the pension funds of South African Transport Services and it is expected that their report will be completed by the end of 1988.

(c) Not available.

(2) No.

Military service: White doctors posted to hospitals

675. Mr H J COETZEE asked the Minister of Defence:

(1) What percentage of qualified White doctors called up for military service is posted to hospitals (a) for Whites, (b) for Blacks, (c) administered by the South African Defence Force, (d) in the four independent Black states and (e) in the self-governing territories;

(2) (a) where are such doctors sent for their basic training and (b) what is the duration of this training?

The MINISTER OF DEFENCE:

(1) As on 8 March 1988

(a) 1.25%

(b) 2.52%

(c) 51.3%

(d) 0.63%

(e) 0.31%

NOTE: The remainder of the doctors (43.99%) are employed in sickbays, military medical clinics and for the training of medical orderlies.

(2) (a) SA Medical Service Training Centre near Potchefstroom

(b) 16 weeks.

Botshabelo: bus boycotts

677. Mrs H SUZMAN asked the Minister of Transport Affairs:

(a) How many bus boycotts were there in Botshabelo in 1987 and 1988, (b) on what dates did they occur and (c) what was the (i) duration and (ii) cause of each such boycott?

HOUSE OF ASSEMBLY

Jan 29/3/88

Medical body (93) reacts to racism charges

Medical Reporter

Doctors have the right to confine their practices exclusively to black or white patients except in emergencies, a spokesman for the Medical Association of South Africa (Masa) has said.

Dr Hendrik Hanekom, the association's deputy general secretary, said if a doctor did provide separate facilities for patients of different racial groups these facilities should, as far as possible, be of equal and adequate standard. And the same quality of medical service should be available to all patients.

Dr Hanekom was reacting to a speech delivered by Dr Andrew Jamieson at the Sixth General Practitioners' Congress in Cape Town in which he said a large proportion of South African doctors discriminated against their patients on the basis of skin colour.

PILOT STUDY

Dr Jamieson said a pilot study of general practitioners in the Johannesburg/Witwatersrand area showed:

- 12 percent of doctors did not see blacks at all.
- 40 percent made black patients wait in separate rooms.

● 40 percent saw black patients in a separate consulting room.

● In Pretoria, 36 percent of doctors surveyed did not see black patients.

Some doctors said they feared conservative patients would go to another doctor; others said patients preferred their "own kind".

'THEY SMELL'

Dr Jamieson said survey responses included: "they smell", "I can never understand them" and "they don't appreciate white medicine".

Dr Hanekom said Masa had always publicly stated that it did not discriminate between members (doctors) and patients on the basis of race, colour and creed.

"The statement by Dr Jamieson that many doctors practise apartheid has never been brought to the attention of Masa.

"Although Masa accepts his data, this does not necessarily reflect the overall position throughout South Africa nor even in the majority of practices," Dr Hanekom said.

Dr Hanekom said a more comprehensive study should be carried out before any definite conclusion could be reached.

He said, however, that in an emergency doctors could not withhold their services from patients.

App 6-10413 8/4/88

Bara doc to fight for job

93

Own Correspondent

JOHANNESBURG. — Dr Beverley Traub, who has twice been refused reappointment as a senior house officer at Baragwanath by the authorities after signing a letter criticizing conditions in the department of medicine at the hospital, is to ask the Supreme Court to review and set aside the second decision not to employ her.

The letter, published in the September 1987 SA Medical Journal, was signed by 101 interns, consultants and registrars.

Soon after publication, Dr Traub — a senior house officer at the hospital — and five other signatories were told their reappointments had been refused.

Last December she and the other five doctors brought an urgent application in the Rand Supreme Court asking that the decision not to reappoint them be set aside.

'He helped patients in distress'

(93) SM
9/9/88

Several prominent gynaecologists have criticised as "unjustifiably harsh" and "grossly unfair" the recommendation by the disciplinary committee of the SA Medical and Dental Council that Johannesburg gynaecologist Dr Simon Friedman (58) be struck off the medical roll for contravening the Abortion and Sterilisation Act.

Their names may not be mentioned for professional reasons.

Dr Friedman pleaded guilty to improper conduct at the committee hearing at the end of March and his fate will be determined by the council on April 20.

"Why should a man who has been practising successfully for almost 30 years, and delivers over 180 babies annually be stripped of his dignity as a doctor, lose his practice, lose his patients, lose his income and lose his self-esteem just because he assisted patients in distress?" asks a gynaecologist.

Dr Friedman's appearance before the Council occurred as a result of a conviction in the Johannesburg Regional Magistrate's Court on March 17 1987 for contravening the Act of 1975 by performing three abortions.

Dr Friedman received a fine of R1 000 (or 12 months imprisonment), with a further 12-month sentence suspended for three years.

In passing sentence, the magistrate, Mr R R Rheeder, said that "in this case the seriousness of the crime is mitigated by the circumstances. The accused acted

SARA MARTIN

on the spur of the moment... he was not guided by any monetary gain."

The three abortions were performed in November 1981, April 1985 and March 1986. Dr Friedman charged R30 for each.

In the 1981 case, a 31-year-old woman who was eight weeks pregnant came as a patient to his rooms. She had attempted to give herself an abortion on two occasions and was bleeding, in pain and experiencing contractions. He tried to persuade her to go to hospital to procure consent to a lawful abortion but she refused. Fearing that she would try again to abort her pregnancy Dr Friedman removed the foetus.

In the second instance a 37-year-old unmarried woman came to see him. She had fallen pregnant. She told Dr Friedman that she had arranged to see a back-street abortionist the next day, but because she had started bleeding and was in pain, she thought she was aborting already. She said she could not go to hospital because her father was a prominent doctor. As she still threatened to carry on with the back-street abortion, Dr Friedman performed the operation.

In 1986 a former co-accused pleaded with Dr Friedman to attend to a 14-year-old girl on whom an abortion had been attempted.

He found her heavily sedated and bleeding profusely. He did not try to remove her to a hospital as he feared for her health.

Dr Friedman pleaded guilty at the trial to performing the abortions.

HOUSE OF DELEGATES

Indicates translated version.

For written reply:

Own Affairs:

Plots/building contracts awarded to Clarion Homes (Pty) Ltd

30. Mr Y MOOLLA asked the Minister of Housing:

(1) Whether his Department or any statutory body falling under his Department allocated any plots and/or awarded any building contracts in Mountain Rise and/or the Pietermaritzburg area to a certain firm, the name of which has been furnished to the Minister's Department for the purpose of his reply; if so, (a) (i) by whom or what statutory body were these plots allocated and/or building contracts awarded and (ii) when in each case, (b) what is the name of the firm in question, (c) what was the tender price in respect of each such plot and/or building contract, (d) how many (i) plots and (ii) building contracts were involved and (e) what was the (i) area of each such plot and (ii) floor area of each such building;

(2) whether any other firms tendered for these plots and building contracts; if so, (a) what were the prices tendered in respect of each of these (i) plots and (ii) contracts and (b) who submitted each of these tenders;

(3) whether the firm referred to in paragraph (1) of this question has been allocated any other plots and/or awarded any other

building contracts since 1 January 1986 (a) by his Department, (b) by any statutory body falling under his Department and/or (c) on his recommendation or that of his Department by (i) any other agency falling under his Department and (ii) any local authority; if so, what are the relevant particulars?

The MINISTER OF HOUSING:

(1) Yes

(a) (i) Housing Development Board.

(ii) 19 February 1988.

(b) Clarion Homes (Pty) Ltd.

(c) R450 000,00.

(d) (i) One.

(ii) None.

(e) (i) ± 8,3243 ha

(ii) Falls away.

(2) Yes. Tenders were called for proposals and not for price of stand. The best proposals were submitted by Clarion Homes (Pty) Ltd and Sunshine Housing. Clarion Homes (Pty) Ltd offered R200 000,00 more than Sunshine Housing.

(a) (i) Falls away.

(ii) Falls away.

(b) Sunshine Housing.

(c) (a) No.

(b) No.

(c) (i) No.

(ii) No.

HOUSE OF ASSEMBLY

Indicates translated version.

For oral reply:

General Affairs:

State President:

SWA: status in relation to RSA

*1. Mr C J DERBY-LEWIS asked the State President:

Whether South West Africa falls under his direct jurisdiction; if not, what is the status of this territory in relation to the Republic of South Africa; if so, (a) in what manner and (b) in collaboration with whom is the amount of financial aid provided by the Republic to this territory determined?

†The STATE PRESIDENT:

I refer the hon member specifically to section 38 of the South West Africa Constitution Act, 1968 (Act No 39 of 1968) as well as Proclamation No R101 of 1985. Financial assistance is determined by the Department of Finance, after consultation with the South West African government.

*2. Mrs H SUZMAN — State President. [Withdrawn.]

Ministers:

Questions standing over from Tuesday, 29 March 1988:

Trojan Horse incident: SAP members suspended

*8. Mrs H SUZMAN asked the Minister of Law and Order:

Whether the members of the South African Police who were involved in the so-called "Trojan Horse" incident approximately three years ago, have been suspended from the Police Force pending the decision of the Attorney-General regarding prosecution; if not, (a) why not, (b) what duties are they performing at present, (c) where are they stationed and (d) what were the circumstances surrounding this incident?

†The MINISTER OF LAW AND ORDER:

No.

(a) As soon as the decision of the Attorney-General is known, steps against these members will be considered.

(b) Normal police duties.

(c) At various police stations.

(d) The circumstances were already the subject of an inquest which was held in an open court and which received wide publicity in the media. The court record is a public document which is at the disposal of the hon member.

New Questions:

J G Strijdom Hospital: Black nurse attending to Whites

*1. Mr A GERBER asked the Minister of Constitutional Development and Planning:†

(1) Whether a Black male nurse attended to White female patients in the J G Strijdom Hospital in Johannesburg on or about 29 February 1988; if so, what were the circumstances surrounding this incident;

(2) whether it is the policy of his Department that non-White male nurses attend to White female patients;

(3) whether he will make a statement on the matter?

The DEPUTY MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(1) No.

(2) No.

(3) Falls away.

Provincial hospitals: motor-car travel allowances to doctors

*2. Dr M S BARNARD asked the Minister of Constitutional Development and Planning:

(1) Whether his Department pays motor-car travel allowances to all doctors working at provincial hospitals in (a) the Transvaal, (b) the Cape Province, (c) Natal and (d) the Orange Free State; if not, why not;

(2) whether he will make a statement on the matter?

†THE DEPUTY MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(1) No.

(a), (b), (c) and (d)

Under certain circumstances motor-car allowances are paid to doctors by the provincial authorities according to the directives of the Commission for Administration and as approved by the Treasury.

(2) No.

†Dr M S BARNARD: Mr Chairman, arising out of the reply of the hon the Deputy Minister, I should like to ask him whether the race of the doctor is of any importance in the granting of the travel allowance?

†THE DEPUTY MINISTER: Mr Chairman, I am not quite sure what the purport of the hon member's question is. I gave him an indication that there are no specific directives with regard to the payment of travel allowances, and that in certain cases the allowances are in fact paid according to the directives of the Commission for Administration.

†Dr M S BARNARD: Mr Chairman, further arising out of the reply of the hon the Deputy Minister, I should like to ask him whether, in the case of doctors occupying the same posts at Baragwanath Hospital, travel allowances are paid to the White doctors, but not to the Blacks.

†THE DEPUTY MINISTER: Mr Chairman, I cannot answer the hon member on that. That was not his question, and if he wishes to ask such a question, he must put it on the Question Paper in that form.

Doctors at Baragwanath Hospital: letter of apology

*3. Dr M S BARNARD asked the Minister of Constitutional Development and Planning:

(1) Whether any doctors at the Baragwanath Hospital have been asked to sign a letter of apology following a letter published in September 1987 in a certain periodical, the name of which has been furnished to the Minister's Department for the purpose of his reply; if so, (a) how many, (b)

why and (c) what is the name of this periodical;

(2) whether any action is to be taken against these doctors in the event of their refusing to sign such a letter of apology; if so, (a) why, (b) what action and (c) on whose authority?

†THE DEPUTY MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(1) The doctors concerned were given the opportunity to apologise.

(a) 86.

(b) Due to unacceptable language and incorrect statements in the letter.

(c) The South African Medical Journal.

(2) Yes.

(a) Due to unacceptable language and incorrect statements in the letter.

(b) Letters of reprimand to each of the doctors involved.

(c) The Provincial Secretary.

Dr M S BARNARD: Mr Chairman, arising from the hon the Deputy Minister's reply, may I ask him whether he will tell us if these doctors have been given a letter to congratulate them on pointing out the severe overcrowding and the shortage of staff . . .

THE CHAIRMAN OF THE HOUSE: Order! The hon member is making a speech. We turn now to the next question.

Dr M S BARNARD: Mr Chairman, may I then ask . . .

THE CHAIRMAN OF THE HOUSE: Order! No, I am going on to the next question.

Airways personnel: Aids sufferers

*4. Mr C J DERBY-LEWIS asked the Minister of Transport Affairs:

(1) Whether any precautions are taken to ensure that South African Airways personnel are not Aids carriers or sufferers; if so, what precautions;

(2) whether any Airways personnel members have been identified as Aids sufferers; if so, how many?

(3) whether any such personnel members have died of this disease; if so, how many;

(4) in respect of what date is this information furnished?

†THE MINISTER OF TRANSPORT AFFAIRS:

(1) Yes. The recommendations of the Advisory Group on Aids as set out by the Department of National Health and Population Development and Health Services are being complied with.

(2) and (3). This information is regarded as confidential.

(4) Falls away.

Mr D J N MALCOMESS: Mr Chairman, arising from the hon the Minister's reply, if in fact there are members of the personnel of the SAA who are suffering from Aids, surely it is in the public interest to know whether or not members of the public are liable to be served by an Aids sufferer, for instance?

THE CHAIRMAN OF THE HOUSE: Order! I cannot prescribe to the hon the Minister how he should answer his questions.

Mr D J N MALCOMESS: I am asking him, Mr Chairman.

THE CHAIRMAN OF THE HOUSE: Order! No, strictly speaking the hon member is really supplying information. He cannot take that point any further.

Mr D J DALLING: Mr Chairman, further arising from the hon the Minister's reply, could he advise us why he considers it to be in the public interest not to provide Parliament with an answer?

THE MINISTER: Mr Chairman, I have already said that information of that kind is treated as highly confidential.

Mr D J DALLING: Why?

THE CHAIRMAN OF THE HOUSE: Order! The hon the Minister is not obliged to answer supplementary questions. Therefore I am proceeding to Question No 5.

Conference/symposium on ozone-depleting chemicals: Montreal

*5. Mr P G SOAL asked the Minister of Foreign Affairs:

(1) Whether any representatives of the South African Government attended a conference or symposium on ozone-depleting chemicals held in Montreal in or about September 1987; if not, why not; if so, who were they;

(2) whether South Africa signed a treaty limiting the production and consumption of such chemicals at the time; if not, why not;

(3) whether he will make a statement on the matter?

THE MINISTER OF FOREIGN AFFAIRS:

(1) No. South Africa was not invited to attend the conference held in Montreal under the auspices of the United Nations Environmental Programme (UNEP) since in terms of a UNEP decision of 1980 all forms of co-operation between South Africa and UNEP were suspended.

(2) No. It is assumed that by "treaty" is meant the Montreal Protocol on Chlorofluorocarbons to the Vienna Convention for the Protection of the Ozone Layer (1985).

In terms of the above-mentioned Convention a state may not become a party to a protocol unless it is or becomes at the same time a party to the Convention. South Africa did not accede to the Vienna Convention and therefore could not sign the Montreal Protocol.

(3) The desirability of accession to the treaties is a matter for the consideration of my colleague the hon the Minister of Environment Affairs.

*6. Mr P G SOAL — Law and Order. [Withdrawn.]

Clarendon Gardens, East London: sale of land approved by SATS

*7. Mr D J N MALCOMESS asked the Minister of Transport Affairs:

(1) - Whether he or any member of the South African Transport Services gave approval for the sale of a piece of Transport Services land for the development of the Clarendon Gardens project in East London to a certain company, the name of which has been furnished to the Transport Services for the purpose of the Minister's reply; if so, (a) when, (b) why, (c) (i) what

CAMC 4/17/75 13/488

93

Govt backs down on threat to fire doctors

Political Staff

THE government has backed down on a threat to fire 31 doctors at Baragwanath Hospital who refused to apologize for writing a letter of protest about conditions in the hospital.

Each of the doctors are instead to be sent letters of reprimand "due to unacceptable language and incorrect statements in the letter", the Deputy Minister of Constitutional Development and Planning, Mr Roelf Meyer, said yesterday.

Mr Meyer, who was replying to a question from Dr Marius Barnard (PFP, Parktown), said 86 doctors at the hospital who wrote a letter to the South African Medical Journal about conditions in the hospital were given an opportunity to apologize.

However, 31 of the doctors refused to apologize and were threatened with dismissal if they did not do so.

Dr Barnard commented: "I am very grateful that the threat of dismissal to

the 31 doctors who refused to apologize has now, according to the Deputy Minister's reply, been removed.

"But instead of these doctors being sent a letter of reprimand for bringing to the notice of the public and the provincial authorities the gross overcrowding at Baragwanath Hospital, they should have been congratulated.

Urgent action

"I hope that the provincial authorities, after all the warnings over the past 10 years, will take urgent action to alleviate the situation."

In reply to another question by Dr Barnard, he said provincial authorities did sometimes pay car allowances to doctors but could not say if these allowances were paid only to white doctors at Baragwanath.

Dr Barnard said he had been told that some black doctors at Baragwanath did not get travel allowances while their white colleagues did. He would be taking the matter further.

Number of doctors drops for first time

Cape Times 13/4/88

By BARRY STREEK
Political Staff

93

THE number of registered doctors in South Africa dropped for the first time in 1986.

This has been disclosed in the Department of National Health and Population Development's annual report for 1987, tabled in Parliament yesterday.

In 1986, there were 20 229 doctors registered with the South African Medical and Dental Council, compared to the 20 477 in 1985.

The number of registered dentists rose slightly from 3 367 in 1985 to 3 486 in 1986, and the number of registered pharmacists increased from 7 239 to 7 557.

The Progressive Federal Party spokesman on health, Dr Marius Barnard, commented: "The drop in doctors is not a surprise because so many have left the country and will continue to leave, not only for political reasons, but also because of deteriorating conditions of service and the lack of stimulus, particularly in regard to research.

"There is an urgent need that the curriculum at medical schools serves the needs of South Africa so that qualified doctors are stimulated to stay in South Africa.

"There is also an urgent need for more black doctors to be accepted at all the universities in South Africa," Dr Barnard said.

Language was 'unacceptable'

Bara doctors to be reprimanded

By David Braun
Political Correspondent

The 86 doctors who publicly criticised conditions at Baragwanath Hospital are each to receive a letter of reprimand from the Transvaal provincial secretary, the House of Assembly heard yesterday.

Constitutional Development Minister Mr Chris Heunis said in reply to questions by Dr Marius Barnard (PFP, Parktown) that the doctors had been given the opportunity of apologising after the publications of a letter they signed in the *SA Medical Journal* in September last year.

Mr Heunis said they had been asked to apologise "due to unacceptable language and incorrect statements in the letter".

Asked whether any action was to be taken against the doctors in the event of their refusing to sign a letter of apology, Mr Heunis said: "Yes. Letters of reprimand are to be sent to each of the doctors involved by the provincial secretary."

Health centre

● Mr Heunis told Dr Barnard in response to another set of questions that the Mofolo community health centre was completed in May 1987.

The centre had not yet been commissioned yet "due to financial restrictions".

He said that, except for one X-ray unit and a processor, the health centre had been fully equipped. The unit and processor would be acquired and installed in the current financial year.

Conditions have not changed but . . .

Bara doctors will not be dismissed

93
SMC
14/4/88

By Carina le Grange

Baragwanath doctors who faced dismissal for refusing to apologise to the provincial authorities after writing a letter last year protesting about conditions at the hospital expressed their relief this morning that they will no longer be dismissed, but asked that they remain anonymous.

They will only be sent a letter of reprimand, it was said in the House of Assembly yesterday.

The new turn in the Baragwanath crisis — highlighted by The Star in January this year — was revealed by Constitutional Development Minister Mr Chris Heunis in reply to a question by PFP MP Dr Marius Barnard.

Six senior housemen have been denied jobs at the hospital since signing the letter which highlighted inadequate facilities and overcrowded conditions. Registrars faced dismissal after receiving letters from the province in January and senior consultants were threatened with non-promotion.

A registrar who faced dismissal and who asked not to be named said although he was obviously happy that he would not be dismissed "conditions at the hospital have not changed at all since the letter was published more than six months ago".

"The problem is that four housemen still don't have jobs and the conditions are completely unchanged. It is difficult for us to accept anything," he said.

He added: "It is likely that the only reason we were not dismissed was due to the wide publicity given to the crisis at Baragwanath."

The MEC in charge of hospital services, Dr Daan Kirstein, and the director, Dr Hennie van Wyk, were not available to comment on whether promotions of doctors presently and in the future would be affected.

When The Star highlighted the crisis at Baragwanath — triggered by the publication of the letter in the *SA Medical Journal* in September last year — Mr Kirstein confirmed the doctors were being "victimised" for having written the letter.

Mr Kirstein and the directorate for hospital services said the letter contained untrue allegations.

The Baragwanath doctor also said the reason the letter was written was to improve facilities for patients. "It was not written to insult anybody or for any other reason but to improve and change the situation. But nothing has changed except that doctors themselves bought 25 mattresses and five toilet seats."

Government probe into doctors' working conditions

AR6
15/4/88
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[Signature]

By DAVID BRAUN
Political Staff

THE Government has launched an independent survey of doctor's working conditions with a view to improving job satisfaction.

National Health Minister Dr Willie van Niekerk said in an interview he was very sensitive to the need for doctors to have job satisfaction.

He was approached to comment on figures in the latest annual report of the Department of National Health which showed the number of registered doctors in South Africa dropped from 20 477 in 1986 to 20 229 last year.

Create more facilities

Progressive Federal Party spokesman on National Health Dr Marius Barnard said this trend would continue unless more facilities were created for the training of black doctors in particular.

He said the curriculum for training black doctors should perhaps be changed to take into account South African conditions.

The time had also perhaps come for medical students to be obliged to give a commitment that they would practice medicine in South Africa for a



Dr Van Niekerk

specified period after qualifying.

"Too many are leaving immediately after qualifying from medical school," he said.

Dr van Niekerk said he was personally very sensitive to the need for doctors to have job satisfaction.

He said he had appointed independent consultants to survey the job satisfaction of doctors at one specific hospital (he did not want to identify the hospital or the consultants at

this stage), so that the findings could be used to improve working conditions for doctors generally.

Dr van Niekerk said it was obvious more doctors would have to be trained in South Africa, particularly black doctors.

Research had, however, shown there was no need for an additional medical faculty, but that existing training facilities should be used more optimally.

But in this regard, the minister said, the lack of financial resources was playing an inhibitive role.

Dr van Niekerk said there was no government restriction on universities with regard to the number of black medical students which could be enrolled.

With regard to the emigration of doctors, the minister said it was true that many were going for political reasons, but there were also financial considerations involved as well as the lure of exorbitant fees paid in the United States.

He said he was not in favour of making it compulsory for newly qualified doctors to serve for a minimum period in South Africa before emigrating.

Rather there should be a spirit of community service imbued in the students so that they felt morally obligated to put back what they had received from the community, he said.

● Dr van Niekerk referred to his speech in Parliament last year in which he pointed out the ratio of doctors to population in South Africa was 1:1 582.

The ratio in urban areas was 1:1 237, while that in rural areas was 1:5 396.

South Africa's doctor population ratio of 6,3 doctors per 10 000 population corresponded to medium developed countries of the world where 6,5 doctors per 10 000 population was found.

CMT-TM 15/4/88

Journal prints apology by 49 Bara doctors

Own Correspondent

JOHANNESBURG. — The SA Medical Journal has published an apology by 49 of the original 101 Baragwanath doctors who signed a letter deploring conditions at the hospital, published in the journal in September last year.

The letter in the latest issue of the journal apologises for certain "incorrect" and "derogatory" statements. The letter was drafted by the Transvaal Provincial Administration (TPA).

The staff who signed the original letter were threatened with dismissal if they did not apologise, but the Constitutional Development and Planning Deputy Minister said on Tuesday that 31 doctors who had refused to apologise would not be fired.

'Unreasonable actions'

In the same issue of the journal, a letter written by the executive committee of the Board of the Faculty of Medicine at Wits University said the actions of the TPA against the signatories were "unreasonable and puni-

tive acts which should be stopped and rescinded".

It said there were real differences between the medical profession and the provincial authorities concerning the seriousness and urgency of the Baragwanath problem.

The number of beds in regional hospitals (Leratong, Sebokeng and Hillbrow) had increased, but they were far from Soweto and served different communities. Plans to rebuild the medical wards at Baragwanath would not ease the bed-shortage crisis, it said.

Support for doctors

In a separate letter, the Medical Graduates Association of Wits University supported the actions of the 101 Baragwanath doctors.

"We deplore the active victimization and intimidation of these doctors whose motive is the improvement of the health care facilities."

The Southern Transvaal Regional Committee of the SA Academy of Family Practice/Primary Care expressed distress at the threatened dismissal of doctors.

Reprimanded but Bara doctors' fight goes on

DOCTORS at Baragwanath Hospital have adopted a wait-and-see attitude to this week's announcement that the Transvaal provincial authorities have backed down on threats to fire 31 doctors who refused to apologise for criticising conditions at the Soweto hospital.

Constitutional Development Minister Chris Heunis told parliament this week "letters of reprimand" would be sent to the 31.

The controversy dates back to a letter, signed by 101 Baragwanath staff

By JO-ANN BEKKER

members, which appeared in last September's edition of the *South African Medical Journal*. The letter criticised the "disgusting" conditions in the hospital's overcrowded medical wards and accused the authorities of "indifference and callous disregard".

The letter attracted little public attention until half a dozen housemen who had signed it were refused permanent positions — for which they had been strongly recommended — unless they

signed retractions.

Next several registrars who had been approved for promotion to the position of medical officer — a permanent post which includes a housing subsidy and a higher salary — were told their promotions had been withdrawn.

Recently permanent staff members who had signed the letter received a letter from the provincial authorities, asking them to apologise "due to unacceptable language and incorrect statements in the letter".

(93)

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15-21/4/88

Doctors saved — but Bara crisis goes on

In a letter to the South African Medical Journal in September last year, 101 doctors of the medical department at Baragwanath Hospital made an impassioned plea for action to be taken without delay at the hospital in order to relieve the conditions in specifically the medical wards.

A doctor at the hospital has described the conditions as one of "horrific overcrowding of up to 300 percent and totally inadequate basic ward facilities such as only one bath (and no showers) per 100 patients, one toilet per 40 to 50 patients.

The doctor drew attention to the fact that, following publication of the letter, the southern Transvaal branch of the Medical Association of South Africa (Masa) inspected the medical wards in November last year.

The reported conclusion of the delegation was that the "health authorities proclaim Bara a disaster area and have the overflow of patients transferred immediately to the empty Johannesburg Hospital which has about 1 400 empty beds", he said.

"Ironically, at the time the Minister of Constitutional Development, Mr Chris Heunis, was talking about the doctors of Baragwanath being reprimanded for writing the letter to the SAMJ, money was being collected by those doctors (and the nursing staff) in order to purchase seat cushions for wooden chairs.

"During the day ill patients spend up to 12 hours on hard, wooden benches

The doctors who faced dismissal for their criticism of conditions at Baragwanath Hospital will now merely be reprimanded. But one remains unhappy about the outcome of the "Bara Crisis". He told CARINA LE GRANGE that the issue had shifted. Instead of being about the appalling conditions at the hospital it had centred instead on the authorities' threatened action against the doctors. Although the doctors' jobs have been saved, the lot of the patients has not improved. He asked to remain anonymous.



CHRONIC OVERCROWDING: the crisis at Baragwanath remains unresolved.

because of the bed shortage."

He said the question at the centre of the Baragwanath crisis, concerning conditions at the hospital and what is being done to remedy them, remained. He also referred to the fact that PFP MP Dr Marius Barnard had been reported in The Star as saying that doctors were willing to testify

that patients had died as a direct result of the overcrowding and staff shortages.

"What has happened at Bara in the meantime? Sadly, absolutely nothing," he believes.

"The administration has neglected to take a single constructive step to resolve the crisis at Baragwanath except

for attending to some toilets after a report that doctors of the medical wards themselves purchased five toilet seats and 50 mattresses for those lying on the floor without mattresses," he says.

"If the guidelines laid down by the National Building and Standard Regulation Act regarding the suitability of a place of residence for human habitation are to be met, it will be necessary for the medical wards at the hospital to obtain 50 new baths, 36 toilets and twice the area that the wards now occupy.

"Suggestions such as transferring empty beds from the Johannesburg Hospital to Baragwanath and opening up closed wards were refused out of hand by the authorities. There are 21 patients sleeping on the floor at Bara in only one of the wards at the moment.

"Is it not time that those in authority recognise the urgency of the crisis as affecting the 2,5 million population of Soweto — and act in a constructive fashion commensurate with the responsibility of the positions they hold?"

He said the hospital administration could do worse than to take note of the words of Dr Richard Asher, a renowned British physician: "It is always assumed that the first thing in any illness is to put the patient to bed. Hospital accommodation is always numbered in beds. Illness is measured by the length of time in bed. Bed is not ordered like a pill or purge, but it is assumed as the basis for all treatment."

A fresh rumble grows over a new Bara letter

By JO-ANN BEKKER



Chris Heunis

BARAGWANATH doctors are still waiting to receive the letters of reprimand which Constitutional Development Minister Chris Heunis announced last week would be sent to 31 doctors who refused to apologise for criticising conditions at the hospital.

Several newspapers have interpreted Heunis' announcement as a backdown from earlier threats of dismissal. But the doctors are waiting to study the reprimands before they pass judgement.

Meanwhile controversy continues over conditions at the Soweto hospital, which prompted 101 doctors to write to the *South African Medical Journal* last year protesting "disgusting and despicable" conditions, overcrowding and authorities' "indifference and callous disregard".

A row has erupted over a letter in the journal's latest issue — this time concerning an apology by 49 of the 101 signatories.

The latest letter — with one important change — is a copy of a statement which the Transvaal Provincial Administration demanded junior staff sign if they did not wish to be dismissed or forfeit promotion.

It apologises for the first letter to the SAMJ, admits there were "inaccuracies", and blames senior staff who circulated the "pre-prepared" letter for abusing their trust. The letter withdraws "derogatory" remarks and acknowledges "developments and improvements at Baragwanath".

But the last paragraph of the TPA letter, which stated that each doctor would write to the journal clarifying these points, was omitted. Instead the official letter appeared as if it had been penned by its signatories.

One doctor whose name appeared on the "apology" said the 49 were horrified to see it published. "We were told to sign or leave, so we signed the authorities' apology but none of us real-

ly read or agreed with what it said," he said. "We definitely did not give permission for it to be printed in the journal."

The April issue of the medical journal also included a letter signed by the Executive Committee of the Board of the Wits University's Faculty of Medicine.

The committee said during April last year 2 439 patients were admitted to Baragwanath. On average there were 780 patients a day for 470 beds.

The committee acknowledged the TPA was trying to run "a vast hospital system in the face of impossible financial restraints", but Baragwanath medical staff and Wits had "real differences" with authorities about the seriousness of the problem.

The executive committee said there was an urgent need to upgrade existing facilities and increase substantially the number of hospital beds.

The letter asked why half the eventual number of beds at Pretoria's new HF Verwoerd Hospital would be allocated for black patients, while the white Johannesburg Hospital had an unused capacity of over 1 000 beds.

The executive committee said it had supported TPA representations for government funds for a second Soweto hospital.

But it deplored the authorities' "unreasonable and punitive acts" in demanding apologies from the 101 signatories for a letter "written in the interests of their patients and in a mood of frustration and despair, by concerned and committed doctors who have reached breaking point".

93
W/med 22-28/4/88

Medical Reporter

THE family of Shaheed Fortune, a school pupil who died of an asthma attack after a Bothasig doctor allegedly refused to treat him, believed the doctor would not treat their son because he was coloured.

Mr Mogammat Fortune, Shaheed's elder brother, was replying to a question from Mr J A le Roux, defence counsel for Dr Leon Venter, before a disciplinary committee of the Medical and Dental Council.

Mr Fortune confirmed that his family thought Dr Venter was reluctant to treat people of colour.

In his evidence-in-chief Mr Fortune told the committee that he telephoned Dr Venter a few days after Shaheed died last April.

He asked Dr Venter what he would do if someone with asthma approached him for help.

"He said he would help immediately. I asked him if he remembered the person who was brought to him on Thursday. I told him that he had died."

Earlier, Shaheed's father, Mr Mogammat Fortune, testified that his 21-year-old son was helping him with carpentry at a house in Bothasig.

He took Shaheed to Dr Venter's surgery when it was apparent that he was having a severe asthma attack.

Dr Venter said he could not help them and "chased" them away. Shaheed died about 30 minutes later.

"No objection"

Dr Venter said he had worked in Zululand and Transkei and had no objection to treating people of colour.

Mr Fortune came to his surgery door as he was locking up for the night. His son was not with him and he assumed he was in the car.

Mr Fortune said his son was having one of his "normal" asthma attacks and asked for "something to inhale".

He did not have the necessary equipment in his surgery to treat Shaheed so he told Mr Fortune to take his son to Tygerberg Hospital immediately.

Allergic reactions

Dr David van der Velden, head of the department of family practice at Stellenbosch University, said the minimum expected of a general practitioner in the circumstances would be to examine the patient.

Dr Eugene Weinberg, a paediatrician at Red Cross Children's Hospital with a special interest in allergic reactions, said only 11 children at the hospital had died of asthma in 15 years.

The hearing was postponed until June 6 for the defence to call another witness.

I don't object to treating coloured people — doctor

ARCAS 28/4/88

CITY/NATIONAL

Own Correspondent

CAPE TOWN — A tearful father told a disciplinary committee of the Medical and Dental Council yesterday he would never forget the image of his dying son pleading for a Pinelands doctor to help him.

Dr Leon Venter is accused of refusing to examine or treat Shaheed Fortune (21), who died last April.

Mr Mogamat Fortune told the committee his son, a matric pupil, had had asthma from the age of five.

On the day he died,

Son died 'after doctor refused to treat him'

S/er 28/4/88 (93)

Shaheed had an attack. He was taken to Dr Venter's surgery.

Although he knew where Tygerberg Hospital was, he went to the surgery because this was an emergency, Mr Fortune said.

Shaheed's condition was very bad and he was afraid he would get lost because he did not know the hospital area well.

Mr Fortune said the

surgery door was open and while Shaheed was being helped from the car by two others, he ran into the waiting room shouting for the doctor.

RUDELY

Dr Venter appeared and rudely told Mr Fortune that he could not help them. He gestured for him to leave.

Mr Fortune said Shaheed was on the threshold

by this time.

"The klonkie (Shaheed) said: 'Doctor, please help me,'" Mr Fortune said.

"I will never forget those words. Until my dying day I will see that picture before my eyes."

They took Shaheed to another surgery, but it was closed.

A pharmacist gave Shaheed tablets and said he should be rushed to hospital, but they felt it was too far.

They were directed to another surgery where Shaheed was treated but died 15 minutes later.

The hearing continues.

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Chemists' war on 'profiteer' doctors

PHARMACISTS are again trying to stop doctors dispensing drugs and medicines to patients.

The Pharmacy Council (PC) — a statutory body — charged this week that retailers were slowly being put out of business by dispensing doctors making huge profits on cheap and giveaway drugs supplied by manufacturers.

By HAMISH McINDOE

In a powerful call to the Government, the PC asked National Health and Population Development Minister Dr Willie van Niekerk to issue a "mission statement" for the profession.

In essence, says PC member Mr Graham Clark, "we want the Government to sort out the turmoil by clearly defining our function once and for all."

"Many pharmacists are going down the tube because of the dispensing doctors. The Medical Council chucked out our recommendations earlier this month. So now we're going to the Minister."

Limit

Dispensing doctors outnumber the 2 600 retail pharmacists by nearly two to one. And, according to PC estimates, dispensing doctors claim a 20 percent share of the country's R1-billion pharmaceutical sales.

The PC wants to limit the dispensing practices of doctors to emergencies or when

doctors offer the only service available.

It alleges that dispensing doctors are:

● Deliberately prescribing expensive drugs for common ailments.

● Over-prescribing to swell their profits.

Unfair

● Receiving free or low-cost medicines, which gives them an unfair advantage over retail pharmacists.

● Medical-aid scheme payments to one practitioner last year totalled R559 612 on 7481 prescriptions containing 23 627 items. Mr Clark estimates this doctor made at least R150 000 profit.

But the Medical Association of South Africa (Masa) reacted strongly.

Says chairman Dr Bernard Mandel: "Many GPs operating in small towns and outlying areas would simply go out of business if they didn't dispense."

Official wrist-slaps for Bara doctors

By JO-ANN BEKKER

OFFICIAL letters of reprimand this week reached the Baragwanath doctors who have refused to apologise for criticising conditions at the Soweto hospital's medical wards.

The letters informed junior doctors that the authorities had "seriously considered" firing them. They warned senior staff members they had considered "formal disciplinary action" against them, in terms of the Public Service Act of 1984.

However, the provincial director of Hospital Services, H van Wyk, said after considering all relevant facts he had decided against such action.

Nevertheless, doctors were reprimanded and warned that repeating such conduct would be viewed in a serious light.

The controversy stems from a letter published in the *South African Medical Journal* last September, which criticised the "disgusting" conditions in the hospital's overcrowded medical wards and accused the authorities of "indifference and callous disregard".

Provincial authorities demanded the 101 Baragwanath staff members who signed the letter withdraw the "incorrect statements and unacceptable language".

A total of 48 doctors tendered apologies, after threats that they would face dismissal or forfeit promotion. A few left the hospital.

Constitutional Development Minister Chris Heunis told parliament last month that 31 doctors who had refused to apologise would receive letters of reprimand.

A doctor who received a reprimand said its implications were unclear.

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W/Mail

13-19/5/88

Bid to save doctor's career

Sowetan
29/5/88
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THE fight to save the career of Dr Haroon Olideen will continue, according to his lawyer, Mr Imraan Moosa.

Dr Olideen is serving a 12-year sentence for two murders.

A disciplinary committee of the South African Medical and Dental Council this week found him guilty of disgraceful conduct for shooting and killing two men who threatened him and members of his family over a gambling debt more

than two years ago.

The committee is to ask the council at its meeting in October to strike Dr Olideen from the register, but Mr Moosa pointed out at the hearing that his client stands a very good chance of landing a non-paying job from the House of Delegates as a doctor in an under-privileged community.

Mr Moosa said Dr Olideen had an unblemished record for 30 years as a member of the council.

Jhb Hospital surgeons losing out

93

By Toni Younghusband, Medical Reporter

STW 23/10/84
Surgeons-in-training are unable to get the required experience because of reduced operating time at the under-staffed Johannesburg Hospital, say surgeons working there.

They say they are spending only a short time in each medical unit and are not gaining the experience needed to qualify properly.

Theatre time has been cut severely because of a shortage of theatre nurses. The usual eight operating

sessions a week have been reduced to three, the surgeons say.

The chief superintendent of the hospital, Dr Reg Broekmann, agrees that surgeons-in-training are to some extent affected by reductions in theatre time.

"But the current problems at this hospital will have no serious effect on their training, provided the problems are short-lived," Dr Broekmann says.

He says the hospital administration is doing everything possible to sort out the staff shortage problems as soon as possible.

Dr Broekmann says operating waiting-lists exist in most disciplines, the worst off being the ophthalmology department which has a waiting-list of up to three years.

This is due not only to a shortage of nursing staff but also because Johannesburg is a referral hospital and is experiencing a shortage of surgeons, says Dr Broekmann.

Orthopaedic surgery, gynaecology, paediatric surgery and general surgery are also restricted because of staff shortages, he says.

Dr Broekmann says that although all surgical disciplines have been affected by the shortage of theatre-trained nursing staff, each has been affected to a different extent.

"This is an acute problem and we hope it will be resolved in the near future."

Since September last year the theatre-nurse establishment has dropped from 59 to 37, but this has not been due entirely to resignations.

"There are 10 nurses who are not available for duty for various reasons such as maternity, annual and unpaid leave," Dr Broekmann says.

Only one out of 33 theatres is not in use and that is a standby theatre for cardiac cases, he adds.

Registrars bitter at disparity in medical salaries

2/6/88
20/5/88
93

by DENNIS CRUYWAGEN

Weekend Argus Reporter
HOSPITAL registrars and professors at teaching hospitals are bitterly disappointed at the refusal of the Advisory Committee on Health to bring their salaries in line with medical officers.

In a statement last night Dr F J Rademan, the president of the Registrars' Association of South Africa, said there had previously been parity between the salaries of registrars and medical officers.

But for some unexplained reason the salary package introduced for fulltime doctors last December did not include an increase for registrars.

A registrar is a doctor employed by the Department of Health who is training to become a specialist, and a medical officer is a doctor who has just completed his housemanship.

Earning more

It was common knowledge that newly-qualified medical officers were earning more than registrars with 10 to 15 years' experience, Dr Rademan said.

"We feel strongly about this disparity because on the floor we run the show. We are responsible for the treatment and management of patients."

His association had asked the advisory committee to bring salaries of registrars and professors in line with those of medical practitioners.

"They refused today. The refusal came as a bitter blow to us. I can't understand why registrars should earn less than medical practitioners."

Fairly

Registrars did not begrudge their colleagues their salaries, he said.

"It is just that we would also like to be treated fairly and on a par with the medical officers. I am sure that no one, and especially not our patients, could disagree."

Dr Rademan said registrars worked up to 80 hours a week, delivered a professional and specialised service to patients at provincial hospitals, and trained students, medical officers and interns.

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'Emigration undermining medicine'

Own Correspondent

JOHANNESBURG. — The future of academic medicine in South Africa was being seriously undermined by the emigration of qualified doctors, the latest South African Medical Journal said.

An article in the magazine quoted Professor John Milne, deputy dean of the Faculty of Medicine at the University of the Witwatersrand, saying he found it horrifying that a survey last year showed that of the 149 doctors who graduated from Wits in 1983, two thirds had left the country or were seriously considering leaving.

In clinical departments, doctors and postgraduate students continued, at an alarming rate, to go into private practice or leave the country.

A survey carried out by the faculty last year found that of the 474 consultant posts in the five teaching hospitals, only 380 were filled.

Recently left

Emigration accounted for 45% and private practice for 55% of those who had recently left the permanent staff.

One reason for this was that there was a large income disparity between hospital doctors and their colleagues in private practice.

This had since been partially corrected but there had been no salary increase for registrars, interns or paramedical staff.

Yet another survey done between 1985 and 1986 showed that 50% of interns during 1985 and 70% during 1986 had lost interest in medicine, it said.

Professor Milne said emigration might solve some personal problems but it would not solve the country's problems or those of academic medicine.

SA medicine undermined, claims dean

DIANNA GAMES (93)

THE future of academic medicine in SA is being seriously undermined by the emigration of qualified doctors, says the latest South African Medical Journal.

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In clinical departments, doctors and postgraduate students continued to leave either for private practice or overseas at an alarming rate.

Emigration accounted for 45% and private practice for 55% of those who had recently left the permanent staff. One reason for this was a large income disparity between hospital doctors and those in private practice, now partially corrected.

Star 10/6/88 (93)

Registrars to discuss overtime and salaries

By Toni Younghusband

Underpaid medical registrars may refuse to work overtime if their salaries are not adjusted soon.

Growing discontent over salary disparity has many registrars threatening to cut their 80-hour week to 40 hours unless something is done soon.

In response to these angry murmurings, the South African Registrars' Association will meet this week to discuss what action should be taken.

However, the association stressed in a statement last week that an overtime ban had not yet been officially considered and was currently merely talk among some registrars.

EXPRESSED DISMAY

It strongly denied reports that the pay dispute would bring at least 15 academic hospitals to a halt but nevertheless expressed dismay at the State's refusal to increase registrars' salaries.

A registrar is a qualified doctor, specialising in a certain discipline, employed by the Department of Health in a provincial hospital. There are about 800 registrars countrywide.

In December 1987 the Government approved salary increases for fulltime doctors (medical officers) at its hospitals but registrars were overlooked.

"Up to now, we have been unable to

get a satisfactory answer from the authorities as to why," association president Dr Frik Rademan said.

There was serious discontent among registrars because of the salary disparity between them and medical officers, he said. Registrars delivered a more specialised, professional service to the patients of the provincial hospitals with a higher degree of responsibility.

They handled the great majority of the work load in academic hospitals with a work week of 76 to 80 hours and in some cases in excess of 100 hours.

"For this he gets very little compensation or recognition," he said.

"Registrars also carry the primary responsibility for patient care in academic hospitals and give formal and informal training to students, interns, nurses and medical officers."

Dr Rademan said the registrar's status as a medical practitioner had been degraded, and warned the financial burden facing registrars would lead to their leaving the provincial service.

It was also unacceptable that registrars in a few select departments had salary parity with medical officers while the majority did not.

The association's meeting this week would discuss the views of all registrars with a view to formulating a plan of action.

Star 10/6/88 (93)

Career education to be extended

Pretoria Bureau

The Department of Education and Training (DET) intends to extend its newly introduced concept of career education to more than 90 percent of its schools before the turn of the century.

This was revealed last week after a seminar on "Career Education" hosted by the Minister of Education and Training, Dr Gerrit Viljoen, for his ministerial counterparts from Transkei, Bophuthatswana, Venda and Ciskei.

The seminar was held in Pretoria and was preceded by a visit to the Walton Jameson and JJ de Jongh primary schools in Atteridgeville where this type of education is being offered.

A spokesman for DET said the department was spending millions of rands on the development of the career education model at black schools.

Star 10/6/88 (93) Registrars to discuss overtime and salaries

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Only those 'contracted out'

Doctors' fees to rise by 10 pc in 1989 — Masa

Star 10/6/88

93

Pretoria Correspondent

Doctors' minimum consulting fees are to be increased by 10 percent at the beginning of next year.

The Medical Association of South Africa (Masa) announced yesterday that their new tariff guide, which would come into effect in January next year, meant a that general practitioner could charge R29,70 instead of R27 per consultation.

This increase would only affect doctors who had "contracted out" of medical aid schemes.

The increase was decided in the light of general economic conditions and in an attempt to curb inflation.

The rates were last adjusted in June, 1987, but implementation of the increase has been postponed to coincide with the release of the Representative Association Medical Schemes' scale of benefits.

Amendments to Act

Masa would like amendments to the Medical Schemes Act to include guaranteed payment by the medical scheme to the doctor, according to the scale of benefits. Doctors would then recover the balance of the payment from the patient.

Dr Bernard Mandell, chairman of the Masa federal council, said the amendments would be designed to improve the services and to reduce the cost of medicine.

It was in favour of patients having to contribute to the costs of each consultation, because it would discourage

them from over-using doctors.

People were in the habit of over-using doctors because they wanted to make use of the medical schemes which they paid for.

However, Masa was adamant that it would not be satisfied with a reduction of the scale of benefits as this would hurt doctors.

It also proposed that a long-term educational drive be introduced to resolve the misconception concerning medical tariffs and benefits offered by medical schemes.

At present the fee scale for benefits offered by medical schemes was almost 50 percent lower than Masa's recommended fees for medical services.

Because accounts rendered according to the scale of benefits were guaranteed payment by medical schemes and because patients didn't have to contribute, the majority of doctors charged those fees.

Masa maintained that doctors had the right to dispense medicine and to charge a dispensing fee of about R10.50 per prescription.

The question of handling fees for drugs, which gave rise to a possible profit which Masa did not approve of, was presently being investigated.

The federal council confirmed that it was in favour of privatisation of health services, though the State had a big role to play because total privatisation would hurt poorer patients.

Masa reaffirmed that it could never accept homeopaths and chiropractors as it believed there was no scientific basis for their theories.

2-year 'military' duty suggested for female and black doctors

Pretoria Correspondent

The new president of the Medical Association of South Africa has suggested that two-year compulsory "military" service be instituted for female and black doctors.

Last night during his inaugural speech, Dr Sholem Kay said the shortage of doctors in strategic areas needed to be corrected without delay.

Presently black and female doctors were not taken out of circulation for two years, and were free to finish their intern year, to commence post-graduate studies and to leave the country.

FILL THE GAPS

He said that instead they should be posted to provincial or mission hospitals where they could fill the gaps in those establishments.

He added that the idea of non-military service had already been accepted, and that medical practitioners doing their two-year duty in the South African Medical Service did such duties for most of their national service.

The selection of medical students should also

be geared to determine which students would be more likely to stay in the country, and thereby decrease the numbers of qualified doctors leaving South Africa.

Dr Kay said the subject of well-qualified doctors emigrating was distressing and that as there were no barriers, such as having to pay back money spent in training, graduates were free to go and care for patients in other countries.

He mentioned an American doctor who had previously thanked South Africa for providing the United States with very good doctors who had made a significant contribution to American medicine.

He said though there was no easy solution to the problem, the first step was the selection process of medical students which was a function of the universities. They had to work on a system that would give preference to students who would probably remain in the country.

Data on those who had left, and their reasons and other factors could be used to analyse how to choose for admission to medical school.

93

GPs can charge a fee of R25 93

Star 10/6/88

Medical Reporter

General practitioners are entitled by law to charge up to R25 a consultation whether the consultation lasts two minutes or one hour, the Medical Association of South Africa has pointed out.

Complaints by a West Rand resident that local doctors had formed a "high-fee cartel" were dismissed by Masa, which said general practitioners could charge what fee they liked provided it was not above R25.

While some general practitioners still charged R15 laid down by

the medical aid schemes scale of benefits, most were charging between R20 and R25.

One irate Roodepoort resident said his doctor of many years insisted on a monthly appointment for a repeat prescription.

"I need tablets for high blood pressure and he insists that I come in to see him every month for a new prescription.

"I walk into his consulting room, he greets me, writes out the prescription and I leave. It takes a maximum of two minutes yet I am told to pay R25. It's absolutely ludicrous," said Mr E

Stephan of Horizon.

Mr Stephan said that when he queried the fee he was told that if he brought R20 cash he could see the doctor.

"What am I dealing with here, the Oriental Plaza?"

Most doctors interviewed said that although they felt a fee of R25 was appropriate, it was unnecessary to see a patient monthly just for a repeat prescription.

Masa recommends that general practitioners charge R69 for an after-hours visit. Medical aid schemes will pay R38,40 of this.

Doctor 'assaulted hospital worker'

Star 13/6/88 (93)
By Toni Youngusband

A disciplinary committee of the South African Medical and Dental Council heard how a doctor allegedly "stormed out" of a hospital ward and assaulted an elderly maintenance worker who had disturbed his examination of a patient.

Dr A Kloppers, of

Fochville in the western Transvaal, pleaded not guilty to disgraceful or improper conduct before a disciplinary committee in Johannesburg.

He is also alleged to have assaulted a colleague, Dr H Froneman.

Dr Kloppers was apparently examining a woman patient in a private ward when maintenance

worker, Mr Gert Coetzee, and a colleague opened the door.

A nursing sister at the hospital, Mrs Johanna du Preez, said Dr Kloppers "stormed out" of the ward and attacked Mr Coetzee, pushing, shoving and swearing at him.

Mrs du Preez said nurses at the hospital were afraid of Dr Kloppers

who used to throw things at them and shout at them.

She said he also refused to have nurses accompany him when he did his rounds in the mornings and preferred to see his patients alone.

Mrs du Preez said Dr Kloppers attacked Mr Coetzee again a short while later but this time Mr Coetzee fought back. The two wrestled and threw punches for some time.

"It was terrible. The nurses were hysterical and crying and some of the patients were so upset they had to be given tranquillisers to calm them down," she said.

A short while later, Dr Kloppers threw a punch at another doctor, knocking Mrs du Preez out of the way to reach him.

Mrs du Preez alleged that Dr Kloppers said "sexual things" to the nurses and told them he was re-writing the Bible.

Mr Coetzee denied threatening Dr Kloppers with a screwdriver.

The hearing has been postponed.

(93)
Star 13/6/88

Registrars set for showdown over pay

DURBAN — The intellectual cream of the medical fraternity is preparing for a showdown with the Minister of Health. Registrars, backbone of South Africa's teaching hospitals, are threatening to work to rule if he refuses demands for a pay rise in line with that received by other State doctors.

Registrars are senior doctors in the process of their final specialist training, which can take up to five years.

At the beginning of 1988 the whole spectrum of State doctors' grades received a 25-30 percent increase, but registrars were left out.

The South African Registrars Association was formed to protest at the exclusion, but negotiations with the Advisory Commission on Health, responsible for pegging State doctors' salaries, came to an end two weeks ago when the commission refused to back down.

Registrars met countrywide to consider three options: to strike, which would be unprecedented and, many felt, unethical; to resign en masse, which was impractical; or to work a strict 40-hour week and leave the more senior consultants to fill the gap. Registrars often work 40-hours overtime per week.

According to registrars, there was massive support for the last option, but the association felt that legal advice was needed before taking any action. — Own Correspondent.

Masa concern over detainees

GERALD REILLY

PRETORIA — The Medical Association of SA (Masa) federal council has called for legislation to ensure detainees have access to a Masa panel of doctors.

Federal council chairman Bernard Mandell said Masa was concerned over allegations of detainees not being given access to the panel for second opinions.

The federal council also wants all medical graduates regardless of race or sex to serve two years of obligatory national service, either in the SADF or in community posts in "under-doctored" areas and institutions.

Mandell said full registration by the SA Medical and Dental Council should be accorded only on completion of the service.

PRETORIA — The Medical Association of SA (Masa) has condemned the fragmentation of health services resulting from the implementation of the new constitution.

Masa federal council chairman Bernard Mandell said fragmentation led to costly duplication and even triplication of professional staff resources.

This would continue unless steps were taken to see the position was reversed.

"Masa is unfortunately obliged to involve itself in politics but since politics are interfering with health services this is justifiable."

It was important to realise that diseases recognised no barriers.

Doctors in private practice who dealt mainly with the first three levels of health had to liaise with five different health authorities within the same community, the

Medics call for health rethink

GERALD REILLY

various administrations of the Houses of Assembly, Delegates and Representatives.

They also had to deal with the Department of National Health and provincial administrations.

"This is conducive to friction, red tape, time wasting and ineffectiveness," Mandell said.

Masa favoured a unified health system where all components would be closely linked and integrated. This would ensure a more cost effective and more efficient service for more people.

Mandell said there was much to be done to counter the effects of fragmentation.

More pay for registrars at SA hospitals

Star 15/6/88 (93)

By Toni Younghusband,
Medical Reporter

Registrars at provincial hospitals are to receive salary increases after months of bitter wrangling.

The Medical Association of South Africa (Masa) confirmed in a statement yesterday that its representations to the health authorities on behalf of registrars had been successful.

It is not known what the salary adjustments will be, but they are expected to be on a par with those awarded to medical officers.

Also, it is not known whether registrars will receive back pay.

In December, the Government approved salary increases for full-time doctors (medical officers) in its employ but regis-

trars were overlooked.

Growing discontent over the salary disparity had many registrars threatening to cut their 80-hour week to 40 hours unless something was done quickly.

They threatened to "work to rule" and abandon their voluntary overtime.

In response, the South African Registrars' Association met last week to discuss what action should be taken.

The president of the association, Dr Frik Rademan, said registrars had not been treated well and he was to meet the Minister of Health to discuss the issue as a matter of urgency.

A registrar is a qualified doctor specialising in a particular discipline employed by the Department of Health.

Hospital registrars in pay dispute

A pay dispute between the Government and 800 medical registrars threatens to bring at least 15 academic hospitals to a halt next weekend.

Two Durban hospitals, seven in the Transvaal, two in Bloemfontein and two in the Cape will be affected.

The Registrars' Association of Medical Faculties will meet in Cape Town at the weekend to decide whether to ban overtime at the hospitals unless the Government gives them a salary increase of about R15 000.

The meeting follows last Friday's refusal by the Department of Health of salary increase requests.

Association chairman Dr Frik Rademan, speaking from Cape Town, said registrars were doing the lion's share of the work, but were earning less than

medical officers. ~~93~~ 93.

"We want parity in salaries. There is no reason why we should earn about R15 000-a-year less than them when some of them have fewer qualifications than registrars," said Dr Rademan.

He said association members were going to take "drastic steps".

In Durban, registrars said medical officers and consultants received a salary increase in February.

The registrars were ignored, but the association took up the matter with the Health Advisory Board, which is attached to the Department of Health.

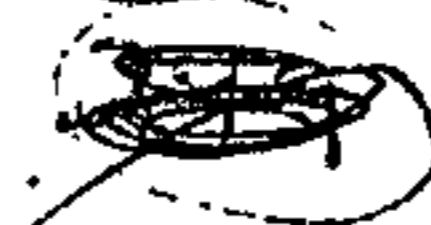
They said that some of them had done up to 100 hours a week of overtime and, apart from an allowance, earned less than ordinary doctors.

men started last Monday.

MASA in row over fees

Sowetan 20/6/88

93



SOUTH African medical schemes have decided to reject the Medical Association of South Africa's proposal that doctors should be allowed to charge what they like for services, while still enjoying the 100 percent guaranteed direct payment from medical schemes in terms of the medical schemes scale of benefits.

In a statement Mr Rob Speedie, the Executive Director of the Representative Association of Medical Schemes (RAMS), said this was a significant deviation

from the present system in which doctors who charge at the RAMS scale of benefits are guaranteed payment direct from medical schemes, while doctors who charge at above the benefits scale do not enjoy the right of guaranteed benefit.

Instead members claim the applicable benefit from their schemes and are personally responsible for payment of their doctor's accounts.

Problems

"The MASA proposal that doctors be allowed to charge at above the scale of benefits — collecting the guaranteed payment from the medical scheme and the excess from the patient — could well create more problems than it would solve. RAMS cannot go along with it."

He said RAMS would be making a counter proposal to MASA soon, in the hope of reaching agreement.

While RAMS welcomed MASA's reported decision to keep increase in tariffs to below 10 percent next year, the decision to possibly introduce additional services and MASA's recommendations on unit values applicable to each medical service, the overall increase in medical fees could well be more than 10 percent.

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Doctors' fees plan rejected

JOHANNESBURG. — South African medical schemes have decided to reject the Medical Association of South Africa's proposal that doctors should be allowed to charge what they like for services, while still enjoying the 100% guaranteed direct payment from medical schemes in terms of the medical schemes scale of benefits.

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Instead, members claim the applicable benefit from their schemes and are personally responsible for payment of their doctor's accounts. "The MASA proposal that doctors be allowed to charge at above the scale of benefits could well create problems. RAMS cannot go along with it." — Sapa

'No' to doctors reaping a double benefit

Medical schemes reject Masa move

93
Star 20/6/88

Medical schemes have rejected the Medical Association of South Africa (Masa) proposal that doctors should charge what they like for services.

The proposal says doctors will still enjoy the 100 percent guaranteed direct payment from medical schemes in terms of their scale of benefits.

Mr Rob Speedie, the executive director of the Representative Association of Medical Schemes (Rams), said in a week-end statement that this was a significant deviation from the present system. This allows doctors who charge at the Rams scale of benefits guaranteed

payment direct from medical schemes, while doctors who charge above the benefits scale do not enjoy the right of guaranteed benefit.

Instead members claim the applicable benefit from their schemes and are personally responsible for payment of their doctor's accounts.

"The Masa proposal that doctors be allowed to charge at above the scale of benefits — collecting the guaranteed payment from the medical scheme and the excess from the patient — could well create more problems than it would solve. Rams cannot go along with it," he said.

He said Rams would be making a counter proposal to Masa soon, in the hope of reaching agreement.

While Rams welcomed Masa's reported decision to keep tariff increases to below 10 percent next year, the decision to possibly introduce additional services and Masa's recommendations on unit values applicable to each medical service, the overall increase in medical fees could well be more than 10 percent.

The full implications could only be assessed after the Masa scale of tariffs for next year had been published, Mr Speedie said.

Another concern to Rams was the Masa proposal that dispensing doctors be allowed to charge a professional fee of R10,50 per prescription, over and above the present levy on medicines.

"It will inevitably increase costs, primarily for rural dwellers and the underprivileged, who tend to use dispensing doctors and heighten the expectations of pharmacists who are already looking for significant increases in their own dispensing fees," he said. — Sapa.

16-year-old raped on school grounds

Crime Reporter

A 16-year-old Alberton girl was raped in the grounds of a Johannesburg school at the weekend after she asked a man for directions on where to catch a bus home, police said.

A spokesman said the girl had attended a theatrical performance at Wits University on Saturday afternoon and was apparently lost.

She then asked a man for directions and he led her to the Helpmekaar Hoërskool grounds where she was raped.

No arrest has yet been made, the spokesman said.

step 27/1/88

Doctors meet at unique medical congress

Own Correspondent

93

DURBAN — Members of the medical profession will share the platform with practitioners of alternative medicine at a major conference to be held in Durban soon.

Papers on a wide range of treatments will be presented, including physiotherapy, reflexology, acupuncture, medical hypnosis, holistic medicine, laser therapy and transcendental meditation.

Tai Chi, an oriental form of therapeutic exercise, the value of vitamins and minerals and the use of low-powered laser beams in the management of skin disorders will also be discussed.

INTEREST

The congress has been organised by the South African Physiotherapists' Acupuncture Association in conjunction with the Continuing Medical Education Division of the University of Natal Medical School.

"There is growing public interest in the use of complementary therapies," said Mr Charles Liggins, head of the department of physiotherapy at the University of Durban-Westville.

He has presented papers in different parts of the world on acupuncture techniques for the management of pain after limb amputations and for post-traumatic scars.

This work was developed at a hospital in Durban and these techniques have been adopted in several countries.

SURVEY

Mr Liggins said a recent survey in Britain had shown that complementary practitioners provided almost 10 percent of primary medical consultations and many patients were being referred to them by their doctors.

"In Durban, acupuncture has been practised for many years by a doctor and since 1983 a number of physiotherapists have incorporated acupuncture into their practices," said Mr Liggins.

He said a course for homeopaths at the Natal Technikon for 1989 reflected official support for the development of complementary therapies in South Africa.

Speakers at the congress will include Dr J Rubin, head of the Durban Pain Clinic, Professor WH Wessels, head of the department of psychiatry at the University of Natal Medical School, and Mr Liggins.

Doctors in the bush instead of on the border

By Winnie Graham ~~1978~~ 1978 93

A proposal that will help people in the rural areas, and provide newly qualified doctors with valuable training, has been put to the SADF and the South African Medical and Dental Council.

The Academy of Family Practice has asked the SADF to credit newly qualified doctors with two years' national service if they volunteer to work in rural areas for that period.

The blueprint for the project has been submitted to the South African Medical and Dental Council for approval.

The Academy believes the scheme to provide newly qualified doctors with vocational training will mean a vital service to under-doctored rural areas and give the doctors valuable practical experience in primary health care.

Professor Bruce Sparks, head of the Department of Family Health at the University of the Witwatersrand, says the SADF has been asked to recognise the "supervised rural primary care training" as part of the new doctors' compulsory military training. He says: "We are not short of doctors in South

STARBRIDGE today highlights a project involving "national service" of another kind. It does so in the hope of helping to bridge the gap between the needs of national defence and the concern of many young citizens who wish to help their country, but have reservations about aspects of military service. Here is a positive project which not only solves the national service problem, but also that of providing proper health care in "under-doctored" parts of the country.

Africa; we have one for every 2 500 of the population. Our problem is that they are badly distributed. We hope the new scheme will remedy this."

Professor Sparks says it is well known that although medical students are exposed to the finest training in specialist fields, few newly qualified doctors graduate as well-rounded family practitioners.

Under-graduate training in family practice is, in fact, inadequate for service in the community, he says.

"In our specialist-dominated hospitals, students don't have the opportunity to see patients with common ailments," he says.

Professor Sparks quotes overseas figures to show that for every 1 000 adults in the population, 750 develop symptoms of some sort each month. Of these, 250 visit a doctor and about 500 treat themselves. Eight will eventually see a specialist, 15 will go to hospital and one — usually someone elderly, unemployed or not on a medical aid scheme — will be admitted to a teaching hospital.

A Family Health Foundation has been established to fund the venture, estimated to cost an initial R40 million.

The money will fund the new posts, provide more facilities at mission hospitals such as housing for doctors, and fund new clinics and community centres in rural villages. Some of the money will be re-directed from existing medical posts. A number of former mission hospitals are co-operating in the venture.

Medical superintendents have agreed to help train the new graduates and are already attending teacher-training workshops organised by the academy.

Mother guilty of killing

DURBAN — A 25-year-old mother whose baby died after she was thrown against a wall was found guilty of culpable homicide in the Durban Regional Court.

Patricia Koekemoer of Amanzimtoti had pleaded not guilty.

Evidence last week was that on April 24 last year Koekemoer contacted her doctor who examined her baby, 20-month-old Michelle.

The doctor found the baby in a bruised and comatose state in a blanket smelling of urine.

BADLY BRUISED

Koekemoer told the doctor she had thrown her baby against a wall.

The baby was taken to Addington hospital.

An Addington doctor testified that the baby was dirty, underweight, and badly bruised.

Michelle died a month after being admitted. A post-mortem found she died of brain damage and bronchial pneumonia.

The hearing has been adjourned for a probation officer's report. — Sapa.

Doctors on attack over sexual abuse of children

Own Correspondent

CAPE TOWN — The *South African Medical Journal* has lashed out at adults who are aware of children being sexually abused but do nothing about it.

The journal, which is the mouthpiece of the Medical Association of South Africa, referred in an editorial to the Glynn Day case in which the Cape Town actor was found guilty of child abuse.

It said it was apparently common knowledge that he had been doing so and his activities had been under investigation for several years.

"If this is so then why had nothing been done by those in the know to warn parents?"

"What about those who knew what was going on and said nothing? Are they to be regarded as guiltless?"

In the same edition of the journal, two doctors at the Red Cross War Memorial Children's Hospital in Rondebosch, Cape Town reported on 88 cases of suspected sexual abuse of children seen at the hospital in 1985.

Dr A M Jaffe and Dr P Roux said 79 (90 percent) of these children were girls and nine were boys.

More than half were under the age of six years and the children ranged from 10 months to 13 years. Most children were four to six years old.

The journal said doctors and other health professionals had be especially careful because, apart from a strong moral obligation, the Child Care Act of 1983 said medical practioners, nurses and dentists were to report all cases of suspected abuse. Not to do so was an offence.

"One harrowing fact which consistently emerges from investigations into child abuse is that many small children go through the most appalling experience without voicing any complaints."

The two doctors said that after diagnosis 20 cases

were confirmed as rape while four suspected rapes remained unconfirmed. Fifteen cases of incest were confirmed and nine were unconfirmed. Of the 20 cases of sexual interference, seven were confirmed.

Thirty-six percent of the case records did not yield any information about care arrangements for the victims at the time of abuse. The remaining 57 children were ostensibly in the care of an older person.

Most of these caretakers were family members, eight were "official" caretakers and only four children were in a creche.

In 38 cases the victim was unable to identify the perpetrator. The remaining 50 perpetrators were identified by the victims.

The largest category of perpetrators (16) was that of neighbour, they said.

Twenty-two children were abused in their own homes, 21 outside, five in the perpetrator's home and six in other homes.

The doctors described as "disquieting" the high incidence of incest and rape, the frequency with which the perpetrator was known to the victim and the number of children under school-going age who were sexually abused.

"Children from disadvantaged communities may be more at risk for abuse just as they are for other social and medical problems, but the more affluent groups are not immune.

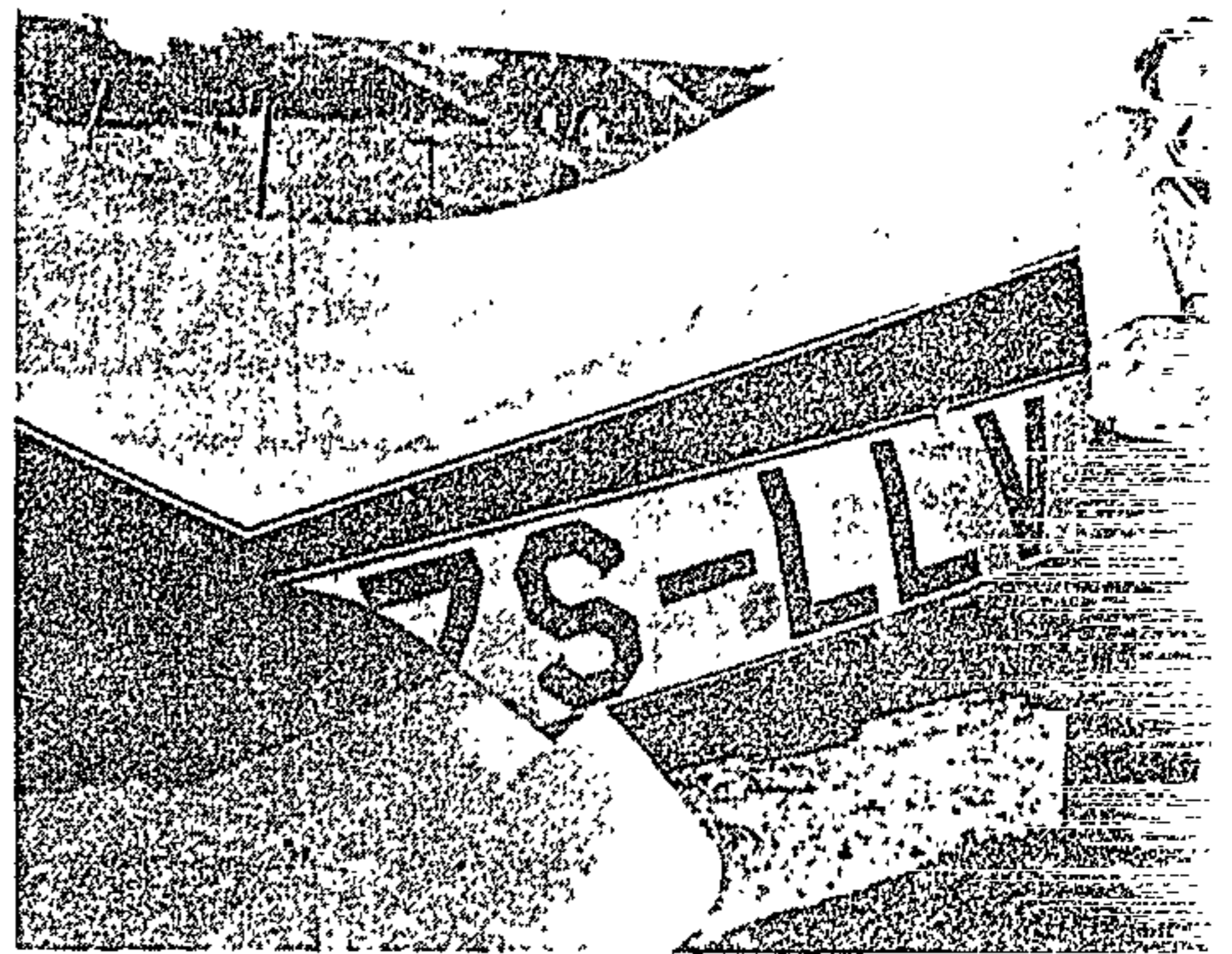
"These observations suggest that the general population and parents in particular need to be better informed about the risks and dangers of sexual abuse of children.

"Children should be taught the basic skills of self-protection by their families and at school in order to reduce opportunities for perpetrators of both extra- and intrafamilial sexual abuse."

South Africa has its own "flying doctors". The work they do goes largely unheralded, but they have become a life-saving force in a region of northern Natal with too few of their kind. WINNIE GRAHAM met some of the doctors on a recent visit to former mission hospitals in the remote Ubombo mountains.

They take healing to great heights

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26/7/84
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"Flying doctor" Dr Stephenson with the team's four-seater aeroplane, -"

They are truly "magnificent men in their flying machines" — the doctors who work at hospitals in the northern kwaZulu/Natal region.

In an area where roads either do not exist or are very bad, the doctors have included in their busy schedule regular rounds of distant rural clinics.

Several times a week they fly from their hospitals in the mountains to clinics on the Makhatini flats, offering people in the scattered Zulu settlements health care they would not otherwise know.

They act as gynaecologists, paediatricians, surgeons, dentists — even psychologists — in the life-supporting work they do in fairly primitive conditions.

They are called to handle difficult births, mend broken limbs, cure snakebites or stomachaches and heal patients sometimes desperately ill with diseases ranging from measles to malaria.

There isn't an ailment — simple or serious — they don't see. Because there are no dentists in the area, they even pull teeth.

The doctors at the Bethesda, Mosvold, Mseleni and Maguzi hospitals long ago realised that if the people of the flats do not come to the hospitals in the mountains it is because they simply cannot get there.

The best way

So the doctors have taken it on themselves to go to the people — and the best way to reach them is by air.

The clinics are staffed by specially trained nursing sisters who live in adjacent quarters and who, in the absence of doctors, must know exactly what to do when emergencies are brought in. They keep in touch with the hospital by radio, calling for help if a matter is beyond their experience.

If the problem cannot be solved by radio, the doctors are on standby to fly to the clinics or, if necessary, to have the patient transferred to the hospital by air.

South Africa's flying doctors hop from clinic to clinic without giving the journey much thought. Yet the 10-minute "flip" (which could take two hours or more by road) is something of an adventure.

The airstrip from which their four-seater plane takes off is a flat stretch of land at the top of a mountain. The pilot is a veteran airman, John Stevens, who has been ferrying doctors and patients (and occasional visitors) from the mountains to the flats for years, since the days the hospitals were run by an American/Canadian mission.

With him at the controls, the flight seems quick and easy — but there is no doubt it is largely his expertise that has given the service its splendid safety record.

He says the aircraft will soon need replacement and the "stamp fund" in Durban which helped finance the existing aircraft is unlikely to produce the full R130 000 needed for a new one.

"To keep our doctors airborne we will have to start looking for sponsorship soon," he says.

There are four hospitals in the Ubombo/Ingwavuma area of northern Natal which, together, care for about 200 000 people.

Paid employment in the region is scarce and is provided mainly by government departments. Most economically active men work as migrant labourers elsewhere in South Africa, particularly in the gold mines, while those who stay on the Makhatini flats are involved in crop subsistence and livestock agriculture.

In an area where malaria and measles remain killers, where malnutrition-related diseases such as kwashiorkor are rife, and where few people have access to purified water, medical care is a luxury.

Many people still trust the traditional medicine men, the witchdoctors, but when the illness is serious they turn gratefully to the doctors.

Dr Eckhart Buchmann, the superintendent of Mosvold Hospital near the Swaziland border, says there are 16 doctors in the region — representing one doctor to every 12 500 people.

There are 15 residential clinics providing a 24-hour patient care service.

"Further clinics need to be built but these are proving to be a very costly investment," he said. "Mobile clinics remain the cheapest and most used means of bring health to the people."

He is enthusiastic about the community health worker programme which aims, eventually, at training 200 community workers — one for every 1 000 of the population.

Stunted children

He said recent studies in the Ubombo district had shown significant stunting of schoolgoing children. The number of kwashiorkor and marasmus patients at the hospitals remained "unacceptably high".

"Poverty is new to our people," he said. "There was a time when, even without money in their pockets, they had enough home-grown food, but times have changed."

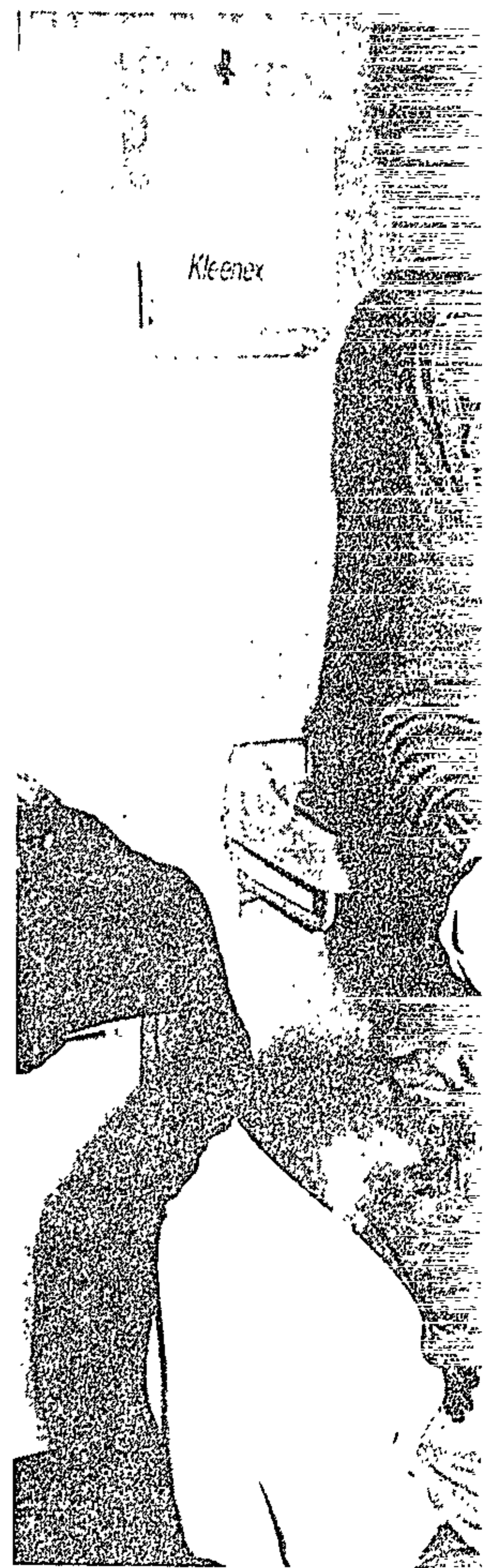
Dr Buchmann said a measles epidemic last year had been particularly severe. His hospital had admitted 122 patients and had lost nine.

Despite continuing spraying campaigns, malaria, too, remains a major problem with 2 400 cases. Tuberculosis is another problem area.

At 30, Dr Buchmann is a very young medical superintendent, yet, he says, he loves his life at the hospital.

"Don't, for goodness' sake, describe our life as one of hardship and sacrifice," he pleads. "Life as a hospital doctor in the rural areas is endlessly interesting — and we have the mountains and sea to enjoy."

"Our only problem is a shortage of doctors. If medics knew what they were missing they'd be clamouring for jobs at our hospitals."



Dr Chris Stephenson fills a secondary role: that

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"Flying doctor" Dr Stephenson with the team's four-seater aeroplane, pilot John Stevens and a visitor, shortly before take-off.

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He is enthusiastic about the community health worker programme which aims, eventually, at training 200 community workers — one for every 1 000 of the population.

Stunted children

He said recent studies in the Ubombo district had shown significant stunting of schoolgoing children. The number of kwashiorkor and marasmus patients at the hospitals remained "unacceptably high".

"Poverty is new to our people," he said. "There was a time when, even without money in their pockets, they had enough home-grown food, but times have changed."

Dr Buchmann said a measles epidemic last year had been particularly severe. His hospital had admitted 122 patients and had lost nine.

Despite continuing spraying campaigns, malaria, too, remains a major problem with 2 400 cases. Tuberculosis is another problem area.

At 30, Dr Buchmann is a very young medical superintendent, yet, he says, he loves his life at the hospital.

"Don't, for goodness' sake, describe our life as one of hardship and sacrifice," he pleads. "Life as a hospital doctor in the rural areas is endlessly interesting — and we have the mountains and sea to enjoy."

"Our only problem is a shortage of doctors. If medics knew what they were missing they'd be clamouring for jobs at our hospitals."



Dr Chris Stephenson fills a secondary role: that of a dentist at a clinic on the Makhatini flats of northern kwaZulu.

DOCTORS should challenge the inequalities of medicine under apartheid collectively, Dr Mamphele Ramphele told a medical students' conference at the University of Cape Town.

Dr Ramphele, who has worked extensively in rural areas, is doing research in the Department of Social Anthropology and the Child

Doctors urged to challenge medical care disparity

Health Unit at UCT. Hospitals could not run without doctors, she said.

They should use their power to criticise the building of "disease palaces" which did not address the problems of over-crowded day hospitals.

Medical journals should also guard against research which treated apartheid classifications as scientific, she warned.

Dr Aaron Motswaledi, northern Transvaal vice-president of the National Medical and Dental Association, said the question of national health was an urgent debate which had been taken up by community

organisations and trade unions.

Referring to the call for health for all by the year 2000, he said South Africa lagged behind some of the poorest nations in the world despite medical achievements such as heart transplants and the separation of Siamese twins.

At least the poorer

nations were training health-care workers, he said.

In South Africa health care was seriously fragmented by the existence of 14 departments of health.

Dr Motswaledi said he knew of one Minister of Health who did not even have a hospital in his area, and cited the

example of a mosquito-spraying programme that stopped on one side of the road because the other side fell under a different department.

The South African Government was embarrassed by the situation, but its attempt to address the problem by encouraging privatisation would not improve things, he said.

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DR MAMPHELE RAMPHELE



42

NEWS

Of free speech

Defiant doc puts career on the line for sake

SARA MARTIN

A MEDICAL doctor is placing her career on the line and taking hospital authorities to court to protect her right of freedom of speech.

Legal experts believe this civil case, scheduled to appear in the Supreme Court shortly, will create legal history as it is the first time a physician has questioned a decision taken by four top officials, including the Administrator of the Transvaal.

The dispute between Dr Beverly Traub and the authorities arose in December last year when the Administrator of the Transvaal, acting through his delegate, did not confirm her appointment to the post of senior officer at Baragwanath Hospital.

The reason given was that she was one of the signatories of a letter published in the *South African Medical Journal* in September last year.

The letter relates to the conditions within the Department of Medicine and the medical wards at Baragwanath. It criticised the overcrowded and "dis-

BARA BAROMETER

FIGURES reflecting Baragwanath Hospital's bed shortage in the Medicine Department from July 28 to August 3 reveal that 2 055 patients were without beds during that period. The daily average of patients without beds was 293, with 337 on the worst night, when the most crowded ward had an occupancy of 265 percent.

turbing" conditions within the department and the medical wards of Baragwanath. All 101 doctors who signed the letter were asked to apologise.

Dr Traub refused to sign an apology on the grounds that "it did not fairly and honestly reflect her state of mind and perceptions of the situation".

"I felt then, and I still feel, that the actual conditions of the medical wards and in the Department of Medicine are extremely disturbing, and are not conducive to effective and proper medical care."

Her determination not to sign an apology has jeopardised her prospects of obtaining an appointment that is crucial to her career. She intends specialising in paediatrics and the only route that can be followed in the process of specialisation is to be appointed as registrar in a provincial teaching hospital and to the staff of the university concerned.

Until the end of 1987 it was the first time the authorities had not confirmed the appointment of persons as senior house officials (SHOs) where the applicant had been selected for these positions by the head of the relevant department, as was Dr Traub's case.

SHO posts are filled on a six-monthly basis. Her first application was accepted and she served in that position for the first half of 1987. A second application was also accepted and she served until the end of 1987. She was not "suitable" to be confirmed in the same position for a third term. Similarly, five other SHOs did not have their positions confirmed because they had not apologised to the authorities.

They sought, through their attorneys, to have the Administrator's decision reversed. When the case

first appeared in court, in December, Mr Justice Goldstone set aside the decision and said Dr Traub and the other five interns should be given the opportunity of a fair hearing to decide whether the application should be approved or not.

At the hearing on December 30 1987 Mr C C Badenhorst, acting on behalf of the Administrator of the Transvaal and the Director of Hospital Services, decided that Dr Traub and the other applicants were "not suitable" for appointment as SHOs.

The other five applicants subsequently apologised. Dr Traub is determined to fight it out in court.

"I regard myself bound by the International Code of Ethics and the Declaration of Geneva adopted by the World Medical Association and World Medical Assembly which states that 'I will practise my profession with conscience and dignity' and 'The health of my patient will be my first consideration'."

Dr Traub is working as a "locum" to a private practitioner and part-time at the Alexandra Clinic while waiting for the case to appear in court.

Black doctors told to keep 'low profile'

BLACK doctors attending a medical conference in Warmbaths this week came face to face with Conservative Party politics when they were told to keep a low profile at a resort.

In last year's May 6 elections, the Conservative Party won the seat by 7 170 votes while the National Party received 6 920 votes. But in terms of the tricameral structure, the Overwaal resort falls under the control of the House of Assembly.

By **MOKGADI,
PELA**

This means that facilities built out of the budget of the House of Assembly would be reserved for members of that population group — in this case whites.

According to the organiser of the conference, Dr Horst Kustner, close to 60 people who were dissatisfied with the venue walked out in protest.

"I am saddened by the events that took place. After spending so much time arranging for the epidemiological conference, people decided to disappoint us."

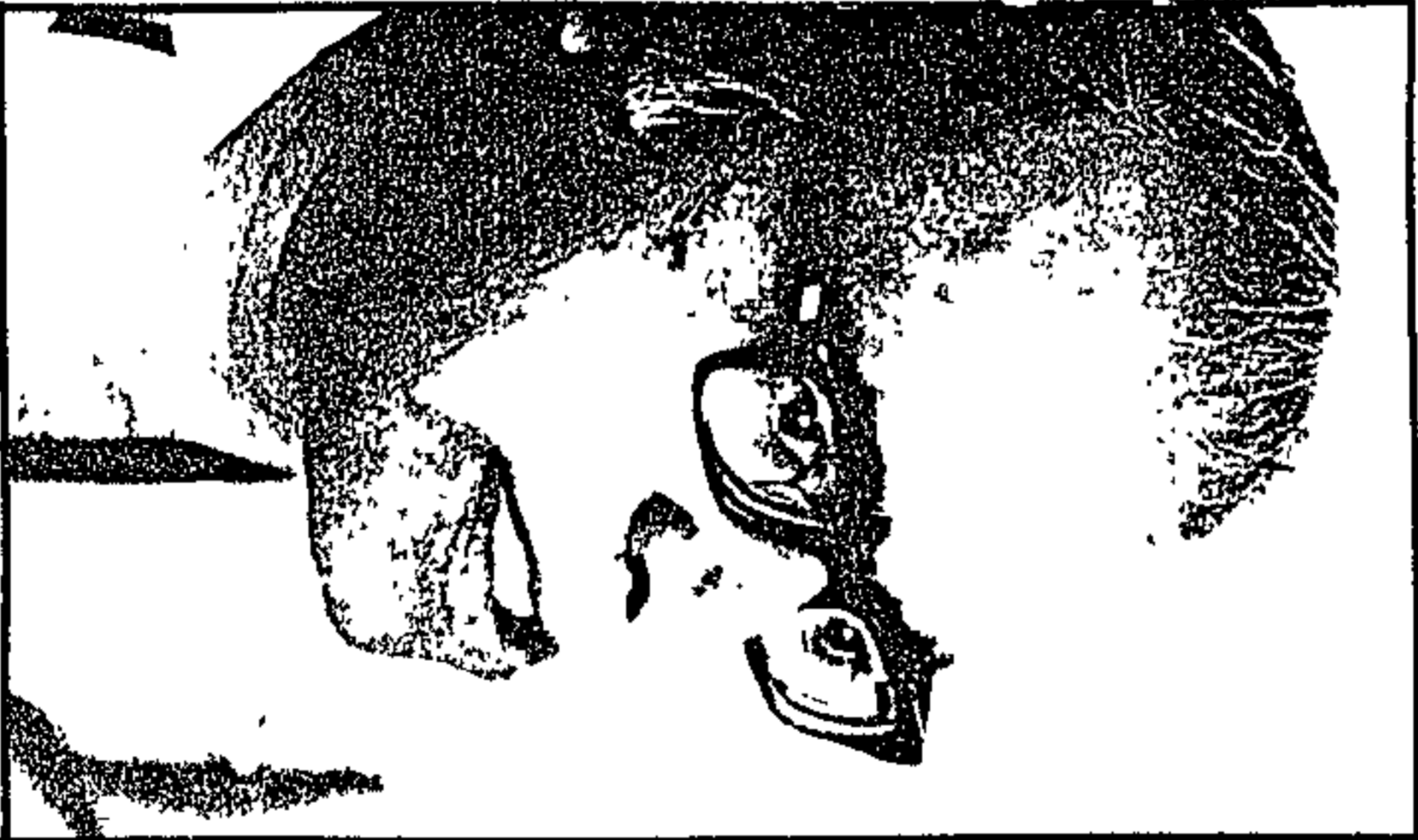
He said the organisers picked Warmbaths because it was a rural town. The objective was to stamp out the diseases that are rocking the community, he said.

If the dissatisfied group had approached him earlier, he would have changed the venue, he said.

Q3

LOCCALI HERO

By MOKGADI PELA



DR Abu-Baker Asvat's commitment to the black community's struggle for freedom runs deep.

Besides his regular work at his surgery in Soweto, he has used his medical skills to help many underprivileged people who are unable to afford medical assistance. In the 70s he did voluntary work for the Black Community Programmes. This he did at the Methodist Church in Soweto.

Free

When BCP was banned in 1977, he joined the Azanian People's Organisation. He headed Azapo's health secretariat for many years.

With the help of other doctors, nurses and paramedical personnel, he conducted free health clinics in areas such as Winterveld, Mogoopa, Botshabelo, Brandfort,

Mzimhlope, Duduru and a host of other places.

He also co-ordinated clinics in other parts of the country. During the nationwide detention of activists under the state of emergency in 1986, he went into hiding and in his absence his home was petrol-bombed.

Before Azapo was restricted on February 24, this year he started Health 2000 which was, according to him motivated by concepts of self reliance and self sufficiency.

He said: "We in Health 2000 believe that the health future should be preventive rather than curative."

Chosen

Last year he was among people chosen by *The Star* as The Stars of The Community in recognition of their contribution to the plight of the human race. The Lenasia based news-

paper, *The Indicator*, awarded him a Human Rights award also for the same reason.

People from overseas regularly call at his surgery looking for ways in which they could assist numerous projects.

He has had brushes with the municipality police when they wanted to remove him from his surgery at Mochlaeng. He resisted the eviction since 1983. Early this year when the entire squating community in the area was removed, he had no option but to find alternative accommodation. He is now based at Moroka, Soweto.

At the surgery, well wishers send him clothes and blankets to give to the needy. At a squatter camp near Klipfontein, residents begged him on his arrival as he distributed blankets to them. "He is our messiah," a shack dweller commented.



He is our

messiah,

says squatter

Abu-baker,
'the one
you can trust'

By Don Robertson

THE cement industry had better toe the line in pricing or be hammered by the Competition Board.

In approving an exemption from the requirements of the Competition Act this week, the Competition Board has warned that cement producers will have to "meet the requirements of the competition laws".

In spite of this, it is expected that the cement cartel will increase prices in October by about 7% — the second this year.

The Minister for Administration and Privatisation, Dawie de Villiers, granted the industry exemption from the standard requirements of the Competition Act.

Board chairman Pierre Brooks says price rises and company profitability will be watched.

Disappointed

The exemption decision has disappointed consumers.

Neil Fraser, president of the Building Industries Federation of SA (Bifsa) says: "There should be competition among cement suppliers and they should not be able to dictate prices and terms to all contractors, sub-contractors, hardware merchants or the ordinary man."

Mr Fraser says the building industry has emerged from its worst recession in

Cement prices set to increase

memory, but Pretoria Portland Cement (PPC), Anglo-Alpha and Blue Circle earned good profits in the same time.

"We can only appeal to the cement suppliers and manufacturers not to impose dramatic price rises on the construction industry. However, with the sanctioning of the cartel, we are relatively toothless — and it is now certain that the price of cement will rise."

The cement industry reviews its price structure twice a year — in May and October. In May the price was increased by 7%.

Charles Hollman, commercial director of PPC said recently that the price would probably be raised by 7% in October.

However, Ronnie Searle, deputy managing director of Anglo-Alpha, says there is a division in the cartel's ranks about the price rise.

"Input costs have not been as large as in previous years and it is possible there will be no increase in October."

Doctors have role in reform a3

Medical Reporter

At least 50 doctors and professors at a medical congress in Johannesburg yesterday said they believed doctors had a political role to play in bringing about change in South Africa.

During a panel discussion at the congress, one delegate called on those doctors who believed they had a political role to play in improving this country's health conditions to stand up.

At least 50 did so.

Dr Derek Yach, of the Medical Research Council in Cape Town, said he believed that as human beings doctors had a political role to play.

"The actions of the doctors themselves are the most effective way of improving health services in this country," he said.

POLITICAL CLOUT

Dr Carel Ijsselmuiden of the University of the Witwatersrand said doctors were continually exposed to the problems plaguing this country's health care system and they were therefore obliged to see that health care was distributed equally.

He said the political clout of professional groups such as doctors could be used to influence conditions.

"Individual doctors cannot hide behind the failures of this country's health institutions. They are often part of these systems and contribute themselves to the maldistribution of medical resources.

"Instead they can ensure the desegregation of public and private health care facilities and the extension of general practitioner services to include domestic and farm workers".

Dr Ijsselmuiden presented figures to show the gross disparity in health services between whites and blacks.

TOUTING - PROBE STARTED

THE Transvaal Law Society is investigating allegations that a white lawyer had a deal with a doctor at Baragwanath Hospital who helped him tout for third party claim clients.

This is the latest in the row between black and white lawyers in Johannesburg over the handling of Motor Vehicle Assurance cases in the area.

Black lawyers claim that white lawyers have been given "exclusive" rights by the Johannesburg Attorneys

By MZIKAYISE
EDOM

Association (Side Bar) to tout for MVA clients at black hospitals, while black lawyers were not allowed to tout at white hospitals.

The Johannesburg Attorneys Association falls under the jurisdiction of the Transvaal Law Society.

Sources close to the JAA, who asked not to be named for fear of reprisals, said the white lawyer has been touting

for clients for more than a year now.

The *Sowetan* knows the identity of the lawyer and the doctor.

The director of the TLS, Mr Coen Prinsloo, yesterday said that it was against the policy of the society to give out details of individuals being investigated.

"Touting by attorneys is not permitted and is considered a serious allegation. All cases of alleged touting are thoroughly investigated and appropriate action against the offending attorney is taken," said Mr Prinsloo.

The doctor confirmed when confronted by the *Sowetan* this week that he used to pass names of accident victims to the lawyer.

"But I only did this when the patients did not have lawyers to attend to their MVA case. In most cases, I was approached by the patients to get them lawyers. At times, I would even suggest the names of four lawyers (all white) and they would make their choice. This is not illegal," said the doctor.

Allegations of deal between lawyer and Baragwanath doctor

SOWETAN, Thursday, September 1, 1988.

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Lawmen say no to touts

THE Black Lawyers Association is to make representations to the Transvaal Law Society concerning touting for accident victims at black hospitals by lawyers, writes MZIKAYISE EDOM.

Last year, the TLS initiated the scheme with the hope of assisting blacks who were involved in car accidents and wanted to claim from the Motor Vehicle Assurance.

The scheme is in operation at Kalafong (Pretoria) and Baragwanath (Soweto, Johannesburg) hospitals.

The BLA called for the scheme to be prohibited. It hopes to meet the TLS soon.

The TLS has appointed a black clerk at Baragwanath Hospital who passes names of accident victims to all lawyers — black and white — dealing in MVA cases.

Black lawyers in Johannesburg claim that they have been excluded from the scheme and that only their white counterparts benefited.

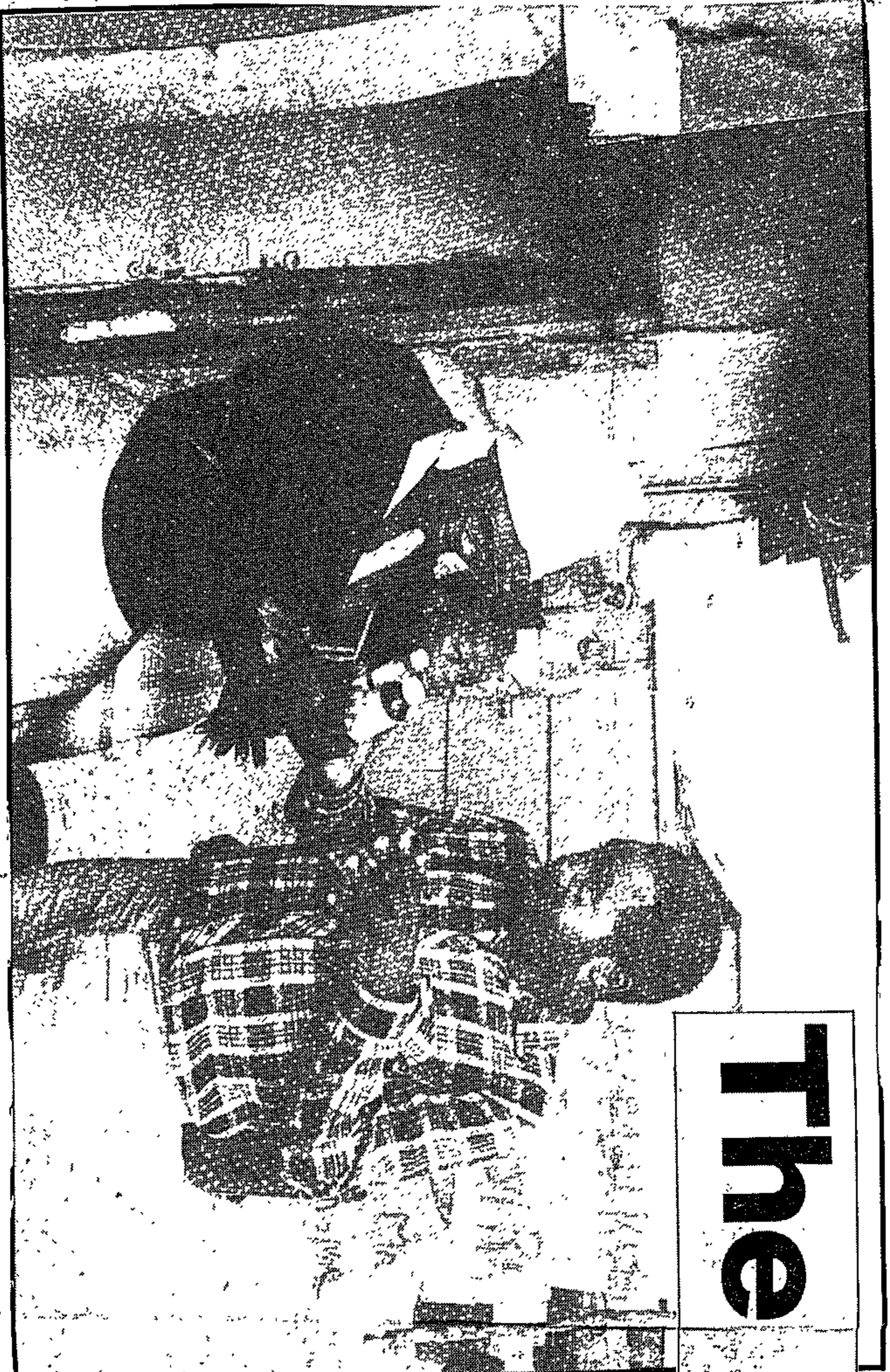
The BLA yesterday said black lawyers were not consulted when the scheme was introduced. The association said the scheme was discriminatory because it only affected black victims but benefited white lawyers.

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6/9/88
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w/c news 10/9/88 93

The barefoot doctors

by CAROLINE MCGIBBON, Weekend Argus Correspondent



ABOVE: Trained health-care worker Livingstone Mboxwana, a former miner, explains to the mother of an ailing child how the medicine toes tro work to cure her child.

BELOW: Site B in Khayelitsha where tuberculosis and other poverty-related diseases are rampant.

Shanty-town locals show how First World health-care standards can be tailored to meet Third World needs.

THE sprawling shack-land of Khayelitsha has come up with a model scheme for giving health care to its estimated 80 000 inhabitants — barefoot doctors.

They don't have white lab coats or stethoscopes and their shabby "uniforms" are indistinguishable from those of their poverty-stricken neighbours.

What they do have is dedication and commitment to helping their people, and real caring for the sick that is often absent in the establishment medical profession.

The problem of bringing health to the vast numbers of people in informal housing is daunting, but the pilot project at Site B, Khayelitsha, is part of the trend to sacrifice First World standards to meet the crying needs of a Third World population.

SITE B has roads, and plots have been marked out in an attempt to stop overcrowding — vainly. Each site shares a tap and has its own toilet, which helps to cut down on water-borne diseases.

It is not possible to measure the success of the community health workers: so small is their impact that tuberculosis and other poverty-linked diseases run rampant. One in every 124 people in the Western Cape has TB, compared with an incidence in the United States of one in 10 000.

The project, based on the village health-workers plan in Mexico, is a way of pulling the settlement up by its bootstraps and meeting needs the government health service can't cope with.

THE community health workers of Khayelitsha are drawn from a broad spectrum. There's Livingstone Mboxwana, 48, who used to work on the mines; Nosolozni Wothini, 27, Tiyiwe Masumpa, 30, who used to sell clothes, and Mda Tyekele, 53, a former farm labourer.

Says Livingstone: "I didn't think a person like me could give health to the community. I thought only doctors could do that."

However, during an intensive two months' training he was taught the basics of primary health care.

The project was started under the auspices of the old Crossroads clinic, run by the South African Christian Leadership Association (Sacla) in 1982.

A founder member, Dr. Di Hewitson, said: "I was fed up with curative medicine, especially in the day clinic where there were so many people coming to be treated who didn't need a qualified doctor's attention. It was an inappropriate use of people and we weren't involving the community."

She read up on grassroots medicine, which is practised in poor countries which do not have an adequate doctor-patient ratio. "We are trying to create a model that can be used in ru-

ral areas and informal urban housing. It is pioneering work and we are learning all the time."

THE "barefoot doctors" do their rounds in the areas in which they live and deal with a stream of people who arrive at their homes. If there is a serious case which they cannot handle, they refer the patient to the government clinic, or to hospital, a R45 taxi ride away.

Nurses living in the area have given the group a mixed reception.

LIVINGSTONE says one of the advantages of living and working in the area is that members of the community trust them.

"They know we are not doing it just for money and can go off home at the end of the day leaving them to their troubles. Because we are part of the community, people are often more likely to take our advice."

He criticised many government clinics for dispensing pills without taking the time and trouble to explain how the medicine would help the patient.

He says he has a good relationship with traditional doctors in the area, although he cautions people that they are often ripped off.

SOME traditional methods of healing are dangerous, he says. For example, if a child has diarrhoea, the mother might be told by a herbalist to boil certain roots and give the

child an enema. This could prove fatal as it would encourage dehydration.

Gastro-enteritis is one of the biggest killers of little children in impoverished communities, yet there is a simple mixture that will save a child's life.

"We give them an SS solution — salt and sugar dissolved in water," says Livingstone. "We take time to explain how it works, that the body needs to replace water it has lost, and salts. The clinic might be giving the same solution to a mother, but she isn't told how it works, because the clinic does not have time."

The barefoot doctors' knowledge is increased each week when a doctor from the Sacla clinic comes to examine the more serious cases.

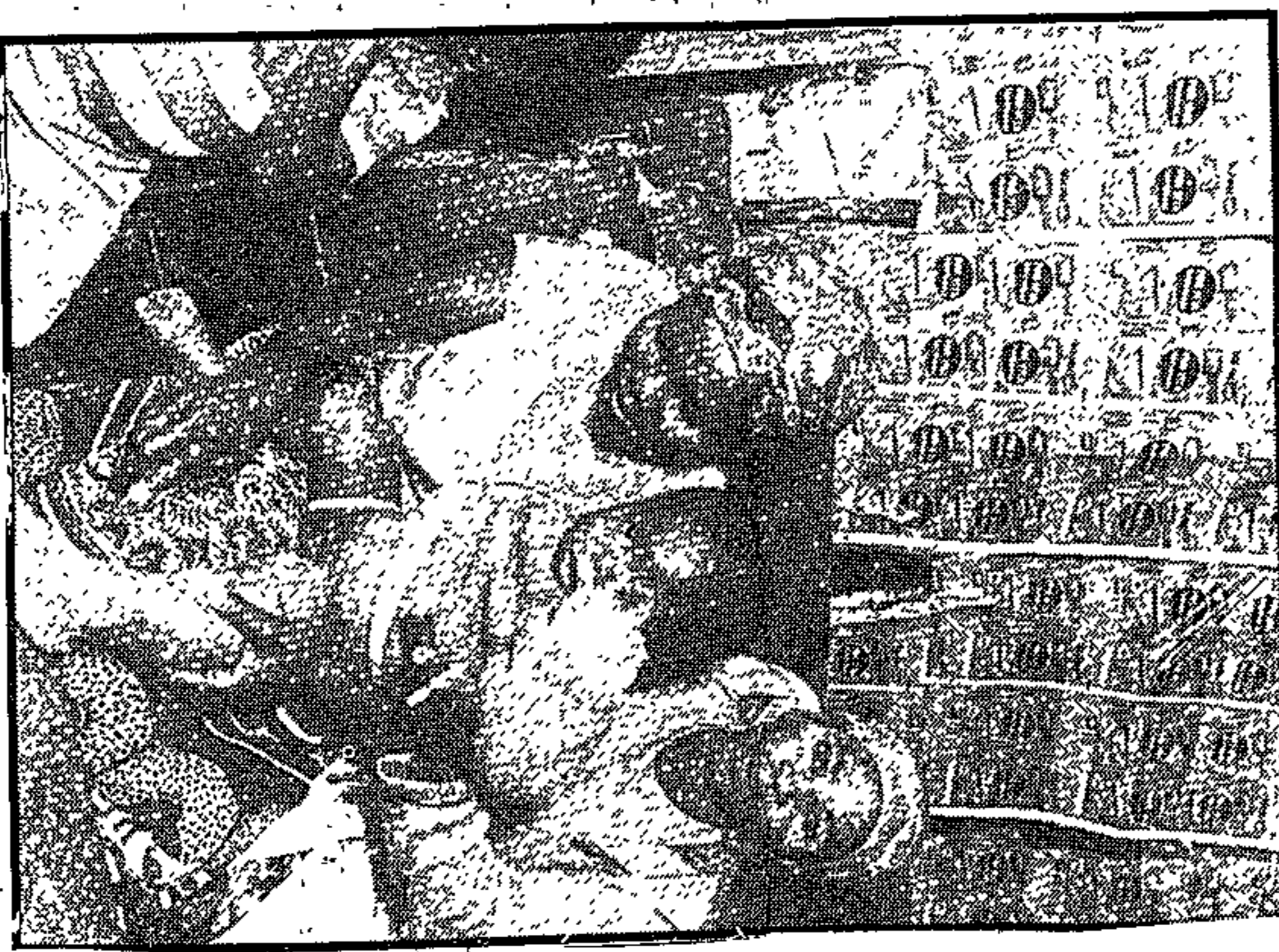
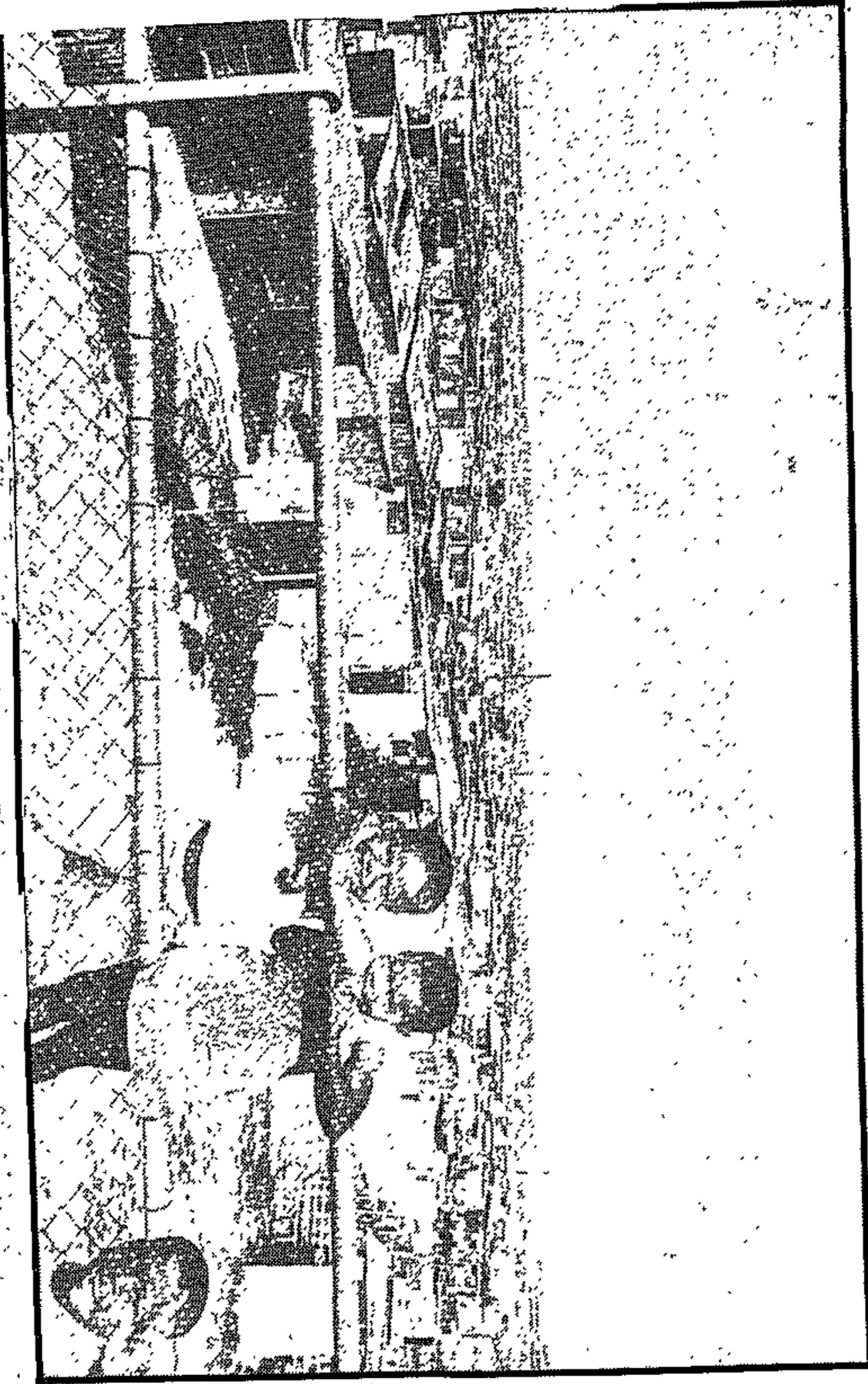
All the health workers are brought into the discussion of diagnoses and treatment, which expands their knowledge on a practical level.

The way the project is run is also helping to teach the community about democracy, says Livingstone. Health workers receive a starting salary of R250 a month.

"We don't do it for the money — at least, not only for the money," says Ivy, 36, who has trained with the Red Cross.

"If you are working just for money, you don't care about people. I do like money, but I also like to help the community. I see it like this: the other people are still in the dark, but as health workers we can give light to the people."

RIGHT: Nosoloji Wothini checks a little boy for malnutrition.



Howard

Howard

2291

WEDNESDAY, 28 SEPTEMBER 1988

2292

Private schools: subsidies

1396. Mr K M ANDREW asked the Minister of Education and Development Aid:

Whether private school subsidies for 1988 have been decided upon; if not, (a) why not and (b) when is it anticipated that they will be decided upon; if so, how many private schools have been granted subsidies of (i) 45 and (ii) 15 per cent?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

The second instalment of subsidies for the 1987/88 financial year was paid in February 1988. A decision on subsidies for the 1988/89 financial year is yet to be taken.

(a) and (b) The evaluation of applications for the 1988/89 financial year is being made at present and a decision will be taken before the payment of the first instalment of the subsidy in October 1988.

(i) In the 1987/88 financial year 24 schools were allocated subsidies of 45%, while applications for the 1988/89 financial year are under consideration.

(ii) In the 1987/88 financial year 31 schools were allocated subsidies of 15%, while applications for the 1988/89 financial year are under consideration.

Private schools: subsidies

1397. Mr K M ANDREW asked the Minister of Education and Development Aid:

Whether any private schools (a) have not applied for and (b) have been refused subsidies in 1988; if so, (i) how many in each case and (ii) in respect of what date is this information furnished?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

(a) Yes.

1986	
Region	School type
N Tvl	Public
	Farm
	Other state aided
	Private

HOUSE OF ASSEMBLY

2293

WEDNESDAY, 28 SEPTEMBER 1988

2294

Region

Highveld

Public
Farm
Other state aided
Private

Johannesburg

Public
Farm
Other state aided
Private

Orange-Vaal

Public
Farm
Other state aided
Private

OFS

Public
Farm
Other state aided
Private

Natal

Public
Farm
Other state aided
Private

Cape

Public
Farm
Other state aided
Private

1987

N Tvl

Public
Farm
Other state aided
Private

Highveld

Public
Farm
Other state aided
Private

Johannesburg

Public
Farm
Other state aided
Private

Orange-Vaal

Public
Farm
Other state aided
Private

OFS

Public
Farm
Other state aided
Private

Natal

Public
Farm
Other state aided
Private

HOUSE OF ASSEMBLY

(i) In the 1987/88 financial year four schools did not apply for a subsidy. In the 1988/89 financial year one school did not apply for a subsidy.

(ii) 24 August 1988.

(b) (i) Applications for subsidies in the 1988/89 financial year are currently under consideration.

(ii) 24 August 1988.

Medical school: graduates

1400. Mr R M BURROWS asked the Minister of Education and Development Aid:

How many students in each race group qualified as doctors at the end of 1986 at each specified medical school falling under the control of his Department?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

Black — 47
White — 0
Coloured — 0
Asians — 0

Only medical training offered by the Medical University of Southern Africa falls under the control of the Department.

Teachers: posts

1407. Mr R M BURROWS asked the Minister of Education and Development Aid:

What number of teachers occupied the posts of (a) principal, (b) deputy principal, (c) head of department, (d) temporary teacher and (e) permanent teacher in each specified type of school in each province in 1986 and 1987, respectively?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

Information is given according to the seven regions of the Department.

	(a)	(b)	(c)	(d)	(e)
331	64	669	847	4 198	
903	3	16	718	844	
35	4	20	28	218	
6	2	2	6	53	

HOUSE OF ASSEMBLY

HOUSE OF ASSEMBLY

...proceeded to bury decomposed body
tie up Mrs Scheepers to a was found tied to a tree
tree, an act to which one in a Witbank plantation.

Doctor lost Bara job after letter — evidence

A Johannesburg doctor has applied in the Pretoria Supreme Court for a review of Baragwanath Hospital's refusal to continue to employ her.

The court application yesterday by Dr B Traub follows a letter addressed to the *South African Medical Journal* in which conditions at Baragwanath Hospital in Soweto were discussed.

Her application for a post as a senior house officer in Baragwanath's Department of Medicine was refused on the grounds she was "unsuitable".

Dr Traub asked the court for an order directing steps be taken to ensure her the post at the hospital.

Alternatively, she sought an order directing she be given a fair and proper hearing to determine whether or not she was a suitable person for the appointment.

Dr Traub, who after completing her internship at Baragwanath Hospital in 1986, applied for the post of a senior house officer, which was accepted.

In 1987 she applied for a post in pediatrics and received a letter from Baragwanath's superintendent on November 18, 1987, stating her application had been refused as she was "unsuitable".

Mr I Mahomed, SC, counsel for Dr Traub, submitted that "the basis for such finding was that the applicant had identified herself (with five others) with a certain letter published in the *South African Medical Journal* of November 5 1987 under the title 'Conditions at Baragwanath Hospital'".

Her skills were in no way disputed, he said.

(Proceeding)

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Patients queue for a

Waiting and hoping for relief



AN old man waits for Mabopane doctor W Callender-Easby. Only he does not know he might be in the queue for many days because scores of patients have been waiting longer than him.

8/day 30/9/88

FINANCIAL and other considerations could well cause the RSA-TBVC states to merge again into a tighter constitutional entity, the Africa Institute of SA says.

Africa Institute sees change with TBVC

In its newsletter, director Erich Leistner says: "It would be an illusion to think the present pattern in the financial relationship between the RSA and TBVC can continue indefinitely.

"There is no escaping the harsh reality that the welfare of the four is increasingly dependent on transfers from the RSA at a time when the RSA's own financial position is becoming ever more critical.

"The present financial relationship must inevitably cause problems because five sovereign states are in-

involved, one of which transfers substantial funds to others without being in a position to exercise control over its funding.

"The obvious explanation, of course, lies in the increasing tendency of TBVC states to spend more money than they earn.

"A steadily declining percentage of the growing annual deficits was being financed by long-term loans and, to an increasing degree, by overdrafts provided by commercial banks.

"In 1986/87, overdrawn accounts amounting to R910m represented as much as 69% of the total deficit of R1,3bn." — Sapa.

Bara doctor's hearing begins

A PRETORIA Supreme Court hearing of the case of a Baragwanath doctor, Beverley Traub, refused a post at the hospital by the Transvaal Provincial Administration, began on Tuesday.

Traub has attributed the refusal to the fact she was one of the signatories of a letter published in the SA Medical Journal criticising conditions at Baragwanath Hospital and she refused to sign a subsequent letter apologising to the provincial authorities.

The respondents in the case are the

(93) DIANNA GAMES 8/day

Transvaal Administrator, the director of Hospital Services, Baragwanath's superintendent and C C J Badenhorst, a civil servant heading the provincial inquiry in which she was refused the post.

Traub, in her founding affidavit, asked that the court override the provincial decision and confirm her appointment to the post. 30/9/88

MISERY

93 *Sowetan*



Plight of elderly folks waiting to see doctor

30/9/88

THE patients waiting to be treated for hypertension.

SCORES of sick elderly people have been sleeping in the open outside a white doctor's surgery in Mabopane, Pretoria. Some have had to wait for treatment for up to three days.

The doctor's neighbours have complained that no washing and toilet facilities have been provided. The patients relieved themselves in the open and the area "stank", they said.

Most of the patients said that they have braved the cold and rain to receive a "miraculous" treatment for hypertension. When the *Sowetan* visited the place this week, we found about 200 old

They sleep in the open for up to three days

By ALINAH DUBE

women sleeping on the ground outside the surgery.

The patients, although reluctant to talk to the *Sowetan*, said the doctor treated about 80 people a day. The women also complained about the lack of facilities. Some of those who have been at the surgery for three nights said they had run out of food.

"White people always exploit the black community. I believe

that the situation would have been different had this surgery been in a white residential area," said one woman who wished to remain anonymous.

The owner of the surgery, Dr W Callender-Easby, said that he was aware of the problems facing his patients.

He confirmed that he had complaints from residents in the neighbourhood but said that problems with the four house owners living directly next to his surgery have been overcome. He said that the local mayor, Mr Poole, was aware of the state of affairs and was making arrangements for him to have an alternative place to operate from.

"I'm sorry about the situation, but if the matter cannot be resolved I'll have to stop working here and go to a hospital," he said.



Lion Matches Pack of 10



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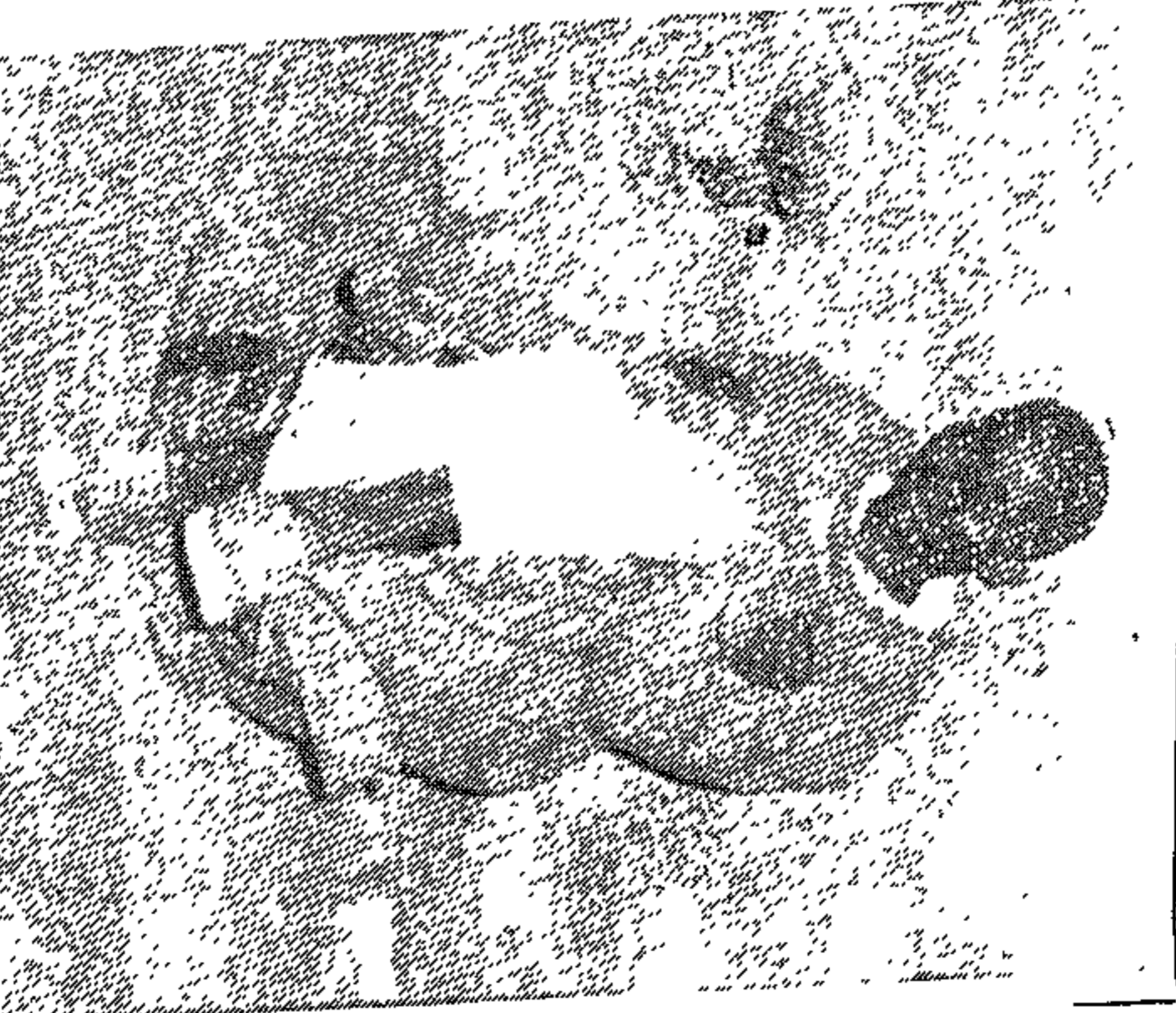
SO WETAN, Friday, September 30, 1988

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doctor who deals with hypertension



HOPELCHED ON THEIR AGEING FACES, THE LAME WAIT FOR DR W CALLENDER-EASBY IN MABOPANE.



ONE OF THE FEW WHO COULD NOT SLEEP. IS IT BECAUSE OF HIS ILLNESS OR IS HE JUST HOPEFUL FOR A CURE TO HIS ailment?

Hope for Indian doctors ⁹³

^{Starts 7/10/88}
DURBAN — There is new hope for more than 300 Indian doctors and dentists resident in South Africa and unemployed because their qualifications — obtained in India — are not recognised.

The Minister of Health Services and Welfare in the House of Delegates, Mr Raman Bhana, said

yesterday he would meet members of the SA Medical and Dental Council (SAMDC) at its 60th anniversary celebrations in Pretoria tomorrow.

“I will lobby support for the doctors and dentists and highlight their plight as they have not been able to obtain work in this country without SAMDC registration.”

Mr Bhana said the Minister of National Health, Dr Willie van Niekerk, would also be making special representations.

Mr Bhana said Dr van Niekerk would ask the SAMDC to consider the plight of the affected doctors and dentists as the SAMDC regulations had only come into operation midway through their training in India. — Sapa.

Judge orders that Bara doctor who signed letter be promoted

93

Stav 4/10/88

By Cathy Stagg

A Rand Supreme Court judge has ordered that a Baragwanath Hospital doctor be given the promotion that was denied her after she signed a letter expressing concern about conditions at the hospital.

Mr Justice R Goldstone ruled in the Rand Supreme Court yesterday that not only must the decision not to confirm Dr Beverley Traub's employment as a senior house officer at Baragwanath Hospital be set aside, he ruled that her appointment must be confirmed without further review.

Dr Traub was one of 101 doctors who signed a letter published in the *South African Medical Journal* about conditions at Baragwanath. She was told she was "unsuitable" for the post of senior house officer, an appointment necessary for her to become a specialist in paediatrics.

The judge said young South Africans should be encouraged to further their careers in the country and referred to the exodus of doctors.

In December last year, an urgent application for a fair hearing was launched after some doctors who signed the



Dr Beverley Traub ... for patients of Baragwanath.

letter, and who were junior members of staff waiting for their appointments at the next level to be confirmed, were told they were considered "unsuitable".

Later, after a hearing, Dr Traub was told her application had not been approved. She had

apologised for aspects of the letter which had been shown to be incorrect, but had refused to apologise for others.

Another doctor who had not apologised had his appointment confirmed.

The judge said Dr Traub had played a minor role in the publication of the letter and for reasons of conscience was not prepared to sign a wide apology.

He was sure that State employees would not think his judgment gave them licence to make disparaging remarks about their employers without justification.

This was an unusual case because of the seniority and number of people behind the letter. The wide publicity the matter had attracted was more a consequence of the Transvaal Provincial Administration's response than of the original letter.

Dr Traub welcomed the judgment yesterday as "wonderful".

She said: "I don't want this viewed as a fight for the doctors. It is a fight for the patients of Baragwanath. This point has been lost along the way."

DOCTORS PUSHED UP



MR Dannie Hough, Administrator of the Transvaal.



DR Chris van der Heever, chief superintendent of Baragwanath Hospital.

93 Smeton 6/10/88

Bara ordered to promote medic by judge

BARAGWANATH Hospital was yesterday ordered by a Johannesburg judge to promote a doctor to a higher position.

This follows an urgent application by Dr Beverly Traub at the Rand Supreme Court after the hospital had turned down her application for appointment as a senior house officer.

Dr Traub was one of the 70 doctors who signed a letter describing health conditions at the hospital last September. The letter was published in the *South African Medical Journal*.

By MZIKAYISE EDM

Most of the doctors who signed the letter wrote another one apologising to health authorities about their action. Dr Traub refused to sign the second letter.

Shortage

In the first letter the doctors had complained of, among other things, overcrowding and the shortage of staff at the hospital.

Passing judgment, Mr Justice R Goldstone ordered the hospital to confirm, without any review, the appointment of Dr Traub to the position of senior house officer.

The judge said Dr Traub played a minor role when she signed the first letter which was also signed by 69 other doctors. Mr Justice Goldstone added that the doctor was not the author of the letter.

Dr Traub, Mr Goldstone said, had qualifications befitting the position she had applied for.

He also said that Dr

• To page 2

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Nestle

SWITZERLAND

Venda cells not fit for a dog — doctor

93 Smeton 6/10/88

A GROUP of alleged illegal immigrants — some of whom allegedly shot and wounded by soldiers — are being held in a Venda police station in extremely unhygienic conditions "not even fit for a dog," a medical doctor who visited them has said.

Dr Daniel Tavener, who is based at the Donald Fraser Hospital about 20km from Sibasa, said the people, who included a three-month-old baby, were being held at the Masisi police station near the Zimbabwean border.

He said the 12 were Shangaan - speaking residents of Gazankulu who had gone to Zimbabwe without permits to consult a traditional healer. They were arrested on Friday when they were returning home, he said. He said the group was accosted by Venda soldiers who shot one man and a baby.

But Venda police commissioner, Major General T R Mulaudzi, said the group were illegal immigrants "who were running away from Zimbabwe

because of hunger." He confirmed that a man was shot by soldiers but he added that this was after the man tried to run away when told to stop.

He denied that a five-year-old baby had also been shot and was being treated at hospital. He said conditions at the police station were "not bad."

Dr Tavener said the cells were made of corrugated iron. "There are a lot of mosquitoes and the cells are extremely hot."

Hotel killing sparks protest

93 Smeton 6/10/88

NEWS

Doctor takes victory in her stride

Star 8/10/88

'We did it for the patients at Bara'

MARK GLEESON

CRUSADING Doctor Beverley Traub, who this week won a landmark court decision after refusing to apologise for controversial statements made about conditions at Soweto's Baragwanath Hospital, says her fight concerned the care of patients and working conditions at the hospital.

Dr Traub was one of a number of doctors who signed a letter published in the *South African Medical Journal* about conditions at the giant hospital and then refused to back down after threats by provincial authorities.

As a result she was denied promotion to an appointment necessary for her to become a specialist in paediatrics.

However, this week Mr Justice R Goldstone ruled in the Rand Supreme Court that Dr Traub be given the post of senior house officer and that the appointment be confirmed without further review.

Dr Traub took the decision in her stride this week,



COURT BATTLE WON: Dr Beverley Traub.

saying: "People tend to think that I'm this wonderful doctor, doing all these brave things. But they forget the principle of the fight, which was the care of patients and also for the doctors."

She said the furor had proven worthwhile, as witnessed by the announcement on Wednesday of a new 900-bed hospital at New Canada in Soweto and

promises by Transvaal administrator Mr Danie Hough that 320 replacement beds would be created at Baragwanath.

She could not comment further because of fears of further retribution from the authorities.

However, a doctor at the hospital, who cannot be named, said: "The Government is suddenly finding money and there has been a tremendous response from charity organisations."

"Once overcrowding has been relieved, the standard of care will increase. It will no longer be just organised chaos at Baragwanath."

But this week the hospital was still hopelessly overcrowded, with 50 people sleeping on the floor in one 40-bed ward.

And another doctor at Baragwanath has expressed scepticism at the announcement that five wards at the hospital, which had been closed, were to be demolished and replaced by upgraded wards which would provide 320 replacement beds.

He said the idea of replacement beds meant the hospital would just move unusable beds into the new wards — and not supply new ones as intended.

93



FAVOURABLE COURT RULING ... Beverley Traub

Dr Bev: Now it's back to work at Bara

9/10/88

By MARLENE BURGER

COURAGEOUS Baragwanath doctor Beverley Traub, 29, will be back at her post on Tuesday — 10 months after the Transvaal Provincial Administration turned her down.

Just hours after a Rand Supreme Court judge ordered her appointment this week, the TPA announced plans for improved facilities at the hospital.

But the man who spent 15 years crusading for just that, will not be around to take the credit.

Professor Leo Schamroth, former chief physician at Bara, died in May of leukaemia.

Before his death, he exposed conditions which have led to a breakdown of basic medical care at the 2 800-bed hospital, where overcrowding of up to 300 percent forces patients to sleep on the floor.

His affidavit formed an integral part of the application by Dr Traub to have the TPA ruling overturned.

Signed

Her application — and those of five other young doctors — had been turned down because they were among 101 staff members who signed a letter to the SA Medical Journal a year ago, in which conditions at Bara were spelt out.

Three of them subsequently apologised to the authorities for their action — but while Dr Traub apologised for certain inaccuracies and the general tone of the letter, she was not prepared to disassociate herself from the contents.

She said: "My conscience just wouldn't allow me to go that route."

"I had to fight for what I believed in. And I think the court's decision has proved I did the right thing."

Mr Justice Goldstone ordered on Wednesday that she be appointed without further delay as a senior house officer in the paediatric department of the hospital, and that the TPA pay the costs of the litigation.

Nothing could have made Dr Traub happier. "I can't wait to get back to work. If it's up to me, I'll spend the rest of my working life at Bara."

"Once that hospital gets into your blood, you never leave. The doctors who work there are a special breed ... they're 'Bara people'."

Despair

Yet they work an average 90-hour week under conditions which reduce the most dedicated to despair at times.

"But there are immense rewards as well. In the department of medicine, where overcrowding is at its worst and facilities are hopelessly inadequate to cope with the intake, there's something indescribably rewarding about seeing a critically ill patient pull through."

"These past months, while I've been working as a locum, it just hasn't been the same. I don't ever want to go into private practice as long as I can work at Bara."

As she dusts off her stethoscope this weekend, Dr Traub will be thinking about a private practice of a different kind — her marriage at



LEO SCHAMROTH Exposed the conditions

the end of the year to another doctor.

"We've been together since we were students, and he understands the hours I'll have to put in and the demands my work will make."

Dr Traub's fiance was at her side in court on Wednesday.

Meanwhile, Mr Daan Kirstein, MEC in charge of Transvaal Hospital Services, said he was "relieved and grateful" that the Government had made available additional funds for health services in the province this year.

But this will not mean any immediate relief for conditions at Bara.

He said: "We will now be able to build five urgently needed wards, as part of an ongoing upgrading programme, but they will not be available for some 18 months."

gramme, but they will not be available for some 18 months."

Meanwhile, some of the funds will be used to provide another 203 beds at the Leratong Hospital and 100 at the Hillbrow Hospital to ease the burden on Bara.

Plans for a new 800-bed hospital at New Canada, Soweto, are being revised with a view to completion in 1993.

"Frankly, the problem always comes down to money. The new Soweto hospital has been on the cards for some time, but at an estimated construction cost of R100-million."

"We can no longer afford luxury. The need is too great and the emphasis for the future has to be on functionality."

Revised

"The revised plans will allow the Soweto hospital to be built at half the cost."

"We are aware of the urgent problems at Bara — but I have had to make a choice. Either we admit the patients, even if that means they have to sleep on the floor, or we close the gates."

"Since I'm not prepared to see sick people dying outside locked gates, we'll just have to continue coping as best we can until sufficient funds are available to meet the needs."

StarStyle

SUE VALENTINE interviews one woman who knows what she wants



Dr. Murishe Ledwaba . . . graduated with distinction in gynaecology, obstetrics and psychiatry.

The first woman *Star 14/19/84* gynaecologist in training at Bara

Dr Murishe Ledwaba was so determined to continue studying medicine, she made it a condition of marriage when she married her husband six years ago.

After qualifying as a doctor in 1984 from Medunsa, Dr Ledwaba, who was nominated as a candidate for The Star's Rising Star 1988 award last week, did her internship and housemanship at Baragwanath Hospital where she is now the first woman gynaecologist in training there.

A top student, Dr Ledwaba graduated with distinctions in psychiatry, obstetrics and gynaecology from Medunsa. The future for woman in these fields, she says, is assured.

"I think it's time we have more women gynaecologists. As a woman I think I can liaise better with women patients."

The decision to pursue her studies in gynaecology instead of psychiatry was decided on the basis of job satisfaction.

"Psychiatry is so depressing. Only in a few cases can you make the patient fully well again. With gynaecology you can at least do something for the patient."

Dr Ledwaba has two young children. When her youngest was born two years ago, she worked until a few days before the birth.

"People tend to think if you're pregnant you are fragile and sick. I couldn't sit at home and count the days, I wanted to keep myself busy."

"It was easier, I suppose, because I had some insight into the whole thing, so I knew how far I could take things."

"It is difficult studying with a family," she admits, but adds that her husband is very supportive.

"When I agreed to marry him in 1982, I told him it was on condition I could continue my studies."

Dr Ledwaba still has some way to go before qualifying as a gynaecologist, having just written her first year exams, with the orals to be completed this month.

"It has been four years since I last wrote exams," she says self-effacingly, but given her academic track record this far, it should be only a matter of course to complete the three remaining years of her training.

Sta 18/10/88

National service 'is causing medical drain'

Pretoria Correspondent

Official statistics do not reflect the true extent of the drain from South Africa of recently qualified medical practitioners who emigrate because they do not wish to do their military service. (93)

This was said yesterday at a meeting of the South African Medical and Dental Council (SAMDC) in Pretoria.

During a discussion, members of the council said the country was losing "some of our very best medical graduates", and that the rate of departure of English-speaking graduates was "enormous".

93
25/10/88

Drive to hire foreign doctors

ONLY a third of the doctors posts at hospitals in rural areas of KwaZulu are filled and this has compelled KwaZulu and Natal to recruit doctors overseas.

Dr Frank Mdlalose, Minister for KwaZulu, said yesterday that doctors were reluctant to put up with difficulties posed by the supply of electricity and water in the rural areas, and a restricted social life.

Together with Mr Val Volker, Natal MEC, and four officials, Dr Mdlalose leaves on a visit to several countries in Europe next month looking for doctors.

"There is a scarcity of doctors in our rural areas. Only 36 percent of our posts in rural hospitals are occupied because of a shortage of doctors."

Ulundi

Dr Mdlalose said KwaZulu had enough doctors working in hospitals in the urban areas of Durban, Maritzburg and Empangeni that fell under Ulundi's control.

Here up to 90 percent of the doctors posts were filled.

"There is a definite grading. The further you move away from the urban areas, the less the percentage of doctors posts that are filled."

The Natal Provincial Administration has the same problem.

Ulundi controls 34 hospitals.

"When you have a hospital that is under supplied with doctors, the few doctors that are there are so loaded with work," Dr Mdlalose said.

"Their performance can be affected, and their morale falls flat. There is a tendency for them to seek jobs elsewhere."

The overseas visit is a Joint Executive Authority project and will last three weeks.

Elderly wait for days to see 'miracle' doctor

Star 3/10/88 93
By Toni Younghusband, Medical Reporter

Hundreds of sick, elderly patients have been sleeping in the open outside a Pretoria doctor's surgery in the belief that he has a "miracle cure" for hypertension.

The patients sleep on a sandy patch outside the Mabopane surgery. There are no toilets or eating facilities and some patients claim they have run out of food after waiting for treatment for up to three days.

However, Dr W Callender-Easby says he is helpless to provide a solution. "When I started up my practice I had no idea I would be so busy.

"Suddenly I found I was overcrowded, but I could not put up buildings and toilets before I knew how many people I would be treating," he said.

He says he is negotiating with the local mayor for better facilities.

And he does not have a "miracle cure" for hypertension. "I don't really know why I have got so many patients, but it is probably because I treat them like people and am nice to them. They seem to prefer to come here rather than to go to a hospital and they send their friends to me too."

BLOOD PRESSURE

About 30 percent of black South Africans suffer from hypertension, or high blood pressure.

Dr Callender-Easby sees about 80 patients a day. He says he works from 6 am to 6 pm. "I feel bad that I can't see more but I'm exhausted at the end of the day."

He says his consulting rooms are too small for a second doctor. "I am sorry about the situation, but if the matter cannot be resolved I will have to stop working here and go to a hospital."

Pulpit 'is no place for politics'

Religion Reporter

Mrs Carol van Loggerenberg of Rosebank intends collecting signatures from churchgoers who do not want to hear about politics from the pulpit. She then plans to send the list to the heads of the churches.

She said: "You feel the duty of the clergy is to preach the word of God — not to tell people what they should do with their democratic right."

"Over the past few months there have been a few hand-outs at my church which I consider to be very political and out of order in the church."

"I, like most other people, have read many articles in the media in which churches of various denominations have held meetings at their highest levels and made decisions regarding political matters."

Mrs van Loggerenberg concluded: "Church leaders must know that churchgoers are not interested in hearing about these things from the pulpit."

Patients at risk from medics' over-long hours, says report

Medical Reporter

The over-long hours worked by hospital interns may impair patient care, says a research report published in the latest edition of the *South African Medical Journal* (SAMJ).

While the doctor's first concern should be for the good of his patient, exhausted doctors cannot function properly, says the report.

Interns, or medical graduates, working at provincial hospitals are often required to work up to 70 hours a week, sometimes for 36 hours at a stretch with only a couple of hours' sleep in between.

In a survey of among interns at Johannesburg hospitals, 70 percent of those working in the departments of medicine found the demands placed on them "intolerable", and almost as many felt they "could not cope".

"Interns routinely work under conditions of cumulative and repetitive sleep deprivation and because of the nature and extent of their work programmes they do not follow normal sleep-wake cycles."

Prolonged repetitive sleep loss results in memory loss, decreased concentration and a consequent decrease in efficiency and accuracy," the report points out.

Research results published in the *New England Journal of Medicine* concluded that work schedules depriving interns of normal sleep could produce negative mood changes and transient psychopathic disorders and impair efficiency of performance.

"Apart from the detrimental effect that such behavioural, cognitive and emotional deterioration may have on the intern, it is worrying to contemplate the damage that might be inflicted on the patient," warns the SAMJ report.

Many interns surveyed reported a loss of interest in medicine at the end of their internship.

"Further research into the conditions under which interns work is urgently needed," the SAMJ says.

Court ruling forces doctor to release details of ex-detainees

AN APPLICATION by a Johannesburg doctor for the court to declare invalid a subpoena forcing him to divulge names of 40 ex-detainees he claimed were assaulted, failed in the Rand Supreme Court yesterday.

As a result, private practitioner Dr Paul Davis would have to appear in court to divulge the names, addresses

and medical particulars of the ex-detainees who consulted him.

The ruling arose from an article by Jo-Anne Richards in The Star on September 29, 1986, which quoted an unnamed doctor who allegedly said 83% of a released group of detainees aged between 14 and 45 showed medi-

cal evidence of physical abuse.

DA Kuny, SC, for the applicant, said the subpoena was a "fishing expedition" which opened the way to an "open-ended inquiry".

"In so doing it constitutes an abuse of the process created by Section 205," he said. — Sapa.

88/11/1

93
B/daw

Doctors get drugs cheaper and customers pay more

Star 21/11/68
By Caroline Mehliiss (93)

Dispensing doctors have been drawn into the drug price controversy.

Pharmacists say the present pricing policy where dispensing doctors can buy drugs cheaper than pharmacists is unfair and adds to the high medicine prices that consumers ultimately pay at retail outlets.

Doctors are given preferential discounts by some manufacturers, especially for generic drugs, and are often offered bonus free drugs if a certain number of drugs are bought.

Two recent examples of this was that if a doctor bought 40 packs of 15 Surgam 200 mg tablets he received 25 packs free; and if he bought five packs of 100 Urbanol 10 mg tablets he received three packs free.

DOCTORS

Mr Ray Pogir, honorary secretary of the Southern Transvaal branch of the SA Pharmacy Association, said doctors were a target of manufacturers.

"Manufacturers feel it is important to give doctors an incentive to prescribe their drugs as obviously a doctor will be more inclined to prescribe a drug he stocked himself than one he doesn't.

"It's not worthwhile for manufacturers to offer these incentives to pharmacists as pharmacists cannot promote a sale, they can only supply what is prescribed.

LIMITED

"Doctors keep a far more limited range of drugs than a pharmacist. The question arises whether with a dispensing doctor the treatment is tailored to the doctor's inventory," Mr Pogir said.

Mr Jack Bloom, chairman of the Southern Transvaal branch of the SA Pharmaceutical Society, said he did not believe doctors should dispense and take business from pharmacists.

A dispensing doctor admitted doctors did often get special prices and bonuses, but said the benefit should be passed on to the consumer.

"Furthermore, the doctor uses the discounts to subsidise patients who cannot afford to pay for their medicines.

Dr Hugo Snyckers, president of the Pharmaceutical Manufacturers Association (PMA), said that, in principal, manufacturers agreed there should only be one exit price to the private sector, but "once one manufacturer offers a discount the others feel they must too".



Stellenbosch produces 130 new doctors

Medical Reporter

FINAL-YEAR medical school examination results have been issued by Stellenbosch University, with 130 doctorates.

The list includes the names of students awarded BSc degrees in physiotherapy, occupational therapy, pharmacy and nursing.

Two medical students and a physiotherapy student attained their degrees *cum laude*. They are Niel Coetzee and Ronald Boet (MB ChB) and Elmarie Walters of Malmesbury (BSc Physio).

Niel is the son of Professor Cobus Coetzee, senior lecturer in chemistry at the University of the Western Cape.

RESULTS

MB CH B

Akerman, Carel Wilhelm; Adams, Mark Gary; Boet, Ronald (cum laude); Barbour, Alexander James; Barnard, Andre; Barnard, Esther; Benade, Johannes Gerhardus; Bester, Elizabeth Johanna;

Bester, Esme Salome; Beuster, Carl; Beyers, Christiaan Frederick; Botha, Pierre Jean; Brand, Esther Jacoba; Braithwaite, Nicolay; Breytenbach, Johanna Elizabeth; Brynard, Gert Mathys; Burger, Hendrik Albertus;

Coetze, Anna Elizabeth; Coetzee, Cornelis Jacobus (cum laude); Dacon, Sean de Swardt; De Bruyn, Dina Margaretha Jacoba; De Lynck, Willem Eduard; Dreyer, Hendrik Andre; Dreyer, Wilhelmus Petrus Johannes; Du Plessis, Jacobus Meiring; Du Plooy, Rian Eloff Johannes Zacharias;

Feris, Nicolaas Johannes; Gilles, Oliver Nicolas; Goldstone, Julian Patrick; Green, Lloyd Kenneth; Greyling, Johannes Cornelius; Hanekom, Wouter van Heerden; Hubregtse, Tali; Hugo, Francois Johannes; Humon, Martha-Ellen;

Johnson, Deon James; Johnson, Wayne Stephen; Jonck, Elizabeth; Joubert, Johann; Kenny, Phillip John; Kilian, Johannes Gerard; Kizzinga, Derek Adolf; Knoetzen, Stephanie Charleen; Kotze, Elizabeth; Krizinger, Yolanda; Kuhn, Romy; Latagan, Johannes Cornelius; Le Roux, Gabriel Johannes; Lombard, Stephanus Terblanche; Lourens, Christoffel Petrus Johannes; Lourens, Denise; Lourens, Petrus Johannes;

Madherbe, David Stephanus; Meyburgh, Willem Petrus; Mostert, Andre Frans; Mostert, Karen; Mostert, Wouna; Mouton, Godwin Peter; Mowiana, Abdgrasig; Muller, Arneke; Mullineux, Michael Ruffley; Neeshling, Henri; Pienaar, Johannes Hendrik; Pieterse, Andries Willem; Stefanus; Prins; Maarten Jeroen;

Raubenheimer, Stephan; Reider, Peter; Reitz, Derys Theasen; Roux, Hermonus Johannes;

Schmidt, Michael Jacob; Schmidt, Sigurd Alfred; Schoonbee, Reenen Barry; Schröder, Anthon Richard Heinrich Hörlein Altham; Schutte, Brigitte Elisabeth; Shipton, Stephen Edward; Simpson, Andries Johannes; Skein, Hendrik Jacobus; Smit, Adriaan Johannes; Smit, Willem Hendrik; Smith, Timothy James; Snyman, Annemarie; Söhnge, Friedrich Johannes; Stals, Albert Jacobus; Steed, Ian Wainman; Steenkamp, Johannes Andries; Steyn, Johannes Jurgens; Ströb, Gregory; Trichardt; Swart, Riaan; Swart, Zack; Swarts, Petrus Johannes Erasmus;

Theron, FC Rust; Thompson, Barbara Clare; Tworetzky, Wayne; Urie, Graeme Ronald; Uys, Helle Louise;

Van der Bijl, Cornelis Leendert; Van der Leek, Francois Adrian; Van der Merwe, Aneen; Van der Merwe, Abraham Jacobus; Van der Merwe, Albertus Viljoen; Van der Merwe, Ivann Francois; Van der Merwe, Marius; Van der Merwe, Phillip Woest; Van der Spuy, Etienne Malt; Van der Vyver, Martinus Johannes; Van der Walt, Almarie; Van der Walt, Lydia Alexandra; van der Walt, Schalk Stefan; Van der Westhuizen, Ignatius Petrus; Van Eeden, Petrus Cornelius; Van Niekerk, Gerhardus Roux; Van Niekerk, Martha Augusta; Van Niekerk, Willem Pieter Jacobus; Van Tonder, Petrus Jacobus; Van Wyk, Andre Rodolf; Van Wyk, Hendrik Schalk; Van Wyk, Matthys Johannes; Venter, Wendy Joy; Vermuelen, Nico; Viviers, Louis; Vorster, Eugene Pierre; Vosloo, Edmund Louwton; Wagener, Daniel Jacobus; Warwick, Delmarie; Waldemann, Simon Petrus; Wellmann, Holger Oswald;

BSc Physiotherapy

Walters, Elmarie (cum laude); Appleton, Barbara Ruth; Becker, Caryl Ann; Coetzee, Tonio; Eloff, Miretha; Ferriter, Christi; Fey, Brigitte; Fourie, Elizabeth; Hösch, Elisabeth; Jooste, Nancy; Kaufmann, Karen Sonia Heidi; Krizinger, Christina; Krizinger, Karin Elso; Louw, Maria Louise; Marais, Sophia; Helena; Royner, Della Elizabeth; Retief, Catherine Margaretha; Soderlund, Claire Amanda; Theron, Cornelia Susanna Elizabeth; Todd, Senra Jane; Van der Merwe, Els; Van der Westhuizen, Cateqia; Van Duuren, Amanda; Van Zyl, Lilian; Vos, Reinette;

Occupational Therapy

Archer, Annemarie; Blackshaw, Helen Claire; Cilliers, Susanne; Cloete, Esther Elizabeth; Cole, Mary-Ann; Hayward, Leigh-Ann; Laubscher, Louise; Lind, Leanne; Pfüddemann, Ulrike; Salter, Liesl Jean; Schreuder, Ina-Marie; Van Eeden, Elmarie; Zeeman, Suzanne;

BSc Pharmacy

Botha, Karin; Du Toit, Gabriëlle Mary; Engelbrecht, Elzita; Engelbrecht, Melinda; Horn, Yvette; Janse van Rensburg, Annetae; Lord, Elizabeth Ann; Luijk, Pieter Johannes; Nel, Morletha; Pieters, Angeliqun; Prins, Dorette De-lorna; Snyman, Rene; Theron, Hester Magdalena Catharina; Treurnicht, Hester Elizabeth; Van der Merwe, Gwennifer; Van Veen, Annette;

Nursing Science

Blandenberg, Ronelle;

MCuS 30/4/88 (93) (93) (93) (93)

Support for axed doctor

(Continued from page 1)

dom of speech, and also the prioritising of political bullying above the welfare of the patients at Groote Schuur.

"It is actions of this kind which bring the health services and the medical profession of South Africa into international disrepute," the statement said.

The medical faculty at the University of Cape Town expressed confidence in Dr Kane-Berman's "integrity, ability and dedication to the Groote Schuur Hospital and the Teaching Hospitals Group" and called for her reinstatement.

The faculty said she had been head of the planning and commissioning unit for the new hospital until her appointment as chief superintendent and she had continued to play a key role in the development of the hospital.

"The absence of her unique knowledge and understanding will be a critical loss.

"We feel that her transfer is a harsh reaction to an indiscreet comment as a public official, which appeared in the press some weeks ago.

"We believe that her reinstatement would be in the best interests of the hospital and its patients."

Other prominent medical authorities today accused the government of continually disregarding the standard of health care in this country in favour of politics.

Dr Marius Barnard, the Progressive Federal Party's

spokesman on health, said it was the MEC in charge of Hospital Services in the Cape, Dr Andre van Wyk, who should have been removed from his post.

"The government continuously disregards the standard of health care for political motives. This is purely another petty example of their policies," said Dr Barnard.

Dr Nic Lee, editor of the SA *Medical Journal* — official mouthpiece of the Medical Association of South Africa (Masa) — said: "It is always difficult to comment without knowing all the facts.

"However, if Dr Kane-Berman's dismissal was simply due to her heavily tongue-in-cheek comments in the article in Weekend Argus, I can only say that I am sorry that her puckish sense of humour has been swamped by what seems to be a distinctly humourless over-reaction."

Mr Jan van Gend, MP for Groote Schuur, said the article was light-hearted and not all that seriously intended.

"Be that as it may, many of her suggestions have substantial merit. The suggestion of Nelson Mandela as prime minister is one which would carry the approval of a large section of the South African population, and not only the black section.

"What really concerns me is that by all accounts, she was doing her job exceptionally well. I have had dealings with her and I was most impressed."

Huge support for axed hospital chief

Medical Reporter
SUPPORT is pouring in for axed Groote Schuur Hospital chief medical superintendent Dr Jocelyn Kane-Berman and colleagues have demanded her reinstatement.

The medical fraternity has rallied behind the popular administrator following her summary transfer this week.

She was removed from her post by the provincial administration because of her suggestions for additional members of government, including Mr Nelson Mandela as prime minister, which were published in a light-hearted article in Weekend Argus.

She has been shifted sideways and is to become Western Cape regional medical superintendent next year.

In a statement, the National Medical and Dental Association expressed a "sense of outrage".

"The autocratic and arrogant action of the authorities in depriving the hospital services of a highly respected and outstandingly competent superintendent reveals a flagrant contempt for free-

(Turn to page 3, col 1)

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Doctor's transfer slammed as 'petty'

By Toni Younghusband
and Sapa

Prominent medical authorities accused the Government on Wednesday of disregarding the standard of health care in favour of politics.

Their accusations were in response to the summary transfer of Groote Schuur's chief medical superintendent, Dr Jocelyn Kane-Berman, to the post of western Cape regional medical superintendent.

The MEC in charge of hospital services in the Cape, Dr Andre van Wyk, said Dr Kane-Berman's comments in a newspaper article, in which she mentioned Nelson Mandela as a possible prime minister, had contributed to her transfer.

Dr Marius Barnard, the Progressive Federal Party's spokesman on health, said that it was Dr van Wyk who should have been removed from his post.

"This action is one of politics and not of merit. The Government continuously disregards the standard of health care for political motives. This is purely another petty example of their policies."

Dr Stan Levenstein, chairman of the western Cape branch of the National Medical and Dental Association, said the body was outraged at the dismissal.

"The autocratic and arrogant actions of the authorities in depriving hospital services of a highly respected and out-



Dr Jocelyn Kane-Berman ... transferred because of a "rather tongue-in-cheek article".

standingly competent superintendent reveals a flagrant contempt for freedom of speech."

The dean of the Wits Medical School, Professor Clive Rosendorff, said anybody who had met Dr Kane-Berman would have been impressed by her integrity, ability and dedication to Groote Schuur.

Tongue-in-cheek

"I would regard the over-reaction to her rather tongue-in-cheek article as doctrinaire and immature," he said.

In a statement, the National Medical and Dental Association expressed a "sense of outrage".

"The autocratic and arrogant action of the authorities in depriving the hospital services of a highly respected and outstandingly competent superintendent reveals a flagrant contempt for freedom of speech, and also the prioritising of political bullying above the welfare of the patients at Groote Schuur," the statement said.

The medical faculty at the University of Cape Town expressed confidence in Dr Kane-Berman's "integrity, ability and dedication to the Groote Schuur Hospital and the Teaching Hospitals Group" and called for her reinstatement.

Doctor's transfer may worsen boycott

Medical Reporter

THE transfer of Dr Jocelyne Kane-Berman, medical superintendent of Groote Schuur Hospital, to another post because of remarks about an alternative cabinet would worsen the international medical boycott on South Africa, the Medical Association of SA (Masa) said yesterday.

Dr John Steer, chairman of the Cape Western branch of Masa, said the organisation was concerned about Dr Kane-Berman's transfer for what some might regard as a "slightly indiscreet" remark.

Dr Kane-Berman was transferred to the post of regional medical superintendent in the Western Cape after remarks she made in a newspaper saying that Mr Nelson Mandela might be a prime minister of South Africa.

Her transfer provoked condemnation from leading medical people in Cape Town.

Dr Steer said yesterday that politics had no place in health care.

"This action will have a tremendous negative impact on doctors and nurses, particularly at Groote Schuur, and further worsen the worrying outflow of skilled medical personnel to other countries."

"It will also undoubtedly worsen the international medical boycott we already suffer from and can ill afford," he said.



Dr. Jocelyn Kane-Berman

Kane-Berman — dedicated and gifted doctor caught in row

WHO is Dr. Jocelyn Kane-Berman, the hospital administrator at the centre of a political storm?

Respected by colleagues as a dedicated and gifted medical superintendent of one of the largest hospitals in the country, she is a doctor with a special interest in ill children and the mother of a son and three daughters.

Her removal from her post at Groote Schuur Hospital — because of her suggestions of additional members of government in an article published in Weekend Argus last month, including

By **KAREN STANDER**, Medical Reporter

Argus 2/12/88
failed ANC leader Nelson Mandela as Prime Minister and Dr Mamphele Ramphele as Minister of Health — unleashed a storm of protest and demands for her reinstatement.

Dr Kane-Berman was born in Johannesburg. She married architect Bill Ritchie the day after she graduated from medical school and they moved to Cape Town. They live in Newlands.

As a newly graduated doctor, her greatest desire was to specialise in

paediatrics. This dream was not to be fulfilled, but she did work with children during her 10 years as a medical officer before she moved into hospital administration.

She was appointed a medical superintendent of Groote Schuur in 1970 and took over as chief administrator in 1986.

Dr Kane-Berman was involved in the planning of the new Groote Schuur Hospital as head of the planning and

93

When she received a Masters degree in public administration with distinction from the University of Cape Town in 1979, it was the culmination of five years of work on her thesis on hospital administration modelled on Groote Schuur.

Dr Kane-Berman described herself as someone who wept and laughed easily, showed emotion and was excitable. Someone who sometimes lost her temper but forgot the reason just as quickly.

Transfer protests 'to be examined' (93)

Star 2/12/88

Own Correspondent

CAPE TOWN — All representations against the transfer of Groote Schuur Hospital chief medical superintendent Dr Jocelyn Kane-Berman "would be looked at", the Administrator of the Cape, Mr Gene Louw, said yesterday.

Dr Kane-Berman's transfer has caused a furore in medical circles.

Mr Louw was responding to a press statement by the western

Cape branch of the Medical Association of South Africa in which it expressed "tremendous concern" at Dr Kane-Berman's transfer.

The Masa branch hoped the matter "could be resolved under the aegis of the Administrator to ensure Groote Schuur retains the expertise of a remarkable woman"

Mr Louw referred queries on the matter to the MEC in charge of hospitals, Mr Andre van Wyk, or to the director of hospital ser-

vices.

"All representations will be looked at," he added.

Dr Kane-Berman was axed from her post by the provincial administration because of her views on additional members of government, including Nelson Mandela as prime minister, in a light-hearted article in *Weekend Argus*.

She was moved sideways to the position of western Cape regional medical superintendent.

2/2/88

Cape Times, Friday, De

Unveiling ceremony postponed

93
[Handwritten scribbles]

Staff Reporter

IN the midst of the controversy over the transfer of Groote Schuur Hospital medical superintendent Dr Jocelyne Kane-Berman, an unveiling ceremony of a bust of Dr Hannah-Reeve Sanders, former medical superintendent of the hospital, has been postponed.

Dr Kane-Berman was to have been present at the ceremony, with the unveiling to be performed by Professor George Dall, dean of the faculty of medicine at the University of Cape Town.

No official reason has been given for the postponement but it is believed it was felt the time was not right to conduct the ceremony.

The new date for the ceremony is January 24.

Dr Kane-Berman was transferred

to the post of regional medical superintendent of the Western Cape after remarks she made in a newspaper article about an alternative cabinet in which Mr Nelson Mandela would be prime minister.

Dr Sanders is now senior deputy director of hospital services in the Cape Province.

The Health Workers' Union yesterday expressed its outrage at the "summary and arbitrary" transfer of Dr Kane-Berman, saying it regarded the reasons given for "this blatant political victimisation as puerile and an attack on the individuals rights to freedom of speech".

"In the absence of satisfactory reasons we can only assume that the state is dissatisfied with progress made at Groote Schuur Hospital in terms of the removal of racial discriminatory practices and improved labour relations," a union spokesman said.

Change
CA. mt's 2/12/88
'likely
to involve
violence'

Own Correspondent

LONDON. — The structural change needed in South Africa was likely to involve violence and it was up to people who accepted the need for change to minimise the disruptions, Stellenbosch Economics Professor Sampie Terblanche said here yesterday.

Prof Terblanche was delivering a lecture at the Royal Commonwealth Society on the subject "Botha's reforms versus Gorbachev's perestroika".

He said democratic movements, including the ANC, wanted to give precedence to political transfer of power.

But reform-minded academics in South Africa stressed the need for economic change as a precondition for a peaceful and stable transfer to a non-racial system.

South Africa could not achieve economic reconstruction as long as the National Party was in power.

"Botha's attempt has failed. It is not possible to reform apartheid in the way he tried to do it.

"In a sense South Africa has fallen behind history. They can't catch up so they denounce history. What is happening in South Africa goes against the grain of the history of the world in the past ten years."

Difficult for
CA. Times 2/12/88
SA doctors to
stay ethical *93*

JOHANNESBURG. — It took great courage for doctors to refuse to set aside their ethical standards in the name of so-called patriotic duty, Dr Jonathan Gluckman, a leading Johannesburg pathologist, told medical graduates at the University of the Witwatersrand yesterday.

"Those in authority — often in the name of patriotism — urge doctors to submerge their ethical standards for the supposed greater cause. It takes great courage for the doctor to say no to the senior police officers who would want the detainee to be interrogated before a painful condition is treated," said Dr Gluckman.

"It may require even greater courage for a doctor to intervene on behalf of a detainee by insisting that he should not be returned to social isolation if the subject is depressed and there is some danger to his life."

Dr Gluckman, who conducted the post-mortem on Steve Biko, said that all too often a prisoner was at the mercy of personnel of the lower echelons of the police and prisons services who either could not or would not appreciate the medical problems that might arise while an individual was incarcerated and, as a result, frequently made it difficult if not impossible to have access to proper medical care.

Dereliction of duty

"There are denials of various forms of ill-treatment of detainees. Those in authority often query the veracity and good faith of those who say that detainees, including children, are ill-treated.

"Numerous court records and substantial sums paid out by the government to the injured or their widows and children speak for themselves," Dr Gluckman said.

"To quote McQuoid-Mason: 'District surgeons should refuse to treat detainees who are kept in cruel, degrading or inhuman conditions, or when their clinical independence is interfered with by the detaining authorities. They should also refuse to administer to detainees where no proper treatment is possible'.

"Panels of doctors are available in all areas to assist any prisoner or detainee if requested. The system cannot work, however, without sufficient awareness among the public and the co-operation of the authorities. Let these panel doctors be called upon regularly to intervene on behalf of those who need their help," Dr Gluckman urged. — Sapa

Silence after Kane-Berman has talks with Administrator

By VERNON BRENT *AR 645*
Staff Reporter *2/12/88*

THE Administrator of the Cape, Mr Gene Louw, met Dr Jocelyn Kane-Berman today to discuss her summary transfer from her post of chief medical superintendent of Groote Schuur Hospital.

She spent about 45 minutes with Mr Louw but declined to comment afterwards.

The meeting was confirmed by the Administrator's office and by Mr André van Wyk, MEC in charge of roads and hospitals.

A spokesman for the Administrator's office said a statement might be issued.

In spite of the increasing furore in medical circles and strong calls for her reinstatement, Mr van Wyk was unrepentant yesterday about transferring Dr Kane-Berman.

"At this moment, I rule out the possibility of her being reinstated," he said.

Mr van Wyk shed some light on events before Dr Kane-Berman was shifted sideways to

Western Cape regional medical superintendent after comments she made in a lighthearted Weekend Argus article on what South Africa would be like if it were run by women.

Dr Kane-Berman said her Cabinet would be chosen on merit and suggested, among others, Nelson Mandela as Prime Minister and Mrs Helen Suzman as Minister of Justice and Law and Order.

APOLOGY

Mr van Wyk said that immediately after the article was published last month he contacted Dr Kane-Berman.

"She sent an apology by fax to me in the Eastern Cape, where I was at the time.

"The apology was unacceptable."

Mr van Wyk said he rejected Dr Kane Berman's explanation that the article was a joke or that she was under stress.

Both he and Dr George Watermeyer, executive director of hospital services, met Dr Kane-Berman before her transfer.

● The Health Workers' Union (Groote Schuur Hospital) has added its voice to the storm of protest, condemning the "arbitrary and summary transfer".

"We regard the reasons given for this blatant political victimisation as puerile and an attack on the individual's right to freedom of speech."

The union demanded the immediate reinstatement of Dr Kane-Berman.

See page 23.

Doctors 'must have courage'

DISTRICT surgeons should refuse to treat detainees kept in cruel, degrading or inhuman conditions or where their clinical independence was interfered with by the detaining authorities, Dr Jonathan Gluckman said yesterday.

Gluckman, a private pathologist and former head of the Medical Association of SA who did the inquest into black activist Steven Biko's death, was speaking at the Witwatersrand University's medical school graduation ceremony.

He said district surgeons should also refuse to administer to detainees where no proper treatment was possible or when they were not allowed to consult privately with their patients.

Those in authority often, in the name of patriotism, urged doctors to sub-

merge their ethical standards.

Gluckman said: "It takes courage for the doctor to say no to the senior police officers who would want the detainee to be interrogated before a painful condition is treated. It may require even greater courage for a doctor to intervene on behalf of a detainee."

□ A group of about 25 black students from Wits medical school last night held their own "alternative" graduation ceremony in Lenasia after agreeing to boycott the university's formal graduation.

Medical school dean Clive Rosendorf said it was to be regretted a small minority of black graduates should act so ungraciously towards the university.

DIANNA GAMES

93

Black
21/12/88

Kane-Berman row mounts

by KAREN STANDER and GORRY BOWES-TAYLOR, Weekend Argus Reporters

THE Medical Association of South Africa (Masa) has entered the mounting row over the sudden axing of Groote Schuur Hospital chief medical superintendent Dr Joceelyn Kane-Berman.

The chairman of the Cape Western branch of Masa, Dr John Steer, and vice-chairman Dr Peter Louw are to seek urgent meetings with Cape Ad-

ministrator Mr Gene Louw and the MEC in charge of hospitals and roads, Mr Andre van Wyk, to ask for Dr Kane-Berman's reinstatement. Masa today claimed the situation was in conflict with the Geneva Convention and was encouraging young doctors to emigrate.

"There is no doubt the impasse has undermined the hospital's morale and there is already concrete evidence that increased medical emigration from young doctors has been stimulated by the current situation. "Our country cannot afford this."

The children were asked 'make col-

TO PAGE 4

Kane-Berman row mounts

FROM PAGE 1

she made in a lighthearted Weekend Argus article on what South Africa would be like if it was run by women.

Neither party was prepared to comment after the meeting, which followed a week of protest from doctors, academics and organisations representing a wide spectrum of South Africa's medical community.

Masa said while it was grateful that Mr Louw had taken a personal interest, it was concerned that the whole issue revolved around "a minor matter unrelated to health care or competence."

"Dr Kane-Berman's reputation and expertise are legendary among the entire staff spectrum of Groote Schuur and she has raised the status of hospital superintendents to unprecedented levels due to empathy, understanding and competence in a most complex and demanding internationally famous institution.

"Massive and increasing support from all medical sectors continues in a determined attempt to ensure the review of the situation and retention of a lady whose expertise has never been challenged.

It is nearly unthinkable to imagine who could replace the background of knowledge she has and commands the enormous respect and co-operation she has earned in this great hospital.

"We have enormous respect for Mr Louw and express our hope that he will resolve the situation to the benefit of health care in a great hospital in a great province."

The Provincial Administration removed the administrator from her post after she had suggested several alternative members of government in a light-hearted article in Weekend Argus.

DR Kane-Berman's suggestions tallied with those of most of the other people quoted in the article - favourite choices were Helen Suzman, Dr Mamphela Ramphele and Albertina Sisulu.

Editor and publisher of Cosmopolitan and Femina Mrs Jane Raphaely, who was interviewed along with Dr Kane-Berman, said: "If that is indeed the case, I am sure they are going to eat their words in the very near future. She is such an able person - Groote Schuur can't afford to do without her. Politically she's as a solid as a rock."

Those interviewed along with Dr Kane-Berman included Helen Suzman, Mrs Engela Treurnicht, wife of Conservative Party leader Dr Andries Treurnicht, Mrs Mary Burton of the Black Sash, Leadership Magazine managing editor Mrs Dene Smuts, President Botha's daughter Rozanne, National Democratic Movement worker Mrs Beverley Roos, Professor Harriet Ngubane of the department of Anthropology at UCT, journalist Mrs Jenny le Roux, and UCT SRC president Ms Geordie Ractcliffe.

Canvassed this week, all were shocked at the news and several expressed outrage.

Engela Treurnicht: "I'd rather not comment on political matters."

Geordie Ractcliffe: "We think she is a courageous woman to have said what she believed and we feel strongly that it is extremely unprofessional to have fired her."

Jenny le Roux: "It was light-hearted, the sort of fanciful thing that people comment on the world over. I thought we'd gone 10 steps forward in this country, I now know that we're 10 steps back."

Rozanne Botha: "I don't really want to comment on that."

8 000 deaths KHARTOUM

Kane-Berman: Call for return

Cape Times 6/12/88

By SYBRAND MOSTERT

THE federal council of the Medical Council of South Africa — the highest decision-making body of the association — has asked for the reinstatement of Dr Jocelyn Kane-Berman, the axed chief superintendent of Groote Schuur Hospital.

"Dr Kane-Berman is a highly respected member of the medical profession, an acknowledged leader in her field and a fine administrator," a statement released by the chairman of the federal council, Dr Bernard Mandell, said.

"As a consequence of this move the morale of the staff of the hospital is bound to suffer, and we are deeply concerned that the image of South African medicine abroad will also be damaged."

Dr Kane-Berman was transferred from her post after making light-hearted comments about a possible future cabinet which were published in the Weekend Argus. One of her choices was Mr Nelson Mandela as a future prime minister.

The transfer came "at a crucial stage of its (Groote Schuur's) development as a leading teaching hospital with an international reputation", according to the statement.

"The hospital can ill afford to lose a person of this reputation."

Last week the Cape Times submitted a list of questions to provincial administration officials concerning Dr Kane-Berman's axing.

No answers to questions

Mr Andre van Wyk, the MEC in charge of hospitals and roads, referred the list to Dr George Watermeyer, CPA chief executive for health and hospital services.

By last night no answers had yet been given to the questions. The questions are:

- Was Dr Kane-Berman given a hearing, and if not, is this not in conflict with labour legislation?
- Mention is made that the Mandela article was a "contributing" factor in her transfer — what therefore, were the other factors?
- Is the new post (of W Cape regional medical superintendent) a demotion?
- Is Dr Kane-Berman's grading or salary level affected by the move?
- Who is responsible for the decision to transfer Dr Kane-Berman, and was her move discussed by the executive committee?
- If the decision was not made by someone within the CPA, who made the decision?
- When last was a merit assessment of Dr Kane-Berman done, and what was the outcome? Was it found that she was a good candidate for promotion?

Kane-Berman meeting: Masa 'wanted to listen, help'

By VERNON BRENT
Staff Reporter *AKG 45 7/12/78*

THE Medical Association of South Africa (Masa) said today it was "very disappointed" that Mr. André van Wyk, MEC in charge of roads and hospitals, had cancelled a meeting about Dr. Jocelyn Kane-Berman.

Masa approached Mr van Wyk to discuss Dr Kane-Berman's removal from her post of chief medical superintendent of Groote Schuur Hospital after "lighthearted" political remarks to the Press.

However, Mr van Wyk cancelled the meeting, scheduled for next Thursday, after Masa told the Press about it.

"How can Masa ask me for an interview and then run to the newspapers before we have met?" Mr van Wyk had asked.

Dr John Steer, chairman of the Cape Western branch of Masa, said today he could not understand Mr van Wyk's reasoning, as there was "nothing clandestine about the meeting".

"We wanted to discuss the situation and find out more about the reasons for her transfer.

"We wanted to listen to the MEC, not to have a confrontation, and we were hoping we could help resolve the impasse," Dr Steer said.

Mr van Wyk also accused the Press of "politicising" the transfer of Dr

Kane-Berman and said there was "no chance of the decision being reversed".

"Exaggerated" reports of the amount of interest shown in the transfer of Dr Kane-Berman and the "politicising" of the issue militated against her reinstatement, he said.

Dr Steer said Masa was still waiting to hear if a request to meet the Administrator, Mr Gene Louw, had been granted.

In spite of mounting pressure on Mr Louw to intervene, he has refused to comment.

Mr Louw met Dr Kane-Berman last week.

● Van Wyk profile, page 24.



Mr André van Wyk

CAPE Times 7/12/88 (93) ~~101~~ ~~201~~

Kane-Berman: Questions answered

Staff Reporter

THE provincial chief executive in charge of hospitals, Dr George Watermeyer, says that Dr Jocelyn Kane-Berman was a good prospect for promotion before she was transferred from her post as chief supervisor at Groote Schuur Hospital.

Dr Watermeyer yesterday answered a list of questions put to him by the Cape Times concerning Dr Kane-Berman's sudden move to the post of Western Cape Regional superintendent.

She was transferred after her light-hearted comments on a probable future cabinet had been published in the Weekend Argus.

A storm of protest has burst since Dr Kane-Berman's transfer, with official medical bodies labelling the move as "unjust" and an "outrage".

Dr Watermeyer would not divulge when a merit assessment had been done on Dr Kane-Berman, but said that she had been found to be a good prospect for promotion.

He also said she had been given a hearing before she was transferred and that the new post was not a demotion. Her grading and salary are not affected by the move.

Early yesterday the MEC in charge of hospitals, Mr Andre van Wyk, admitted that Dr Kane-Berman had been "punished" for her comments to the press.

In reference to a meeting with UCT representatives before and after Dr Kane-Berman's transfer, he told a reporter that "all (at the meeting) accepted that what Dr Kane-Berman said was wrong for a civil servant, but they disagreed with the severity of the punishment".

In reply to what other factors played a role in Dr Kane-Berman's transfer — besides the reference to Mr Nelson Mandela as a future prime minister — Dr Watermeyer said that "the Western Cape region has to be re-organised".

"Dr Kane-Berman was the most senior medical supervisor. It was considered advisable that she head up the new region."

The commission for administration, MEC, Provincial Secretary and the executive director, hospital and health services, had made the decision to move Dr Kane-Berman.

According to Dr Watermeyer, her move was discussed by the executive committee.



Dr Kane-Berman

CNA Times
7/12/88
93

Foreign doctors recruited

MARITZBURG. — About 30 foreign doctors are expected to fill posts in Natal and KwaZulu's rural hospitals next year, while South African doctors applying for posts at KwaZulu hospitals may be jobless.

A delegation of Natal and KwaZulu officials returned last week from a trip to Europe to recruit young doctors for under-staffed hospitals.

According to Mr Val Volker, Natal MEC for Hospitals, only 40% of posts at KwaZulu's rural hospitals have been filled, while at Natal's rural hospitals, 20-30% of the posts lie vacant.

At KwaZulu's regional hospitals, seconded doctors financed by the Department of Development Aid, may be refused jobs as government purse strings are tightened. — Sapa

Kane-Berman transfer causing great concern

CME-Trans 1/12/88 (93)

From JOHN STEER, MBChB FRCS, chairman Cape Western Branch, Medical Assoc of SA (Pinelands):

THE dramatic transfer of Jocelyn Kane-Berman, highly-respected Chief Superintendent of Groote Schuur, this country's most famous hospital, has caused enormous concern among those involved with health care.

For what some regard as a slightly indiscreet comment, she has been removed from a position she filled with enormous success at every level.

Not only has she been an integral part of the enormous amount of planning involved in the new Groote Schuur complex but has built up an enviable reputation

matched by few for efficiency, diplomacy and empathy in blending together the many-faceted aspects of a premier teaching hospital.

It is in no small measure due to her that the transfer and planning has proceeded so smoothly.

Politics has no place in health care. That is an international norm subscribed to in all civilised countries. Those who are ill and in need of care may not be swayed by political factors. The Geneva convention to which we all subscribe sets this forth with clarity and beauty.

Jocelyn Kane-Berman's removal from office has and will cause a tremendous negative impact on the doctors and nursing profession

involved, particularly at Groote Schuur, and will undoubtedly further exacerbate the worrying outflow of skilled medical personnel to other countries. Our country can ill afford this.

Medical exports are not one of this country's priorities. This action will undoubtedly worsen the international medical boycott we already suffer and can ill-afford.

On behalf of the Cape Western Branch of the Medical Association, may I urge the authorities involved to review the decision and act in the true spirit of humanity which is the cornerstone of medical care. We can ill-afford to lose

people of her humanity and expertise. She has filled a most onerous post with distinction and her transfer to a lesser post, is something we involved in Health Care cannot afford.

This province, our country and Groote Schuur desperately need people of her calibre. The price we are asked to pay for an allegedly mildly indiscreet comment is far beyond what we can afford. This is surely something which can be resolved under the aegis of our Administrator to ensure that Groote Schuur and this country retain the expertise of a remarkable woman.



KANE-BERMAN ... enormous concern over her enforced transfer.

Kane-Berman transfer causing great concern

Cape Times 1/12/88 (93)

From JOHN STEER, MBChB FRCS, chairman Cape Western Branch, Medical Assoc of SA (Pinelands):

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KANE-BERMAN ... enormous concern over her enforced transfer.

The square is our natural monument

From APRIL JONES (Cape late Bob Hayward who, with his that thinking, responsible adults

Cape Times

WEDNESDAY, DECEMBER 7, 1988

Unhealthy Affair

93

BLAMING newspapers for the outcry over the transfer of Dr Jocelyn Kane-Berman from Groote Schuur hospital will not get Mr Andre van Wyk, the MEC in charge of hospitals and roads, off the hook.

It is not the Press but Mr van Wyk and his men who decided to remove Dr Kane-Berman as chief medical superintendent for the hospital and appoint her regional medical superintendent in the Western Cape. And it was not the Press but influential medical spokesmen and organisations who started clamouring for her reinstatement.

This having been said, we are now happy to add our voice to that call. Mr van Wyk and the CPA chief executive for health and hospital services, Dr George Watermeyer, should acknowledge candidly that a mistake has been made and set it right.

This is not only because of the huge concern that is evident in medical circles, but because there are clear signs of muddled thinking and possible misdirection in the decision to transfer Dr Kane-Berman.

In reply to questions posed by the Cape Times about the affair, Dr Watermeyer denied flatly that the new post was a demotion. Rather, from his responses one would be entitled to judge that Dr Kane-Berman had been promoted instead. Not only was she rated as a good candidate for promotion in her latest merit assessment, but Dr Watermeyer states that one of the considerations behind the transfer was a need to "reorganise the Western Cape" and that Dr Kane-Berman, as the most senior medical supervisor, was considered the right person to head up the new region.

But how now? Mr van Wyk has insisted throughout that part of the reason for the transfer — the only part he has actually elucidated — was Dr Kane-Berman's comments in a (lighthearted) newspaper survey about her choice of a future Cabinet. Among her choices she listed jailed African National Congress leader Mr Nelson Mandela.

So was Dr Kane-Berman transferred from her post in reprimand or punishment for political views in the poll, or was she promoted on merit and in the medical interests of the province?

It has to be one or the other. The Provincial authorities cannot have it both ways — unless, of course, the amazing truth is that the way to get ahead in Provincial government is to root for Mr Mandela as State President.

The muddle is getting worse. It makes the Provincial administration look not only intolerant and vindictive, but plain silly to boot.

(93) (28) (28)
CPC-7:715 8/12/88

CPA, Louw meet on Kane-Berman

By SYBRAND MOSTERT

A MEETING between the Administrator of the Cape, Mr Gene Louw, and members of the Cape Provincial Administration executive committee was held last night on the controversial transfer of Dr Jocelyn Kane-Berman.

Dr Kane-Berman was chief medical supervisor of Groote Schuur hospital before being transferred to the post of Western Cape regional supervisor after she had made lighthearted remarks to a newspaper reporter about a possible future cabinet.

It is believed that the meeting was called for by members of the executive committee.

Dr George Watermeyer, CPA chief

executive in charge of hospitals, said that the executive committee had discussed Dr Kane-Berman's move, and the Exco, together with the Commission for Administration, Provincial Secretary and himself were responsible for the decision.

The members of Exco are: Mr Deon Adams, a member of the President's Council; Mr Themba Nyati, chairman of the board of chairman of community councils and black local authorities in the Northern Cape; and Mr Eddie Samuels, the former director of housing in Port Elizabeth.

The three other members are: Mr Jacob Theron, a NP MEC; Mr Andre van Wyk, a NP organiser elected MPC in 1974, and Mr Piet Schoeman, a NP office bearer.

● 'Too much power vested in Exco'

— Page 3

Kane-Berman latest

Cashier Polesed for court battle

News 9/12/88

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By VERNON BRENT and DICK USHER Staff Reporters

THE University of Cape Town medical school is raising funds to fight the transfer of Grootte Schuur superintendent Dr Jocelyn Kane-Berman in court.

The Administrator, Mr Gene Louw, said last night that Dr Kane-Berman's removal from her post was final.

The Public Servants League, to which many Grootte Schuur staff belong, said it was dismayed and outraged at Dr Kane-Berman's axing and said the reasons given were "feeble".

And Progressive Federal Party spokesman on medicine Dr Marius Barnard called for the sacking of Mr Louw and his MEC in charge of hospitals, Mr André van Wyk.

UCT Dean of Medicine Professor George Dall said today: "The only steps that can now be taken are through a court of law. We have sent letters to our various departments asking them for pledges to help defray legal costs," Professor Dall said.

Professor Dall rejected claims by the provincial authorities that those opposed to the transfer had politicised the issue.

"They told us on Friday, November 25, that Dr Kane-Berman had to be out by Monday, November 28.

"Grootte Schuur is at sixes and sevens. We are really suffering. "Things which Dr Kane-Berman normally handled are grinding to a halt without her input and knowledge.

International ridicule

"This kind of action exposes us to the most enormous international ridicule. Someone got offended and, regardless of its effect on the medical machine, Dr Kane-Berman was axed.

"This shows that ideology is far more important to the government than its medical services."

Professor Dall also criticised the Administrator for giving the impression that the matter was being weighed up when, in his words, the decision was "final from the outset".

"Why not tell us straight out instead of wasting our time? We could have already begun legal proceedings."

The Medical Association of South Africa (Masa) said yesterday it would throw its full weight behind a court application to have

Dr Kane-Berman reinstated.

Dr Barnard said the government should re-instate Dr Kane-Berman immediately and sack Mr Louw and his MEC for hospital and health services, Mr André van Wyk.

He called on the medical profession to rally and not allow politics to dominate the hospital services.

Dr Barnard slammed the Administrator for saying Dr Kane-Berman had brought politics into the hospital services.

"The Government has politicised the health service and administers National Party policy daily, as can be seen in its segregated hospitals.

"The very reason he gives for her transfer is a political one. He didn't judge her on her medical abilities, which he admits are excellent, but on a political statement."

Dr Barnard said the government's medical administration had always accepted that politics were more important than medical standards and there were ample examples of how this was acting to the detriment of medical services and hospitals.

He would not let the matter rest and would be writing to Minister of Constitutional Development and Planning Mr Chris Heunis, under whose control the Provincial Administration falls.

The Public Servants League said today it was dismayed and outraged at Dr Kane-Berman's removal, describing it as "inexplicable considering the feeble reasons given so far".

The league said Dr Kane-Berman had promoted and broadened healthy labour relations at the hospital, continuing the work of her predecessor, Dr H Reeve Sanders.

Stoppages

"Since her appointment Dr Kane-Berman has been untiring in her efforts to establish forms of communication between the hospital management and all sections of staff.

"Her appreciation for the diversity of convictions of different sections of the staff allowed her to stay informed and abreast of the feelings of her staff at all times," said the league.

Hospitals throughout South Africa had experienced work stoppages during recent months, a situation of which the civil service had only limited practical knowledge.

But Dr Kane-Berman had proved a most skilful negotiator with a deft perception of the factors which contributed to the recent labour unrest.

"The league can only pray that the authorities sense the folly of their actions."

● See page 19

Louw squashes hope for Kane-Berman's return

Staff Reporter *AKUS 9/12/88*

THE Cape Administrator, Mr Gene Louw, has squashed hopes that the axed Groote Schuur Hospital head Dr Jocelyn Kane-Berman would be reinstated, saying that her transfer was "final from the outset".

He said her suggestions of a government selected on merit (which included Nelson Mandela as Prime Minister, Dr Mamphela Ramphele as Minister of Health and Anna Starcke as Minister of Finance) were "closely linked to radical politics" and had caused "incalculable damage" to the Provincial Hospital Services.

Mr Louw last night released a three-page statement in which he said officials had decided Dr Kane-Berman's transfer was in the "best interest of the Provincial Administration".

Dr Kane-Berman said last night she had been informed personally by the Administrator of the decision, but had no comment to make at this stage.

"DISMAYED"

Dr Stuart Saunders, University of Cape Town vice-chancellor and a former head of the university's Department of Medicine said last night he was "dismayed" by the Administrator's decision.

"I believe a serious injustice has been done. The only proper and right thing to do is to re-instate Dr Kane-Berman," Dr Saunders said.

Mr Louw said that Dr Kane-Berman's "much-vaunted statement in the Weekend Argus" immediately evoked criticism and protest from the public and physicians alike, in that it had placed the largest training hospital in the Cape, (and thereby the provincial hospital and health services) "firmly in the political arena".

"As a result, the provincial hospital services unfortunately suffered incalculable damage.

"It also became clear from the outcry that numerous objectors did not find the remarks light-hearted.

"The matter is even more delicate because of the ethical requirements that a medical service must never be associated with politics, race, colour or religion, especially when human

lives are at stake," the Administrator said.

Dr Kane-Berman had immediately been interviewed by Mr A J van Wyk, MEC charged with hospital and health services, Mr B A van der Vyver, Provincial Secretary, and Dr G S Watermeyer, executive director of health and hospital services, after she had had an initial discussion with Dr Watermeyer.

All three had agreed it was in the best interests of the Provincial Administration that Dr Kane-Berman be transferred with the retention of all benefits, he said.

Mr Louw, who described Dr Kane-Berman as an "extremely competent hospital administrator and manager", said the action against her was "the lightest of several options, apart from a warning".

He said she had been transferred to the "extremely responsible" post of Regional Medical Superintendent for the Western Cape, with 33 hospitals under her care.

LINKED

Spelling out the Administration's policy on transfers, the Administrator noted Dr Kane Berman's statements were "closely linked to radical politics".

"In the present political climate it is top priority for all provincial officials, in the execution of their responsibilities, to desist at all costs from personal political involvement or statements which may harm the Provincial government service.

"This is an extremely sensitive and emotional matter which crops up frequently and hurts feelings unnecessarily. The Cape Province, which is known for its good mutual relations, simply cannot afford it."

In the past two years the administration had been saddled with a large number of additional powers which closely affected the future of whites, coloureds, blacks and Asians, with their different political outlooks, and insisted that respect should be shown to fellow citizens at all times.

"In many cases grave remonstrations, transfers and dismissals have had to be considered and resorted to," Mr Louw said.

Groote

Schuur

chief's

move

'a light

option

Staff Reporter

THE ousting of Dr Jocelyn Kane-Berman as chief medical superintendent of Groote Schuur Hospital was — apart from a warning — the “lightest of several options”, Cape Administrator Mr Gene Louw said last night.

Dr Kane-Berman was transferred last month to the post of regional medical superintendent for the Western Cape after making light-hearted comments about a possible future cabinet to a weekend paper.

Mr Louw said in a statement that Dr Kane-Berman’s “much-vaunted statement to the press” had “immediately evoked criticism and protest from the public and physicians alike”.

This was so “particularly on account of the fact that the chief medical superintendent of the largest training hospital in the Cape, and through it also the Hospital and Health Services branch of the Cape Province, were thereby placed firmly in the political arena”.

As a result, the Provincial Hospital Service “unfortunately suffered incalculable damage” and “it also became clear from the outcry that numerous objectors did not find that the remarks had been light-hearted”.

The matter was “even more delicate” because of the ethical requirement that a medical service must never be associated with politics, race, colour or religion, especially when human lives are at stake.

It was “immediately examined by Mr A J van Wyk, MEC charged with Hospital and Health Services, Mr B A van der Vyver, provincial secretary, and Dr G S Watermeyer, executive director of Hospital and

From page 1

Health Services, who interviewed her jointly, and after she had had a discussion with Dr Watermeyer”.

“All actions were taken strictly according to directions,” said Mr Louw, “and all three gentlemen agreed that it was in the interest of the Provincial Administration that Dr Kane-Berman be transferred, with the retention of all benefits, to the important post of regional medical superintendent for the Western Cape, under which 33 hospitals fall”.

Mr Louw said that in terms of the Public Service Act, 1984, the head of a state department — in this case the provincial secretary — was responsible for the effective utilisation of staff and the maintenance of discipline.

“In the execution of this responsibility, it happens frequently that staff are transferred between posts, either at their own request, or in the interests of the Administration. Dr Kane-Berman’s transfer

was dealt with accordingly.

“Apart from an interview which I personally granted Dr Kane-Berman, I have recently had several discussions about the matter with persons within and outside the Provincial Administration and among other things determined beyond all doubt that, apart from a warning, the action taken against Dr Kane-Berman, is the lightest of several options and that she has been transferred to an extremely responsible post.”

Mr Louw said the decision “was final from the outset, and I trust that Dr Kane-Berman... will be given the opportunity to continue her good work in a new office in the new year”.

Patients have a right to complain

Medical men are 93 hauled to account

Few patients are willing to question the authority of the medical professional simply because the myth still exists that he is all-knowing and no layman has the right to object to his actions or decisions.

However, doctors are human, too, and as such are prone to error, negligence, dishonesty and corruption.

According to Mr Nico Prinsloo, registrar of the SAMDC, between 70 and 80 disciplinary inquiries into medical professionals were held last year.

This is about 10 per cent of the number of complaints received from dissatisfied patients. Complaints range from overcharging to incompetence.

However, had more patients known of the existence of the SAMDC, many more complaints

The South African Medical and Dental Council's role as "patient protector" has seen the prosecution of hundreds of medical professionals. TONI YOUNGHUSBAND, The Star's Medical Reporter, looks at the SAMDC's disciplinary process.

may have been received.

Recent reports in The Star of a disciplinary hearing into the conduct of a Johannesburg surgeon led to a spate of calls from irate patients who had been treated by him.

None was aware of the existence of the SAMDC's disciplinary process and assured The Star that had they been they would most certainly have laid charges.

The SAMDC does not confine its attention to doctors. It will also investigate charges against ophthalmetrists, dentists, psychologists, physiotherapists and others.

Nurses and pharma-

cists have their own disciplinary councils.

To lay a "charge" against a doctor, the patient must submit to the SAMDC in writing full details of the incident.

The SAMDC will ask the doctor to reply and a preliminary committee of inquiry will then investigate.

On the evidence available, the committee may reject the accusation entirely; may agree that the doctor was at fault, but that the complaint is not worthy of disciplinary action; or it may recommend that a full inquiry be launched.

Full disciplinary inquiries are similar to

magistrate's court cases, although the doctor does not have to attend. Most do, however, to defend themselves.

For the doctor, the outcome could mean the end to his career. If the disciplinary committee finds him guilty of serious charges, he can be struck off the register and can no longer practise as a doctor.

The inquiries are open to the public and are widely reported in the press.

This often has an extremely detrimental effect on a doctor's practice even if he is later to be found not guilty.

"But," says Mr Prinsloo, "the public must see that these hearings are conducted fairly."

"Besides, the percentage of doctors that are acquitted once the inquiry reaches this stage is very low."

BERMAN SACRIFICED — CLAIM DOCTORS

by VERNON BRENT
Weekend Argus Reporter

DR Jocelyn Kane-Berman was "sacrificed on the altar of sectarian politics" because her comments had "irritated sensitive political egos", the Medical Association of South Africa said in a statement today.

There were suspicions that the edict to transfer the Groote Schuur superintendent came from "high up" and the administration's attempts to allay these suspicions were unconvincing, said Dr John Steer, chairman of Masa's Western Cape branch.

He was reacting to the decision of Mr Gene Louw, Cape Administrator, not to re-instate Dr Kane-Berman.

Mr Louw's refusal has incensed the medical fraternity, with the University of Cape Town Medical School threaten-

ing to take the Provincial Administration to court.

And the PFP's health spokesman, Dr Marius Barnard, brother of one of Groote Schuur's most famous surgeons, Dr Chris Barnard, demanded that the Administrator and his MEC for health and hospital services, Mr André van Wyk, be sacked.

Hypothetical

At the root of the controversy are Dr Kane-Berman's comments in Weekend Argus in which she picked a hypothetical Cabinet.

Her choices included Nelson Mandela as Prime Minister, Dr Mamphela Ramphele as Minister of Health and Anna Starcke as Minister of Finance.

According to the Administrator, these suggestions were "closely linked to radical poli-

tics" and had caused "incalculable damage" to the Provincial Hospital Services.

But in fierce reaction yesterday the medical fraternity accused the Provincial Administration of putting National Party ideology first, to the detriment of the country's health services.

The credentials of MEC Mr van Wyk, one of the key men in the decision to axe Dr Kane-Berman, were also called into question.

Horse-racing

Mr van Wyk, who joined the National Party at 17 and was a full-time party organiser before being elected MPC, was known in the Provincial Council as the spokesman on horse-racing.

"If Mr Louw tells us officials should not take part in politics,

then surely we are entitled to look at the credentials of the MEC in charge of hospital services," Dr Steer said.

"Tell us of the expertise which qualifies Mr van Wyk to influence the career of a doctor with a master's degree in hospital administration and whose track record in health-care, is unblemished," said Dr Steer.

He was deeply disappointed in Mr Louw's "attempt" to justify Dr Kane-Berman's transfer.

"In his defence I feel he has not had the room to manoeuvre and use his well-known attributes of compassion and humanity.

"Had he supported Dr Kane-Berman it would have been a gesture of no confidence in his senior officials. And, as we know, it is rare for the public service to indulge in self-criticism."

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Medics pledge cash if Kane-Berman fights

By PETER DENNEHY

DOCTORS and heads of departments at UCT Medical School have pledged money towards possible legal action by Dr Jocelyn Kane-Berman — and Groote Schuur Hospital doctors are expected to follow this lead.

Dr Kane-Berman, superintendent of Groote Schuur until she was transferred for suggesting Mr Nelson Mandela could be the next prime minister, would not comment yesterday on whether she would go to court to fight against her transfer.

Professor George Dall, the dean of

medicine at UCT Medical School, said he and his advisory committee had decided that letters should be sent to doctors in a fund-raising effort for possible legal action.

"These are pledges from individuals," he stressed. "We sent out letters to those in the medical faculty in the first instance, but we anticipate that the hospital will want to join us."

The decision to send the letters was taken after Mr Gene Louw's statement. "An immediate response has been forthcoming," he said. "These are confidential, as are the amounts, but I did ask in the letter whether we could eventually

publish the names of those who contributed. This will be done."

Asked whether Dr Kane-Berman had indicated whether she may take legal action, he said the question should rather be put to her.

"We are trying to support her," he said. "We do not feel that she should have to bear the cost as an individual."

Mr Louw would not comment yesterday on whether a court action would be considered.

The Medical Association of South Africa (MASA) has also indicated that Dr Kane-Berman would be given "all possi-

ble assistance" if she took the CPA to court.

MASA chairman Dr John Steer said he believed legal action was the "next step", but this would have to be initiated by Dr Kane-Berman.

"It must be her decision — but she has our full support," he said.

Dr Kane-Berman had recourse through industrial law to go to court if she felt she had been "maligned or improperly treated".

"This would be covered by her professional insurance," he added.

Dr Steer also said that Dr Kane-Berman's transfer was, in his opinion, a de-

motion.

"To be chief superintendent of the best hospital in the country — and probably in Africa — is one of the highest accolades one can receive," he said.

Mr Arthur Farred, head of the Public Servants' League's hospital committee, said the reasons given for Dr Kane-Berman's transfer were "feeble" and "not good enough".

He paid tribute to her for her sympathetic attitude to the problems of the lower-paid workers when she took part in wage negotiations.

"We are losing somebody very good and very capable," he said.



Ex-councillors demand return to elected body

By KAREN STANDER and VERNON BRENT
Staff Reporters

FORMER provincial councillors today slammed the "non-accountability" of the provincial executive following the axing of Groote Schuur Hospital chief Dr Jocelyn Kane-Berman.

They demanded the re-introduction of an elected provincial legislature who would be subject to public scrutiny and unable to take decisions "behind closed doors".

Mr Herbie Hersch, leader of the opposition in the last provincial council, said: "Under the old system, through debates and asking questions, one could unearth any can of worms, or simply bring issues to the public's attention through the media."

"Now there is no longer any accountability. The result is that autocrats and bureaucrats can do almost as they like."

Common roll

He called for the re-introduction of a non-racial provincial council elected on a common voters' roll.

Mr Jan van Eck, MP for Claremont, said an elected body was needed "to put an end to dictatorial actions by little men hiding in Wale Street".

The man responsible for Dr Kane-Berman's dismissal, MEC Mr André van Wyk's decision would "never have survived" had he been subject to open public debate.

Mr van Eck said that since the old system was abolished in 1986, the Administrator, Mr Gene Louw, had merely appointed MECs.

Before, they had had to be elected from the ranks of practising MPCs.

"Now the Provincial Administration falls under the Ministry of Constitutional Development and Planning."

Sits for week

"The parliamentary standing committee that deals with provincial administration sits for about a week, whereas before the Provincial Council would sit for six weeks."

"Obviously this is highly unsatisfactory and there is no way this could be seen as accountability."

Mr Jan van Gend, MP for Groote Schuur and Dr John Sonnenberg, both former MPCs, supported the calls.

Mr van Gend criticised the way the province was administered, "by men appointed by government".

"The Kane-Berman issue is a clear example of how things can go wrong", he said.

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Cut back on doctors, says medical aid chief

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The Argus Correspondent

PRETORIA. — An increase of between 17 and 25 percent in medical scheme subscriptions is regrettable but necessary, according to Mr Rob Speedie, executive director of the Representative Association of Medical Schemes.

Medical costs had risen and the cost of medicine was expected to continue rising, partly due to the weakened rand, he said.

Patients could help by cut-

ting back on consulting doctors for minor ailments and making more use of pharmacists.

Medication on the advice of a pharmacist would reduce the number of consultations and expensive prescriptions.

Mr Speedie said the average prescription had increased from two to three items. The use of generic equivalents would result in substantial savings.

Patients and doctors needed to be made more aware of costs.

Academics urge Louw to reinstate Kane-Berman

This is the full statement by the head of the faculty of medicine at the University of Cape Town, Professor George Dall, and senior academics in their appeal to the Administrator to reinstate Dr Jocelyn Kane-Berman as chief medical superintendent of Grootte Schuur Hospital.

"The Administrator of the Cape has announced that the transfer of Dr J Kane-Berman from her post of chief medical superintendent of the Grootte Schuur Hospital is 'final'.

"As senior members of the faculty of medicine we cannot accept this. At the outset we wish to make clear our total support for Dr Kane-Berman, our strongest objection to the way in which this matter has been handled and our view that Dr Kane-Berman must be reinstated, both because justice requires this and because it is in the interests of the hospitals service — in other words, of the patients for whom the hospitals service exists.

"We respect the Administrator, Mr Gene Louw, for what he has accomplished in the service of the Cape. However, we cannot leave his statement, published in the Burger and the Cape Times of December 9, unanswered.

"At an interview on November 30 between the Administrator and ourselves, the MEC, Mr A J van Wyk, stated that after seeking advice from the commission for administration and consulting with his senior colleagues and officials, he personally made the decision to move Dr Kane-Berman. He emphasised that it was his right to do so. We appeal to the Administrator, to whom the MEC is answerable, to reverse Mr van Wyk's decision.

"The Administrator knows and understands the long-standing excellent relationship which has existed between the hospitals services department of the province and the university. He knows how valuable this is and he knows how much it is the envy of other provinces. We suspect that the MEC may have underestimated its importance.

"The Administrator's statement claims that 'the much-vaunted statement to the Press immediately evoked



Professor George Dall

criticism and protest from the public and physicians alike'.

"Who are these members of the public and who are the physicians? Weeks passed before any criticism was evident. Have these critics considered the context? The 'statement' was published in The Argus, together with many others, as part of a feature in which a range of well-known women were asked to speculate about women in government office. It was lighthearted. Of

course, a civil servant has to be careful and Dr Kane-Berman was probably indiscreet in venturing a whimsical comment to a reporter.

"The 'punishment', however, is absurd and out of all proportion to the 'crime'.

"The Administrator refers to 'the ethical requirement that a medical service must never be associated with politics, race, colour or religion, especially when human lives are at stake'.

"We fully subscribe to this. We believe that the whole hospital staff does so too. But it is venturing on very dangerous ground indeed to imply that a person of Dr Kane-Berman's ethical integrity has transgressed this ethical requirement; we cannot believe that Mr Louw thinks that her Argus interview is evidence for this.

"It has been implied that Dr Kane-Berman was attempting to politicise Grootte Schuur Hospital. This was very clearly not so. From our personal knowledge we can state categorically that she has worked tirelessly to depoliticise any event or matter that has arisen in the past.

"The Administrator's statement claims that as a result of Dr Kane-Berman's Press 'statement' the provincial hospitals service has 'suffered incalculable harm'. This is nonsense. It is the reaction of the responsible provincial office-bearer or official that is likely to damage the hospitals, the practice of medicine in this country and, ultimately, we fear, the patients.

"We make this statement after much soul-searching, but we believe the only way to resolve the question (and to take politics out of the hospitals service) is for the Administrator to reinstate Dr Kane-Berman without delay.

"We appeal to him to do so."

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Academics urge Louw to reinstate Kane-Berman

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"We appeal to him to do so."

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[Handwritten signature]



Dr Kane-Berman

Axed Groot Schoor medic speaks

ARGUS
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Staff Reporter

DR Jocelyn Kane-Berman today broke her silence on the controversy surrounding her removal as chief medical superintendent of Groot Schoor Hospital.

Dr Kane-Berman said she was "saddened" by the Administrator's statement that her transfer was final and had been final from the outset.

"I had hoped that his personal intervention (and I take this opportunity of thanking him for his courtesy), would lead to my reinstatement and enable me to continue to make my contribution to an institution which has become part of me," she said.

MERITS

Dr Kane-Berman was transferred after she was quoted in a lighthearted article in Weekend Argus on a hypothetical future Cabinet including Nelson Mandela.

Dr Kane-Berman said she did not wish to comment on the merits of the decision or the numerous Press reports.

"I had hoped to the last that the incident which gave rise to the decision would be seen in what I believe to be its true perspective," she said.

Her concern was for the patients and staff of the hospital which she had served as a

(Turn to page 6 col 6)

Dr Kane-Berman speaks

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(Continued from page 1)

medical superintendent for 18 years.

She wished to make it clear "to the public that the staff of Groote Schuur Hospital, and I include myself, do not permit considerations of religion, nationality, race, party politics or social standing to intervene between their duty and their patients — in accordance with the Declaration of Geneva".

Dr Kane-Berman said that in

a time "of unrelenting stress and pressure, with ever-increasing numbers of patients and limited finance, the hospital can ill afford any disruption in administration.

"I am nevertheless confident that those who are now responsible for the management of the Groote Schuur Hospital region, under the interim leadership of Dr Gilbert Lawrence, will cope efficiently and well with the unexpected and additional burden which has been thrust upon them.

She expressed her "deep-felt gratitude" to the great many people and organisations who had supported and encouraged her in "a most difficult time for me. It has been a heartwarming experience".

"Whatever the future holds for me, I take this opportunity of paying homage to the staff of Groote Schuur and of paying tribute to their dedication and humanity."

Ⓢ See page 15.

Wanted: REAL reasons for Kane-Berman axing

By JAN VAN GEND, Progressive Federal Party MP for Groote Schuur

WHAT were the real reasons for the axing of Dr Jocelyn Kane-Berman?

By all accounts she was an extremely competent hospital administrator, fulfilling a vital role during an important phase of the development of the Groote Schuur Hospital.

Dr John Steer, chairman of the Cape Western branch of the Medical Association of South Africa (Masa), says that she filled her position "with enormous success at every level", building "an enviable reputation matched by few for efficiency, diplomacy and empathy".

Dr Bernard Mandell, chairman of Masa's federal council, describes her as "a leader in her field and a fine administrator".

And Dr George Watermeyer, the chief executive in charge of hospitals, who it is claimed took part in the decision to demote her, says she was "a good prospect for promotion" and as the most senior medical supervisor in the Cape was considered the best person to head the Western Cape region.

The Administrator of the Cape, Mr Gene Louw, describes her as "an extremely competent hospital administrator and manager" and hopes that she will continue her "good work".

Most telling of all is that none of the men who took part in her axing has been able to point to a single area of incompetence or any shortcoming on her part which would justify or support their decision to remove her from her post at Groote Schuur.

Why then was such an extremely competent, respected

and well-liked chief superintendent transferred midway through the planning and development of the new Groote Schuur Hospital?

The only reason offered by Mr André van Wyk, the MEC in charge of hospital services, is Dr Kane-Berman's five-line comment in a light-hearted feature article which appeared in the Weekend Argus.

In this article various women were asked to express their views on a hypothetical government to be run by women. Dr Kane-Berman was chosen as one of those interviewed precisely because of her prominence and leadership role.

The article is headed: "What if South Africa were run by women".

At the risk of being slammed by some of my feminist friends, the heading, itself, shows that most of the comments were in this vein, although some serious political views were expressed.

Dr Kane-Berman stated that she "was not in favour of women only", preferred merit and suggested a number of men and women for certain government departments, including Nelson Mandela as a possible Prime Minister (no reflection on any incumbent as this post does not exist).

Does Mr van Wyk, the man in charge of hospital services, expect us to believe that this tongue-in-cheek exercise is reason, let alone a good reason, for disrupting the administration of Groote Schuur Hospital and ruining the career of a most competent medical superintendent who has devoted 28 years of her life to the health services of our province?

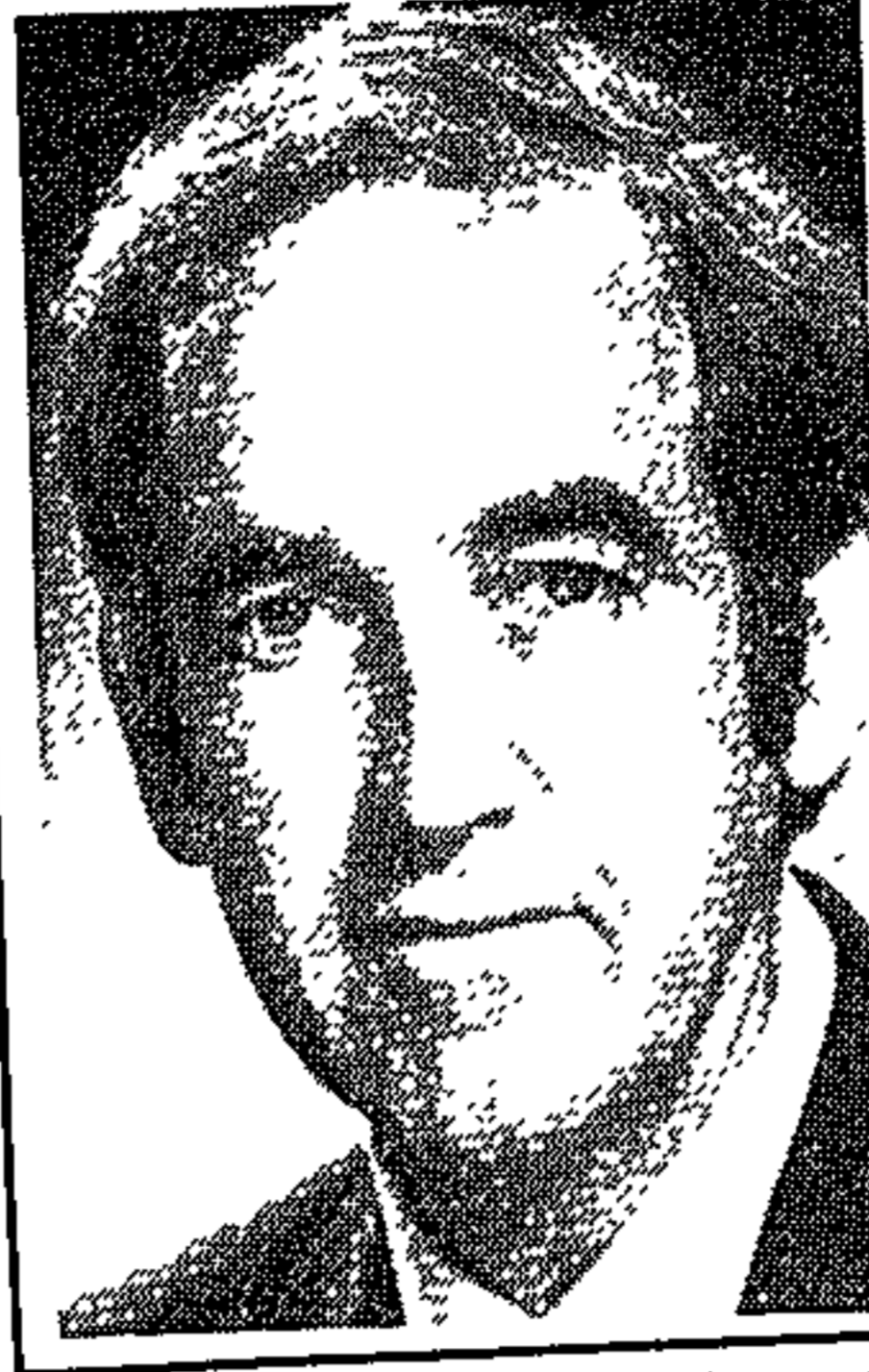
Mr Louw suggests that apart from a warning, the action taken in transferring her was the lightest form of "punishment" which could be meted out.

In spite of our political differences, I have always admired Mr Louw as a good Administrator. I must, however, question his sincerity in suggesting that Dr Kane-Berman's demotion, from the prestige position of chief superintendent of our country's most famous hospital to the lower status of senior superintendent, can possibly be construed as light punishment.

What is she really being punished for? It has been said that as a public servant her comments were indiscreet. I would suggest that her only indiscretion was to forget that under National Party rule the free expression of political views, however light-hearted, could upset the digestion of one or more of our little tin gods.

I hasten to add that I do not include Mr Louw in this category and am therefore all the more surprised at his endorsement of her axing.

In attempting to justify the actions of Mr van Wyk, Mr Louw has stated that Dr Kane-Berman's comments raised immediate criticism and objection from the public and medical practitioners. Furthermore, he states that her com-



ments dumped the department of hospitals and health services into the political arena. This is clearly not the case.

Her comments appeared in the Weekend Argus of October 22. There was no public reaction and we were blissfully unaware of any political upheaval until five weeks later when, on November 29, it was reported in The Argus that she had been ousted.

Her axing raised the political storm and was the focus of criticism; certainly not her comments. It is also clear that the medical profession and the public have stood by her and are outraged. They see her comments for what they are — light-hearted and totally unrelated to her competence or her job.

It may be that some medical practitioners expressed criticisms privately to Mr Louw, but the vast majority of medical practitioners, the entire staff of Groote Schuur Hospital and Masa stand solidly behind Dr Kane-Berman.

It is interesting to note that Dr Watermeyer initially thought Dr Kane-Berman's comments merited no more than a reprimand. This was after she had explained that her comments were intended to be light-hearted.

It is also interesting to note that neither the Administrator nor the Executive Committee was consulted before Mr van Wyk took the decision about a month after the comments were published.

While it appears that Dr Watermeyer, and the Provincial Secretary, Mr van der Vyver, were involved, the actual decision would have been taken by the political head of hospital services, the MEC, André van Wyk.

He initially stated that Dr Kane-Berman's comments were a "contributing factor" to her removal. Subsequently, when I spoke to him, he said that her comments were "the final straw".

He immediately corrected this by saying that her comments "triggered off" the decision to transfer her. The choice of these phrases suggests that there must have been other reasons.

One, suggested by Mr van Wyk, was that he would have difficulty in approaching the Minister of Finance, Mr Bar-end du Plessis, for funds for the development of Groote Schuur while she was the medical superintendent. After all, she had suggested that Anna Starke could perhaps fill the Minister's shoes in some hypothetical future government.

I am sure that the Minister of Finance would laugh at Mr van Wyk's suggestion that he is either so sensitive about his personal popularity, or so misguided in financial decision making, as to be influenced by Dr Kane-Berman's remarks. I would further find it surprising if Mr du Plessis would insist on Dr Kane-Berman's axing before being prepared to allocate such funds.

In spite of the Administrator's statement that Dr Kane-Berman's dismissal was

strictly in accordance with prescribed procedure, I find it unacceptable that a person of her seniority and importance to our hospital services was not given a hearing.

Both the Administrator and Mr van Wyk have stated that the decision was final from the outset. Her explanation as to the light-heartedness of her comment was dismissed as unacceptable and she was then summoned to appear before Mr van Wyk, who informed her of his decision.

She was not given a chance to consider her position, take advice or make representations. This was not an administrative decision — everything points to political motivation.

However undesirable, political appointments and jobs for pals in the public service are universal phenomena. The firing or demoting of top administrators of the calibre of Dr Kane-Berman for political reasons is, however, a rarity.

While she is clearly not a supporter of the National Party, she has, with the exception of this one incident, never publicly expressed political views. From personal experience I know that she has steered clear of party political involvement.

The vast majority of doctors involved in health services would agree with Mr Louw that "hospital services should never be affected by politics, race, colour or religion" and would, for this reason, welcome and encourage the disappearance of all racial discrimination in the administration of Groote Schuur. Desegregation at Groote Schuur was, however, well on its way long before she became superintendent.

Dr Kane-Berman is known to have a particularly sympathetic and progressive approach to labour relations and the needs of her employees at all levels. She has an admirable record in dealing with the grievances of her employees and, largely due to her, Groote Schuur has experienced fewer strikes and work stoppages than many other similar institutions.

Her progressive attitude towards non-racialism and good labour relations could conceivably annoy a man like Mr van Wyk, who tends to conservative rather than progressive thinking.

As the MP for Groote Schuur, I have taken trouble to establish the true reasons for Dr Kane-Berman's removal from office. I have discussed this matter in detail with her.

I went to see Mr van Wyk and Dr Watermeyer and questioned them on every aspect.

Her comments in the Weekend Argus article remain the only official reason. This I cannot accept.

If Mr van Wyk had really wanted to retain Dr Kane-Berman, her five-line comment in Weekend Argus could have been played down or ignored. It is clear that her role as a hospital administrator, her competence and her devotion to duty are above criticism.

I can therefore only conclude that he has other reasons, unrelated to her ability or competence, which he is not prepared to disclose. Reasons which will not stand up to public scrutiny. Or can it be that he simply blundered into this decision and lacks the statesmanship to admit that he was wrong?

I appeal to Mr van Wyk, as I did during my visit to him, to reinstate Dr Kane-Berman. His stature and the administration of hospital services would only benefit by his wisdom.

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Political anodyne

The Jocelyn Kane-Berman affair is a further unhappy chapter in the saga of government by ideology rather than efficiency: the political sensitivities of the ruling class are offended, so SA's leading hospital must lose its — by all accounts most valuable — medical superintendent.

The episode has its roots in a flippant article in a weekend paper some weeks ago. Wondering what SA would look like if it were run by women, it consisted entirely of suggestions by 12 women of varying prominence. In addition to Kane-Berman, then chief medical superintendent of Groote Schuur Hospital (who happens to be a cousin of John Kane-Berman, director of the Institute of Race Relations), some of those to comment were Helen Suzman, Rozanne Botha, Prof Harriet Ngubane and CP leader Andries Treurnicht's wife, Engela.

Kane-Berman's sin (having noted that she was more interested in merit than gender) was to suggest that she would "perhaps" like to see a country in which Nelson Mandela was prime minister; Dr Mamphela Ramphele minister of health; Anna Starcke (a former FM staffer) minister of finance; Frederik Van Zyl Slabbert minister of defence; and Helen Suzman minister of justice.

For a senior public official, such statements were obviously ill-advised. But the context must be taken into account. It was an essentially whimsical piece, and that is how most respondents chose to reply. The article starts, for example, with Suzman's comment: "It couldn't be worse than a SA run by men!" Dene Smuts's comment was: "Which women?"

Despite this mitigating factor, the provincial authorities decided to act and transferred Kane-Berman to the post of western Cape regional superintendent. There has been a great deal of duplicity about this transfer. On one hand, the MEC in charge of

hospitals, André van Wyk, admits that Kane-Berman has been "punished." On the other, Dr George Watermeyer, provincial chief executive in charge of hospitals, claims the new post is not a demotion since her grading and salary are unaffected. It can't be both: the outrage in the medical fraternity strongly suggests that it is the former.

Cant was also the order of the day when Cape Administrator Gene Louw, declaring the matter closed, said her comments had done "incalculable" damage to the provincial hospital service. John Steer, chairman of the western Cape branch of the Medical Association of SA, dismisses this as "nonsense." Consensus in the medical fraternity appears to be that "incalculable" damage is, rather, being done by the authorities' ham-fisted handling of the matter.

Louw obscured matters further by seeking legal justification for the action, noting that the Public Service Act makes the provincial secretary responsible for efficient use of staff and maintenance of discipline. Kane-Berman was transferred in accordance with these responsibilities — which, of course, avoids the central issue.

It is understood that the UCT Medical School is taking advice with a view to contesting the legality of the action. Steer notes that his organisation and others are willing to contribute to legal costs if counsel's opinion suggests Kane-Berman has a case. ■

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BLACK people should establish permanent alternative structures to prevent the collapse of the infrastructure in the event of the mass exodus of trained personnel at liberation.

This call was made by Dr Abu-Baker Asvat, co-ordinator of Health 2000, at an alternative graduation ceremony of Wits University medical students held at the Ghandi Hall in Lenasia recently.

The ceremony had been arranged by the Black Students Committee and was held simultaneously with the official one that took place at the Wits campus the same evening (December 8).

A spokesman for the committee said the idea behind the ceremony was to protest the establishment of separate learning institutions, as well as apartheid that is practised in medicine.

History

"About 500 people attended the ceremony which was the first such event in the history of Wits — and probably at other universities in the country. The occasion was a simple occasion, far different from the pomp and splendor that normally accompany such functions," he said.

During the graduation ceremony, certificates which bore the signature of Dr Asvat and Mrs Albertina Sisulu, co-president of the United Democratic Front were handed out to the graduands. At the end of the function the national anthem, Nkosi Sikelel' iAfrika was sung and light refreshments were served.

Those who graduated are: M R Amin, B M Bloy, B Fick, L P Green Thompson, V H Harku, S Harneker, A W Manning, R P C Natha, B Omar, T Omar, H I Patel, S N Patel, V M Sooboo, F H Tagari, M F Urban and M J Victor.

Decision on medical aid fees condemned

By a Cape Town general practitioner

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IT is with extreme dismay that one reads in these times of high inflation that the Representative Association of Medical Schemes, in conjunction with the Medical Association of South Africa, has agreed to pay only 70 per cent of the consultation fees to the doctor, leaving the member responsible for the remaining 30.

The claim by the medical aids that this would benefit employers and employees financially by reducing contribution costs is a load of drivel.

This move, besides hitting people of the lower socio-economic areas hardest, would drastically affect members in the affluent areas who are fast losing their affluent identity because of this country's unbridled and apparently unstoppable rate of inflation.

Thirty per cent in terms of rands and cents for GP consultations could add up to quite a phenomenal sum for a family of four, depending on which side of the social scale they belong.

For members of the lower socio-economic group whose doctors accept the contracted in rates, this would work out at R18 while for the affluent patients whose doctors are contracted out this could add up to R78.

Either way both groups are going to be hard hit.

In a medical practice, disincentives never work when they entail collecting money from patients because:

● Doctors make bad debt collectors, and

● Doctors are compelled to see patients in need of their services irrespective of whether patients can afford their services or not.

The spiralling rise in health care can easily be attributed to the fact that this country with its "medical aid" population of four million (one million blacks and three million whites) has 240 medical aids — which is far too many.

America, with a population of 220 million, has only four medical aid societies for the entire country. The simple deduction is that this country has about 210 medical aids too many.

Vast sums of patient contribution is being guzzled in salaries for the directors, administrators and employees of these excess medical aids, which are really poor duplications of the few well-run medical aid societies in this country.

Medical aids have come to the rescue of the ailing State health services, which failed to provide decent medical facilities for the underprivileged claiming that it (the State) was bankrupt.

The State offered tempting perks to the employers by allowing them a tax deduction on the 50 per cent they contributed for their employee to a medical aid scheme.

Employees were often forced to join these medical aids in terms of their contract even though they couldn't afford to do so. Medical aids went out of their way in vying for the custom of big employers.

It is not surprising therefore to find many of them in a state of imminent bankruptcy.

The medical aids should come out in

the open and make it quite clear that their membership is no longer for sale to all and sundry. People belonging to the lower socio-economic group should rightly be the responsibility of the State and not the private sector.

The employee should have a direct say as to whether he wishes to opt out of a medical aid or not, just as his medical aid assumes the "automatic" right to change the laws as it suits itself without consulting its members.

The sad thing about all this is the resigned manner in which the affluent accept whatever is dished out to them without any protest because they can afford it. What about the poor?

If the affluent used their clearly heard voices, there is little doubt that the medical aids would not have landed themselves in the financial mess that they have.

The medical association's support of such a scheme can only reinforce the doubt in the minds of many of its former and present disenchanted members — namely, their major concern falls within the constraints of those who can afford.

Wouldn't they like to speak for those who can't afford as well?

To them one can only say — turn a sick man away today and tomorrow he will return with the epidemic. How else can one explain the rising rate of TB and measles in the country?

The medical aids have failed to solve the health care needs of the underprivileged, so they should accept that fact, bow out gracefully and return the responsibility to the State.