HEALTH AND DISEASE - DOCTORS

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Pollsmoor doctors 'still cover up torture, abuse'

CT 2/8/96 (~~2152~~) (~~2153~~) (93)

ROGER FRIEDMAN

POLLSMOOR Prison doctors continue to cover up the torture and abuse of prisoners, a nurse said during a lively debate this week to discuss how South Africa's medical profession can best prevent the recurrence of complicity by doctors with state security structures.

"Still today, inside prison halls, there are gross violations of human rights," nurse Mr Andries Slinger told the gathering at the UCT Medical School. "Doctors are covering-up certain things and are issuing fraudulent death certificates."

Earlier, the audience heard that some doctors found to have been party to human rights violations in Chile, Argentina, Uruguay and Brazil were dismissed from the medical profession after truth commissions in those countries.

Evidence of complicity by doctors in South Africa has begun to emerge before our Truth and Reconciliation Commission.

Last year the Medical Association of South Africa (Masa), a voluntary body with 14 000 members, issued a collective apology for doctors' roles in supporting apartheid by commission or omission..

Whether a medical truth commission should be held was the subject of the debate.

Arguing in favour of such as commission was Dr Leslie London, lecturer in community health at UCT and chairman of the board of the Trauma Centre for Victims of Violence and Torture. Arguing against it was Mr Gavin Dampster, Masa's medical ethics manager. They were joined by Dr Mary Rayner of Amnesty International.

Raynersaid there was a need for the profession to probe its own truths for the sake of the future.

"Unless all the facts are revealed, new members of the medical profession will not know where the traps lie in the future."

Amnesty International's observations in South Africa pointed to the security forces receiving "ongoing support" from some doctors — whether they falsify medical records, give false evidence at inquests or fail to stand up for a prisoner's right to treatment.

Rayner said some of the reasons doctors failed to fulfil their responsibilities included their agreement with the ideology of the state, the presence of human rights violators in their social environment or their feeling threatened or intimidated.

She said people were still being tortured in South Africa.

Dampster said Masa had already committed itself to working with the TRC. He felt the association's code of conduct, peer revue system and medical ethics education alleviated the need for a costly medical truth commission.

"Our commitment is there to learn from the past," he said.

London likened the Masa apology to a "self-declared, blanket amnesty for the profession" — even though there was "ample evidence" that the torture of detainees was continuing.

Professor Frances Ames said the medical profession was ailing as doctors were "ill-educated"... herded away from the humanities to the technicalities" during training.

Dr Wendy Orr, a TRC commissioner and a member of Masa's ethics committee, said yesterday it seemed an "opportune time" for several professions to investigate themselves, including the medical profession. An analysis of the medical profession's role in support of apartheid would be very helpful to the TRC, as it was trying to paint as full a picture of the past as possible.

Call for a doctors' truth commission

(93) MtG 2-8/8/96

Doctors, heal your profession, is the call as pressure mounts on the medical profession to hold its own truth commission. Rehana Rossouw reports

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Commission investigators, after listening to evidence like this at countless hearings on gross human rights violations, are hard at work uncovering proof of the torture and the names of the police involved. But they will not necessarily attempt to discover why the unnamed doctor did not insist Rani be taken to hospital for treatment, or that his torture be stopped immediately.

There are doctors who are concerned by the mounting evidence that their colleagues were involved in human rights abuses either by omission or commission. They are clamouring for a medical TRC to uncover the past and prevent such violations in the future.

Some of the abuse is already well documented and infamous around the world. The conduct of the two district surgeons who attended to dying activist Steve Biko, led to the Medical Association of South Africa's (Masa) resignation from the World Medical Association.

The Biko affair focused the international spotlight on South Africa's doctors and their ethical stance in an apartheid system. It highlighted the failures of the Medical Association of South Africa and the South African Medical and Dental Council (SAMDC) to censure — or protect — doctors when their ethics were questioned.

One of the Biko doctors, Dr Benjamin Tucker, was a Masa member. When the association refused to cancel his membership or disassociate itself from the SAMDC's findings, several prominent members resigned and formed the National Medical and Dental Association (Namda).

One Masa member did attempt to highlight the dilemmas which the medical profession faced in South Africa. The late Dr Jonathan Gluckman, a Masa office-bearer who worked closely with families of detainees, spoke out about the problems of segregated health care.

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Gluckman went up against former minister of law and order Hernus Kriel, whom he accused of conducting a fraudulent investigation into the treatment of detainees. Kriel responded by accusing Gluckman of "self-glorification".

However, the previous minister of health, Dr Rina Venter, exonerated Gluckman. In an attempt to desegregate hospitals, Venter discovered there were no laws on the statute books which forced them to care for white patients separately from blacks.

It appeared that the medical profession itself had instituted these rules — not only in state hospitals, but in countless private practitioners' surgeries which had separate waiting rooms for white and black patients.

In 1995, Masa finally apologised for its silence on race-based policies affecting the medical profession. Without listing the issues for which it was apologising, the association admitted "persons within and outside the medical profession might, in the past, have been hurt or offended by acts of omission or commission on Masa's part".

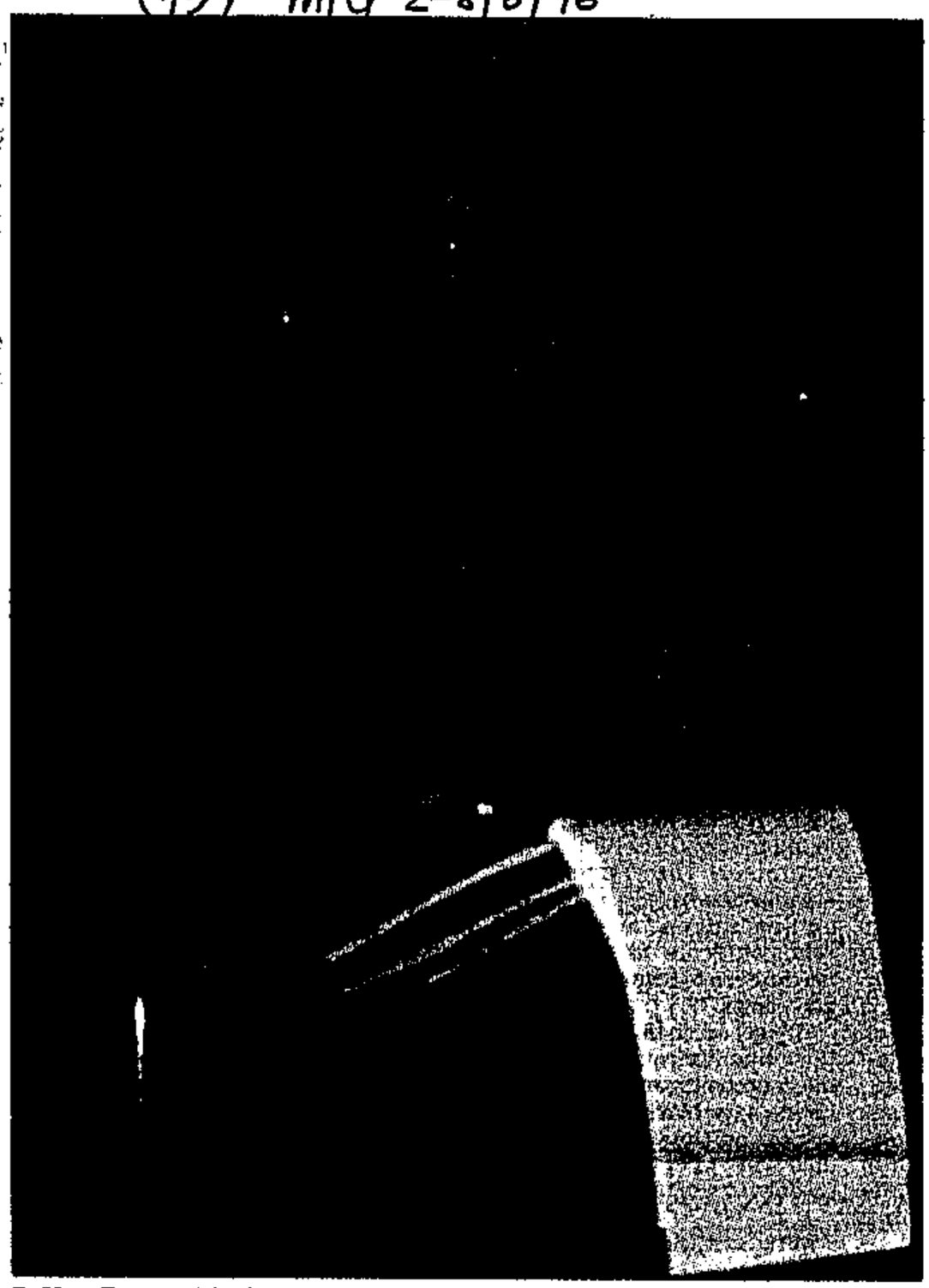
The most successful challenge to the medical profession came in 1985 from a young Port Elizabeth district surgeon Dr Wendy Orr. She brought a supreme court interdict against the prison authorities to stop them from assaulting her patients.

The case won her instant infamy in government circles and she was effectively stopped from performing her clinical duties. Today, Orr is a commissioner on the TRC and attends its hearings where victims of police brutality often highlight the failure of doctors to protect them from assaults from the security forces.

Victim after victim has told the TRC how district surgeons treated them in the presence of the security forces, how some gave the go-ahead for further interrogations despite their patients showing obvious signs of mistreatment and how inquest documentation did not match the wounds relatives had seen in state mortuaries.

In Cape Town this week, the medical profession debated the call for a medical TRC. At a panel discussion organised by the Trauma Centre for Victims of Violence and Torture, speakers spoke of the need to uncover and document the sins of the past.

Dr Leslie London of the Department of Community Health at the University of Cape Town (UCT), said the case for a medical truth commission was compelling.



Dr Mary Rayner: 'District surgeons embarking on their careers won't know how to conduct themselves if they don't know what happened in the past' PHOTO: RODGER BOSCH

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He said the medical TRC should be public and send a strong message that the transgression of human rights would not occur again in the South African medical profession. The commission could make recommendations at its conclusion to upgrade ethical education in health sciences and improve reporting mechanisms in places of detention.

Masa's manager of medical ethics Gavin Damster said he believed it was unnecessary to duplicate the functions of the multimillion rand TRC, which it supported.

"We have asked all of our members to go to the TRC if they have been involved in gross human rights violations. This has been an issue of concern to Masa even before the TRC was up and running," Damster said.

"We are prepared to criticise our members who are not performing and this practice has always been there. Doctors involved have been sent by Masa to the Medical and Dental Council." Damster admitted that many doctors working with the police and prisons believed they had a dual responsibility to the state and their patients. He suggested this dilemma be investigated in a similar manner to the British Medical and Dental Association, which published a report on state doctors called *Medicine Betrayed*.

Dr Mary Rayner of Amnesty International, said the problems highlighted in *Medicine Betrayed* supported the call for a medical TRC. The investigation had shown how ordinary men and women became unwittingly involved in systematic human rights abuses.

"Our experience around the world has shown that there are all sorts of reasons why medical practitioners working in a prison or army barracks can fail in their duty to their patients," Rayner said.

"They can accept the security force's ideology and motives, they can be affected by the social milieu in which they mix in daily life, they could be concerned about their careers or be subject to direct threats. Over time they can be drawn into a situation of complicity in which the detainee suffers grossly.

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"In South Africa there are examples of this. There are doctors who participated directly by falsifying medical records. There must be more cases than Steve Biko — people who did not have publicity and expensive advocates at their inquests."

Rayner said the situation was not only of academic interest as abuse was still occurring in South Africa. The "unreformed" police force was still torturing people by electric shock and suffocation.

People entering the medical profession needed information about where the traps lay. They needed to learn the small and passive ways doctors could participate in human rights abuses.

"District surgeons embarking on their careers won't know how to conduct themselves if they don't know what happened in the past," Rayner said.

The Interim South African Medical and Dental Council's registrar, Nic Prinsloo, said his organisation did not discuss the call for a medical TRC and he could thus not comment on it.

He pointed out that the organisation replaced the SAMDC and could not be accountable for what it had done in the past. Although Prinsloo had served on the SAMDC, he was not prepared to discuss how to address its failings.

Dr Judith van Heerden, of UCT's Department of Primary Health Care, sent a direct challenge to Masa and the SAMDC to organise a parallel medical truth commission.

Writing in the June issue of the South African Medical Journal, Van Heerden said South Africa's past was littered with incidents where doctors neglected their caring duty. "Collusion with the state was regarded as patriotic duty by some of them," she said.

"The pain and remorse of this process will be living proof as a commitment to ensure that what happened to Steve Biko should never be allowed to happen in any country that regards itself as civilised," she quoted from a South African Medical Journal editorial of 1991.

Surprise pay boost for truth czars

M+G 2-8/8/96

Justin Pearce

MEMBERS of the Truth and Reconciliation Commission received unexpected salary increases of 25% during July, only a few months after they started work.

The increase brought each commissioner's pre-tax earnings to R28 750 per month — about R15 000 after tax.

But not all the commissioners are happy about the increases, and are planning to donate the extra money to other causes.

The increases came as a surprise to the commissioners and were only announced in the middle of July.

The commissioners have not yet discussed a united response to the salary increase. But there appears to be a difference in attitude between those commissioners who come from a non-governmental organisation background and are used to a more modest salary, and those who worked as professionals before being appointed to the commission.

Commission member Mary Burton, a trustee and former president of the Black Sash, said she had written to Minister of Justice Dullah Omar saying she did not want the increase.

"I don't need it, and I don't think it's right to be paid such large salaries as there are such gaps in our society."

Burton said she had requested the money be paid directly into the President's Reparations Fund, which is intended to provide funds to implement the recommendations of the truth commission.

"If an investment is being made in the commission, it is logical that the money should be used in the same area," Burton said.

Justice Ministry representative Paul Setsetse said the commissioners had been granted the increases to keep their salaries in line with those of judges. The ministry was not aware of any requests for the money to be redirected, he said, but pointed out the commissioners were free to donate their salaries elsewhere as they chose.

But commissioners have pointed out it would be preferable for the money to be redirected before being paid as salaries and taxed.

Truth commissioner Richard Lyster said the increases were "inappropriate", and he would request the ministry to reverse its decision on the salaries. If this could not be done, he would put the extra money into a charitable trust or the reparations fund.

John Allen, representative for TRC chair Desmond Tutu, said Tutu has, up to now, given half of his salary to bursaries for the children of Anglican clergy, and for students at the University of the Western Cape of which he is chancellor. He will continue to give half of his post-tax earnings to these causes. Tutu's new salary will be around R30 000 before tax, or around R17 000 after tax.

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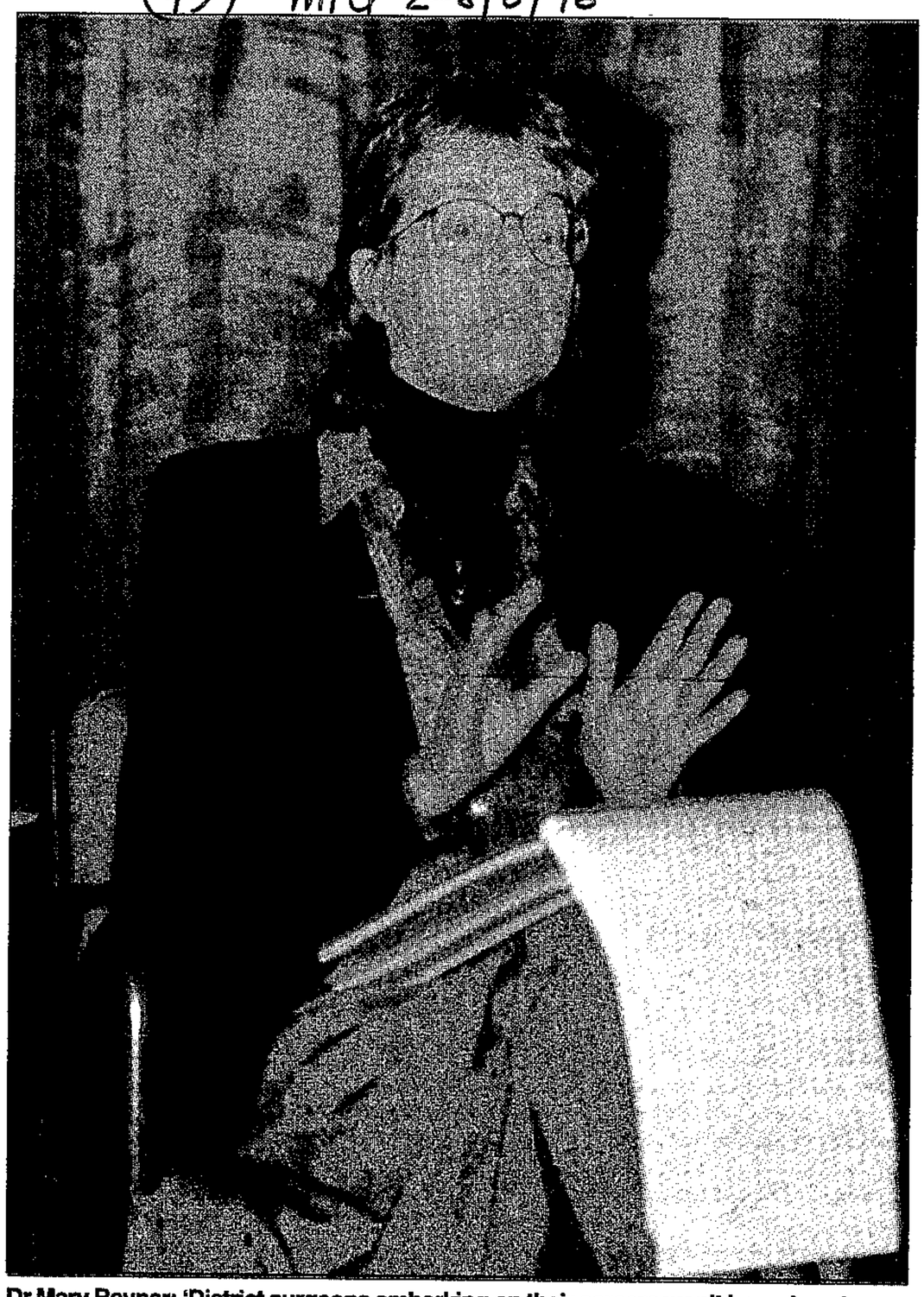

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While South Africa's health system is in crisis, many are toting compulsory community service for

"Community service is necessary. People cannot just get training and leave the country. In fact the government must find ways of restraining them from leaving the country. We should think of paying back"
— Busi Nkosi (23) third-year BSc physiotherapy

"The socio-economic [condition] is such that we have to embark on such a thing, but there should be enough compensation"
— Rob Skosana (35) LLB final year

"I don't feel the need for compulsory service. I think the guys in prison should do it ... Afterwards, I will work in the country for the private sector and my taxes will go back to the government. That's a contribution"
— Didier Lambrey de Souza (28) master's in mechanical engineering

National service for all graduates punted

(93) M+G 2-8/8/96

The row over extended doctors' training is bringing pressure for other students to do community service.
Philippa Garson and **Joshua Amupadhi** report

EXTENDING community service for postgraduates of all disciplines, including the medical profession, could help alleviate the funding crisis in tertiary education.

A furious debate developed this week around plans by the Interim National Medical Council to add a compulsory, two-year period of community service to the seven years' training required for qualification as a doctor.

But the controversy has raised questions as to why the concept should be limited to doctors and to teachers — who have long repaid their training loans by state service. What of other professions like law and engineering?

While the state ploughs billions into tertiary education only a fraction is paid back in student fees — and only by some students. Given the crisis around university financing, many are asking whether the time has come for a more effective tertiary financing system that allows students to pay back the money it costs to educate them by doing community service in the public sector.

Wits University dean of Health Sciences Professor Max Price suggests a student-loan system whereby students pay back the bulk of their loans by service — as in the United States.

"The government should give them a loan to pay the entire cost and should then write this off in return for community service. This is not a dictatorial phenomenon. It's done in most industrial countries."

Such a scheme should apply to all professions, not just teachers and doctors. "It would make it clear that taxpayers are making a major investment in individuals' education. The state and society is entitled to a return on that investment," says Price.

Community service has been proposed by the National Commission on Higher Education (NCHE) as one way of paying back the state's contribution towards their studies.

However, the concept has not been developed in any real way and the NCHE, whose final report is due this month, has not thus far come up with solutions to the funding crisis in the tertiary sector.

John Gear, director of the Wits Rural Facility, backs the idea of incentive-driven rather than compulsory community service. "If it is compulsion-driven as opposed to incentive-driven the consequences are resistance, resentment and inferior services," he says.

But in some fields, the idea of community service still meets with resistance. Wits University engineering Professor Hu Hanrahan said he doubted whether sufficient job opportunities for engineering community service existed in the state. "I don't think community service is as practical in engineering as it is in the health service. It will siphon the engineers out of the market and that will impact on the GDP," he said.

While the notion is popular in some law faculties which point to the need for legal services in rural areas, practical steps at introducing community service have yet to be taken.

But the idea of voluntary service is now taking root on campuses, says Professor Christof Heyns, acting director of Pretoria University's Centre for Human Rights. Heyns helped found the Southern African Student Volunteers three years ago, an organisation based on 22 university and technikon campuses which sends students during holidays to needy areas to help upgrade schools and clinics.

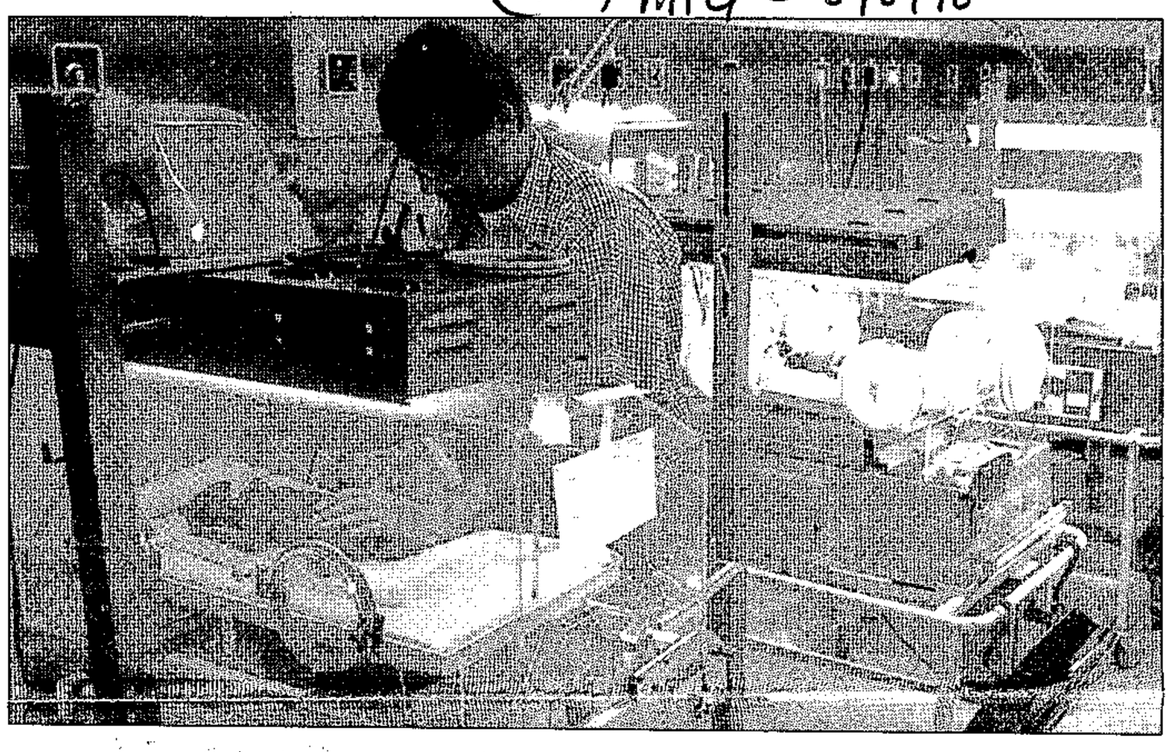
"We get seven times more applications than we can access. It's definitely becoming more popular." But Heyns says black students are far keener on the programmes than their white counterparts who make up only 10% of the volunteer force.

The South African Students' Congress backs the idea of community service, which "augurs well with the spirit of nation-building enshrined in the RDP", says deputy secretary general Kenny Diseko. "We are in support of such a policy because it balances the notion of the brain drain. Some people are selfish. Students should feel obliged to do community service as a contribution to the country."

ANC Youth League general secretary Fébé Potgieter says her organisation supports the idea of youth service programmes in tertiary institutions.

"There is a need to see that everyone with state assistance must give something back." The National Youth Commission returned recently from a trip to the United States armed with new ideas on implementing community service.

■ Why doctors should serve, PAGE 27



Overburdened: South Africa has far too many patients for its doctors, and something drastic needs to be done. But is compulsory service for new medical graduates the answer?
PHOTOGRAPH: HENNER FRANKENFELD

Will the health system cope?

Philippa Garson

WHETHER doctors should get more training and give some service to society at the same time is less in dispute than whether the country — and the students — are ready for it.

The Interim National Medical and Dental Council has been criticised for implementing radical changes to the profession before the legwork has been done and without giving medical students due warning.

Clearly, where 40% of women are giving birth without medical supervision, for example, there is a crying need for more doctors in rural areas. But some health professionals are asking whether these trainee doctors will simply work without supervision as a short-term cure in a collapsing health system.

Questions are also being raised about the council's independence from the government. The council ignored the recommendation of its own "expert team" which proposed one year of extra study, and went with the Health Department's proposal of two years instead.

University of the Witwatersrand dean of Health Sciences Professor Max Price criticised the council for this but said he would keep an "open mind" until it came up with its detailed plan on available facilities and supervision in October.

Council president Professor Soromini Kallichurum said two years' training would be more beneficial if students were given a diploma. "If the students have misgivings with serious reasons we will relook at it," she said, denying that the council had been pressured by anyone.

Price said the logistics of implementation "need to be carefully worked out", adding, "If the quality of training is not satisfactory I will withdraw my support of the system."

Professor David Sanders, director of the University of the Western Cape's public health programme, said: "Everyone agrees there ought to be some kind of payback and that graduates do some work in the public sector in peri-urban and rural areas where there is greatest need. But we are also suprised at the pace it was introduced, with no preparation in place."

Sanders said there was more a maldistribution of doctors than a shortage, with a concentration of doctors in academic hospitals. "The challenge is to relocate some of these people so the academic complex becomes much broader at regional and district levels."

The Junior Doctors' Association of South Africa has objected to increasing the training period from seven to nine years and called for the curriculum to be shortened instead.

Many students believe that the council's decision to extend doctors' training by two years is a way of introducing "community service" through the back door, to avoid possible battles on the constitutionality of compulsory service.

But the Health Department's Tim Wilson, chief director of academic complexes, says the department has declined in the past to implement compulsory service and that vocational training will achieve the same objectives, while allowing doctors to gain higher qualifications. The department is looking to fill 1 000 posts in the first year of implementation, 1998, and 300 in the second.

"There is an assumption that everyone will be sent to distant rural areas. But if there is no supervision, we won't send people," Wilson said.

The department hopes, with radically revised salary scales, to pull more doctors into the public service who will supervise the trainee doctors. But all this has yet to happen.

Wilson said the Health Department had not pushed the council into any decisions. "I have great respect for the members of council. They are not likely to be steamrollered into a decision," he said.

Wilson pointed out that the change will only affect the 30% of medical graduates who don't specialise, and who will have to stay longer in the public service. Those who specialise will probably not be affected. They will have to do an extra year but the council has yet to make proposals on this.

Contrary to the stereotype of white doctors going overseas to escape compulsory service, Price says: "Those who will be affected most are black students who tend to graduate with much higher debt than white students. They tend to go into private practice much sooner than white students."

Medics reject extended community service because of added expense

By ANDREA BOTHA

Medical students countrywide have united in rejecting the Interim National Medical and Dental Council's plan to extend their postgraduate internship from one to three years.

University of Pretoria student committee chairman Elzet Jooste said yesterday: "It is fundamentally wrong to expect students currently in the system, who have reasonable expectations of registering as general practitioners, to now do another year of compulsory vocational training."

The proposal, announced two weeks ago, has sparked countrywide debate about medical students' responsibility to the community and the Government, which funds a large part of their studies.

The Junior Doctors' Medical Association of South Africa (Judasa), which represents senior students and junior doctors in the public service, said implementing the proposal would probably have the opposite effect to what was desired.

Instead of keeping qualified doctors in the country to serve the community, it would encourage them to emigrate to avoid interest accumulating on their study loans over the extra two years.

Judasa chairman Dr Kerrin Begg said: "We believe it is just another term for the compulsory community service the Health Department proposed in 1994." That plan was abandoned because of the debts medical students ran up while studying – an average of R40 000 each in 1994.

If doctors needed more training, this should be part of an undergraduate course, not their postgraduate internship.

More importantly, the rural hospitals to which they would be sent for "training" were usually ill equipped and offered little supervision for students. "The reasons they are giving are service reasons: too few doctors, too few specialists. They only try to pass it as training," she said.

Medical students already did community service as part of their training from their third year. Most of their final year was spent in community hospitals, providing vital, unpaid medical care .

Students were not rejecting extra community work, but the way in which the Government was trying to force them to work under poor conditions while steeped in debt and unable to continue with their lives or with specialisation.

Incentives were needed to make extra community work more acceptable to students. A system of proportional debt repayment had been proposed, said Begg.

No other university graduates in the public service field were forced to do community service.

"The only university that has not rejected vocational training outright is Medunsa, and even they approved of it only under certain conditions and with reservation," she said.

After meeting health policy and planning deputy director-general Ayandada Ntsaluba last week, several issues had been agreed upon, including an improvement in pay for junior doctors and interns, providing a greater incentive for students to stay in the public sector.

Begg said the association had received overwhelming support.

She was optimistic that a solution could be reached, even if it meant a compromise on one year of vocational training.

(93) Star 3/8/96

Doctors unite against new controls

(88) (93) Star 7/8/96

By Janine Simon
Medical Correspondent

Doctors and trade unions have united against health department attempts to clamp down on dispensing doctors, and may take the issue to the Constitutional Court.

Regulations on new controls for dispensing doctors were gazetted on July 12, and although comment was invited, Health Minister Nkosazana Zuma has the power to change the Medicines Control Act and implement the changes on October 12.

The new regulations enable the health department to stop private doctors close to pharmacies from dispensing; this, doctors say, autocratically robs them of their right to dispense.

An alliance of groups representing about 18 000 doctors will meet in Port Elizabeth at the weekend to formulate alternative proposals to the regulations, according to Dr Joe Maelane, chairman of the South African Medical and Dental Practitioners Association (SAMDP).

But Dr Ernst Snyman, of the National Association of Independent Practitioners Associations (Naipa), said he believed the Government would go ahead despite objections.

"The talk is all window dressing. We are already considering taking the matter to the Constitutional Court, as pharmacists are the only ones who will benefit from these changes."

Trade unions, medical, dental and consumer organisations united for the first time last week to voice their objections to the planned changes at a meeting with the health department, Maelane said.

Included at the meeting were the Medical Association of South Africa (Masa), Naipa, the SAMDP, the South African Managed Care Coalition, the National Education, Health and Allied Workers' Union, the Congress of South African Students, ANC and PAC doctors groups and the Black Consumer Union.

In a statement this week Masa threw its weight behind opposition to the regulations, saying they contradicted the objective of making affordable health care more accessible.

Regulations appeared to be aimed at paying patients and private doctors only, said Dr Ivan McCusker chairman of Masa's health policy committee.

Chief director of National Health Systems Ray Mabope said yesterday that the regulations would go ahead, but that, based on the content of the objections, the director-general of health would ask the minister to discuss the possibility of changes.

Community service could redress apartheid's wrongs

(93)

The pendulum is swinging away from greed towards greater communalism, writes Allister

Star 8/8/96

Sparks

The plan to force young doctors to do an extra two years' work in state hospitals before they can go into private practice has been clumsily presented, yet it embodies an important idea that should be expanded rather than abandoned in the face of the students' protests.

Where the medical authorities erred was in disguising the proposal as a practical training requirement, instead of presenting it as what it so obviously is – a plan to make the young doctors repay some of the state expenditure on their training by doing community service in rural areas where there is a desperate need for medical care.

The duplicity is the problem. It leaves the medical students feeling conned, so that even those who may have been willing to do community service feel resentful.

The fact is that community service of this kind is badly needed, and should be introduced for all young people on leaving school or university, as well as for the shoals of unemployed.

What we need in fact is a combination of John Kennedy's Peace Corps and Franklin Roosevelt's New Deal that pulled America out of the Great Depression of the 1930s.

We need to get our youth out into the rural areas and the squatter camps to heal and build and teach. And we need to put our millions of unemployed to work building a national infrastructure and learning new skills that will make them employable when the projects are completed.

There should be no qualms about this. Young whites were required to do two years' national service during the apartheid era. Most went off quite willingly to answer a call supposed to defend the fatherland against communism, but which was in fact to fight a civil war against their own fellow-countrymen.

Surely they can now answer a call to redress that terrible wrong. A call, moreover, that does not require them to kill and destroy, but to build and serve and strengthen their own characters.

Nor is this simply a matter of soppy morality and do-goodism. If the new South Africa is to succeed it requires a change of national culture – away from the consumer society greed of the apartheid years and the colonial society that preceded it, and towards a more caring society prepared to build and invest in the future.

We are living on the cusp of a new era in which past ideologies are dying even as the century they dominated draws to a close. Communism has collapsed, but capitalism is in no great shape either, as First World unemployment increases and the gap between rich and poor widens, and public disillusionment is everywhere.

The pendulum is about to swing back towards a greater sense of communalism. A new form of capitalism has to emerge, as the forces of the global market make skills and knowledge instead of physical capital the critical assets of national advantage.

Human capital is going to be the key to success in this new era. Tomorrow's winners will be those nations that make long-term social investments in skills, education, knowledge and infrastructure.

All of which have been grossly neglected in South Africa. If apartheid was a crime against humanity, as I believe it was, surely its most criminal feature is the way it deprived the bulk of our people of knowledge, education and skills.

Bantu education, job reservation, the ban on black people forming companies or even partnerships, and the prohibition of black trade unionism which meant black people could not be apprenticed and become skilled tradesmen, crippled the skills base of this nation.

White South Africans voted for that system for nearly half a century. Thanks to them we now enter the new era of the global economy as a crippled nation.

There is a wrong to be righted here, a frightful backlog to be made up, and a programme of service to the nation in place of the old national service may be a good starting point.

Medical students unite against extra internship

ANDREA BOTHA
Staff Reporter

ARG 10/8/96 (93)

MEDICAL students throughout the country have united in rejecting plans to increase their post-graduate internships from two to three years.

Elzet Jooste, head of the University of Pretoria's Student Committee, said of the Interim National Medical and Dental Council's proposal: "It is fundamentally wrong to expect students currently in the system who have reasonable expectations of registering as a general practitioner to now do another year of compulsory vocational training."

The proposal, announced three weeks ago, has led to a countrywide debate on medical students' responsibilities to the community and the government, which funds much of their studies.

The student mouthpiece is the Junior Doctors' Medical Association of South Africa (Judasa), which represents senior students and junior doctors in the public service.

Ironically the project may create the opposite of the desired effect. Instead of keeping qualified doctors in the country to serve the community, it may encourage them to emigrate to avoid paying cumulative interest on their study loans over the extra years.

And because they would have to do the vocational training on returning to the country, many might never come back, said Judasa chairwoman Kerrin Begg.

"We believe it is just another term for the compulsory community service that the Department of Health proposed way back in 1994," said Dr Begg.

The plan was abandoned because of the massive debts that medical students run up during their studies.

South African doctors are considered by many to be the best in the world. More importantly, the rural hospitals to which they will be sent for "training" usually have little equipment, facilities or higher supervision for the students.

Medical students already do community service as part of their training from their third year. In their last year, students usually stay in the community hospitals, providing vital medical care without payment.

Dr Begg believes the plan discriminates against medical students because no other graduates in the public service field must do community service.

She also denied it was a racial issue.

"The only university that has not rejected the vocational training outright is Medunsa, and even they approved it only under certain conditions and with reservation," she said.

(93) ET 12/8/96

NP slams 'conscription' of doctors

THE National Party has slammed the government's plan to introduce compulsory community service for doctors once they have completed their studies.

"The proposed extended period for vocational training is nothing more than a hidden plan of the government to introduce cheap hard labour for medical students," NP health spokesman Dr Willem Odendaal said in a statement.

He said Health Minister Dr Nkosazana Zuma and the Interim Medical Dental Council were trying to force an unacceptable system of compulsory community duty on to young doctors.

Odendaal said that because of doctors' poor pay in the public service, there were few senior doctors in state hospitals able to supervise the "extended vocational training".

He said the move would be "tantamount to reducing South Africa's health care to the unsuccessful Eastern European and Cuban health systems".

"The only people who can supervise this 'training' are the poorly-educated Cuban or Bulgarian doctors who work here and there."

The NP insisted that, to address disadvantaged areas, a negotiated community service system be introduced for medical doctors and other professionals such as teachers who had completed their studies.

Failing this, the brain drain of qualified doctors who left South Africa for greener pastures would increase, Odendaal said.

The NP proposed community service of one year for medical students who had completed their studies. This would give them valuable experience, it said.

An acceptable remuneration package that would enable students to repay part of their study loans and recognition for doctors who had completed their service and wished to specialise should be introduced as incentives. Such a system should apply only to first-year students, allowing them the choice of continuing with their second year, the NP added. — Sapa

NEW TRAINING DEAL 'STINKS'

Medical students defiant

TRAINEE DOCTORS agree that medical staff need to be distributed more evenly throughout the country, but think the proposed two-year extension of their training is not the right way to address the problem, writes **LISA TEMPLETON.**

UNIVERSITY of Cape Town medical students have been almost unanimous in rejecting the likely extension of their seven-year training to nine years, two of which would be spent in rural hospitals.

The scheme is expected to take effect on January 1, 1998.

Reactions from students have been: "We don't know what we are getting ourselves into: How rural is rural? Will hospitals have supervision? What will the facilities be? Will there be electricity and running water? You can't save lives with a Band Aid."

"It stinks."

"It won't be a learning experience. It's more like forced labour and it will chase us all out of the country."

The Interim National Medical and Dental Council has been criticised for not giving students due warning about the proposed vocational training, seen by some as a disguised form of conscription.

"It is definitely not because our education is not up to scratch — South African doctors are sought-after in England, America and Canada. It is the government's way of sorting out the maldistribution of doctors," said fourth-year student Ms Robyn Poole.

"The government spends hundreds of thousands training doctors who then leave, so this is a way of making them pay something back," said third-year student Mr Clint Cupido.

Many students thought the extra two years would give impetus to the brain drain as students would go to overseas countries with strong currencies that would enable them to pay off student loans, which could be as much as R80 000 to R100 000.

"In the public sector the salary does not match the heavy hours. If you compare (this) with overseas, it is difficult to stay, unless one goes into the private sector," said Cupido.

Students were unanimous in acknowledging the need for medical staff to be distributed more evenly throughout the country. However, they resented being "forced" into a move. There are 2 000 vacant doctor posts in state hospitals, mostly in rural areas.

"They should make it voluntary with an incentive of tax rebates or contributions to student loans and by ensuring secure working conditions, supervisors and links to major hospitals," said fourth-year student Mr Ali Hamdulay, echoing the opinions of most students.

Students expressed concern about working conditions and the lack of supervision in rural areas.

"Does the government have enough money to upgrade facilities in the next year and four months as it has to do? It is no good sending out floods of doctors if there are no facilities," one student said.

"I worry that this will delay my life plans. What if I want to have a family and still want to specialise, which takes an extra four years?" said Ms Tracey Adams, third year.

"KwaZulu-Natal can be a real dampener on your social life," one student laughed.

Students were concerned about those who were married and would have to uproot their families.

Only one student out of 15 canvassed — Ms Rosie Mngquibisa — said: "I think it is right that people be made to do two years' community service.

"It is a moral issue. Tax money has been spent in educating us and I think medical students should be made to pay something back. There are rural communities who need the service. Doctors can't just run away to London."

SERVICE IS NEEDED: Ms Rosie Mngquibisa

LIFE PLANS DELAYED: Ms Tracey Adams

PROVIDE INCENTIVES: Mr Ali Hamdulay

PICTURES: THEMBINKOSI DWAYISA

DOCTORS ARE SOUGHT AFTER: Ms Robyn Poole

Mr Daan Naude, assistant registrar at the council, said that, according to his information, the trainee doctors would be paid at the standard doctors' rate of R119 000 a year.

He said trainees would be sent only to institutions that had been approved by the council. These would "exclude the tiny bundu hospitals on the periphery".

Also, facilities would be checked and approved. Would-be specialists could be credited for work done in the two years if the hospital was geared to their field of specialisation.

PAYING BACK: Mr Clint Cupido

110 more Cuban doctors on the way

(93) ARG 17/8/96

HAVANA. – A group of 110 Cuban doctors will leave for South Africa on Monday, bringing to 206 the number of Cuban medical staff working here.

The group includes surgeons, paediatricians and gynaecologists. They will join 96 Cuban doctors working in South Africa since February. A source said the latest group would stay in South Africa for three years.

Under an accord between the two governments, a third group of 250 Cuban specialists is due to come to South Africa in November, followed by a fourth group, which will take the number to the agreed total of 600.

South Africa's deputy Foreign Minister Aziz Pahad, on a visit to Cuba, told a news conference in Havana the South African press had initially been sceptical about the Cuban doctors.

"But they have done so well in their professional work and in their relations with our people that they have become excellent ambassadors." – Reuter.

Shock for doctors who sell medicine

ST 18/8/96

DOCTORS fighting to keep their right to sell pharmaceutical drugs will soon be confronted with damning evidence of incompetence.

Bader Pharasi, the health department's chief director of registration, regulation and procurement, is steering draft proposals towards withdrawing doctors' dispensing rights.

The issue is to be discussed at a meeting of medical organisations held in Johannesburg today.

This week, Pharasi and the department's chief pharmacist, Marius Fourie, showed the Sunday Times photos taken of 1 103 of the country's 8 000 licensed dispensing doctors.

One depicts a cockroach-catching device on a shelf conveniently placed surrounded by drugs. Another depicts a grubby plastic bucket, jam-packed with disposable syringes being "washed" before re-use.

Others show syringes pre-filled with penicillin and, claims Fourie, left unrefrigerated for a fortnight. The contents of one of them are semi-solid.

"And here is a patients' toilet leading off a dispensary," says Fourie, passing over a picture of a filthy, brown-encrusted lavatory.

"What doctor with a toilet like that should be driving one of these," he asks, turning up a picture of a gleaming white BMW.

Over half the doctors who were inspected failed as safe and hygienic dispensers of drugs. Only 16 percent had refrigerators.

There is also more run-of-the-mill ammunition — medicine bottles and packets identified by nothing but the price; 40 percent of drugs not properly labelled with names and instructions; more than half the drugs dispensed not by the doctor but often by illiterate people; and buy-one, get-one-free invoices from drug companies.

By CAS St LEGER

Pharasi, who has a pharmaceutical background, has been working on the proposed legislation since 1994.

It calls for doctors to be prevented from selling drugs to their patients if there is a pharmacy nearby, and for all doctors who are allowed to dispense — for example, in country areas where there is nowhere else to buy medicines — to be licensed and in possession of a certificate of competence.

"The last thing we want to do is remove vital services," says Pharasi.

"This would not be a total ban on dispensing but neither would there be an automatic licence for rural doctors."

He says patient safety and drug prices are the main motivations for new controls.

Surveys have shown that a dispensing doctor gives his patients an average of 2,38 items, compared with 1,67 items for a doctor writing out prescriptions for a pharmacist to fill.

Dispensing doctors account for 74 percent of total medical aid drug costs.

"One medical aid is investigating a case where a dispensing doctor in Kwazulu Natal is claiming up to R20 000 a day for medicine," Pharasi says.

But Dr Norman Mabasa, deputy chairman of the South African Medical and Dental Practitioners, dismisses the criticism.

"It's just a matter of training. The problems can all be solved easily with training.

"As for the gripe on costs, we dispense drugs out of necessity. We have offered to agree the profit motive be removed," he says.

"We're prepared to dispense for a handling fee only. We will jealously protect the rights of doctors to dispense."

Picture: ROBERT BOTHA

Cuban doctors to be deployed in rural areas in SA

(93) BD 19/8/96.

Kathryn Strachan

A GROUP of 113 Cuban doctors arrive in SA tomorrow to serve a three-year contract at state hospitals and clinics countrywide.

After the successful deployment of 96 Cuban doctors earlier this year, Health Minister Nkosazana Zuma said yesterday it was agreed by both governments that the scheme would be extended.

"The vast majority of them will work in rural areas where medical services have in the past been very erratic and inadequate.

"These doctors perform an invaluable task, bringing affordable and quality health services to thousands who have never experienced these opportunities before," she said.

There were still more than 1 500 vacant doctor posts at state hospitals, she said and 300 of these needed to be filled urgently.

Zuma said the first group of Cuban doctors had already had a significant affect on the communities in which they were working, treating almost 100 000 patients in the first five months after their arrival.

"There were teething problems and some difficulties at first, but these have been sorted out. The project has matured, the doctors have adjusted admirably to their new environments, and the broad population is reaping the benefits. We are pleased to say that they have made a difference," she said.

The new doctors will undergo a brief period of orientation and training to get acquainted with local conditions.

Star 19/8/96 (93)

Fresh group of Cuban doctors for rural areas

STAFF REPORTER

A group of 113 Cuban doctors will arrive in South Africa tomorrow to begin a three-year contract at state hospitals and clinics countrywide.

They will join the 96 Cuban doctors who arrived earlier this year to start a project set up in an effort to upgrade health care in local communities.

The latest batch of doctors were selected in the same way as the first group – by a high-level delegation of the Interim National Medical and Dental Council of South Africa, who visited Cuba to put potential candidates through a stringent screening process.

Each candidate had to satisfy stringent requirements on qualifications and experience, including basic English-language proficiency.

According to the council, the first group of Cuban doctors have already made a significant impact on communities where they have been deployed, treating nearly 100 000 patients in the first five months since their arrival.

Health Minister Dr Nkosazana Zuma said it was a fallacy to suggest the Cuban doctors were taking posts away from local physicians.

"At present there are over 1 500 unfilled vacancies at state hospitals throughout the country. More than 300 of these posts need to be filled as a matter of urgency."

Doctors fight back on medicine curbs

(93)(95)

By Melanie-Ann Feris

The medical fraternity is seeking a meeting with the Government to discuss proposals to replace the gazetted regulations on the dispensing of medicine by doctors.

The fraternity believes it is united on the issue of doctors being allowed to continue dispensing medicine.

At a meeting in Johannesburg yesterday, medical associations such as the Medical Association of South Africa, the Family Practitioners Association and the Eastern Cape Medical Guild said doctors were adequately trained to dispense medicine.

New regulations gazetted on July 12 has come under sharp criticism by doctors, who have accused the Department of Health of preventing about 3 million patients from getting one-stop services.

Star 19/8/96

Doctors to challenge ban on dispensing

Sowetan 19/8/96

By Khangale Makhado

ORGANISATIONS in the medical profession are to seek an urgent meeting with the Government in a bid to stop legislation that will bar doctors from dispensing medicine.

The decision was taken after a meeting at Johannesburg International Airport yesterday attended by the leadership of eight national organisations including the Medical Association of South Africa (MASA), National Convention on Dispensing, Family Practitioners Associations and the South African Medical and Dental Practitioners.

The Government recently put forward proposals which, if enacted, will affect over 6 000 doctors in private practices countrywide.

Availability of medication

Speaking on behalf of the newly formed forum, Masa executive member Dr Ivan McCusker said they had achieved unity in the profession and all agreed that doctors were adequately trained to dispense medicine to patients.

Dispensing by doctors, he said, was of value to patients in terms of access and the availability of medication and the present proposals may deny patients the right to proper health care.

"The forum shares with government a commitment and care for the welfare of our patients in both the public and private sectors.

"We feel optimistic that consensus will be reached with the government for both the benefit of patients and practitioners," said McCusker.

Forum chairman Dr Sam Motumi said the majority of dispensing doctors who belong to individual organisations that were present at the meeting yesterday supported the idea of dispensing medicine.

He said the only time doctors would consider legal action against the proposed legislation would be when the Government shows unwillingness to amend it.

Tuesday August 20 1996 SOWETAN

NATIONAL NEWS

113 Cuban doctors for S Africa

Sowetan 20/8/96

By Khangale Makhado

THE second batch of 113 Cuban doctors is expected to arrive in South Africa this morning, bringing to over 200 the number of imported medics from Cuba since the beginning of the year.

The doctors are expected to serve three-year contracts. Health Minister Dr Nkosazana Zuma said the doctors formed an integral part of the Government's campaign towards promoting quality health care.

She said the situation looked even brighter judging from the significant impact made by the first group in the communities they have been sent to.

"Initial reports indicate that they have treated close on 100 000 patients who would otherwise have been denied these services between February and June.

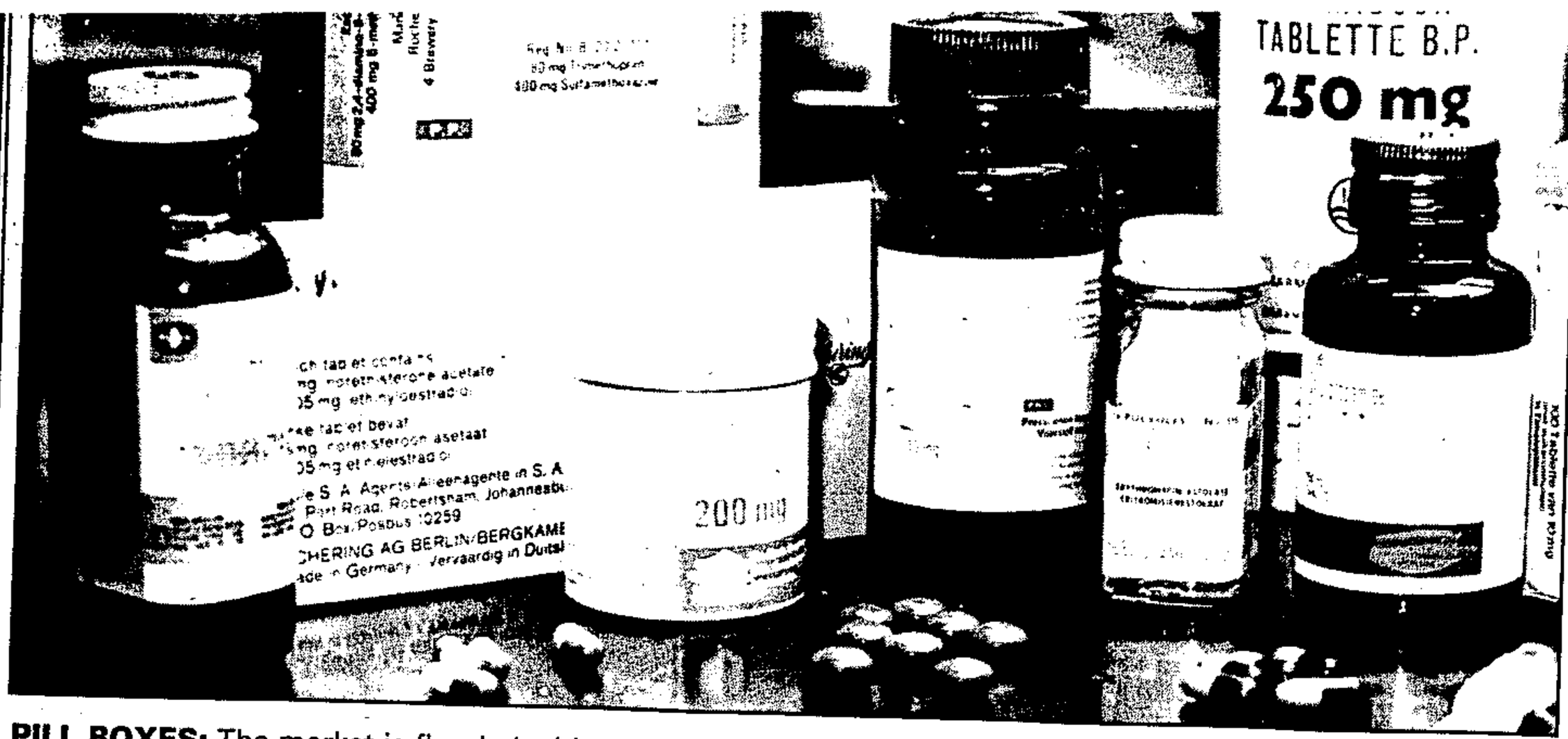
Basic medical services

"People in rural communities and in the inner-townships have been deprived of the most basic medical services for decades and the Government has committed itself to changing this," Zuma said.

The 96 doctors, who arrived in February, were sent to 46 hospitals and clinics, mostly in rural areas throughout the country – 16 in the Eastern Cape, 12 each in the Free State and KwaZulu-Natal, two each in Gauteng and Western Cape, 11, 13 and 18 in the Northern Cape, North West and Northern Province, respectively.

According to the health department the doctors cover a wide spectrum of medical specialities, including surgery (18), internal medicine (18), gynaecology and obstetrics (20), paediatrics (9), anaesthesiology (7) and 24 family physicians.

Zuma said at present there were over 1 500 unfilled vacancies. More than 300 posts need to be filled urgently. The new group will be deployed after brief orientation and training to acquaint themselves fully with local circumstances.



PILL BOXES: The market is flooded with a multitude of different medicines for every ailment.

'Hard-pressed state clinics could not cope with rise in demand'

ARG 21/8/96 (93)

Health Reporter

SOUTH Africa has one of the highest number of dispensing doctors in the world, a situation which has come about because of need, especially in rural and low-income areas.

During the apartheid years, half the health budget was spent on 20 percent of the population, which led to doctors performing many functions under one roof, said Theodore Rai, executive member of the Dispensing Family Practitioners' Association.

By dispensing medicines, doctors could offer a comprehensive, affordable and accessible service. But dispensing had also subsidised doctors' consultation fees, which some believed were too low.

Dr Rai said dispensing doctors could offer an all-inclusive service of R40 to R60 a person. "That includes medicines, consultation, procedures, dressings and sutures. Compare that to the average price of a script at a chemist which is from R100 to R150."

The regulations, doctors believe, will mean that many marginal practices will not be financially viable.

"I'd probably have to close down," said one doctor.

This, said Dr Rai, would mean that millions of patients would be forced to use the already hard-pressed state health system. "Day hospitals can already not cope," he said.

"Government has a stated policy of free health care for all. But we know that the demand for services exceeds the supply. In the interim phase while clinics are being built, this is not going to change.

"If the effect of the regulations, which we believe it will be, is that the majority of doctors are denied licences, we estimate that three million patients will be queueing for medicines at clinics that are already stretched."

One of the arguments against dispensing is that doctors may overprescribe medicines to make more money.

A study by the Representative Association of Medical Societies (Rams) found that when doctors dispensed, the average number of items given to patients was 3,8 as opposed to 2,8 dispensed by pharmacies.

On the other hand, doctors who get good deals from pharmaceutical companies say they pass savings on to their patients. Figures from Sanmed, a medical aid, show that prescriptions (processed from January to May this year) cost an average of R120,25 from doctors and R146,42 from pharmacies.

"But," cautions Martin de Villiers, medical director of Networks at Sanlam Health Care, "these figures are difficult to interpret as we don't know the number of items per prescription. What we can say is that if dispensing doctors' medicines were all pharmacy dispensed, it would cost R9,5 million more."

However, these figures do not take into account non-medical aid patients, and they are the ones who benefit from the low-cost service provided by many dispensing doctors.

Dr De Villiers believes dispensing doctors are definitely needed, especially for uninsured patients.

While doctors acknowledge that there are abuses in dispensing, they believe there are mechanisms in place to deal with them.

Sufficient regulations existed to police doctors, and it was up to patients and medical aids to utilise channels, said Dr De Villiers.

With managed health care systems being set up, medicine costs could be controlled through accurately measuring doctors' dispensing and prescribing.

Dr Rai said doctors violating ethical codes by overprescribing should be taken to task.

"But they are in the minority. If necessary, the South African Medical and Dental Council can be beefed up."

A powerful mechanism to control medicine prices would be the introduction of one exit price on medicines. This was proposed by the National Drug Policy, and would mean that doctors, pharmacies and the state buy medicine at the same price.

Medicine providers are then paid a fee to dispense, removing the incentive to give more expensive drugs and over-prescribe.

But, said Dr De Villiers, profits went to pharmaceutical companies, whose markup was from 600 to 2 000 percent.

Dispensing doctors' dilemma

(93) ARG 21/8/96

THE Department of Health has proposed new regulations for doctors who dispense medicines, a move which doctors strongly oppose because they say the regulations are a threat to the much-needed service they provide. Should doctors be allowed to dispense medicines, and what is behind the move to control them? Health Reporter **JENNY VIALL** investigates.

DOCTORS who dispense medicines fear that the Department of Health's proposed regulations will deny millions of patients access to health care, and result in bankruptcy for many doctors.

The regulations, which affect the 6 000 registered dispensing doctors in South Africa, require doctors to be licensed every year and to pass examinations on dispensing.

They stipulate that doctors will be allowed to dispense medicines only if separate pharmaceutical services are not available, although the distance of the service from a doctor has not been specified. The regulations also require more stringent control over storage and labelling of medicines.

Dispensing doctors have responded to the regulations by forming a coalition called the National Convention on Dispensing, to protect their rights.

The new regulations, they say, are punitive and counterproductive. Bada Pharasi, director in the Department of Health responsible for regulations, said the move to control dispensing doctors was in the best interests of patients.

He said one of the aims of the National Drug Policy was to give every South African access to affordable essential medicines, and the regulations were one of the ways to ensure this happened.

"We are opposed to people who profiteer from the provision of health care. Medicines are not an ordinary commodity, and not subject to free market trade," he said.

"We are not proposing an outright ban on dispensing doctors. There will be exceptional circumstances and we must make allowances for rural communities and townships."

Mr Pharasi said some of the problems experienced with dispensing doctors were the quality of service, lack of training in dispensing, and a practice known as bonusing whereby pharmaceutical companies give doctors holidays or television sets as "bonuses" for stocking their products.

"We worry that this interferes with clinical judgment," said Mr Pharasi. "The patient is not in the best position to know this fact (about bonuses) or to know what is the best drug for an ailment."

Theodore Rai, executive member of the Dispensing Family Practitioners' Association, said he believed the effect of the regulations would be to stop most doctors from dispensing medicines, putting an end to the comprehensive, accessible and cheap service they provided.

"The regulations have nothing to do with stopping doctors from profiteering from medicines, but rather serve to deny doctors the right to dispense medicines and make pharmacies the preferred providers," said Dr Rai.

QUOTE

What is the difference between giving a person a penicillin injection and taking pills off the shelf?

Theodore Rai
Dispensing Family Practitioners' Association

He said more than half the patients seeing dispensing doctors had insufficient money to pay: "In many cases we give patients medicines for free." While doctors oppose the regulations, pharmacists support them because they say doctors are not qualified to dispense medicines.

Ivan Kotze, director of the Pharmaceutical Society of South Africa, said the pharmacist's role was to act as a check on the doctor: "The focus of the doctor is the patient, the focus of the pharmacist is the product and whether it is correct for a particular patient.

A pharmacist is essential to evaluate the prescription. If there is a problem with the medicine, there can be litigation against a pharmacist. If something goes wrong when a doctor prescribes, he's not going to tell anyone."

Dr Rai said doctors had been dispensing for a long time and were qualified to do so. "What is the difference between giving a person a penicillin injection and taking pills off the shelf? Our medical qualifications give us every right to do that.

"We know about drug interactions, and the idea that pharmacists exclusively should do this is fallacious. In the past pharmacists made up medicines, but no longer. The pharmaceutical companies do that now.

"The Department of Health is giving nurse practitioners working at clinics the right to dispense medicines. If it is safe and suitable for nurses to do this, how dare they say doctors can't?"

Steve Jooste, of the Cape Independent Practitioners' Association, said medicine costs would not be reduced by cutting out the dispensing doctor.

"This is like shooting the messenger because you don't like the message. Medicine use must be controlled and rational prescribing encouraged," he said.

"A comprehensive joint government-private sector strategy is needed to bring medicine prices down, not a series of impractical unilaterally imposed regulations."

Doctors are also angry that the criteria for awarding licences have not been set out.

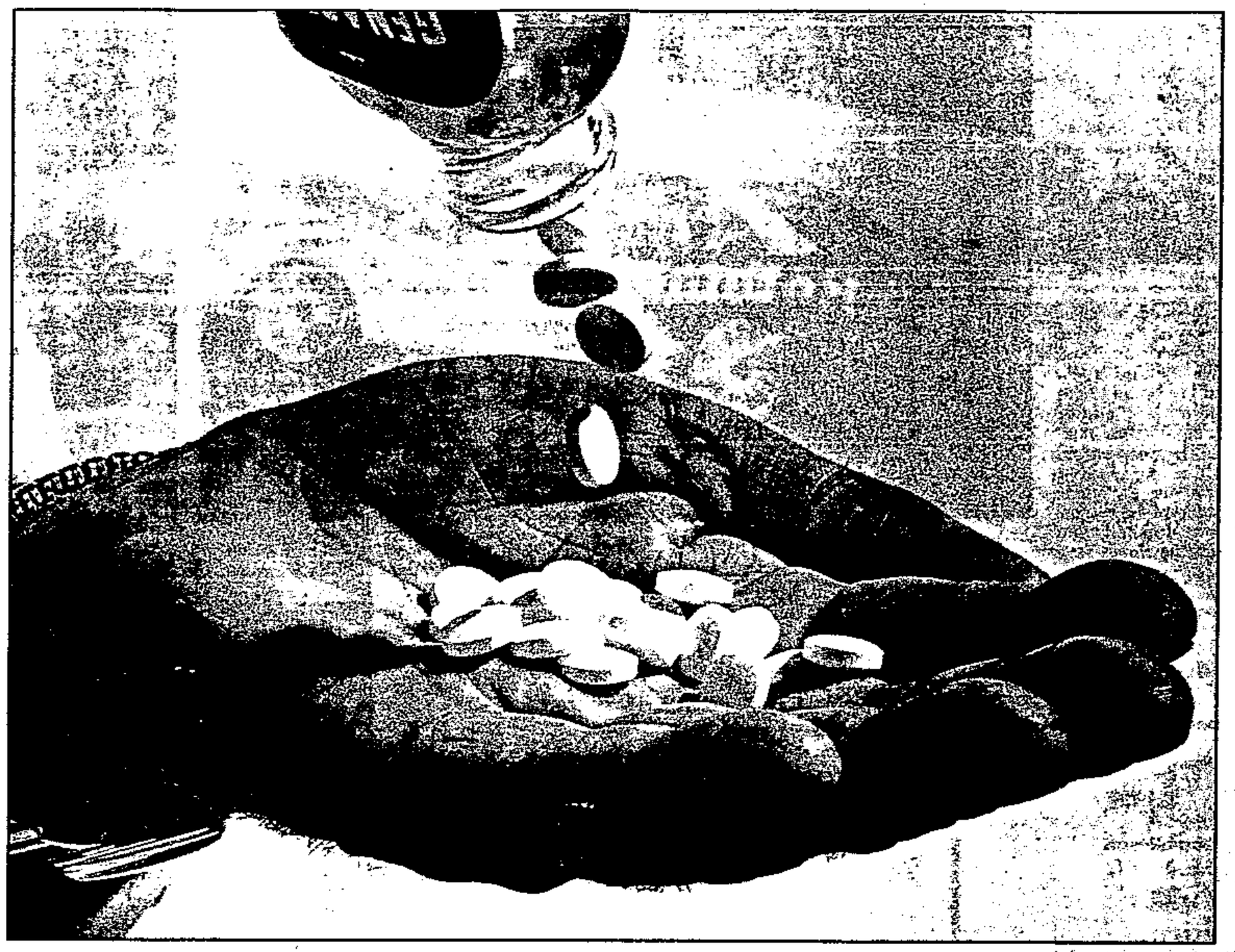
Ivan McKusker of the Medical Association of South Africa (Masa) said there was concern that the proposed legislation would allow the minister or director-general of health to change the conditions under which dispensing was allowed simply by promulgating regulations without consultation.

He said the proposed regulations would restrict access to health care and contradict the objective of making affordable, quality health care more accessible.

Doctors would find it almost impossible to continue providing one-stop comprehensive services.

"Thousands of patients who depend on these services will be forced to get their medicines elsewhere, which will be extremely inconvenient and for many patients practically impossible," sid Mr McKusker.

"Our major concern is that the right of doctors to dispense will be removed or made difficult. It seems to be a punitive move."



SHAKE 'EM OUT: It's as easy as taking a pill bottle off the shelf and shaking out a few pills for a patient. . .or is it?

Regulations aren't fair – claim

Health Reporter

REGULATIONS on the storage and dispensing of medicines are discriminatory as they apply only to doctors and not to state facilities, say doctors.

Although doctors support the move to improve quality control through patient information leaflets and childproof containers, they say the public health sector is also guilty of transgressions.

The proposed regulations on packaging are aimed at dispensing violations and controlling the safety and quality of medicines at dispensing sites.

A study by the Medicines Control Council on dispensing doctors found problems with storage, packaging, expiry dates, the handling of medicines and their labelling.

Patients were not told what the medicine was supposed to do, side-effects or how it should be taken (with food, how frequently), nor what food to avoid while taking the medicine. Some of the problems identified in the study were:

- **Inadequate facilities for storage and dispensing medicine, and in some cases medicines that should have been in cold storage were not. This can lead to medicines becoming ineffective or dangerous.**
- **In 52 percent of practices, medicines were dispensed by people not properly trained to do so, like receptionists.**
- **Medicines were stored in unhygienic conditions and not clearly labelled in 21 percent of inspected premises.**
- **In 33 percent of practices, tablets and capsules were counted by hand, which could lead to contamination of medicines.**
- **In 61 percent of cases there were no suitable containers for dispensing medicines adversely affected by humidity and light.**
- **In some cases patients were given antibiotic powder only and were expected to add water at home with no proper measuring devices to ensure precise volume. This could lead to wrong concentrations of antibiotic being given to children.**
- **In 27 percent of cases there were no suitable labels on medicines, inadequate information on how to use them, no expiry dates, no batch numbers to facilitate recall and no information on who dispensed the medicine.**

Meningitis expert arrives with Cubans

(93) Star 21/8/96

Zuma under fire at airport as she welcomes 111 doctors destined for rural and township hospitals

By Priscilla Singh

Dr Caridad Campa, the only researcher in the world to have developed a vaccine for meningococcal meningitis type B, was one of the 111 Cuban doctors who arrived in South Africa yesterday.

The doctors are joining their 96 compatriots who have been working in impoverished areas in South Africa since February.

The group that arrived yesterday includes general practitioners, surgeons, radiologists, obstetricians and epidemiologists who will help in rural and township hospitals for three years.

Campa, the president and head of research at Cuba's Finlay vaccine institute, will spend a week in South Africa visiting vaccine laboratories in Gauteng and Western Cape.

South African Health Minister Nkosazana Zuma, who was at Johannesburg International Airport to welcome the doctors, said Campa's visit was well-timed as there had been several cases of meningitis reported in Gauteng.

Zuma, however, came under fire from journalists about the conditions the last lot of Cuban doctors were working under.

Zuma was tackled on questions of late payments of salaries, safety of the Cuban doctors in rural areas, conditions in state hospitals in the rural areas and the Sarafina 2 controversy, which her spokesman Vincent Hlongwane curtly disallowed.

She said she had not received official reports of complaints, but would investigate claims by the Cubans, which included doctors with more than five years experience getting salaries of less than R5 000 and no overtime pay.

Cuban doctors who left their duties for the day to welcome their colleagues yesterday said they had still not been given transport, as promised by the provincial legislatures, to commute to the hospitals. They had to use taxis, which were unsafe, and even bicycles.

Zuma said the poor condition of state hospitals, which numbered about 400, was inherited from the apartheid regime, and it would take at least eight to 10 years to bring them up to an acceptable level, and this would cost at least R10-billion.

Dr Lazarus Gonzalez-Rodriguez, who came to South Africa with the first batch of Cuban doctors, said he had been shocked by the conditions at the Jubilee Hospital, near Hammanskraal, in North West Province.

He is a gynaecologist and one of 14 doctors at the hospital. He says he delivers about 400 babies a month.

"I have never seen so many sexual abuse cases in my 12 years as a doctor. We work around the clock and receive no overtime either. Apart from this, in the beginning we were not received kindly by local doctors.

The new doctors will be going to their designated provincial hospitals today. Northern Province will receive 20, North West 15, Eastern Cape 23, Gauteng 7, Free State 7, KwaZulu Natal 17, Mpumalanga 15 and Northern Cape 6. The third group of Cuban doctors arrives in January.

Cubans confront SA ills

OWN CORRESPONDENT ST 21/8/96 (93)

JOHANNESBURG: The question of poor working conditions overshadowed the arrival here yesterday of 110 Cubans to fill posts at township and rural hospitals.

Minister of Health Dr Nkosazana Zuma, at the airport to greet them with a number of the first group of 96 Cuban doctors who arrived in February, came under fire over poor conditions at rural hospitals and unfulfilled promises.

The Cubans have complained of being paid less than R5 000 a month and no overtime. Although the provincial legislatures had promised them transport, they said, they had to commute to work by taxi and even bicycle.

Zuma said she had not received official complaints, but would investigate the claims. She said the poor condition of rural state hospitals had been inherited from the apartheid regime and would take eight to 10 years and at least R10 billion to improve.

Dr Lazarus Gonzalez-Rodriguez, a gynaecologist who arrived in February, said he had been shocked by the conditions at the Jubilee Hospital, near Hammanskraal.

He said he delivered about 400 babies a month in addition to attending to patients with problems.

"I have never seen so many sexual abuse cases in my 12 years as a doctor," he said.

"We work around the clock and receive no overtime. In the beginning we were not received kindly by local doctors. They think we want to steal their money and their patients."

Among the doctors who arrived yesterday is Dr Caridad Campa, president of Cuba's Finlay Vaccine Institute and head of its research. He has developed a vaccine for meningitis B. He is to spend a week visiting vaccine laboratories in Gauteng and the Western Cape.

The new group includes general practitioners, surgeons, radiologists, obstetricians and epidemiologists. They are to work in the country for three years. None has been assigned to the Western Cape.

Private doctors gagged — claim

KURUMAN — Private medical practitioners at Kuruman in the Northern Cape have been threatened with banishment from the local hospital after casting doubts on the ability of some of the Cuban interns to treat patients.

A doctor — whose name may not be published for ethical reasons — said the Northern Cape's health and welfare department had also warned the practitioners against making statements to the Press about attendance of Cuban doctors at the hospital.

He said hospital staff were gathered together on Monday and warned not to talk to the Press or private practitioners.

"The Northern Cape government wants to cover up the happenings in Kuruman Hospital, where five cases of medical judicial incidents were reported to the SA Medical and Dental Council in two weeks," he said.

"Medical practitioners who want to reveal their opinions are also threatened with the taking of further action against them by the Northern Cape government."

He said one of the practitioners noticed a plaster cast had been incorrectly applied, and endangered a patient's lower leg. The doctor pointed this out to the Cuban intern.

"The patient's leg was most probably saved by this doctor, (and) he most probably saved the state thousands of rands in case of a lawsuit.

"The Northern Cape government now threatens to ban the doctors from Kuruman Hospital so that they cannot see what kind of gruesome things are going on there. The public has a right to know."

Northern Cape spokesman Daphne Smit said that health and welfare deputy director-general Dr Philip Erasmus was in Cape Town, and unavailable for comment. — Sapa.

(93)

BD 22/8/96

Doctors gagged from criticising Cuban interns

Star 22/8/96 (93)

Northern Cape government covering up 'gruesome things', says practitioner

SAPA
Kuruman

Private medical practitioners at Kuruman in the Northern Cape have been threatened with banishment from the local hospital after they cast doubts on the ability of some of the Cuban interns to treat patients.

A doctor – whose name may not be published for ethical reasons – said the Northern Cape's department of health and welfare had also warned the medical practitioners against making statements to the press about the attendance of Cuban doctors at the hospital.

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"The Northern Cape government wants to cover up the happenings in Kuruman Hospital, where five cases of medical judicial incidents were reported to the SA Medical and Dental Council in two weeks," the doctor said.

"Medical practitioners who want to reveal their opinions are also threatened with action against them by the Northern Cape government."

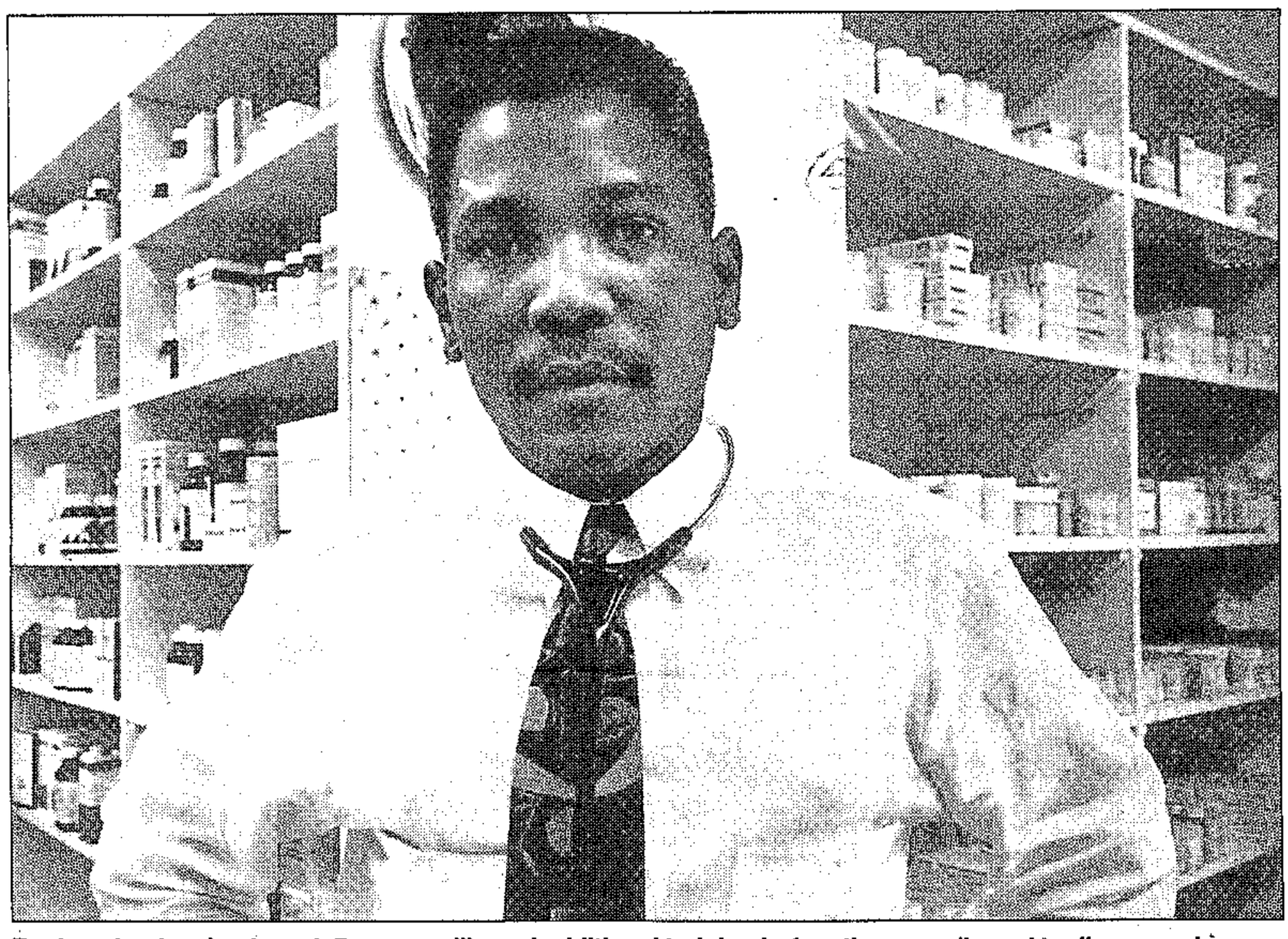
He said one of the practitioners noticed a plaster cast which had been incorrectly applied and endangered a patient's lower leg. The doctor pointed this out to the Cuban intern and invited him to telephone him at any time if he needed help to apply a plaster cast.

"The leg was most probably saved by this doctor, not to mention the fact that he most probably saved the state thousands of rands in case of a lawsuit.

"The Northern Cape government now threatens to ban the doctors from Kuruman Hospital so that they cannot see gruesome things going on there."

Northern Cape government spokesman Daphne Smit said health and welfare deputy director-general Dr Philip Erasmus was in Cape Town and was unavailable for comment.

MAIL & GUARDIAN
August 23 to 29 1996



Back to the drawing board: Doctors will need additional training before they are allowed to dispense drugs

Doctors say new rules are a sick idea

M+G 23-29/8/96

(93)

Proposals by the Department of Health to curb the dispensing of medicines by doctors will create all kinds of other problems, reports **Rehana Rossouw**

SOME three million patients across South Africa receive medication from their doctors every month. By the end of September, the Department of Health will have changed this.

Dispensing doctors have united to slam proposals by the department to curb their right to dispense medicines. They say it will drive up the cost of health care for the poorest sector of society.

The National Convention of Dispensing Doctors (NCDD), which represents 7 200 of South Africa's 8 000 dispensing doctors, says most of their patients live in disadvantaged areas where there are no pharmacies or where facilities close after working hours.

"Our typical patient cannot afford to take time off work to see the doctor, so he visits the surgery after working hours, long after the day hospitals accept their last patients for treatment," said NCDD representative Dr Theodore Rai.

"By the time he leaves the surgery, if there is a pharmacy in the area, which is often unlikely, it will be closed. It is too dangerous for him to take public transport to another area to find a pharmacy, so he relies on his GP to dispense medicine.

"What the department is doing is removing the GP's tools to treat the patients. Many people who see doctors in disadvantaged areas don't just want to hear that they have gastroenteritis or bronchitis, they expect the doctor to help them cure it as well."

Not true, said the department's chief director of registration, regulation and procurement, Bader Pharasi, who is steering the draft regulations to withdraw doctors' rights to dispense medicines. The department wanted to ensure patients receive medication from the people best trained to do so — practising pharmacists.

Pharasi said the department had found shocking examples of unsafe and unhygienic premises in visits to 1 103 dispensing doctors. Medicines were not properly labelled with names and usage instructions, syringes were re-used, premises were dirty and medicines were stored at room temperature instead of in refrigerators.

He said the amendments to the Medicines Control Act, which will require doctors to receive additional training and certification before they are allowed to dispense, was aimed at providing patients with the best service. Doctors were not trained in pharmacology, and dispensing doctors' premises were not inspected regularly.

"Traditionally, throughout the world, diagnostic and dispensing services are separated. The department has been investigating this issue since 1994 and we are not advocating a total ban on dispensing doctors, we just want to ensure they are properly trained to do the job properly."

He admitted pharmacies were not widely available in disadvantaged areas, and said the department would examine introducing regulations to make it incumbent on existing pharmacies to open after hours.

'The department claims to have shocking evidence about bad practices, but it has not referred the doctors for disciplinary action'

Rai said he doubted the department's "survey" of 1 103 dispensing doctors had been scientific. There were existing channels to censure dispensing doctors who practised in unhygienic conditions or prescribed the wrong medication. The Interim Medical and Dental Council could take action against these doctors.

"I find it strange that the department is sitting on these examples of bad practices among dispensing doctors and using them as a tool to justify their actions. It claims to have shocking evidence, but it has not referred these doctors to the council for disciplinary action. It is completely derelict in its duty to the public."

Doctors and other interested parties have been given until the end of August to comment on the proposals. The NCDD has sent a memorandum to the department objecting to the proposals and has asked patients to write to Minister of Health Nkosazana Zuma, expressing their opposition.

They are also concerned that the changes will push up the prices of medication. "We see indigent patients who pay between R30 and R60 for consultations and get their medication free. This makes up about 30% of our members' patients," said Rai. "These people will have to go to state hospitals — we estimate they would total about 600 000 patients each month. State facilities are already overburdened, and it is unlikely that these people would receive better care than we provide.

"We also have contractual agreements with trade union sick funds to provide their members' medicines at cost price. I doubt whether pharmacies will provide medicines at cost. The only patients from whom we make a profit are those who belong to medical aid schemes, and believe me, those bills are scrutinised, so there is little chance of profiteering."

Pharasi said doctors who provided medication for sick fund members would be "treated on their own merits". If it was in the patients' interest for them to continue dispensing, the department would have to ensure those doctors were competent to do so.

The NCDD is outraged by the department's failure to consult it before publishing the amendments in the *Government Gazette* in April.

"The department only met us in April, after we requested a meeting and paid for a venue. We asked for a follow-up meeting to present our case, and were allowed one delegate in a meeting of 30 people," said Rai.

Pharasi admitted the department had only consulted two organisations, representing dispensing doctors in Gauteng and KwaZulu-Natal, before publishing the regulations. But the department held workshops on the issue last year and had used the media to publicise its new policy.

Doctors on warpath over drugs plan

By PREGA GOVENDER

EMBATTLED doctors are urging patients to sign a nationwide petition calling on the government to scrap plans to prevent doctors dispensing pharmaceutical drugs.

Doctors, confident of getting over three million signatures by the end of September, have threatened to intensify their mass action campaign if the Department of Health goes ahead with its proposal to withdraw the dispensing rights of doctors.

In a move aimed at protecting the rights of doctors, an organisation known as the Affordable Medicine Trust has been formed for the purpose of taking legal action to defend the rights of medical practitioners and dentists.

Dr Bharuth Seetharam, an executive member of the Family Practitioners' Association, said doctors throughout the country had been asked to pay a fee of R500 into the trust in a bid to defend their basic rights.

Doctors are opposed to the proposed amendments of the Medicine and Related Substances Act of 1965 published in the Government Gazette last month which will prevent them from dispensing medicines.

"We are angry that the Department of Health did not consult with representatives of the medical profession when the proposal was first mooted.

"They also completely bypassed the South African Medical and Dental Council.

"If doctors are barred from dispensing medicines, the cost of health care will skyrocket.

"In addition to a consultation fee paid to a doctor, the patient will now also have to pay the pharmacist a dispensing fee, as well as pay for the medicines.

"What will happen if a pharmacist refuses to give a patient medicine on account?

"The danger of allowing only pharmacists to prescribe medicine is that a monopoly will be created, making them the sole distributors," he said.

Seetharam, a ministerial appointee on the interim SA Pharmacy Council, said that input from doctors on the dispensing issue would be handed to the department.

"If our input is not received favourably we will muster support from our patients and hold marches and demonstrations."

He lashed out at politicians for meddling in the professional activity of doctors.

Dr Lalitha Badul of Estcourt, who is spearheading the campaign in the Natal Midlands, said the proposals allowed for patients in rural areas, where no pharmaceutical services were available, to receive medicine from doctors.

But doctors would have to apply for a licence from the Registrar of Medicine.

"And the licence is not automatic," said Badul.

'Mission to save lives, not to make a killing'

(93) CP 25/8/96

'HELPING THE PRESIDENT' . . . Erwin Regis-Simpson is among 112 Cuban health care professionals who arrived in South Africa this week.
■ Pic: ANDRIES MCINEKA

By THEMBA HLENGANI

"I AM A doctor with a mission," said Dr Erwin Regis-Simpson, just after he arrived in South Africa along with 112 Cuban doctors this week.

This is the second group of Cuban health care professionals to come to the country after 96 doctors were deployed in a similar fashion in February this year.

Regis-Simpson (60) claimed he had 30 years' experience as a paediatrician and emphasised that he came to South Africa on a "medical mission" to help the sick.

He said that helping President Mandela fight health problems in South Africa was another reason he decided to take up the position in South Africa.

Regis-Simpson has since been deployed at Butterworth Hospital in the Eastern Cape.

He said he was not interested in how much he would gain financially by working in South Africa, but rather in saving lives.

"I worked in Algeria on a voluntary basis, and now I am here in South Africa and I would just like to help soften the suffering and forget how much I would be rewarded," he said.

He and the rest of the contingent will be in the country on a three-year contract.

Regis-Simpson said he was a professional baseball player in the USA for three years, when Cuba was plunged into political revolution in the 1960s.

At least he can express himself in English, unlike 90 percent of his compatriots, but he was confident that the other doctors would not have a problem in communicating with their patients.

Meanwhile, Minister of Health Dr Nkosazana Zuma said South Africa had more than 1 500 vacant posts for doctors at state hospitals throughout the country, of which 300 had to be filled urgently.

Cuban physicians have already made a significant impact on communities where they have been deployed. Initial reports indicate that they have treated close to 100 000 patients in the first five months they were in the country – patients who would otherwise have been denied these services.

This group of Cuban doctors will undergo orientation and training to acquaint themselves fully with local circumstances.

7 doctors get official welcome

SEVEN Cuban doctors allocated to Gauteng were yesterday officially welcomed by health MEC Amos Masondo, who said they would dispel rumours that they were "third world quacks".

The doctors, including one woman, were among 111 Cuban doctors who arrived in South Africa last week on three-year contracts to work mainly in rural hospitals and clinics.

Masondo said the doctors allocated to Gauteng were "family physicians" who had obtained a three-year postgraduate qualification in family medicine in Cuba.

They were all registered with the SA Interim National Medical and Dental Council as general practitioners-medical officers and from September 1 would work at community health centres and clinics in the province's four regions. (93) Sowetan 27/8/96

Left their homes

"In the true spirit of internationalism and in solidarity with the South African people, they left their home country, family and friends to come and help improve our health system," Masondo told a media briefing.

"I am confident that in time these doctors, like their colleagues before them have done, will dispel the rumours that they are 'third world quacks'," he adds

Primary health care in Gauteng "will definitely receive a boost", with the deployment of the seven doctors.

They would work at the Tsakane and Duduza clinics on the East Rand, Khutsong and Westonaria clinics on the West Rand, Empilisweni Clinic in the Vaal and Koos Beukes Clinic in Soweto. – *Sapa.*

CT 27/8/96

Overtime pay angers doctors (93)

DURBAN: The first official visit in 25 years by a health minister to the R K Khan Hospital here was clouded by complaints from doctors yesterday who said they worked nearly 40 hours overtime a week.

An unhappy pool of doctors criticised Dr Nkosazana Zuma for not addressing the critical problems of staff shortages and overtime pay disputes.

Doctors said Zuma had held a meeting with them early yesterday to discuss these issues, but nothing had been resolved.

One doctor said they would sign their new contracts under protest because of a disputed overtime pay clause that allowed for doctors to be paid a fixed overtime rate — based on 16 hours a week — regardless of how much overtime was worked. They complained that state doctors received a net pay of R1 900 for 160 hours overtime a month, while GPs who worked four days a month in state hospitals were paid about R3 900. — Reuter

Seven Cuban physicians to start working in Gauteng clinics

Star 28/8/96 (93)

Seven Cuban family practitioners will begin working in clinics and community health centres in Gauteng on Sunday, increasing to nine the number of Cuban doctors in the province.

The seven doctors were part of the 113-strong contingent of Cubans who flew into South Africa in the second wave of the Health Department's drive to staff underserved areas with contract doctors.

"I am confident these doctors, like their colleagues before them, will dispel the rumours that they are 'Third World quacks'," Gauteng MEC for Health Amos Masondo said yesterday.

The average age of the doctors is 30 and all have completed a three-year postgraduate qualification in family medicine.

Three of the seven have already spent two years in Zambia and are proficient in English, although others clearly struggled to field informal questions during yesterday's press conference.

Masondo said the doctors were on three-year contracts and had a direct line to Dr Refik Bismilla, chief director of district health services, so that any logistical problems they might encounter could be settled swiftly.

"The doctors will not be policed but there are mechanisms in health institutions to allow for irregularities to be noted and ensure doctors follow procedures," he added.

The doctors are to be stationed at the Tsakane and Duduza clinics on the East Rand, Khutsong and Westonaria clinics on the West Rand, and Koos Beukes Clinic alongside Baragwanath Hospital.

One doctor will be stationed at Empiliswini Clinic in the Vaal, where he will join Dr Norys Castro who has been working there for several months, and Dr Tim Wilson, who is stationed at Sebokeng Regional Hospital. – Medical Correspondent.

Doctors' issues get an airing

(93) CT 28/8/96

ANEEZ SALIE

TWO critical issues facing doctors — a ban on dispensing and an additional two years' training — will be subject to public hearings next month, by the Portfolio Committee on Health, in the National Assembly.

Considerable interest in the two hearings is expected. The committee has been considerably beefed up since it was snubbed in February by Health Minister Dr Nkosazana Zuma during the Sarafina 2 debacle.

The committee had summoned Zuma and her officials to respond to a public outcry over corruption in the funding and general handling of the Aids musical, but she declined to attend at first, until forced to do so by the resultant media exposure.

The corruption was subsequently confirmed by the Public Protector, which vindicated the committee and empowered it to fulfil its mandate as the public's watchdog.

It is now flexing its muscles on the two burning issues.

The Department of Health intends cracking down on the free-for-all dispensing of medicines by private doctors, by withdrawing their right to do so where alternative pharmaceutical services are available and by imposing stringent conditions where this is allowed.

This was needed to overcome widespread abuse, according to the department. But over 6 000 dispensing doctors have rejected the move as a direct threat to their livelihood. They also claim that it would reduce health services available to the poor.

The hearing is set down for September 16, from 9am to 5pm.

The interim Medical and Dental Council's proposed extension of doctors' study and training from seven to nine years, supported by the Health Department, will come under the spotlight in Parliament on Tuesday, September 17, from 9am to 5pm.

Those who want to present evidence can contact the committee secretary, Mr Edzi Ramaite, not later than September 12, at Box 15, Cape Town 8000, or phone 403 3824, or fax 403 3723. Written submissions can be faxed.

New doctors won't face two years in bush

Community service goes on the backburner as accent shifts to postgraduate training

(93) Star 29/8/96

By Janine Simon
Medical Correspondent

The Health Department says it has put the stormy issue of compulsory community service for doctors on the backburner and is now planning how to support the "better option" of two years of postgraduate training.

Compulsory service and vocational training have been discussed since 1989, the former as an alternative to military service and a means to prop up the public health service, the latter as a response to gaps in the skills of medical graduates and the increasing amount of medical knowledge.

But the Interim National Medical and Dental Council (INMDC) announcement last month that interns would have to undergo another two years of vocational training from 1998 before being eligible for private practice was widely criticised as being compulsory community service in disguise.

Chief director of academic health services and hospital development Dr Tim Wilson said this week the need for adequate supervision meant vocational training would not get doctors into the most remote rural areas.

Vocational training, therefore, would achieve only some of the aims of community service, but was a better long-term solution for the country.

There had always been a "quiet voice" of concern about whether newly qualified doctors were equipped to cope alone in private practice or in a rural hospital, he said.

"The department now believes inexperienced graduates are not the people it wants to have working on their own in rural areas.

Some of them wouldn't be safe doctors. It's not their fault; they've been trained in sophisticated hospitals and aren't skilled at making clinical diagnosis without the backup of senior colleagues or x-ray and laboratory services."

Proper supervision during vocational training was top priority, Wilson said. The department was starting to document available posts and possible supervisors so as to be able to set up structures required by the INMDC for 1998 by mid-1997.

Only 300 more posts would be needed because most of the 1 000 medical students who graduate annually already remain in the public service to gain experience.

Wilson said young doctors were unlikely to be trained in many deep rural hospitals in the next two years. Services there would probably be supplemented by contract doctors, until incentives to attract additional senior local doctors to rural hospitals were in place.

The department was also working on options to improve benefits for new doctors during the vocational training period.

It was working on a plan for next year to reduce interest payments on study loans and had started discussions with the College of Medicine on introducing higher diplomas which could be obtained during the two-year period.

■ The INMDC task group on vocational training will report back to the full council in mid-October. A national parliamentary public hearing on the issue will be held by the portfolio committee for health on September 17.

Red-hot tizz over Cuban doctors

M+G 30/8-5/9/96 (93)

Foreign doctors say they are being treated like slaves compared with Cuban doctors, reports **Philippa Garson**

Raw end of the deal: Dr Safdar Malick (left) and Dr Shahid Amin PHOTO: DANNY HOFFMAN

SOME foreign and local doctors are smouldering at the red-carpet treatment handed out to the Cuban doctors. A second batch of Cubans arrived from Havana last week.

Disgruntled at their Cuban colleagues' welcome, foreign doctors who have been working here for years complain they are being treated like unwanted slaves in comparison.

And a group of private South African doctors has sent a wad of complaints to the Interim National Medical and Dental Council, alleging malpractice by three Cuban doctors at Kuruman hospital in the Northern Cape.

The arrival of the Cuban doctors (210 altogether) is part of a government-to-government agreement — the health department's latest policy in responding to the shortage of doctors. Rather than encouraging individual doctors from all over the world to work here, the government is arranging "batches" of doctors from particular countries. So far another agreement has been struck with Germany, but only four willing doctors have sufficient experience.

The department has begun to stop doctors from other African countries coming here as there has been friction with some of those countries, notably Zimbabwe, scared of losing their health professionals. The quality of the training of many of these doctors has also been found wanting.

"We were getting large numbers of applicants from African countries. The council felt we were taking doctors away from other countries to the detriment of their health services," said the registrar of the Interim National Medical and Dental Council, Nico Prinsloo.

Of 1 991 foreign doctors living in South Africa last year, 597 were African, 531 from India, Pakistan and Bangladesh, and 501 from East European countries.

The council has also put the brakes on foreign doctors arriving to work here in their individual capacity. A moratorium has been placed on the examinations to evaluate foreign doctors. Instead, the council evaluates them by visiting countries where agreements have been made and giving the doctors oral exams.

Prinsloo said the advantage of the new system is that doctors can be placed where they are needed. "In the past, foreign doctors didn't always stay where they were needed. They tended to go to the more attractive cities, rather than the rural areas."

But the South African Foreign Doctors' Association charges that the doctors who have been working here for years in the ailing public sector are not being fairly treated and are beginning to leave in droves. Whereas there were 2 300 foreign doctors three years ago, there are now 1 700 (excluding the Cuban doctors.)

"The behaviour towards us is humiliating and insulting. We are being treated like slaves," said Dr Shahid Amin, based at Vereeniging hospital. "We can't leave the hospital, we are forced to work long hours, and our career prospects are limited.

"If the government-to-government arrangement is working, we have no problem with it. And we welcome the Cuban doctors and anyone else who is joining the public sector. But we would like equal treatment for all the doctors. No one should be privileged."

Dr Safdar Malick, who is based at Sebokeng Hospital, said while Cuban doctors are provided with furnished residences and welcomed with banquets, other foreign doctors are made to feel unwelcome. Malick added that while Sebokeng hospital recently employed 40 doctors, it now has only 19 and is cracking under the strain.

Chief Director of Hospitals Tim Wilson said he is not aware of a major exodus of foreign or local doctors. Although 1 500 posts are still vacant, the Cuban doctors are making a significant difference in many places.

"We don't want to negate the good work being done by other doctors — both local and foreign — in rural areas, but the Cubans are coming into vacant posts.We have to recognise that many of them are very senior people who have left their families behind. We need to say thank you for that."

In Kuruman, a group of doctors in private practice allege that 10 patients have been maltreated by Cuban doctors. But some local health workers believe this is a case of sour grapes because private GPs have lost their contracts to do state work.

Northern Cape regional health manager Martian Loveday said the Cuban doctors are "more than up to scratch. We now have better service here than we've ever had before."

Cuban Dr Noris Castro said she and "all her comrades" are not afraid of misinformation. "We are doing our jobs very well. We did not come here for the money. We came because this country needs lots of doctors. Many of their own doctors are running away. We have come here to help the poor."

'Doctors must come clean to heal past'

ADELE BALETA
Staff Reporter

■ The divided medical fraternity has been asked to meet to decide on a way of healing the profession for the benefit of all South Africans.

TRUTH commissioners have invited all health professionals to a special gathering to thrash out a process whereby the medical profession can confront its complicity in past human rights violations and ensure this never happens again.

It is hoped that the consultative workshop in September will help heal health professionals and provide a catalyst for uniting the deeply divided South African medical profession.

There is broad consensus in the profession that its members need to be accountable for human rights abuses of the past, but the question as to how this should happen is still the subject of heated debate in medical circles.

Some believe the process of disclosure and documentation should be part of the the current Truth and Reconciliation Commission (TRC), while others feel a separate commission should be set up parallel to the TRC to deal exclusively with health professionals. A combination of the two has also been proposed.

Health professionals who are also truth commissioners, including Wendy Orr, Fazel Randera, Yasmin Sooka and Glenda Wildschut, have proposed the meeting to try and achieve consensus.

Dr Orr said: "We do not intend forcing any direction but merely want to find a way forward that everyone agrees on."

The Medical Association of South Africa (Masa), the SA Interim Medical and Dental Council (SAIMDC), the SA Nursing Association, the Psychologists Association of SA, members of the former National Medical and Dental Association and other groupings of health professionals are being invited.

There have been calls for Masa and the SAIMDC particularly to participate in the process of truth telling, forgiveness and reparation because they are perceived to have been part of the apartheid establishment.

Masa said it would support any mechanism that would facilitate a process of accountability, but believes a separate truth commission for health professionals would be too costly, would duplicate activities and would not have the statutory powers of the current TRC.

The association's federal council chairman, Bernard Mandell, said Masa would "try to get all relevant information about human rights violations" and submit it to the TRC.

But Masa has been the subject of a stinging attack from its own members and other groupings of health professionals for "not going far enough". Many suspect Masa is not committed to "coming clean" on the activities of its members during the apartheid era and will close ranks and protect its own.

Some also believe doctors who complied with perpetrators of human rights violations will simply not come forward to the TRC.

Two members of the disbanded Namda, a progressive, anti-establishment grouping of doctors, said a submission to the TRC would not be enough and suggested that the process start with the TRC and a separate process continue for the medical profession to make sure self-examination continues.

Namda members Iqbal Survé of Lansdowne and Oscar Setsubi of Langa treated victims of torture and detention in the Eastern Cape in the late1980s and say they were victimised and intimidated by Masa members for doing so.

Dr Survé, a sports medicine specialist, said Masa had for years claimed to represent the medical profession and now that there were calls for accountability they were not taking the lead in revealing the activities of their members.

He was referring to statements by the independent editor of Masa's SA Medical Journal, Daniel Ncayiyana, that Masa alone could not be held accountable for past abuses by the health profession. He warned that if other groups did not participate in the process neither would Masa. Dr Survé said Masa's collective apology for its role in supporting apartheid by "omission or commission" was not enough.

Dr Setsubi, who has joined Masa because of its resources and in an attempt to swell the ranks of progressive doctors, said it was important that the process be part of the broader TRC and include the public, but that it also needed to undergo its own soul searching in a separate forum.

He said the rest of Africa was waiting to see how the South African medical profession planned to handle issues of repression and torture, especially Kenya where there were continuing human rights violations.

Dr Survé said the findings from the agreed upon process would have to be published for everyone in the profession to see, to make sure the same thing never happened again. International guidelines on repression and torture had to be statutory.

He said the medical profession was deeply divided historically and this division continued to exist. Masa was still perceived to be a mainly white organisation and, despite its recruitment drive for black doctors, there were few who held top positions.

He said the association needed to be accountable for its silence on a number of issues including the role of its district surgeons in past and continued abuses and the lack of support given to black doctors who treated victims of torture and repression during the apartheid years.

The segregation of medical schools and hospitals has to be addressed. Dr Survé and Dr Setsubi said they had not been allowed to treat white patients while they were studying.

Masa member Dr S Ismail of Gatesville said a separate commission tied to the national commission was necessary to "send out a clear signal that, however painful the process to doctors, those who have abused the privilege and violated the sacred oath will be accountable".

'Medical truth commission will benefit all'

ADELE BALETA

A VICTIM of torture at the hands of security police has asked that a medical truth commission be set up for the benefit of doctors and ordinary South Africans.

Legal adviser Amos Smilo Dyantyi rocked the Truth and Reconciliation Commission (TRC) in June when he said a Worcester doctor had told security police to force feed him porridge so that if he died as a result of torture it would look as if he had suffocated.

Mr Dyantyi, a civic leader in Zwelethemba township at the time, said he had been subjected to excruciating torture including having electrodes inserted into his anus.

The doctor, J J van Heerden, has denied the allegation in a letter to the commission, saying he was too busy to make a public denial before the commission.

But in an interview with SATURDAY Argus, Mr Dyantyi said he had witnesses who could testify about Dr Van Heerden's conduct. He said he felt Dr Van Heerden should have spoken to him and denied the allegation in front of him.

Mr Dyantyi said it was essential to allow doctors to come forward and talk about their complicity in human rights violations. This was best done in a separate forum. "The idea is not to blame but to expose, so that it never happens again."

Mr Dyantyi said many people who were tortured had healed physically but carried the trauma inside. An apology, he said, would go a long way toward inner healing.

On the same day as Mr Dyantyi gave evidence, a former leader of the Zwelethemba Youth Organisation, Zandisile Ntsomi, testified that a Tygerberg Hospital doctor had handed him back to police a day after amputating his bullet-shattered leg.

Mr Ntsomi said he was taken from his wheelchair, put in the back of a police van and driven back to Worcester, where he was later acquitted on a charge of public violence. He had been shot by police during a funeral in 1985.

Pollsmoor doctors fear for their lives, may leave

93

TWEET GAINSBOROUGH
-WARING
Staff Reporter

DOCTORS at Pollsmoor Prison say their lives are threatened and one has hinted they should withdraw their services until their safety can be guaranteed.

Prisoners have been found in possession of firearms and knives, and most recently a hand grenade. ARG 3/8/96

This was confirmed by Morris Aginsky, chief of Pollsmoor medical staff and Wynberg Senior District Surgeon.

Dr Aginsky said: "A good percentage of prisoners are in possession of weapons, homemade or otherwise, with which to defend themselves."

Weapons are either made in the cells by sharpening eating utensils, or are smuggled in by relatives or wardens who are bribed or threatened.

At least 24 prisoners were injured, five seriously, when a hand grenade was lobbed into a maximum security cell recently. The prisoners were awaiting trial.

Dr Aginsky said a member of his staff had asked him to consider withdrawing doctors after a shooting incident at the prison earlier this year.

Dr Aginsky wrote a letter to the governor of Pollsmoor Prison, appealing for tighter security. But nothing has yet been done and the letter remains unanswered.

Prison doctor Steve Craven said: "There is no security check, I doubt if my bag has been searched more than six times in eight years."

The doctors want to see a proper security system installed, with airport-type metal detectors at all entrances, including to the kitchen.

The prison service is finding it increasingly difficult to recruit doctors.

Dr Aginsky said that when a post was advertised in the South African Medical Journal, applicants put the phone down when they heard it was a prison appointment.

"The service offered to prisoners is good and includes speciality services, but our doctors are overloaded and we need more," he said.

With more than 7 000 inmates it is not unusual for a doctor on duty to see between 40 and 50 patients a day.

He said doctors had been hit by prisoners and that he had been subjected to a "human bullet".

"The prisoner charged me as he came through and had it not been for the table separating us, I may have been badly injured," Dr Aginsky said.

Many of the prisoners were psychotic, he added.

Correctional Services spokesperson Chris Claasen said metal detectors were in place at the main entrance to Pollsmoor and that searches

Cuban doctors accused of malpractice

(93)

■ The Department of Health's programme to import Cuban doctors has been rocked by serious allegations of malpractice against some of these doctors already working in the country.

GLYNNIS UNDERHILL
Chief Reporter ARG 31/8/96

IRATE South African doctors will be taking 21 cases of alleged malpractice by Cuban doctors to the South African Medical and Dental Council (SAMDC) in defiance of attempts to silence them.

The allegations has led to an urgent call by the Northern Cape branch of the Medical Association of South Africa (Masa) to have the competency of the Cuban doctors investigated.

Doctors in Kuruman in the Northern Cape are claiming "barbaric and inhumane" medical treatment by a Cuban doctor of an 84-year-old man whose lung had collapsed. His daughter, an assistant nurse, was allegedly told to insert five thick needles into his neck if he had problems breathing while being transferred to Kimberley Hospital.

The South African doctors allege this had amounted to a "death command", which she had wisely chosen to ignore.

The alleged malpractices by five Cuban doctors include the 15-hour wait by a pregnant woman for an emergency Caesarean section and the "dangerous" setting of a fractured left ankle which apparently had to be reset by a local doctor to save the leg.

Another patient was allegedly discharged after five days by a Cuban doctor from Kuruman Hospital and given Panado, Multivite and crutches for his painful leg and shoulder. Kuruman general practitioner Samuel van Eeden said the patient had arrived at his private practice in severe pain and he had diagnosed a badly broken leg.

Dr Van Eeden, spokesman for the group of 12 concerned doctors from Kuruman who are reporting the cases to the SAMDC, said the situation had become intolerable.

"They are placing the Cuban doctors in positions as general practitioners in primary health care, which they are not trained for and not registered for," claimed Dr Van Eeden.

Attempts to silence the group of Kuruman doctors, who work at government hospitals and also run thriving private practices, have failed, he claimed.

"The Northern Cape Department of Health came to visit me and brought me something to sign to silence me. Well, we won't be silenced anymore. This is totally absurd. It is like living in a Communist

■ Turn to page 3

"They are bringing excellent health care to our people," she said.

"They have been evaluated and found to be competent in clinical medicine.

"I therefore find it surprising that there are even suggestions that they may not be competent."

Dr Shisana also said the Cuban specialist doctors had initially qualified as general practitioners.

"We do plan to bring more Cuban doctors to provide services to our people. The need is great," she added.

Row over competence of Cuban doctors

(93) ARG 31/8/96

■ From page 1

state. They have threatened to remove me from government hospitals," said Dr Van Eeden.

Chairman of Masa's Kimberley Griqualand West branch Johann Mostert said the 21 cases from the Northern Cape were referred to him and he had been to see the doctors and spoken to the Department of Health about the competency of the Cuban doctors.

"We now feel that the competency of the Cuban doctors must be investigated on a national level," he said.

While more than 200 Cuban doctors have been brought to South Africa by the beleaguered Department of Health, local doctors claim they are being displaced at government hospitals and replaced by Cuban doctors who are not trained to work as general practitioners.

A South African doctor must complete seven years of training to become a GP, then spend another five years of training to become a specialist.

Local doctors want answers on the extent of training Cuban doctors have received. They believe the Cubans have not had more than two years general training before specialising.

Asked whether the Cuban doctors were not brought to South Africa to work in primary health care, one government doctor said: "That was the idea. But somebody made a boo-boo and brought in specialists who cannot treat patients with a cough or cold."

The Department of Health Director-General Olive Shisana told SATURDAY Argus she was "very pleased" with the performance of Cuban doctors.

SA doctors refuse to be gagged over 'ill-trained' Cubans

(93) Star 31/8/96

By GLYNNIS UNDERHILL

Irate South African doctors will be taking 21 cases of alleged malpractice by Cuban doctors to the South African Medical and Dental Council in defiance of attempts to silence them.

Allegations of malpractice against Cuban doctors has now led to an urgent call by the Northern Cape branch of the Medical Association of South Africa to have the competency of these doctors investigated on a national level.

Doctors in Kuruman in the Northern Cape are claiming "barbaric and inhumane" medical treatment by a Cuban doctor of an 84-year-old man whose lung had collapsed. His daughter, an assistant nurse, was allegedly told to insert five thick needles into his neck if he had problems breathing while being moved to Kimberley Hospital.

The South African doctors allege this had amounted to a "death command", which she had wisely chosen to ignore.

The alleged malpractices by five Cuban doctors include the 15-hour wait by a pregnant woman for an emergency caesarean section and the "dangerous" setting of a fractured left ankle which apparently had to be reset by a local doctor to save the limb.

Crutches

Another patient was allegedly discharged after five days by a Cuban doctor from Kuruman Hospital and given Panado, Multivite and crutches for his painful leg and shoulder.

Kuruman general practitioner Samuel van Eeden said the patient had arrived at his private practice in severe pain and he had diagnosed a badly broken leg. Van Eeden, spokesman for the group of 12 concerned doctors from Kuruman who are reporting the cases to the Medical and Dental Council, said the situation had become intolerable.

"They are placing the Cuban doctors in positions as general practitioners in primary health care, which they are not trained for and not registered for," claimed Van Eeden.

Attempts to silence the group of Kuruman doctors, who work at government hospitals and also run thriving private practices, have failed, he claimed. "The Northern Cape department of health came to visit me and brought me something to sign to bind me to silence. Well, we won't be silenced anymore. This is totally absurd. It is like living in a communist state. They have threatened to remove me from government hospitals," said Van Eeden.

Dr Johann Mostert, chairman of the Medical Association of SA's Kimberley Griqualand West branch, said the 21 cases from the Northern Cape had been referred to him. He had been to see the doctors and spoken to the department of health about the whole issue of the ability of the Cuban doctors.

"We now feel that the competency of the Cuban doctors must be investigated on a national level," he said.

Some South African doctors in another part of the Northern Cape have refused to operate with certain Cuban doctors, again after alleging their "surgical techniques were poor".

One of the doctors spoke to the *Saturday Star* on condition his identity was not revealed.

"As far as their surgical techniques go, some Cuban doctors are under serious suspicion," he said.

In the Western Cape, the two Cuban doctors who were assigned to the Khayelitsha Community Hospital are to be relocated because their medical specialities are not suited to primary health care.

"The two Cuban doctors we have here are specialists: one is a physician and one is a paediatrician, who are not ideal for our primary health care situation. We will be moving them to the new G F Jooste Hospital in Athlone, a new trauma emergency hospital which is opening next month," said Dr Edmund Michaels, senior medical supervisor for the community health services organisation in the Western Cape.

Local doctors have also expressed grave concerns over the practices of some Cuban doctors at Gordonia Hospital in Upington, and allege some of the Cuban interns are unable to make a diagnosis "of a patient dying of tuberculosis".

While more than 200 Cuban doctors have been brought to South Africa by the beleaguered national Department of Health, local doctors claim they are being displaced at government hospitals and being replaced by Cuban doctors who are not trained to work as general practitioners.

A South African doctor must complete seven years of training to become a general practitioner and then spend another five years of training to become a specialist. Local doctors want answers on the extent of the training of the Cubans doctors, as they believe they do not have more than two years of general training before they specialise.

Asked whether the Cuban doctors were not brought to South Africa to work in primary health care, one government doctor said: "That was the idea. But somebody made a boo-boo and brought in specialists who cannot treat patients with a cough or cold."

Department of Health director-general Olive Shisana said she was "very pleased" with the Cuban doctors' performance.

"They are bringing excellent health care to our people. The council has evaluated these doctors in terms of clinical competence and they found them to be competent in clinical medicine. I therefore find it surprising that there are even suggestions that they may not be competent.

Limited

"We do plan to bring more Cuban doctors to provide services to our people. The need is great." Shisana added that the Cuban doctors were registered on the basis of limited private practice.

"Cuban doctors are registered under limited registration category, which allows them to practice in the public sector only," she said. Cuban specialist doctors have initial qualification as general practitioners, said Shisana.

The "mudslinging" over the importation of the Cuban doctors has raised eyebrows over the decision by the Northern Cape department of health to lease a top-class Pilatus 12 aircraft, which is allegedly being used to transport patients from Vryburg, Springbok and Kuruman to Kimberley Hospital for evaluation by South African specialists.

Claimed one angry South African doctor, who has been working with the Cuban doctors at government hospitals: "The taxpayer is paying for this. That aircraft does not operate under R2 000 to R3 000 an hour, and you and I are paying for it."

cost of Koeberg improves to 4,1 cents per kilowatt-hour.

Funds paid to trade unions

*15. Mr K M ANDREW asked the Minister of Labour:

Whether the Government has paid or is paying any funds to a certain trade union, the name of which has been furnished to his Department for the purpose of his reply, and/or any other trade unions for research and/or any other purposes; if not, what is the position in this regard; if so, in each case, (a) why, (b) to whom, (c) what amount and (d) for what purposes?

N1198E

The MINISTER OF LABOUR:

The Department has not paid any funds to COSATU or any other trade union or union federation. It is our view that trade unions and employer organisations need to be independent of government and self-reliant, drawing in particular on membership contributions.

However, the Department believes that if we are to develop a sound system of labour relations in South Africa then some assistance should be given to building the capacity of the parties to negotiate and operate effectively and within the law. The recent dispute at Rustenberg Platinum is a disturbing sign of what can happen when union organisation is weak or discouraged by management. There are numerous examples where disputes might have been resolved had the negotiating partners been more skilled.

It is therefore the policy of the Department, as outlined in our Five-Year Plan, to give direct support to capacity-building and the strengthening of civil society. Since labour has few financial resources than business, our emphasis is towards supporting labour-linked initiatives. Details of this are currently being finalised by our Equal Opportunities directorate. You can expect, after approval by myself, that there will be announcements in this regard.

However, I can inform members of the National Assembly that the major capacity-support initiative will be support for a union educational institute, to be known as DITSELA—or in full, the Development Institute of Training Support and Education for Labour. This idea was initiated jointly by all the major union federations and the Department intends to make a contribution to the success of this venture. It must be emphasised that this will not involve the transfer of any monies directly to any union or federation. In effect we believe that support for a non-partisan, labour training college aimed at upgrading the skills of unionists is essential. In addition, we understand that DITSELA, once established, will also be relying on other sources of funding, including independently raised donor money and union contributions. This approach is one adopted in many other countries around the world and is appropriate for our circumstances.

Justice: White Paper

*16. Mr R H GROENEWALD asked the Minister of Justice:†

Whether his Department is drafting a White Paper at present; if not, why not; if so, when will it be published?

N1199E

The MINISTER OF JUSTICE:

The Department is not drafting a White Paper at present. However, a draft strategic plan for the transformation and rationalisation of the administration of justice, entitled: "Vision 2000", has been compiled and is at present being disseminated within the department countrywide and discussed in workshops. It will also be made available to all relevant role players outside the Department for their consideration and comment. The two Parliamentary Justice Committees have also been furnished with copies of the document.

It is envisaged that after this consultation process the drafting of a green and a white paper will be possible.

Legal aid to indigent defendants

*17. Mr D M BAKKER asked the Minister of Justice:†

(1) (a) What did the cost in respect of legal aid to indigent defendants amount to in 1995; and (b) who was responsible for the cost of such legal aid;

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

N1200E

The MINISTER OF JUSTICE:

(1) The costs incurred for legal representation of accused persons in criminal cases for the 1995/96 financial year are as follows:

(a) (i) Legal representation in terms of the Judicare Scheme

Professional fees and expenses of Legal Practitioners regarding legal representation in terms of the Constitution of the Republic of South Africa, 1993 (Act 200 of 1993)	R68 440 800
Professional fees and expenses of Legal Practitioners for Legal aid provided for in terms of the legal Aid Act, 1969 (Act 22 of 1969)	R 9 177 920

(ii) Other legal representation

—Public defenders	R 1 487 760
—Attorneys and candidate Attorneys at Law Clinics	R 5 302 000
TOTAL	R84 408 480

The above amounts relate to professional fees and expenses paid to legal practitioners. They exclude expenses such as salaries, rentals and other operating costs.

(b) Funds were voted by Parliament to provide for expenses incurred by the Legal Aid Board.

(2) No.

Awaiting-trial illegal immigrants

*18. Mr P A MATTHEE asked the Minister of Correctional Services:†

(1) Whether there were any awaiting-trial illegal immigrants in the Republic as at the latest specified date for which information is available; if so, (a) how many and (b) what does the daily cost in respect of each such prisoner amount to;

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

N1201E

The MINISTER OF CORRECTIONAL SERVICES:

(1) (a) There were two hundred and sixty-three (263) illegal immigrants in detention in prisons in the Republic on 31 July 1996. An indication of how many of these persons are awaiting trial can unfortunately not be given at this stage.

(b) R68,15.

(2) No.

MI: front companies

*19. Mr L T LANDERS asked the Minister of Defence:

Whether Military Intelligence (MI) maintains a register of all its front companies which have been (a) closed down and/or (b) privatised; if not, why not, if so, what is the name of each such front company established by MI which was so (i) closed down and/or (ii) privatised?

N1203E

The MINISTER OF DEFENCE:

(i) According to the SA National Defence Force, Intelligence Division commonly referred to as Military Intelligence does not maintain a register of front companies which have been (a) closed down and/or (b) privatised.

It was the practice in the past that once the administration process prior to closing down and/or privatising was completed and the auditing process finalised to the satisfaction of the Office of the Auditor-General no official register was kept. It has become common knowledge that many such front companies were used in the apartheid period. Front companies are universally used in covert projects and they are difficult to trace especially without supporting documents.

Impact of Cuban doctors (93)

*20. Mr M T MAFOLO asked the Minister of Health:

(1) Whether an assessment has been done to determine the impact of the deployment of Cuban doctors on the lives of rural people; if not, why not; if so, what are the relevant details;

(2) whether the deployment of the said doctors has alleviated health conditions amongst rural people; if not, why not; if so, what are the relevant details?

N1204E

The MINISTER OF HEALTH:

(1) and (2) Yes; the Directorate: Health Promotion and Communiction visited the provinces when Cuban doctors are deployed. The purpose of the visit was to see whether there were any problems around the employment of the doctors. The delegation spoke to the Cuban doctors, nurses and other colleagues who work with the doctors and when possible to patients who benefit from the services of the Cuban doctors.

When the nurses, colleagues and patients were asked how the Cuban doctor have changed things in the hospitals where they work, the majority of those questioned said that the Cuban doctors have helped to relieve the heavy workloads and have established good relationships with the patients. In some cases the Cuban doctors are the only doctos in the hospitals. Patient loads have increased in these areas as people find out that there are now full-time doctors at the hospitals.

Housing: amount of money reallocated

*21. Mr M T MAFOLO asked the Minister for Provincial Affairs and Constitutional Development:

(1) Whether an amount of approximately R600 million was recently reallocated from the Department of Housing; if not, what is the position in this regard; if so, what are the relevant details;

(2) whether he or his Department has drawn up a plan of utilising this amount; if not, why not; if so, (a) which areas have been prioritised in this regard, (b) what amount will be spent on these areas and (c) what are the relevant time-frames?

N1205E

The MINISTER FOR PROVINCIAL AFFAIRS AND CONSTITUTIONAL DEVELOPMENT:

(1) No. The Department is, however, negotiating the reallocation of R500 million from the Department of Housing for utilisation in the 1997/98 financial year.

(2) Yes. The proposal for a new Municipal Infrastructure Programme was discussed with the MECs respsonsible for local government in the provinces (MINMEC) and will now be submitted to Cabinet for a final decision.

(a) The proposal is applicable to all municipal authorities, both urban and rural. The provincial governments will determine the areas to be prioritised, based on indicative alloctions according to an agreed formula.

(b) The formula on which funds will be allocated between provinces has not yet been finalised and will be the subject of futher discussions at MINMEC.

(c) Falls away.

Managing bodies of schools: powers/authority

*22. Mr T D LEE asked the Minister of Education:†

(1) Whether he or his Department is currently negotiating with the managing bodies of schools with regard to the powers and authority of such bodies; if not, what is the position in this regard; if so, in what manner;

(2) whether resolutions arising from such negotiations will be final; if not, what is the position in ths regard; if so, what are the relevant details;

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

N1206E

The MINISTER OF EDUCATION:

(1) My Ministry undertook negotiations with the governing bodies of public schools in terms of section 247 of the interim Constitution, according to the procedures set out in Notice 502 of 1996, published in Government Gazette No. 17096 on 26 April 1996.

A copy of that Notice, together with a copy of the draft South African Schools Bill, 1996, was mailed to every public school governing body in the country during May. Governing bodies were invited to respond in writing to my Ministry's proposals on public school governance. They were also invited to attend public meetings organised for the purpose of discussing these proposals with representatives of the Ministry of Education.

Such meetings were advertised in the press and convened at 60 venues throughout the country during June and early July, with the assistance of provincial education departments. It is estimated that over 30 000 persons attended these meetings with my Ministry's negotiating teams.

Thereafter, a series of meetings with associations of governing bodies and other organisations was held in July at the Department of Education in Pretoria, in order to further discuss possible amendments to the draft South African Schools Bill.

The written submissions from governing bodies, numbering more than 1 000 and the oral arguments and proposals made in the meetings I have described, were carefully weighted, and the South African Schools Bill, 1996, was revised accordingly.

(2) The Government was required to negotiate in good faith with a view to seeking agreement with governing bodies on the proposed alterations to their existing rights, powers and functions. This has been done. The revised South African Schools Bill, 1996, which has been introduced in Parliament, reflects the Government's good faith in seeking the highest possible level of agreement with governing bodies.

(3) I have elsewhere described the section 247 negotiations as a magnificent exercise in democratic consultation. No further statement on the matter is contemplated until the Bill is debated in this House.

Number of casinos in Republic

*23. Dr P J STEENKAMP asked the Minister of Trade and Industry:†

(1) Whether his Department has any statistics in respect of the number of casinos operating in the Republic; if not, what is the position in this regard; if so, how many such casinos are operating (a) legally and (b) illegally;

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

N1207E

The MINISTER OF TRADE AND INDUSTRY:

(1) The statistics at the disposal of the Department of Trade and Industry is only in respect of the number of legal casinos operating in the Republic. No factual statistics regarding illegal casinos are available. The physical regulation of the casino industry will be managed and controled by the provinces within their various jursidictions. The Department of Trade and Industry will, in co-ordination with the National Gambling Board, continuously oversee and manage the promotion of uniform norms and standards that should generally apply throughout the Republic regarding the casino industry. As soon as all the provincial gambling boards are established, the Department of Trade and Industry will set up a section to collect all relevant statistics and store it on an appropriate computer system. According to the August/September issue of the *Gaming for Africa* magazine, the estimated 1996 gross gaming revenue will be R1,7 billion for the legal industry and ± R2,6 billion for the illegal industry.

(a) 17 casinos are currently operating legally in the Republic of South Africa. All the above 17 casino licences are being held by Sun International.

(b) As mentioned above, no factual statistics are available. However, according to reliable sources, between 2000 and 3000 casinos are currently operating illegally in the Republic of South Africa.

(2) Yes. Until May 1990 the police acted against illegal casino operators with reasonable success. However, as a result of the evidence of a statistician in a court case in which it was found that games such as blackjack are statistically games of skill, casinos started to proliferate. This state of affairs resulted in the amendment of the Gambling Act, 1965 (Act No. 51 of 1965), to replace the concept of a game of skill with a gambling game. This, in turn, led to the closing of some illegal casinos during February 1993. Subsequently, casinos be-

health. After all, one cannot expect the department to employ somebody with a serious heart problem or perhaps cancer either. No responsible person or business undertaking will employ someone if he or she does not have the potential to render long and stable service to the organisation or undertaking.

The Department of Correctional Services has all the greater a responsibility towards South Africa, the public and the prisoners themselves to plan and manage in such a way that its staff will always be prepared and, as far as possible, healthy for the performance of this extremely necessary service in a faithful and efficient way. The prisoners also have the right to expect that the persons who work with them, and especially those who prepare their food, are physically healthy.

In the light of this, and because it has not yet been established beyond any doubt in what ways Aids can be spread, the FF would even welcome it if the staff, who are currently preparing food, could also be tested. Any present staff member who is tested HIV positive would naturally have to be treated differently and service that has already been rendered, would have to be recognised.

The FF supports the department in its pursuit of efficient service, and deplores the ANC's assault on this. [Interjections.]

The MINISTER OF CORRECTIONAL SERVICES: Madam Speaker, I wish to inform the hon member that an applicant is not an employee. The right not to be unfairly discriminated against, in terms of section 8 of the Constitution, is therefore limited in the case of applicants, because section 33 of the Constitution clearly states that: "The rights entrenched in this chapter may be limited by law of general application, provided that such limitation ... (is) reasonable and justifiable." When a person applies for a job he or she is informed, in writing, that a condition of acceptance is proof of a negative blood test for HIV or Aids.

Dr S A NKOMO: Madam Speaker, hon Minister Mzimela, hon members, I rise on behalf of the Portfolio Committee on Health to lend my full support to the comments made by Mr Niehaus.

I am pleased to inform the House that our two portfolio committees, working together, have managed to achieve substantial policy shifts in relation to prison policy on HIV and Aids, and in fact I have with me a charter on Aids and HIV which I recommend that the Minister should read.

Following our intervention, the Minister agreed to the desegregation of HIV-positive prisoners and to the distribution of condoms in prisons.

I want to give the Minister notice that we do not intend to stop there. We will be closely monitoring the implementation of new guidelines in this area and pushing ahead with our other urgent measures such as the scandalous practice of testing prisoners without consent.

My colleague has laid before the House the ways in which pre-employment testing is an affront to basic human rights and devoid of common sense or scientific logic, placing this country out of step with international standards. It is a policy of paradox and prejudice which must come to an end.

As has been pointed out, this matter affects our other Government departments, and it is important that we should set today's deliberations in a broader context. We have a first-rate national Aids plan, fully backed by the Minister of Health, but we will never make progress unless we adopt a concerted and intersectoral approach.

My own committee will collaborate with colleagues in Government and Parliament to bring this about. I wish to commend Mr Niehaus for raising this important matter today. Thank goodness we have a committee chairperson who is committed to ending the nonsensical barbarity which occurs daily in our jails.

We are appealing to the hon the Minister to join us in ensuring that the human dignity of all South Africans is respected. As my colleague has said, we will liaise with the Minister of Health in respect of the necessary legislation. But the Minister can put a stop to pre-employment testing of his own department's employees today. [Time expired.]

Mr C G NIEHAUS: Madam Speaker, I am surprised that the Minister could think that preventing someone from being employed in the department because that person has tested positive for HIV can be reasonable and justifiable. It is utterly unreasonable, it is totally unjustifiable and it is totally irrational.

Contrary to what the Minister may seem to want to achieve with the pre-testing policy, discrimination against persons with HIV only contributes to the transmission of the virus. Discrimination encourages denial and risky behaviour. It discourages voluntary testing. A false sense of security is

created by thinking that so-called Aids-free working environments can be created, with every bit of authoritative research indicating that this is not possible. It undermines the urgent need for universal Aids and sex education programmes and the development of safe and nondiscriminatory behavioural patterns. [Time expired.]

The MINISTER OF CORRECTIONAL SERVICES: Madam Speaker, I said at the outset that the Cabinet had already decided that the Departments of Defence, of Correctional Services and of Safety and Security must look into this matter and make recommendations. Thereafter there would be proper legislation. For anyone to stand up and pontificate as if he were an expert on the issues of HIV and Aids has to go down as a big joke.

Debate concluded.

Medical students: training period extended

2. Dr W A ODENDAAL asked the Minister of Health: (93)

(1) Whether she will make a statement on the question of the extension of the training period of medical students by two years, as recommended by the South African Interim Medical and Dental Council;

(2) whether these recommendations are consistent with her Department's policy in this regard; if not, what is the position in this regard; if so, to what extent?

N1402E.INT

The MINISTER OF HEALTH: Madam Speaker, hon members, the Interim National Medical and Dental Council of SA decided, at its meeting on 22 and 23 July 1996, to introduce a system of postgraduate vocational training for medical practitioners. This has been done in the public interest to ensure that doctors are sufficiently prepared, in all relevant areas of modern medicine, before being able to practise without any supervision.

This will mean that newly qualified doctors will have to spend a further two years, after their internship, working under supervision before being able to enter into independent private practice. The council further decided that this should be implemented from January 1998, and it will therefore apply to doctors doing their internship in 1997.

The Department of Health supports this decision and has, together with the provinces, undertaken to do everything it can to ensure that suitable posts and adequate supervision are available to enable this system to be implemented successfully in 1998.

Among the reasons for introducing this system are the tremendous expansion in medical knowledge, the disquieting tendency for an increasing number of young doctors to move directly to independent practice immediately after their internship, and the unanimous view of the deans of the medical schools that their graduates are not ready for independent practice immediately after internship. It is of interest to note that this has been introduced and recognised in many other countries in the world. An estimated 70% of young doctors already spend some time in hospitals after internship. The major change for them is likely to be that now this time will be part of a structured programme.

The Department of Health would like to see as many doctors as possible doing higher diplomas, in areas of special interest to them, during their two years of postgraduate vocational training. This would further raise the standard of medical practice in South Africa. Many details will have to be worked out before the system is implemented in 18 months' time, and the SA Interim Medical and Dental Council has appointed a task group to look at the structuring of the detail of the proposed system of vocational training.

Dr W A ODENDAAL: Madam Speaker, I would like to point out to the Minister that the decision of the SA Interim Medical and Dental Council to extend the so-called vocational training period for medical students by an extra two years was forced through the council with the aid of a large number of lay persons who were imposed on the council by this Minister, only two years ago, when she amended the Act. She actually intimidated the council into taking the decision so that she could hide behind the council's decision, as she is now doing.

The decision taken by the council is nothing but a cover-up for a secret plan of the ANC Government to force young medical students to do cheap conscription service for two years. What about the other professions in this country? Why pick on the medical students? The Minister says she supports the decision, but she is overlooking the fact that most of these students have huge study loans to repay after they have qualified. Now they have to do an extra two years of cheap hard labour, before they can even start substantially paying off their

debts. In the meantime interest on their loans is building up. Why not rather use a carrot and not a stick, because nobody is against delivering a social service to the country? Why try to trick them into it? It should be done openly.

The Minister's decision, and her support of the decision by the SA Interim Medical and Dental Council, will only increase the flood of highly trained doctors leaving South Africa. It seems as though the Minister of Health is driving them out of the country in order to replace them by half-trained Cubans who treat patients with broken legs for headaches.

This is absolutely unacceptable, and I think that the way in which the Minister is handling the situation is a disgrace. I think she has a lot to learn about health services in South Africa. In my second contribution I will point out to her a few positive ways in which she could handle this issue.

Mr M J ELLIS: Madam Speaker, certainly a major concern about this matter is, in fact, the way it has been handled by the Minister. I know that she has been involved in a process of consultation with those most directly affected by her decision, ie the doctors themselves. But I am afraid to say that at the end of the day she decided once again to turn her back on the consultative process and act virtually unilaterally, although she was assisted by the SA Interim Medical and Dental Council.

I am afraid I agree with the hon Dr Odendaal that perhaps there has been a bit of conniving on this particular point of how the process will be implemented. Consequently, the doctors are now up in arms, and there is further discontent in the health care sector. What she has done is introduce a two-year compulsory community service which probably at the end of the day has very little to do with training, because these doctors are going to move into the peripheral areas where there are no consultants or supervisors, and where they will not get the kind of treatment which they need.

I want to say to the hon the Minister that she must understand that there are many ideals of hers with regard to health care which people in this country support. There are many ideals of hers which I and the DP support.

Mr M M S MDLADLANA: What are those?

Mr M J ELLIS: What role-players do not support is the way she goes about implementing her ideals, her style of leadership and management. No one doubts that the health care delivery system in South Africa needs transforming and restructuring. But in order to make that process successful, we need to draw in and involve every available resource—human, physical and financial—in the process. People need to feel that they are part of the process and not alienated from it.

I am afraid to say that what our hon Minister does time and time again is in fact alienate the people whom she should actually be involving.

Mr M M S MDLADLANA: Who are the people you are talking about?

The MINISTER OF HEALTH: Madam Speaker, I really find this discussion very disgraceful. [Interjections.] It is disgraceful to the medical profession. The medical profession has a council. The council is a self-regulating body for the profession. It looks at the training and the practice of doctors, and it makes recommendations to me. For any MP, such as Mr Odendaal, to stand here and say that those doctors on the council are a bunch of people who can be intimidated by the Minister of Health and then do exactly as she wants, without them thinking about the profession, is an insult to that council, and it deserves an apology from Mr Odendaal. [Interjections.]

I think that there are democratic structures in this country which must be respected. I respect the decisions of the council. Just because the decision of the council does not coincide with the wishes of these MPs, suddenly they feel that I am pushing things down the throat of the council. I am not, and I have no intentions of doing so. However, if they come up with good suggestions, I will accept and support them.

Secondly, I know that they think I am a very powerful Minister, but I did not realise that they thought I was so powerful that I should now regulate every profession on earth in this country. I am only the Minister of Health, and I deal with health matters. I do not deal with engineers or agriculturalists, I do not deal with any other profession except health. So for these members to come here and ask me about engineers and other professionals is out of line. I have nothing to do with that. I am looking after health.

If they think that those professionals need to be given extra training then they should go and suggest that to the relevant Ministers. They should not come here and pontificate as if they have got only two neurons. [Applause.]

*Mrs P W CUPIDO: Madam Speaker, the Minister is asking for good suggestions, but I do not think the Minister is really interested in good suggestions. She implements her own plans in any event. [Interjections.]

The NP demands more effective action and planning on the part of the Minister of Health. [Interjections.] The Minister cannot run to Cuba with all South Africa's health problems. Solutions to the problems need to be found locally. I have already, in a previous debate, recommended to the Minister that nurses at the primary level should receive higher-grade training. Rural nurses can be given preference with respect to additional training.

After all, the Minister's party, the ANC, likes the fine-sounding word "empowerment". They, however, do not themselves apply it among the disadvantaged and the underpriviledged who do not have higher qualifications. They would rather grant opportunities to other countries' unemployed. What is going to happen to all Cuba's sick people if all their doctors run to South Africa? [Interjections.] The Minister now wants to add two additional compulsory years of service for medical doctors who have completed their studies. It seems as if she is taking anxious steps, rather than finding meaningful solutions to our health problems.

The Cuban doctors were met at the Johannesburg airport yesterday by their colleagues who are already here. The Minister was also there. One Cuban doctor said on the radio programme *Monitor* yesterday that he was very dissatisfied with the manner in which he was being treated. And this is not the old apartheid government, but the new ANC Government that is treating the people so badly. These are their bedfellows who are being treated so badly. [Interjections.] He said, for example, that he had on occasion been forced to perform duties for which he was not trained. [Interjections.] I want to know whether they underwent crash-course training to be able to come and earn full and equal salaries here. [Interjections.] [Time expired.]

*Dr W A ODENDAAL: Madam Speaker, the hon the Minister for Health is now trying to hide, as Keppies Niemann said she was doing, behind the decisions of the SA Interim Medical and Dental Council, but in the meantime, decision-making on that council is being dominated by a loaded lay majority that she imposed on that council two years ago. They did not want the people there, whom she had forced onto the council.

Does she think the people of South Africa are stupid when she tells them that medical doctors, who have been trained in South Africa, need an extra two years' occupational training? [Interjections.] Our doctors are so well trained that they are received with open arms anywhere in the world the moment they have completed their studies. Why does she want to impose two extra years of medical service on them? [Interjections.] This is a smoke screen of the ANC's to impose cheap, forced labour on these medical doctors. She is sitting in her chair, laughing and giggling while South Africa's medical services are deteriorating. [Interjections.] This Minister is not interested in what is in South Africa's patients' interests. All she is concerned with, are the ANC's interests. [Interjections.] [Time expired.]

The MINISTER OF HEALTH: Madam Speaker, and hon members, I really do not think that I can debate rationally with the NP. [Interjections.]

The first speaker from the NP is debating on Cuban doctors when we are talking about vocational training for South African doctors. If she wants a debate on Cuban doctors, she must put an interpellation on the Question Paper. I will then take her on on it.

Secondly, the NP theoretically knows that South Africa has to be transformed. However, their hearts are refusing to face transformation. [Interjections.] That is at the heart of this debate. It is about transformation.

Hon member Odendaal cannot count. I do not know whether I am supposed to give crash courses in counting. [Laughter.] The majority of the people on the council are actually medical doctors, and if he wants proof, I will give him proof.

However, he must be able to count and tell us exactly how many doctors and how many lay people are on that council, and then tell us who are in the majority. I think it is good to debate, but one must debate on the basis of facts and not distort facts and make a lot of noise.

This brings me to the question of whether our doctors are acceptable in every country. Yes, our doctors are acceptable in every country. However, if one looks at other countries that our doctors go to when they leave here immediately after internship, one sees that they work in the hospitals

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there, under supervision. If one goes to the UK, one sees that UK doctors themselves have to train for three years before they can be principals in a private practice.

An HON MEMBER: That is a lie!

The MINISTER: This is not a lie. Since 1981 that has been the situation. [Interjections.] The problem with the NP people is that they have been so shut up in South Africa that they do not understand what is going on in the world. Yet they want to talk about it. [Laughter.]

Secondly, doctors are not being conscripted. The NP should stop talking about the conscription of doctors. [Time expired.] [Applause.]

Debate concluded.

QUESTIONS

†Indicates translated version.

For oral reply:

Executive Deputy President:

***The People's Servant* discontinued**

*1. Mr J J DOWRY asked the Executive Deputy President:†

(1) Whether his Office has discontinued the appearance of the new publication *The People's Servant*; if so, for what reasons;

(2) whether he will make a statement on the matter? N1213E

The DEPUTY MINISTER IN THE OFFICE OF THE EXECUTIVE DEPUTY PRESIDENT:

(1) No. The office of Deputy President Mbeki was not involved in the decision to discontinue the publication in question.

(2) The chief management of the South African Communication Service (SACS) decided some time ago to transform its "Infospec" newsletter, aimed at senior civil servants only, into a publication titled *The People's Servant* and aimed at all public servants holding the ranks of director and lower.

Taking into account that there are 1,2 million civil servants in South Africa, the SACS decided that *The People's Servant* should have an initial print order of at least 100 000 copies per issue. It was calculated that an eight-page publication in tabloid format, appearing on a monthly basis, would cost the SACS more or less R664 340 per year.

However, it was finally decided to discontinue this publication temporarily due to severe budget restrictions. The SACS nevertheless hopes to go ahead with the said publication once the required funds become available. However, the continuation of this publication as well as others is to some extent also dependent on the report of the Task Group on Government Communications, which will be submitted to Deputy President Mbeki later this year.

*2. Mr L LOUW—Executive Deputy President.† [Question standing over].

News agency for Government

*3. Mr P W COETZER asked the Executive Deputy President:†

(1) Whether he or his Office is at present considering the establishment of a news agency for the Government; if so, (a) why and (b) what will be the cost thereof;

(2) whether he will make a statement on the matter? N1217E

The DEPUTY MINISTER IN THE OFFICE OF THE EXECUTIVE DEPUTY PRESIDENT:

(1) No. On previous occasions Deputy President Thabo Mbeki has made it clear that neither he nor his office is considering the establishment of a news agency for the Government. In response to a question by Mr S C Vos I pointed out, only last week, and I quote: "Recommendations regarding such a policy are expected to emanate from the report of the Task Group on Government Communications, which will be submitted to the Deputy President Mbeki later this year".

(2) No.

Ministers:

Question standing over from Wednesday, 19 June 1996:

University: consultants

*4. Mr M F CASSIM asked the Minister of Education:

(1) Whether two members of the council of a certain university, the name of which has been furnished to his Department for the purpose of his reply, who had been appointed as consultants, have claimed approximately R5 million from this university; if not, what is the position in this regard, if so, what are the relevant details;

(2) whether he or his Department has undertaken any investigation into the matter; if not, why not; if so, (a) what were the terms of reference given to the persons conducting the investigation and (b) when will a report on the matter be made available?

N965E

The MINISTER OF EDUCATION:

(1) Three members of the council were appointed as consultants. The total amounts each claimed are as follows:

Fees	*Expenses*
R2 064 250	R444 368
R1 674 350	R 88 544
R 73 500	R 4 998

(2) An investigation into the matter is being considered. Available information on the matter has been collated.

New questions:

State Language Services: members of PanSALB

*1. Ms N M TSHEOLE asked the Minister of Arts, Culture, Science and Technology:

(1) Whether permanent employees of the State Language Services may be members of the Pan South African Language Board (PanSALB); if not, what is the position in this regard; if so, why;

(2) whether the chairperson of the Board is employed on a part-time basis; if so,

(3) whether, in view of the magnitude of the work involved and the role which the PanSALB has to play in nation-building, the chairperson will be sufficiently able to cope with his or her duties; if so, to what extent?

N1184E

The MINISTER OF ARTS, CULTURE, SCIENCE AND TECHNOLOGY: Madam Speaker, the PanSALB is an independent entity established by an Act of Parliament. In this regard the Constitution prescribes that the Senate shall present legislation to the South African Parliament in order to establish the PanSALB. This was duly done and the board was nominated and approved by Cabinet. Prof Golele is the part-time chairperson of the board.

A member of the State Language Services, which is a service of the Department of Arts, Culture, Science and Technology, was nominated by the Senate committee in charge of this process to serve on the PanSALB.

The Constitution further stipulates that one of the functions of the PanSALB will be to promote the development of multilingualism in the country through the provision of translation services. The person nominated to serve on the PanSALB is a deputy director in the State Language Services division. It is important to note that the PanSALB does not possess, control or have direct access to the State Language Services which are necessary to effect the translation function of the board. Therefore to have a member of the department involved in this type of service was logical as far as the department was concerned, and we assented to the appointment of this individual.

Ms N M TSHEOLE: Madam Speaker, arising from the Minister's reply, I would like to know whether the presence of a person such as the deputy director of the State Language Services as a member of the board will not interfere with the monitoring role of the board, which it has in terms of section 8(1)(d) of the Act. Furthermore, does the Minister see the appointment of such a person as mentioned in the question who is employed by an organ of the State as not interfering with the provisions of the independent, impartial functioning of the board covered under section 4(1) and 4(2) of this Act.

THE MINISTER: Madam Speaker, it is almost impossible for one person to indicate, or influence or sway the members of this board. They are professional people in their own right, experts in different aspects of languages, and surely they will use objective criteria in coming to any conclusion.

However, over and above that, they do need access to the services of the State Language Services when it comes to translation.

(3) It was impossible to consult the family in regard to the release of the body. Furthermore, had the family been contactable, the body would simply have been released to the family in the usual way. Another unclaimed body would have been provided to the University at a later date.

(4) No.

Truth and Reconciliation Commission: costing

*13. Dr F J VAN HEERDEN asked the Minister of Justice:†

(1) Whether his Department has done a costing in respect of the costs of the Truth and Reconciliation Commission; if so, what did the costs amount to during the period 1 January 1996 to 30 June 1996;

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

N1357E

The MINISTER OF JUSTICE:

(1) Yes. A preliminary budget was prepared by my department before the Commission commenced operations. In terms of Act 34 of 1995 the Commission is funded by Parliament and is required to report to Parliament on its expenditure.

- Section 46(5)(a) of the Act provides that the Commission must, within three months from the date of appointment of the Commissioners, prepare its estimate of revenue and expenditure. This must be submitted to the Minister of Justice for its approval which is to be granted in concurrence with the Minister of Finance. Thereafter it is to be submitted to parliament. In terms of section 46(3) Parliament appropriates the necessary funds for the Commission.
- Section 46(2)(a) provides that the Chief Executive Officer of the Commission shall be the accounting officer in respect of all state monies.
- Section 45(2) also provides that the Commission shall submit to Parliament half yearly financial reports.

I am informed by the Financial Director of the Commission, that the Commission's expenditure incurred for the period 15 December 1995 to 30 June 1996 is R26,087 million.

Foreign doctors at rural hospitals

*14. Dr R T RHODA asked the Minister of Health:†

(1) How many foreign doctors were employed at rural hospitals as at the latest specified date for which information is available;

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

N1358E

The MINISTER OF HEALTH:

(1) The Department of Health does not keep information on the numbers of foreign qualified doctors employed at different hospitals. Also, hospitals are being classified as central, provincial, district or specialised hospitals. They are not being classified as urban or rural. Foreign qualified doctors on Limited Registration are mainly employed in underserved hospitals, many of them in rural areas. Many of these doctors are South Africans who qualified outside South Africa. Their total number is 5 468;

(2) No.

Teachers: severance packages

*15. Mr T D LEE asked the Minister of Education:†

(1) Whether teachers who do not wish to be deployed also qualify for severance packages; if not, why not; if so, what are the relevant details;

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

N1359E

The MINISTER OF EDUCATION:

(1) Yes, if it will assist redeployment. It is expected that the granting of severance packages to some educators may make it unnecessary to transfer other educators or may make transfers within cities or towns possible.

(2) Provincial education departments and teachers' unions and organisations are fully informed in this regard and a further statement is not necessary.

New tender procedures

*16. Mr K M ANDREW asked the Minister of Finance:

Whether the new tender procedures permit the waiving of the requirements for security to be provided by or on behalf of a successful tenderer; if so, (a) in what circumstances will such requirements be waived and (b) what measures are being taken to ensure that the State does not suffer a loss if the successful tenderer subsequently does not meet his or her obligations or is otherwise in default?

N1360E

The MINISTER OF FINANCE:

Yes. (a) Only for building and construction contracts less than R100 000 in value.

(b) Contractors are only paid for work completed. Should a contractor not meet his or her obligations or be in default, the contract is terminated and new tenders/quotations invited. Losses, including advertising costs in respect of new tenders, is recovered from retention money.

Charges of misconduct against certain person

*17. Mr K M ANDREW asked the Minister of Trade and Industry:

Whether a certain person, whose name has been furnished to his Department for the purpose of his reply, has been investigated for charges of misconduct; if so, (a) what was the nature of the charges, (b) when was the investigation completed, (c) what was the outcome of the investigation and (d) what action has been taken as a result?

N1361E

The MINISTER OF TRADE AND INDUSTRY:

An investigation into certain allegations of charges of misconduct against the person concerned was instituted by the Department of Trade and Industry. These allegations related primarily to a previous internal personnel matter concerning another employee of the Department. The person concerned was, on account of his position as the previous head of personnel of the Department, directly involved in internal disciplinary matters. This involvement resulted in the said other employee accusing the person of *mala fides*. These accusations eventually formed the subject matter of the misconduct investigation which was instituted against the person concerned.

The aforesaid investigation was completed during February 1996 and the outcome of the investigation as that no grounds for a charge of misconduct against the person concerned could be found. Accordingly, no misconduct proceedings were instituted by this Department against the person concerned.

Hospitals: management decentralised

*18. Mr M J ELLIS asked the Minister of Health:

Whether her Department intends introducing measures aimed at decentralising the management of public sector hospitals; if not, why not; if so, (a) what specific measures are envisaged, (b) what aspects of management are to be decentralised and (c) what progress has been made in this regard?

N1362E

The MINISTER OF HEALTH:

Proposals to decentralise the management of all public sector hospitals have been developed by the Hospital Strategy Project, working closely with the Department of Health and all the Provincial Health Departments.

The final report of this project, including the recommendations on decentralising management, is a very lengthy document and is currently being studied by the Minister and the MECs. It will be discussed by them at a meeting scheduled for 19 and 20 September.

Further information can be supplied after that meeting.

Performances of *Sarafina II*

*19. Mr M J ELLIS asked the Minister of Health:

(a) How many performances of *Sarafina II* took place during the period 1 December 1995 up to the latest specified date for which information is available, (b) in respect of each such performance, (i) where did it take place, (ii) how many persons attended it and (iii) what were the takings from entrance fees and (c) what was the total amount received in entrance fees to the play during this period?

N1363E

The MINISTER OF HEALTH:

(a) 64 shows

Cubans 'left patient

patients for 3 days

'Neglected' patients to take legal actio

Arg. 7/9/96 foreign doctors (93) A

GLYNNIS UNDERHILL
CHIEF REPORTER

Three South African patients are taking legal action against Cuban medical doctors for alleged negligence as the beleaguered Department of Health faces another scandal.

One patient, Patrick Jacobs, 37, who was admitted to Batlharos Hospital in the Northern Cape after a car accident, told SATURDAY Argus yesterday he was not given any medical treatment for three days by Cuban doctors on duty after arriving as an emergency case with serious facial fractures.

"I saw no Cuban doctors, although they were the ones on duty. I could not speak and I could not ask anybody for help from Saturday to Monday. I was nearly dead, but nobody cared about me," he said.

Meanwhile the number of cases of alleged malpractice by six Cuban doctors has grown to 25. The cases will be taken by South African doctors to the South African Medical and Dental Council.

Kuruman general practitioner Samuel van Eeden, who is acting as a spokesman for a group of 12 concerned local doctors in the Northern Cape, said the allegations were being couriered this weekend to the council in Pretoria.

They have called for an investigation into the death of a five-year-old child who was treated by Cuban doctors in Kuruman Hospital last weekend, said Dr Van Eeden.

"It is important that the health authorities sit up and listen before more patients are put at risk," he said.

The Northern Cape provincial government said yesterday the Medical Review Committee would be looking into the allegations.

David Morrel, a spokesman for the Medical Association of South Africa, said if there proved to be "clear and undisputed prima facie evidence" against the Cuban doctors the association would put pressure on the Medical and Dental Council to investigate the issue.

The Health Department responded yesterday by saying it was confident that the allegations would be investigated "as quickly as possible in the normal manner" once the complaints were lodged.

"Like any other doctor in South Africa, the Cuban doctors work in terms of their registration with the Interim National Medical and Dental Council. It should be noted, however, that council regulations make specific provision for any doctor, in an emergency situation, to render assistance to patients outside his normal scope of practice."

The vast majority of the nurses and doctors working with Cuban doctors in South Africa were extremely satisfied with the services provided by the Cubans, the Department of Health claimed. "The Department will continue to bring foreign qualified doctors to South Africa for as long as there is an acute shortage of doctors to provide services to the public in certain areas."

An upset Mr Jacobs said he shared a bed with two other patients while he waited in vain for three days for medical attention at the government hospital. The patient said he received only one injection of an unknown drug and was urinated on by another patient.

Mr Jacobs and his family eventually sought help from a private doctor, who said yesterday he had resuscitated the patient and sent for a specialist in Kimberley to perform emergency surgery.

Another patient, Mieta Kokhero, 43, who is also taking legal action, told SATURDAY Argus she was involved in a serious motor vehicle accident in which two of her friends died.

Mrs Kokhero was admitted to Kuruman Hospital with three fractures of the vertebrae and a fractured ankle. She claimed she was not given any medical treatment. "I don't know why they did not give me treatment as I waited all day. The doctors did not come to my bed," she alleged.

Eventually she went to a private doctor in the town and took her X-rays back to Kuruman Hospital, where her ankle was set by a Cuban doctor. "She came back the next day with a painful and swollen leg. Her leg had to be reset," said Dr Van Eeden, who treated her.

Toast of the town: Carol van der Spuy
Waterfront Wine Festival from October 1
wine routes, including cellars from the (
Computicket and the Waterfront informat

Cloud of controversy greets new batch of Cuban doctors

(93) ARG 7/9/96

JACQUI REEVES
OWN CORRESPONDENT

New recruits: Rigoberto Sanchez, with Madeline Santana and Reynaldo Martinez behind him, are determined to make a difference

Chatting to Rigoberto, Reynaldo and Madeline, you could be excused for thinking you were listening to immigrant tour guides in Disneyland.

"Your city, she is very nice. The crime, we have not seen it, so we not so worried."

They love our country, our people and our hospitality, and they exude a genuine commitment to make a difference.

But despite their enthusiasm, Gauteng's latest batch of Cuban doctors could not have chosen a worse time to come to South Africa.

The first contingent of doctors arrived in the country in February this year, but only two doctors from that group came to Gauteng.

The province's Cuban contingent has, however, been increased by seven, with last month's arrival of a further 113 doctors in the country.

While one would expect the excitement of settling into a new country to be foremost in the minds of these doctors, a different set of troubles may be clouding their arrival. Local doctors in the Northern Cape are planning to present 21 cases of alleged malpractice by Cuban doctors to the South African Medical and Dental Council, accusing the foreigners of endangering the lives of their Kuruman patients.

They have been accused of issuing "death commands" through wrong diagnoses, leaving many suspicious of their qualifications.

Gauteng's MEC for Health, Amos Masondo, says any behaviour "unbecoming" to a doctor will be investigated, but he stressed that this was standard procedure.

"Any reported problems will go to the South African Medical and Dental Council. This would happen with any doctor facing such allegations, and no comments would be made on the allegations until the council completed its investigation," he says.

The doctors have been brought to the country as part of an intergovernmental agreement reached between South Africa and Cuba earlier this year, in which Health Minister Nkosazana Zuma secured the doctors' aid.

Dr Zuma says the doctors have been called in to work alongside local doctors, helping to relieve the pressures felt in the rural areas. At the launch of the plan, she said about 600 areas were considered urgently in need of doctors.

While they are aware of the scandal surrounding some of their colleagues, this trio believe they are fully prepared for their new venture.

"We don't have much information about the problems, but we are confident that we have the capabilities to serve our patients properly," Rigoberto Sanchez says.

All the doctors have spent six years at the University of Cuba studying for their medical degree. They then worked in rural areas for about a year before specialising as physicians.

Madeline Santana, the only female in the team, and her colleague Reynaldo Martinez are a little less vociferous than Dr Sanchez, but seem to share the same passion for their profession.

"There are diseases in Cuba that we have all but eradicated, but they are still killing thousands of people in South Africa each year. If I can help stop these preventable diseases, then I will have done some good," Dr Martinez said.

The deployment of these doctors is slightly different to the initial wave of Cubans, in that they will be servicing clinics, rather than state hospitals.

They have signed contracts which guarantee their services for three years, but they say lonely hearts pining for Cuban loves will not be an issue.

"Although two of us are married and one has a girlfriend, we hope to bring them to South Africa soon. We just have to get settled," Dr Sanchez says.

His 6-year-old daughter is foremost in his mind, but he will not bring her to South Africa until he is sure that she, and her mother, will be happy here.

Although their English is hesitant, the doctors say they have no fears about communication problems, asking for just a few weeks to find their feet.

"Many South African doctors do not speak for example Xhosa or Zulu, and they manage. We will have nurses with us, who will act as translators when necessary, and our English will improve."

Before coming to South Africa, Sanchez spent two years working in rural hospitals in Zambia, and says the conditions he will be working under now are something of a relief.

"In Zambia we did not have the violence that some areas of South Africa have, but we worked under poor conditions and did the best with what we had. These clinics appear to be very well equipped," he says.

Latest batch of Cuban doctors optimistic

BY JACQUI REEVES

Chatting to Rigoberto, Reynaldo and Madeline, you could be excused for thinking you were listening to immigrant tour guides in Disneyland.

"Your city, she is very nice. The crime, we have not seen it, so we not so worried."

They love our country, our people and our hospitality, and they exude a genuine commitment to making a difference.

But, despite their enthusiasm, Gauteng's latest batch of Cuban doctors could not have chosen a worse time to come to South Africa.

The first contingent of doctors arrived in the country in February this year, but only two doctors from that group came to Gauteng.

The province's Cuban contingent has been increased by seven, however, with last month's arrival of a further 113 doctors in the country.

While one would expect the excitement of settling into a new country to be foremost in the minds of these doctors, a different set of troubles may be clouding their arrival.

Local doctors in the Northern Cape are planning to present 21 cases of alleged malpractice by Cuban doctors to the South African Medical and Dental Council, accusing the foreigners of endangering the lives of their Kuruman patients.

'There are diseases in Cuba that we have all but eradicated, but they are still killing thousands in SA'

They have been accused of issuing "death commands" through wrong diagnoses, leaving many suspicious of their qualifications.

Gauteng's MEC for Health, Amos Masondo, says any behaviour "unbecoming" of a doctor will be investigated, but he stressed that this was standard procedure.

"Any reported problems will go to the South African Medical and Dental council. This would happen with any doctor facing such allegations, and no comments will be made on the allegations until the council has completed its investigation," Masondo says.

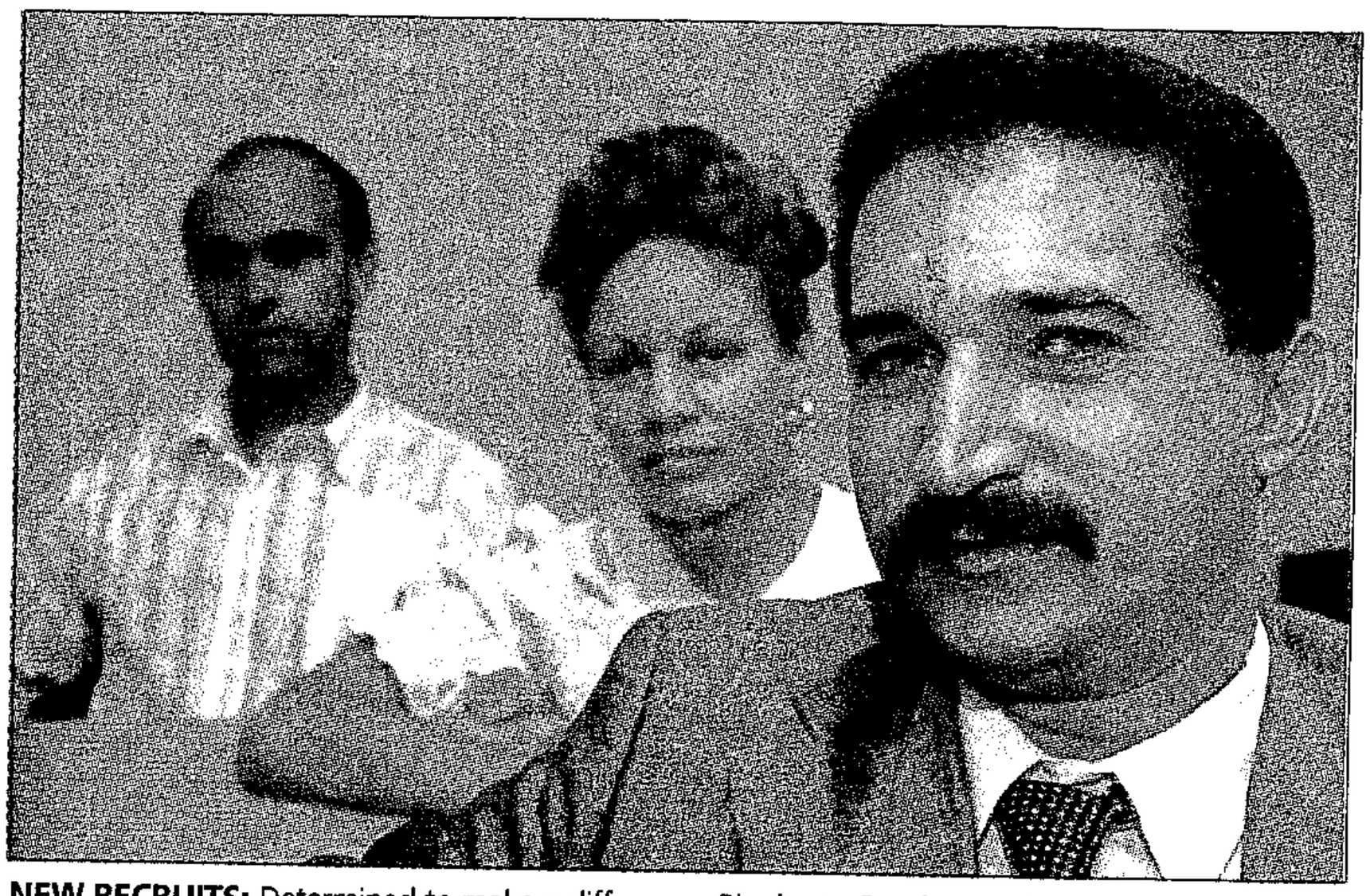
The doctors have been brought to the country as part of an agreement reached between South Africa and Cuba earlier this year in which Health Minister Nkosazana Zuma secured the doctors' services.

Zuma says the doctors have been called in to work alongside local doctors to relieve pressure in rural areas. At the launch of the plan, Zuma said about 600 areas were considered urgently in need of doctors.

While they are aware of the scandal surrounding some of their colleagues, this trio believes they are fully prepared for their new venture.

"We don't have much information about the problems, but we are confident that we have the capabilities to serve our patients properly," Rigoberto Sanchez says.

All the doctors have spent six years at the University of Cuba studying for their medical degrees. They then worked in rural areas for about a year before specialising as physicians.



NEW RECRUITS: Determined to make a difference, Rigoberto Sanchez, with Madeline Santana and Reynaldo Martinez behind him, are eager to get to work PHOTOGRAPH: TJ LEMON

Madeline Santana, the only female doctor in the team, and her colleague Reynaldo Martinez are a little less vociferous than Sanchez, but seem to share the same passion for their profession.

"There are diseases in Cuba that we have all but eradicated, but they are still killing thousands of people in South Africa each year. If I can help to stop these preventable diseases, then I will have done some good," says Martinez.

The deployment of these doctors is slightly different from the initial wave of Cubans, in that they will be servicing clinics, rather than state hospitals.

Both Sanchez and Martinez will be working at the Tsakane and Duduza clinics, while Santana will be staying closer to the city at the Koos Beukes Clinic.

The doctors have signed contracts which guarantee their services for three years, but they say lonely hearts will not be pining for Cuban loves.

"Although two of us are married and one has a girlfriend, we hope to bring them to South Africa soon. We just have to get settled," Sanchez says.

His 6-year-old daughter is foremost in his mind, but Sanchez says he will not bring her to South Africa until he is sure that she and her mother will be happy here.

"She is just starting school and does not speak English. Although it would be good for her to learn the language, it is important that she goes to a good school."

Although their English is hesitant, the doctors say they have no fears about communication problems, asking for just a few weeks to find their feet.

"Many South African doctors do not speak, for example, Xhosa, and they manage. We will have nurses with us who will act as translators, and our English will improve," Martinez says.

'While aware of the scandal surrounding their colleagues, this trio feel fully prepared for their new venture'

Gauteng doctors and teachers severance payout as high as R2-m for some

(93) (321) Star 12/9/96

By Troye Lund and Janine Simon

About 7 500 Gauteng medical staff and teachers have applied for retrenchment packages which could be as high as R2-million for some.

The province's Association of Professional Teachers (APT) revealed yesterday that up to 5 000 of its members had applied for severance packages, and the Gauteng health department said more than 80% of the 2 500 applicants would succeed in their applications.

The province was still awaiting details to calculate the total cost of the severances, but individual packages varied from R30 000 for staff with limited service to R1,5 or R2-million for senior-level managerial staff already close to retirement, said Roland Hunter, Gauteng Director of Finance and Economic Affairs.

Leave pay would be borne by the departments and constitute about 15% of the total packages.

The remainder would be borne by the State pension fund, he said, adding that a small number of cancellations had been received as people realised that their packages would not be as large as they had expected.

The APT said the retrenchments would be phased in over the next three years as "levels of disenchantment in the profession are dangerously high".

The Gauteng education department was unable to say how many of the 5 000 applicants would be on severance packages, although director-general of education Enver Motala said teachers would be granted packages only if their posts could be filled by a teacher of equal expertise.

"Severance is an option teachers requested and will make way for others to move in," said Motala, adding preference would be given to applicants closest to retiring.

More than 80% of the 2 500 Gauteng health staff members who applied for voluntary severance packages will be notified before the end of the month.

The applicants for retrenchment who included 750 nurses, 30 doctors and 50 therapists were in four categories:

- Those who could leave and whose posts would remain vacant.
- Those who could leave but whose posts would be filled by internal promotions: for example, the province had an oversupply of cleaners.
- Those who could leave but who would first assist a replacement through a transitional period.
- Those whose departure would compromise service provision.

If the downsizing is not achieved, Gauteng's personnel budget stands to be underfunded by between R400-million and R500-million in 1997-98.

According to deputy director-general Dr Eric Buch, the severance packages did not threaten the heart of the health services.

Medicos won't be marching

(93) Sowetan 12/9/96

By Khangale Makhado

DOCTORS have suspended their plans to march on Monday pending the outcome of a meeting between Minister of Health Dr Nkosazana Zuma and their representatives next Friday.

The meeting follows an outcry by private practitioners after an announcement by the Health Department that the Government would introduce legislation which would bar doctors from dispensing medicines to patients.

The National Convention on Dispensing, a united front of medical associations, yesterday called on the doctors to suspend all protest actions planned for Monday.

Deputy chairman Dr Norman Mabasa said doctors were to march to various Health Department offices around the country to register their dissatisfaction over the proposed legislation.

Mabasa said the planned marches should be put on hold to allow negotiations to continue. He said representatives of various doctor's groups would address the parliamentary portfolio committee on health in Cape Town on Monday.

"This will be followed by another meeting with Minister Zuma on Friday when she will respond to the submissions made by doctors last month.

"It will be after this meeting that doctors will know their fate and decide on the way forward," Mabasa said.

Challenged

At a meeting in Johannesburg last month attended by representatives of eight national organisations representing more than 6 000 doctors, the practitioners challenged the Government's contention that they were not competent to dispense medicines to patients.

They agreed at the meeting that dispensing by doctors was of value to patients both in terms of "access and availability" of medication to patients.

They also argued that the legislation, scheduled to have been put in place this month, would deny patients the right to proper health care.

The MINISTER OF LABOUR:

(a) Statistics concerning the number of apprentices indentured and current contracts of apprenticeship are not kept on a provincial basis. Separate statistics are therefore not available on a provincial basis but only on a national basis.

The statistics regarding (i) the number of apprentices indentured and (ii) current contracts of apprenticeship are as follows:

(i) Indentured (National)

(aa) December 1993	6 247
(bb) December 1994	5 002
(cc) December 1995	5 545

(ii) Current contracts (National)

(aa) December 1993	21 677
(bb) December 1994	22 015
(cc) December 1995	22 316

(b) Statistics concerning the number of trainees (i) indentured and (ii) had current contracts in each of the provinces are as follows:

(i) Indentured

	Western Cape	KwaZulu-Natal	Gauteng
(aa) December 1993	172	20	89
(bb) December 1994	152	5	85
(cc) December 1995	95	0	110

(ii) Current contracts

	Western Cape	KwaZulu-Natal	Gauteng
(aa) December 1993	165	20	79
(bb) December 1994	149	4	76
(cc) December 1995	86	0	95

Trainees are only trained in the above-mentioned provinces.

Emigration: doctors (93)

475. Mr I J PRETORIUS asked the Executive Deputy President:†

(a) How many doctors emigrated from South Africa in 1995 and

(b) to which countries did such doctors emigrate?

N829E

The EXECUTIVE DEPUTY PRESIDENT:

Emigrants

During 1995, the number of doctors/specialists who emigrated decreased by 23,7% compared with 1994. For the period January to December 1995, 15 medical specialists, 56 medical doctors, 14 persons in the dental profession and 6 veterinary science professionals emigrated from South Africa.

Of the 56 medical doctors who left the country during the specified period, 38 (67,9%) were S.A. citizens. The equivalent percentages of S.A. citizens for the emigrating medical specialists, dental and veterinary professionals were 86,7% and 83,3% respectively.

About 60% of these emigrating professionals are male. The most popular destination for medical doctors and specialists was Oceania (31,1%) followed by the Americas (28,2%) and Europe (25,3%).

Immigrants

The number of doctors/specialists who immigrated to South Africa decreased from 163 in 1994 to 74 in 1995. This represents a 54,6% decrease.

During 1995, 70 medical doctors, four medical specialists and three persons in the dental profession immigrated to South Africa; and about 80% of these immigrant professionals are men.

Most of the immigrant professional doctors came from Africa (41), followed by Europe (21) and Asia (11).

The net gain of doctors/specialists for 1995 was six persons, compared with a net gain of 70 persons in 1994.

Origin/Destination

An origin/destination analysis will show that the majority of the medical professionals leaving the country are destined for more developed countries while the majority of those immigrating into the country originate from countries less developed than South Africa.

2. Migration: Emigrants
2.1 Country of destination by occupation and gender
2.1.1 Total

1995

	Total			Medical practitioner			Medical specialists			Medical professions nec			Dental professions			Veterinary Sciences Prof		
Country	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F
Total	108	68	40	56	36	20	15	12	3	17	5	12	14	9	5	6	6	—
Africa	9	8	1	2	2	—	2	2	—	2	2	—	2	1	1	1	1	—
Botswana	3	3	—	—	—	—	1	1	—	1	1	—	—	—	—	1	1	—
Namibia	1	—	1	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
Swaziland	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Zambia	2	2	—	—	—	—	1	1	—	1	1	—	—	—	—	—	—	—
Zimbabwe	2	2	—	1	1	—	—	—	—	—	—	—	1	1	—	—	—	—
Americas	29	21	8	17	12	5	3	2	1	4	3	1	4	3	1	1	1	—
Argentinia	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Bermuda	1	1	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—
Canada	12	10	2	8	6	2	—	—	—	1	1	—	2	2	—	1	1	—
Honduras	1	1	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—
USA	14	8	66	8	5	3	1	—	1	3	2	1	2	1	1	—	—	—
Asia	10	7	3	4	3	1	3	3	—	1	—	1	2	1	1	—	—	—
Israel	8	6	2	3	3	—	2	2	—	1	—	1	2	1	1	—	—	—
Philippines	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Saudia Arabia	1	1	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—
Europe	28	14	14	15	9	6	3	1	2	5	—	5	4	3	1	1	1	—
Denmark	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
France	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Germany	4	1	3	3	1	2	—	—	—	1	—	1	—	—	—	—	—	—
Hungary	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—
UK	21	11	10	10	7	3	3	1	2	4	—	4	4	3	1	—	—	—
Oceania	32	18	14	18	10	8	4	4	—	5	—	5	2	1	1	3	3	—
Australia	14	7	7	7	4	3	2	2	—	4	—	4	—	—	—	1	1	—
New Zealand	18	11	7	11	6	5	2	2	—	1	—	1	2	1	1	2	2	—

NEC = Not elsewhere classified.

2. Migration: Emigrants

2.1 Country of destination by occupation and gender

2.1.2 RSA citizens

1995

	Total			Medical practitioner			Medical specialists			Medical professions nec			Dental professions			Veterinary Sciences Prof		
Country	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F
Total	80	50	30	36	24	14	13	10	3	12	4	8	12	7	5	5	5	—
Africa	6	5	1	2	2	—	1	1	—	1	1	—	1	—	1	1	1	—
Botswana	3	3	—	—	—	—	1	1	—	1	1	—	—	—	—	1	1	—
Namibia	1	—	1	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
Swaziland	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Zimbabwe	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Americas	27	19	8	16	11	5	3	2	1	4	3	1	3	2	1	1	1	—
Bermuda	1	1	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—
Canada	11	9	2	8	6	2	—	—	—	1	1	—	1	1	—	1	1	—
Honduras	1	1	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—
USA	14	8	6	8	5	3	1	—	1	3	2	1	2	1	1	—	—	—
Asia	7	5	2	2	2	—	2	2	—	1	—	1	2	1	1	—	—	—
Israel	6	4	2	2	2	—	1	1	—	1	—	1	2	1	1	—	—	—
Saudia Arabia	1	1	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—
Europe	15	7	8	4	2	2	3	1	2	3	—	3	4	3	1	1	1	—
Denmark	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Germany	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Hungary	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—
UK	12	6	6	2	2	—	3	1	2	3	—	3	4	3	1	—	—	—
Oceania	25	14	11	14	7	7	4	4	—	3	—	3	2	1	1	2	2	—
Australia	12	7	5	7	4	3	2	2	—	2	—	2	—	—	—	1	1	—
New Zealand	13	7	6	7	3	4	2	2	—	1	—	1	2	1	1	1	1	—

NEC = Not elsewhere classified.

2. Migration: Emigrants

2.1 Country of destination by occupation and gender

2.1.1 Total

1994

	Total			Medical practitioner			Medical specialists			Medical professions nec			Dental professions			Veterinary Sciences Prof		
Country	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F
Total	139	81	58	72	39	33	21	17	4	22	7	15	16	12	4	8	6	2
Africa	10	5	5	7	3	4	1	1	—	1	—	1	1	1	—	—	—	—
Botswana	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—
Kenya	1	1	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—
Madagascar	1	1	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—
Mauritius	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Mozambique	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Namibia	3	2	1	3	2	1	—	—	—	—	—	—	—	—	—	—	—	—
United Rep of Tanzania	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Zimbabwe	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Americas	36	25	11	17	13	4	7	7	—	8	2	6	3	2	1	1	1	—
Canada	21	13	8	10	6	2	4	4	—	5	—	5	2	1	1	—	—	—
Chile	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
USA	14	12	2	6	5	1	3	3	—	3	2	1	1	1	—	1	1	—
Asia	9	5	4	4	2	2	3	2	1	—	—	—	1	—	1	1	1	—
India	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Israel	7	4	3	2	1	1	3	2	1	—	—	—	1	—	1	1	1	—
Singapore	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Europe	38	18	20	17	5	12	5	4	1	3	—	3	10	8	2	3	1	2
Germany	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—
Netherlands	2	1	1	—	—	—	1	1	—	1	—	1	—	—	—	—	—	—
Poland	3	—	3	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—
Switzerland	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
UK	31	16	15	13	4	9	4	3	1	1	—	1	10	8	2	3	1	2
Oceania	45	27	18	26	15	11	5	3	2	10	5	5	1	1	—	3	3	—
Australia	18	8	10	11	6	5	2	—	2	4	1	3	1	1	—	—	—	—
New Zealand	27	19	8	15	9	6	3	3	—	6	4	2	—	—	—	3	3	—
Unspecified	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—

NEC = Not elsewhere classified.

2. Migration: Emigrants
2.1 Country of destination by occupation and gender
2.1.1 RSA Citizens

1994

	Total			Medical practitioner			Medical specialists			Medical professions nec			Dental professions			Veterinary Sciences Prof		
Country	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F
Total	99	61	38	52	30	22	12	9	3	16	7	9	12	9	3	7	6	1
Africa	2	1	1	1	1	—	—	—	—	1	—	1	—	—	—	—	—	—
Botswana	1	—	1	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—
Namibia	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Americas	30	23	7	15	13	2	5	5	—	6	7	4	3	2	1	1	1	—
Canada	19	13	6	9	8	1	4	4	—	4	—	4	2	1	1	—	—	—
USA	11	10	1	6	5	1	1	1	—	2	2	—	1	1	—	1	1	—
Asia	6	2	4	2	—	2	2	1	1	—	—	—	1	—	1	1	1	—
Israel	5	2	3	1	—	1	2	1	1	—	—	—	1	—	1	1	1	—
Singapore	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Europe	19	9	10	10	2	8	—	—	—	—	—	—	7	6	1	2	1	1
Poland	2	—	2	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—
UK	17	9	8	8	2	6	—	—	—	—	—	—	7	6	1	2	1	1
Oceania	41	25	16	23	13	10	5	3	2	9	5	4	1	1	—	3	3	—
Australia	18	8	10	11	6	5	2	—	2	4	1	3	1	1	—	—	—	—
New Zealand	23	17	6	12	7	5	3	3	—	5	4	1	—	—	—	3	3	—
Unspecified	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—

NEC = Not elsewhere classified.

1. Migration: Emigrants
1.1 Country of previous permanent residence by occupation and gender

1995

	Total			Medical practitioner			Medical specialists			Medical professions nec			Dental professions			Veterinary Sciences Prof		
Country	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F
Total	84	71	13	70	60	10	4	3	1	2	1	1	3	2	1	5	5	—
Africa	47	42	5	40	35	5	1	1	—	—	—	—	1	1	—	5	5	—
Ghana	3	3	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—
Kenya	3	2	1	3	2	1	—	—	—	—	—	—	—	—	—	—	—	—
Lesotho	4	4	—	3	3	—	—	—	—	—	—	—	—	—	—	1	1	—
Malawi	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Nigeria	1	1	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—
Swaziland	3	2	1	3	2	1	—	—	—	—	—	—	—	—	—	—	—	—
Uganda	14	14	—	11	11	—	—	—	—	—	—	—	—	—	—	3	3	—
Zaïre	4	4	—	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—
Zambia	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Zimbabwe	13	10	3	11	8	3	1	1	—	—	—	—	—	—	—	1	1	—
Americas	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Canada	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Asia	12	10	2	11	9	2	—	—	—	—	—	—	1	1	—	—	—	—
Bangladesh	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
India	4	2	2	4	2	2	—	—	—	—	—	—	—	—	—	—	—	—
Pakistan	6	6	—	6	6	—	—	—	—	—	—	—	—	—	—	—	—	—
Sri Lanka	1	1	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—
Europe	24	18	6	18	15	3	3	2	1	2	1	1	1	—	1	—	—	—
Belgium	4	2	2	3	2	1	1	—	1	—	—	—	—	—	—	—	—	—
Croatia	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Czechoslovakia	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Denmark	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Germany	3	3	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—
Greece	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Netherlands	2	2	—	1	1	—	—	—	—	1	1	—	—	—	—	—	—	—
Poland	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Russian Federation	1	—	1	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—

NEC = Not elsewhere classified.

1. Migration: Immigrants
1.1 Country of previous permanent residence by occupation and gender

1995

Country	Total			Medical practitioner			Medical specialists			Medical professions nec			Dental professions			Veterinary Sciences Prof		
	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F
UK	8	5	3	5	3	2	2	2	—	1	—	1	—	—	—	—	—	—
Yugoslavia	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—

NEC = Not elsewhere classified.

1. Migration: Immigrants
1.1 Country of previous permanent residence by occupation and gender

1994

Country	Total			Medical practitioner			Medical specialists			Medical professions nec			Dental professions			Veterinary Sciences Prof		
	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F
Total	180	148	32	158	130	28	5	3	2	1	1	—	12	10	2	4	4	—
Africa	76	66	10	68	58	10	1	1	—	—	—	—	3	3	—	4	4	—
Angola	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—
Botswana	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Ghana	5	5	—	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—
Lesotho	3	2	1	3	2	1	—	—	—	—	—	—	—	—	—	—	—	—
Malawi	1	1	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—
Mauritius	2	1	1	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—
Namibia	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Nigeria	1	1	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—
Rwanda	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Swaziland	4	3	1	3	2	1	—	—	—	—	—	—	—	—	—	1	1	—
Uganda	3	2	1	3	2	1	—	—	—	—	—	—	—	—	—	—	—	—
United Rep of Tanzania	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Zaïre	27	24	3	26	23	3	—	—	—	—	—	—	—	—	—	1	1	—
Zambia	5	4	1	4	3	1	—	—	—	—	—	—	1	1	—	—	—	—
Zimbabwe	20	18	2	18	16	2	1	1	—	—	—	—	—	—	—	1	1	—
Americas	5	5	—	4	4	—	—	—	—	—	—	—	1	1	—	—	—	—
Canada	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Colombia	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Jamaica	1	1	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—
USA	2	2	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—
Asia	30	25	5	30	25	5	—	—	—	—	—	—	—	—	—	—	—	—
Bangladesh	2	2	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—
China, People's Rep of	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
China, Rep of (Taiwan)	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Cyprus	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
India	8	4	4	8	4	4	—	—	—	—	—	—	—	—	—	—	—	—
Israel	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Myanmar (Burma)	3	2	1	3	2	1	—	—	—	—	—	—	—	—	—	—	—	—

NEC = Not elsewhere classified.

2. Migration: Immigrants
2.1 Country of previous permanent residence by occupation and gender

1994

Country	Total			Medical practitioner			Medical specialists			Medical professions nec			Dental professions			Veterinary Sciences Prof		
	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F
Nepal	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Pakistan	12	12	—	12	12	—	—	—	—	—	—	—	—	—	—	—	—	—
	66	49	17	53	40	13	4	2	2	1	1	—	8	6	2	—	—	—
Austria	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
Belgium	4	3	1	4	3	1	—	—	—	—	—	—	—	—	—	—	—	—
Bulgaria	7	5	2	7	5	2	—	—	—	—	—	—	—	—	—	—	—	—
Chechoslovakia	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Denmark	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
France	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
Germany	11	9	2	10	8	2	—	—	—	—	—	—	1	1	—	—	—	—
Greece	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Ireland	3	1	2	3	1	2	—	—	—	—	—	—	—	—	—	—	—	—
Netherlands	4	3	1	4	3	1	—	—	—	—	—	—	—	—	—	—	—	—
Poland	11	10	1	10	9	1	—	—	—	—	—	—	1	1	—	—	—	—
Russian Federation	1	1	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—
Switzerland	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
UK	11	9	2	6	6	—	1	1	—	1	1	—	3	1	2	—	—	—
Ukraine	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Yugoslavia	7	6	1	4	3	1	—	—	—	—	—	—	3	3	—	—	—	—
Oceania	3	3	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—
Australia	3	3	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—

NEC = Not elsewhere classified.

Apprentices: examinations written/passed

665. Mr P I BIKITSHA asked the Minister of Labour:†

(a) How many apprentices wrote examinations in (i) 1993, (ii) 1994 and (iii) 1995 to qualify and (b) how many such apprentices passed their respective examinations?

N1176E

The MINISTER OF LABOUR:

(a) Number of candidates who wrote an examination (Trade Test) to qualify:

1993	
Apprentices	10 692
Trainees	3 665
Artisans: Section 28	199
Total	14 556
1994	
Apprentices	6 793
Trainees	84
Artisans: Section 28	3 212
Total	10 089
1995	
Apprentices	4 313
Trainees	144
Artisans: Section 28	3 685
Total	8 142

(b) Number of candidates who passed their respective examination (Trade Test):

1993		
Apprentices	6 393	(60%)
Trainees	1 632	(44%)
Artisans: Section 28	81	(40%)
Total	8 106	(55%)

IN BRIEF

Zuma rejects union's call to divulge curriculum vitae

(93)

HEALTH Minister Nkosazana Zuma had rejected a request by the Medical Union of SA (Medusa) to divulge her curriculum vitae, the union said.

Health department spokesman Vincent Hlongwane telephoned the union to say the department was not prepared to respond to such a "crude and rude" request, the union said. BD 16/9/96

Union legal representative Philip du Toit said the response was unacceptable as "Dr Zuma is a civil servant and as such she should be most willing to give taxpayers insight into her qualifications". The union consists of about 35 district surgeons and more were expected to join.

NEWS

Dispensing plan 'to hit poor hardest'

Cape Flats doctors protest against medicine proposal

(93) (94) ARG 17/9/96

JENNY VIALL AND JUDY DAMON
HEALTH REPORTERS

Government moves to stop doctors from dispensing medicines may be a way to force general practitioners into the public sector.

This was one of the views put to the National Assembly portfolio committee on health which heard 38 submissions yesterday from dispensing doctors, community organisations and pharmacists on proposed regulations to control dispensing doctors. Dispensing doctors, most from the Cape Flats, marched to Parliament yesterday to protest against the plan.

The doctors claimed patients from disadvantaged communities would suffer and that for some it could be a fine line "between life and death".

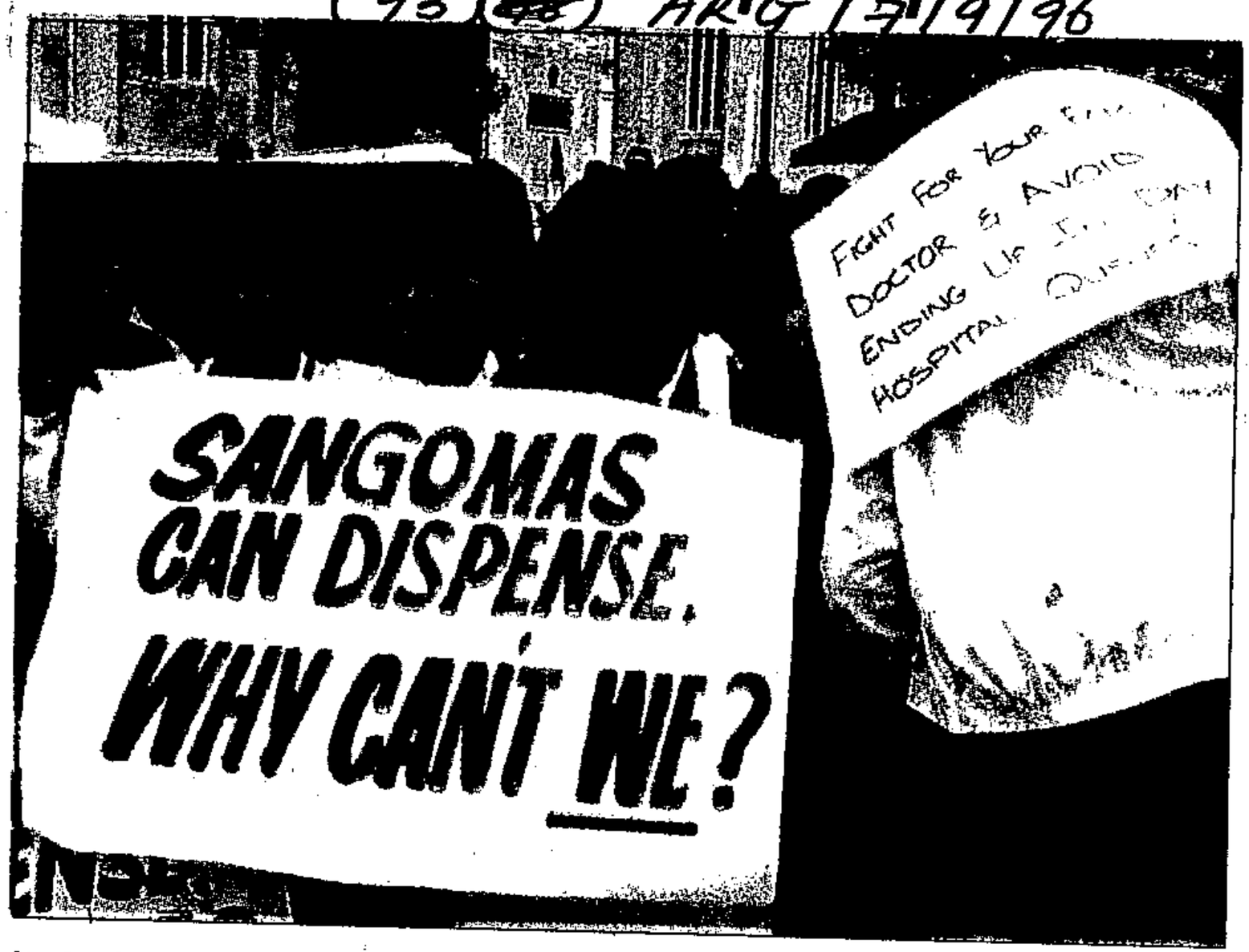
Jackie Pepler, a doctor from the National General Practitioners Group, said that apart from forcing doctors out of business, regulations on dispensing would also force many patients to seek their medication from the already overburdened public health system.

The proposed regulations have been greeted with outrage by dispensing doctors and community organisations. If implemented, many dispensing doctors will have their licences revoked. Doctors will also have to register to dispense drugs annually and do a course in dispensing.

Many people opposed to the regulations told the committee that those hardest hit would be the poorer patients who could not afford medicines from pharmacists or could not easily get transport to pharmacies. Elaine Clarke of the Dispensing Family Practitioners Association questioned whether the health system would cope with the extra three million patients who would use clinics if dispensing doctors were no longer able to dispense. "We call on the department to withdraw the regulations and give us an undertaking that no legislation be introduced without consultation," she said.

Bada Pharasi, director of health services, told the committee public safety was the main aim of the regulations, which would bring South Africa in line with international principles that separate dispensing functions from diagnosing and prescribing.

Judi Fortuin of the Progressive Primary Health Care Network told the committee the regulations raised more issues than they addressed. One was the legality of the regulation, which in effect superseded an act of Parliament. Ms Fortuin questioned the inalienable right of doctors to dispense medicines.



Doctors' demo: doctors protest outside Parliament against plans to stop them dispensing medicines

Doctors, pharmacists square up

POLITICAL STAFF

CT 17/9/96

DISPENSING doctors and pharmacists squared up to each other yesterday at public hearings in Parliament on Health Minister Dr Nkosazana Zuma's regulations aimed at curbing the right of doctors to dispense drugs.

The proposals include measures to stop doctors from dispensing drugs and the substitution of trademark drugs with generic products.

The Department of Health said visits to dispensing doctors' rooms showed their premises to be unsafe and unhygienic, a claim that was contested by the doctors.

The Gauteng Pharmacists' Forum said it, together with the Pharmaceutical Society of South Africa and other bodies, had "shown that the perverse incentives offered by profit on medicines, discriminatory pricing policies by manufacturers, free trips, and other irregularities had created not only unfair practices but also practices which mitigate against the patient being given the best medicine for the illness at a price which the patient can afford".

The forum said black pharmacists in the townships had little chance of establishing a full service while doctors dispensed medicines.

Doctors were known to be making profits of up to 900% on the sale of drugs, the forum claimed.

It also claimed that dispensing doctors tended to prescribe more drugs, evaded paying VAT and traded in stolen medicines.

"Dispensing doctors have a captive market ... a limited inventory specially tuned to the greatest profit margin rather than a comprehensive range of products," it said.

On behalf of the doctors, the Medical Association of South Africa argued that 83,88% of general practitioners and 26,78% of specialists offered dispensing facilities "as a convenient one-stop service".

"The proposed regulations interfere with freedom of choice in the doctor-patient relationship. It will restrict or remove doctors' rights to dispense medicines to their own patients and infringe on patients' rights to choose from whom to receive their medicines."

The prescriber was accountable for the patient's health and "must be able to specify the drug which according to his clinical judgment will provide the optimal effect".

MARCH ON PARLIAMENT

Medics protest over dispensing proposal

CT 17/9/96 (93)

WHILE THE PROPOSED LAW which would ban doctors from dispensing medicines was debated yesterday, a group of about 300 doctors and supporters marched on Parliament to protest against the planned changes.

DOCTORS marched on Parliament yesterday — but at Cape Flats clinics, it was just another day.

More people without appointments arrived at the Mitchells Plain Day Hospital yesterday, but hospitals on the Cape Flats were not affected by the doctors' march.

The 300-strong crowd of doctors, patients and staff members were protesting against a proposal to remove doctors' rights to dispense medicines which was being debated in Parliament yesterday.

The doctors, who last took to the streets three years ago to protest against VAT charges on medicine, handed over a memorandum for Health Minister Dr Nkosazana Zuma, asking that the proposal to remove doctors' rights to dispense medicines be withdrawn on the grounds that it did not serve public interest.

The regulation "would have severe implications for the delivery of medicines to three to five million people (a month) who are, because of economic circumstances, not able to buy medicines separately," the memorandum, which was signed by the chairman of the National Convention of Dispensing, Dr S Motumi, stated.

"By killing dispensing, the government is taking away a main source of income. It will make it difficult to remain in general practice, doctors will have to return to hospitals," a doctor said.

The Day Hospital in Mitchells Plain seemed to be the busiest out of the five day hospitals visited in the Cape Flats.

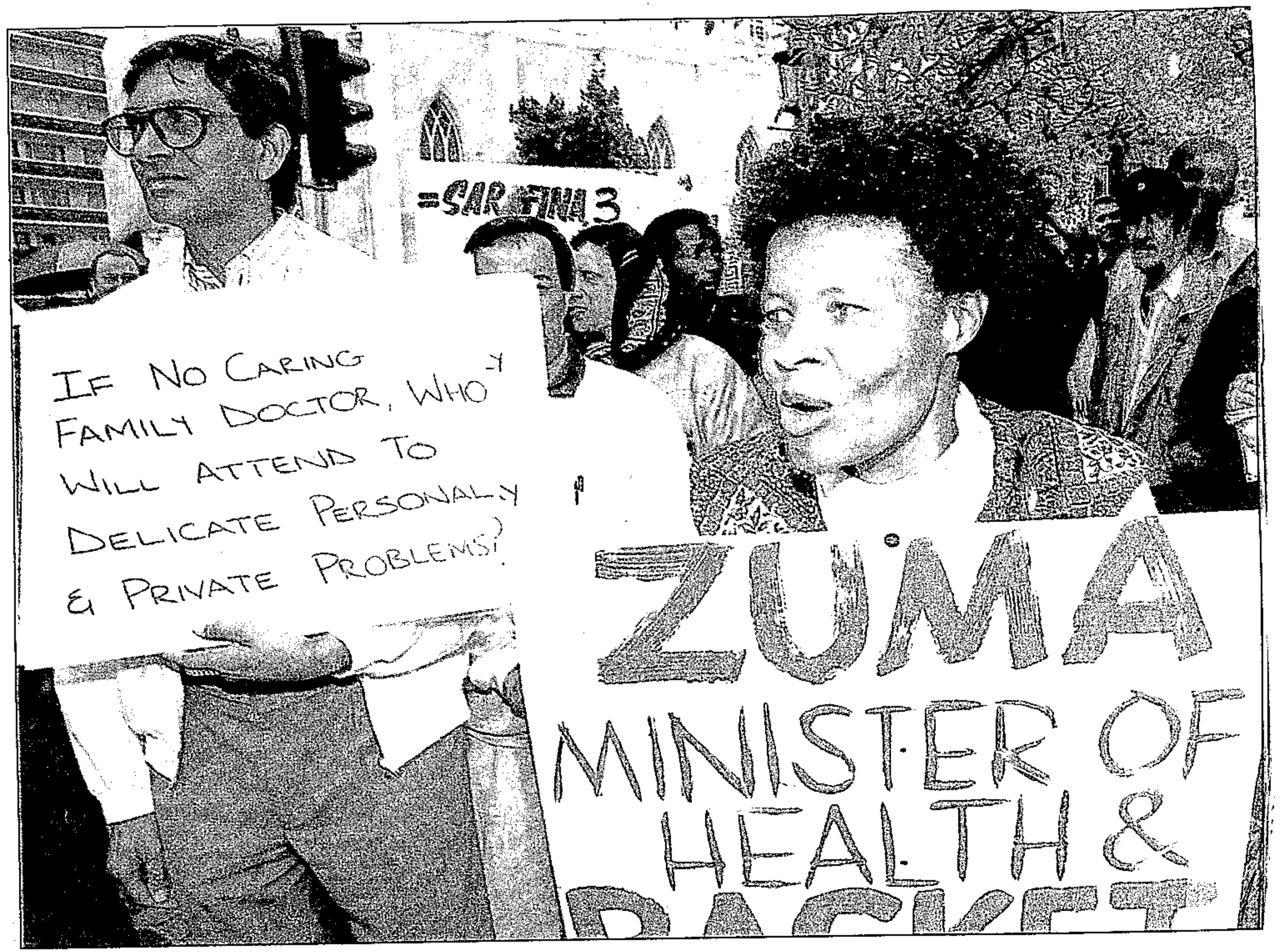
There was a larger volume of people without appointments at the Mitchells Plain Day Hospital yesterday which could be attributed to the doctors not being available for morning surgery.

The sister in charge could not say whether there were more patients, but she confirmed there were more walk-in patients.

The day hospitals in Hanover Park, Heideveld, Nyanga and Manenberg did not appear to be affected by the doctors' march.

● About 200 KwaZulu-Natal doctors marched to the provincial health department offices in Maritzburg yesterday to protest against the planned ban on doctors from dispensing medicine.

A group from Concerned Doctors for Dispensing handed a copy of their submission opposing the legislation to Dr Busi Nyembezi, who received it on behalf of the provincial health MEC. — Staff Writers, Sapa



'MEDICINE MARCH': A crowd of 300 doctors, staff and patients braved rainy conditions to march on Parliament yesterday to protest against a proposed law which would remove the right of doctors to dispense medicines. PICTURE: ALAN TAYLOR

Zuma under fire for dispensing controls

Wyndham Hartley

CAPE TOWN — Health Minister Nkosazana Zuma came under fire again yesterday when new regulations which will stop most doctors dispensing medicine were sharply criticised by doctors' associations, community organisations and some clergy.

It was claimed Zuma had not consulted communities which would suffer considerable hardship as a result of the regulations.

Doctors' bodies, including the Medical Association of SA, also condemned the regulations, saying they would not bring down prices and would infringe on the rights of patients and doctors.

Organisations representing pharmacists welcomed Zuma's move, saying there was corruption, fraud and profiteering among dispensing doctors.

Masa, in a submission on behalf of the National Convention on Dispensing, said patients' freedom to obtain medicines from the provider of their choice should be entrenched. "The introduction of artificial geographical restrictions will limit patients' access to health care."

It said that any restriction of a doctor's right to dispense medicines would restrict the relationship with patients and would "severely limit access to health care".

The National Progressive Primary Health Care Network expressed concern that the regulations in their present form "may leave some communities without access to medicine in the short term". The network said the Sarafina 2 affair had shown the health department's legal unit to be wanting, and it expressed concern about the legality of the regulations.

It suggested there should be legislation which would address the profit motive in the medicines industry, the separation of diagnosis from dispensing and a primary health care approach rather than doctors and pharmacists fighting for territory. The SA Academy of Family Practice shared the view that the profit motive should be removed from provision of medicines.

(93)

Continued on Page 2

BD 17/9/96

Doctors

(93)

BD 17/9/96

Continued from Page 1

The Rev AL Hammond, on behalf of some Christian clergy involved in social work, said m illions of people were unaware of the changes Zuma was planning.

He warned that the withdrawal of dispensing rights from doctors would mean that another health service provider would have to be hired, greatly increasing the cost.

A submission from the Gauteng Pharmacists' Forum said dispensing doctors had a captive market of patients who feared victimisation, and a limited inventory of drugs "specially tuned for the greatest profit margin". It claimed that the number of items per prescription was higher in the case of dispensing doctors and that "over-servicing takes place".

The Pharmaceutical Society of SA said that in many parts of the world doctors were prevented from dispensing medicines.

This eliminated the conflict of interest between prescribing drugs and selling them. The society charged that doctors were given drugs at discounts, and this led to profit margins as high as 1 000%. It claimed that the Representative Association of Medical Schemes had found in SA there were 2,3-2,5 items a prescription from dispensing doctors compared to 2,19 items on prescriptions to pharmacists.

Farouk Chothia reports from Durban that about 150 doctors marched to the KwaZulu-Natal health department offices in Maritzburg yesterday to protest against the new regulations.

KwaZulu-Natal health MEC Zweli Mkhize said the decision tomarch was unfortunate. The doctors chose to "use patients for bargaining purposes" by closing their surgeries to march.

Sapa reports from Cape Town that about 300 doctors and patients marched on Parliament yesterday to protest against the regulations.

Pharmacists and doctors fight over health reforms

Star 17/9/96 (93)(94)

The new regulations – if passed – would stop doctors from dispensing medicines

By Patrick Bulger
Cape Town

Dispensing doctors and pharmacists squared up to each other yesterday at public hearings in Parliament on Dr Health Minister Nkosazana Zuma's regulations aimed at curbing the right of doctors to dispense drugs.

The regulations propose sweeping reforms to the dispensing system, including the substitution of trademark drugs with generic products in a bid to slash medicine costs. Included in the regulations is a measure to stop doctors dispensing drugs.

The Department of Health said numerous visits to doctors' rooms showed their premises to be unsafe and unhygienic, a claim contested by doctors.

According to Gauteng's Pharmacists' Forum, dispensing doctors demonstrate "a total disregard for the real concern about a patient's best interests".

"Together with the Pharmaceutical Society of SA and other bodies we have shown that the perverse incentives offered by profit on medicines, discriminatory pricing policies by manufacturers, free trips, television sets and other irregular practices have created not only unfair practices but practices which militate against the patient being given the best."

This was at a price which the patient could not afford and for a treatment period "which is optimal and not abusive", the forum said.

It said the "black entrepreneurial pharmacist" in townships had little chance of establishing a full service while doctors continued to dispense medicines. Doctors were known to be making profits of up to 900% on the sale of drugs, the forum claimed, and had a tendency to prescribe more drugs. It also said dispensing doctors evaded paying VAT and traded in stolen medicines.

> **"They make up to 900% profit on drug sales"**

However, the Medical Association of South Africa argued that 83,8% of general practitioners and 26,7% of specialists offered dispensing facilities "as a convenient one-stop service, during and after hours".

"Masa supports the Government in its efforts to make quality health care more affordable and accessible. The proposed regulations conflict with this objective and cannot be justified as in the public interest. In particular, they hold serious implications for the delivery of health care to poorer people," the association said.

"The proposed regulations interfere with freedom of choice in the doctor-patient relationship. It will restrict or remove doctors' rights to dispense medicines to their own patients and infringe patients' right to choose from whom to receive their medicines."

Backing for dispensing medics

Cape Town – The service provided by dispensing doctors saved non-medical aid patients an estimated R1,6-billion a year, National Medical and Dental Forum spokesman Dr Mohammed Adam said yesterday.

Addressing the National Assembly health committee hearings on proposed changes to regulations about pharmaceutical dispensing by doctors, Adam said restrictions on the rights of dispensing doctors would result in restrictions of access to health care and an increase in health costs.

This was not in the public interest and there were no sound reasons to limit dispensing by the medical profession, he said.

If the patients being seen by dispensing doctors were to get a prescription from pharmacists at an average rate of R50, it would cost the public an extra R1,6-billion a year.

The NMDF believed that existing laws and mechanisms should be used to ensure compliance with high standards of dispensing.

Restrictions on dispensing would penalise the very profession which served and continued to serve disadvantaged communities, Adam said. – Sapa.

Toms supports rural duty plan

(93) CT 18/9/96

POLITICAL WRITER

A MEDICAL doctor who was jailed for nine months for refusing to attend a military camp under the old political order has come out in support of a two-year obligatory vocational training programme for doctors.

In hearings before the National Assembly health committee, National Progressive Primary Health Care Network secretary-general Dr Ivan Toms was one of a number of health organisation officials to make submissions on the debate that has raged since the Interim Medical and Dental Council supported the plan.

Health Minister Dr Nkosazana Zuma has hailed the decision, citing the outflow of doctors (mainly white) from the country after expensive medical training.

Dr Toms, now director of health services for the Cape Metropolitan Council, said his opposition to conscription was based on his opposition to apartheid while the obligations on doctors to serve in rural and other underserved areas would be supporting a decision of a legitimate government.

He said he had served part of his two-year military service at Mount Coke Hospital in the Ciskei and had witnessed the real need in rural areas for doctors to serve disadvantaged communities. It was one of the few positive things he could say about the defence force at the time.

Dr Kerrin Begg, national chairperson of Junior Doctors Association of South Africa (Judasa), said a plan to draw doctors to peri-urban and rural communities should be a voluntary "incentive-driven" process. Obligatory "vocational training" would contravene the individual rights enshrined in the constitution.

Doctors 'need training'

(93) BD 18/9/96

Wyndham Hartley

CAPE TOWN — SA's medical graduates were not qualified to practise medicine without supervision, the health department told a hearing of Parliament's health committee yesterday.

The committee held hearings throughout the day on the controversial issue of medical graduates being forced to do two years of community service or vocational training. A health department submission to the hearings said the heads of all SA's medical schools had confirmed their graduates were not qualified to practise medicine without supervision.

This, the submission said, pointed to a need for further training. The department challenged the view that SA's medical graduates were welcomed with open arms overseas.

These graduates were well trained and readily accepted in hospitals overseas where they worked under supervision, but if they wanted to go into private practice they had to undergo further vocational training.

The Western Cape Dental Practitioners said the parliamentary hearings on the issue of community service were a "hollow exercise". It suggested the decision had already been taken and the hearings of the committee were an attempt to escape charges that the department had not consulted.

The department was told it had forgotten what adequate consultation was and that it was reverting to an apartheid style of operating.

The Medical Association of SA (Masa) and the Junior Doctors' Association of SA (Judasa) told the committee they rejected "conscription" of medical graduates to serve in rural areas under the guise of further training.

Masa said the process leading to the proposals was flawed and suggested Health Minister Nkosazana Zuma and her department go back to the drawing board.

Judasa said that it supported the extension of quality health care to rural areas, but stressed that this should happen through an incentive-driven scheme rather than compulsion. It suggested that allowances of R2 000 a month could be paid to graduates to persuade them to work in remote areas, as this would remove concerns about the repayment of substantial student loans.

Community service which was restricted to medical graduates, and was not applied to other disciplines, was discriminatory, Judasa said. The two-year scheme would be a catalyst for emigration of skilled medical professionals.

Sapa reports Mizana Matiwana of the National Progressive Primary Health Care Network said additional vocational training should not be an opportunity for young doctors to practise on poor, marginalised people before they began in the private sector.

Adequate control and supervision were necessary to ensure a high standard of care, she said.

She also pointed out the potential danger that doctors could emigrate rather than face additional training or community service and suggested legislation to counter this. "For example, provisional medical degrees could be awarded until either training or community service has been completed."

Call for working group to discuss doctors' dispensing

CT 19/9/96 (93)

ANEEZ SALIE

THE National Assembly Portfolio Committee on Health is delighted at the success of two days of hearings this week into the controversial issues of medicine dispensing by doctors, and the lengthening of their training, says Dr Abe Nkomo, chairperson of the committee.

"It showed Parliament at its best," he said. "Difficult issues were tackled in a rational and considered manner and we hope we were able to point a way forward."

Yesterday Nkomo released preliminary details of the resolutions taken by the committee, ahead of a final report and recommendations.

On the proposed regulations to restrict doctors' right to dispense, the committee called for the urgent establishment of a working group, representative of public and private practitioners, pharmacists, the government and patients.

It should consider legal and technical aspects (with an emphasis on clarity and accuracy), as well as policy decisions in need of consensus, such as:

- Which bodies should regulate dispensing?
- Is the authority to dispense a necessary part of medical practise in South Africa?
- Is supplementary training for dispensing necessary? If so, how long, and administered by whom?
- Should the new regime apply to public and private sectors?
- How should inequalities be addressed?
- Is there a necessary conflict between doctors and pharmacists? If so, how can it be resolved?

On the Interim Medical and Dental Council's extended training proposals, the committee noted the importance of distinguishing between vocational training and community service, Nkomo said.

They required more research from the council to elaborate on the specific skill deficiencies of South African medical graduates, and on the amount of extra training time needed, as well as where such training was to take place and other logistical requirements.

Delay on doctors' service

(93)

Parliamentary health committee refers community service and drug dispensing issues for further consideration

Star 19/9/96

By Patrick Bulger
Cape Town

Parliament's health committee has referred the proposal to compel student doctors to perform two years' community service back to the South African Interim National Medical and Dental Council for "more research".

The committee also proposed the establishment of a working group of public and private practitioners, pharmacists and patients to consider the proposal to stop doctors from dispensing drugs.

The committee, in a statement issued by health committee chairman Dr Abe Nkomo after two days of public hearings, asked the council "to consult fully with all stakeholders and to report back to the committee" on the community service issue.

Both the dispensing proposal and the enforced community service proposal have come under heavy fire from the organised medical profession since they were first mooted earlier this year.

The community service proposal was criticised at the hearings, especially by the Medical Association of SA's special interest group for student doctors and the Junior Doctors' Association of South Africa, which took aim at the lack of consultation that led to the council making the proposal earlier this year.

Call for more research on proposals

Health Minister Dr Nkosazana Zuma was criticised for not consulting with the medical profession.

The two-year service period is viewed as a mechanism to bring much-needed health services to the rural poor and as a means to supplement the seven-year training period for doctors.

Nkomo said yesterday the issue had to be "investigated more extensively".

National Party health spokesman Dr Willie Odendaal welcomed the health committee's announcement.

"The proposed extra two years' conscriptive community service for medical students was referred back to the council for reconsideration and it is hoped that the final decision will be more acceptable to all concerned.

"The most disturbing piece of evidence before the portfolio committee was that hardly any consultation by both the department and the council took place with their captive audience of primary stakeholders," Odendaal said.

He accused Zuma of being "ham-handed" in her handling of her duties.

The parliamentary committee said more research was needed on the "specific skill deficiencies" among medical graduates, the amount of extra training needed and the cost of sources of funding for the proposals.

QUESTIONS

†Indicates translated version.

For written reply:

Expenditure of Department

371. Sen R J RADUE asked the Minister of Justice:

(1) (a) What was the actual expenditure of his Department for the first quarter of the current financial year and (b) how does this figure compare with the estimated expenditure in the budget for the same period;

(2) whether there were any deviations from the budgeted amount; if so, (a) what were the differences in (i) rand and (ii) percentage terms and (b) what were the reasons for such deviations?

S602E

The MINISTER OF JUSTICE:

(1) (a) R361,254 was actually spent for the first quarter ending 30 June 1996.

(b) R372,149 million was estimated budget for the same period.

(2) (a) Yes.

(i) An amount of R10,895 million was actually spent less than the estimated budget;

(ii) 97% was spent;

(b) It is not possible to exactly estimate expenditure. The Department is also experiencing vacancies which contributes to the variance of 3%.

Expenditure of Department

374. Sen A E VAN NIEKERK asked the Minister of Arts, Culture Science and Technology:

(1) (a) What was the actual expenditure of his Department for the first quarter of the current financial year and (b) how does this figure compare with the estimated expenditure in the budget for the same period;

(2) whether there were any deviations from the budgeted amount; if so, (a) what were the differences in (i) rand and (ii) percentage terms and (b) what were the reasons for such deviations?

S605E

The MINISTER OF ARTS, CULTURE, SCIENCE AND TECHNOLOGY:

(1) (a) R217 022 450,66

(b) The expenditure figure is in line with the estimated expenditure in the budget.

(2) No

(a), (b) Not applicable.

HANSARD

QUESTIONS

†Indicates translated version.

For oral reply:

Question standing over from Thursday, 5 September 1996:

*10. Sen dr G W KOORNHOF—Public Enterprises. [Question standing over.]

Questions standing over from Thursday, 12 September 1996:

*Precedence given to Question *14:*

Alleged malpractices by Cuban doctors

*14. Sen Dr R A M SALOJEE asked the Minister of Health:

(1) Whether, with reference to a media report, a copy of which has been furnished to her Department for the purpose of her reply, her attention has been drawn to allegations by certain doctors concerning alleged malpractices by Cuban doctors; if so, how many cases of alleged malpractices have been reported from (a) Kuruman and (b) the rest of the Republic;

(2) whether she has responded to a call by the Northern Cape branch of the Medical Association of South Africa to have the competency of these Cuban doctors investigated on a national scale; if not, why not; if so, what are the relevant details;

(3) whether she or her Department has investigated alleged (a) attempts to silence the group of Kuruman doctors who work at government hospitals and (b) threats to remove such doctors from government hospitals; if not, what is the position in this regard; if so, what are the relevant details?

S566E

The MINISTER OF HEALTH: Mr President, hon senators, the reply to Question 14 is that, in response to the newspaper reports that I refer to in this question, the Department of Health in the Northern Province set up what is called a medical review committee to review the allegations that are in those newspapers. I will come to that review in a moment.

Before I talk about the review, I would like to say that it is indeed surprising that when there are allegations of malpractice, we see them in the newspapers before they reach the council, which is supposed to be the body that receives complaints. This council receives lots of complaints from the public about doctors in general. It has been receiving them since before 27 February and will continue to receive them. [Interjections.]

Therefore, it came as a surprise to us that the Medical Council did not receive any complaints from the people who sent complaints to newspapers until 10 September 1996. However, in response, the province, although not having received any written complaints, put together a review team to deal with those allegations.

The review team consisted of Dr Van Staden, who is the interim Medical Director at the Kimberley Hospital, Dr Tim Wilson, Chief Director at the National Department of Health, Professor E Theron, Clinical Head of Surgery in Kimberley, Professor H Grundling from the Department of Internal Medicine at the Free State University, and Professor P Makgoba, Deputy Dean at the Medical University of Southern Africa.

This review committee interviewed 20 health professionals and two community members. Among the medical people that it talked to, six out of the nine were private practitioners, including the doctor who submitted the complaints about the Cubans to the newspapers.

The committee had this to say:

> It is significant to note that despite the fact that the doctor making the allegations is well aware that any complaint should be addressed to the Medical and Dental Council, and despite a letter to the doctor from the Northern Cape Health Department requesting details of the allegations, and despite media reports since early August that numerous complaints had been sent to the council, not a single formal complaint was received by the council not by the national or provincial health authorities until 10 September 1996. The lack of any written complaints giving the names of the patients and the dates of the incidents, combined with the multitude of allegations in the press, was very undermining to the public confidence and to all staff of the hospital in Kuruman.

They did not find in their review of the cases that were published any evidence of malpractice, but this was an interim review committee, because according to the Statutes the actual body that deals with these complaints is the Medical Council, but the Medical Council can only deal with the complaints it receives.

According to the review committee, the Cuban doctors who are working at Kuruman were found by other members of staff to be working very well and to be very helpful and co-operative. They were also found not to have been involved in any malpractice. The doctor who made the complaints was asked to forward those complaints to the Medical and Dental Council, which is the statutory body that will then deal legally with the complaints.

My conclusion is that there is a lot of malice in the way in which this matter has been dealt with by the people who sent the allegations to the newspapers without sending the same allegations to the council. They let the story run for weeks without sending the allegations to the Council, this creating a frenzy amongst certain people about whether the Cubans are properly qualified and trained.

The Cubans that are in this country were selected by members of the Medical and Dental Council from this country, which consists of very well-known academics from different medical schools.

They were selected on their clinical abilities. They were not selected on the basis of a written CV. They were given patients to look at and examine. They were thus examined on their clinical abilities and their understanding of the subject that they were being examined on.

We feel, therefore, that there is a psychosis that is gripping us in this country. We try to find faults even where they do not exist. To pretend that there are no allegations against doctors is false. There all allegations that are dealt with by the Medical and Dental Council. Some allegations are proven to be true and others are dismissed. However, allegations are made all the time. As the Cuban doctors practise, allegations will also be made against them, and these allegations will be sent to the council. Allegations will ot be made against them because they are Cuban, but because they are practising in an environment in which everybody else is practising. [Time expired.]

Senator A VAN BREDA: Mr President, arising out of the hon the Minister's reply, would she mind replying to subquestion (3) as well?

The MINISTER OF HEALTH:

(1) Yes, I have taken note of allegations that have been given wide coverage in the media. On 10 September 1996 four complaints by Dr Van Eeden was received by the Interim National Medical and Dental Council and by the Northern Cape Provincial Health Department about Cuban doctors in Kuruman. No other complaints have been received from Kuruman, and none at all from the rest of the Republic.

There are conflicting reports on whether the doctor making the allegations is speaking on behalf of others, or only on his own behalf.

It is significant to note that:

— despite the fact that the doctors making the allegations is well aware that any complaints should be addressed to the Medical and Dental Council, and

— despite a letter to the doctor from the Northern Cape Health Department requesting details of the allegations; and

— despite media reports since early August that numerous complaints had been sent to the Council,

— not a single formal complaints was received by the Council or by the national or provincial health authorities until 10 September 1996.

The lack of any written complaint giving the name of a patient and the date of an incident, combined with a multitude of allegations in the press, was very undermining of public confidence and of all staff at Kuruman Hospital. It also made it extremely difficult for the health authorities to investigate any allegations without written complaints. Investigations by the Northern Cape Health and Welfare Department are however continuing and so far have suggested that the Cuban doctors at Kuruman have not been guilty of malpractice and are providing services in a competent and dedicated manner. The Department of Health supports the fact that the National Medical and Dental Council of

South Africa, though belatedly, has been given some information on the allegations and we are confident that the Council will deal with these complaints in a competent and efficient manner.

(2) The Department of Health has not received any communication from the Northern Cape Branch of the Medical Association.

As with all other doctors registered with the Interim Medical and Dental Council of South Africa, the competency of every Cuban doctor working in South Africa was assessed by the Council before he or she was registered.

The Council regularly receives and investigates complaints about registered doctors in South Africa, but the only complaints it has received about the Cuban doctors so far are the four submitted by Dr Van Eeden on 10 September 1996. The Cuban doctors have already seen and treated more than 100 000 patients in South Africa.

The Council was impressed by the standards of training and medical practice it saw when it visited Cuba to assess them, and most health professionals working with the Cuban doctors have expressed great appreciation of their skill and their commitment to their patients. The Department is extremely satisfied with the way in which the programme as a whole is working.

(3) The Department is not aware of any attempt to silence a group of doctors or of any threat to remove them from government hospitals.

One private practitioner in Kuruman, who has no provincial appointments or contract was sent two letters by the Department of Health and Welfare of the Northern Cape. In the first, a specific complaint was made about his interfering in the treatment of public sector patients. He was asked not to do so again. In the second follow up letter, he was reminded:

— not to interfere in the treatment of public sector patients,

— that he has no authority to gain access to the records of public sector patients without the permission of the Northern Cape health authorities,

— not to make allegations regarding the treatment of patients that cannot be substantiated, and that written complaints are to be directed to the health authority,

— to refrain from intimidating nursing personnel or public sector patients,

— that permission for private practitioners to treat private patients in provincial hospitals may be revoked at any time.

Finally, because of all the allegations in the media and the lack of any formal complaints, the MEC for Health in the Northern Cape, Dr M Matlaopane, constituted a Medical Review Committee which sat in Kuruman on 10 September 1996. The members of this Committee were:

— Dr M C van Staden: Interim Medical Director, Kimberley Hospital Complex;

— Dr Tim Wilson: Chief-Director, National Department of Health;

— Prof E Theron: Clinical Head of Surgery, Kimberley Hospital Complex;

— Prof H Grundling: Department of Internal Medicine, Free State University;

— Prof P Mokhobo: Deputy Dean, Medical University of Southern Africa.

The Medical Review Committee interviewed 20 health professionals and two community members in Kuruman. These included six of nine private practitioners, including the doctor who submitted the complaints against the Cubans.

The Committee found that the main problem was the relationship between the private doctors and the Northern Cape Provincial Health Department, and that these problems went back many years, long before the 1994 elections.

Apart from Dr Van Eeden who handed over a file of complaints, and his partner Dr Grobler who said earlier that Dr Van Eeden would supply details, no other person gave a single example of possible malpractice by any of the Cuban doctors.

Everybody said that the best solution would be to keep the Cuban doctors and to find a way for the local GP's and the Cubans to work together to provide good services at Kuruman Hospital.

Copies of the full report of the Committee was released to the media by Dr Matlaopane on Wednesday, 18 September 1996.

Source: National Department of Health, Chief-Directorate: Academic Health Services Complexes and Hospital Development

Senator M G E WILEY: Mr President, further arising out of the hon the Minister's reply, is the SA Medical and Dental Council empowered to impose the same sentences against Cuban doctors for criminal negligence?

The MINISTER: Mr President, the SA Medical and Dental Council does not consider the origin of a doctor. When it imposes sentences, it looks at what the doctor is guilty of in order to determine what sentence it should mete out. Sentencing does not depend on the origin or the nationality of a doctor.

Senator M G E WILEY: Mr President, could the Minister inform us whether the Cuban doctors are registered with the SA Medical and Dental Council? [Interjections.]

The MINISTER: Mr President, the Cuban doctors who are practising in this country are registered with the Interim South African Medical and Dental Council.

The MINISTER FOR WELFARE AND POPULATION DEVELOPMENT: Mr President, I am standing in for the hon the Minister of Transport who has lost his brother, and is attending the funeral today. On behalf of the hon the Minister of Transport, I wish to say that it would be appreciated if this question could stand over. The reason for this request is that this question calls for research which involves all the Government departments and, as a result, the department is experiencing delays in compiling the answer.

*2. Sen J SELFE—Transport. [Question standing over.]

Fraud/corruption: losses incurred

*5. Sen W F MNISI asked the Minister for Welfare and Population Development:

Whether her Department incurred any losses as a result of fraud and corruption in the 1995/96 financial year; if so, what was the total cost to her Department incurred as a result of such fraud and corruption?

S555E

The MINISTER FOR WELFARE AND POPULATION DEVELOPMENT:

No, for the financial year in question, there is no fraud.

Fraud/corruption: losses incurred

*6. Sen W F MNISI asked the Minister of Sport and Recreation:

Whether his Department incurred any losses as a result of fraud and corruption in the 1995/96 financial year; if so, what was the total cost to his Department incurred as a result of such fraud and corruption?

S556E

The PRESIDENT OF THE SENATE: Order! I have been informed by the Secretariat that Question 6 has already been dealt with. However, the hon the Minister is here. We are always pleased to have him with us, and we are always very pleased to listen to him. He may have a special answer, again, to this question. The hon the Minister has prepared himself for this question and I must give him the opportunity to respond to it.

The MINISTER OF SPORT AND RECREATION:

No.

Employment in public service: increase

*11. Sen Dr G W KOORNHOF asked the Minister for the Public Service and Administration:

Whether employment in the public service increased during the period 1 April 1994 to 1 April 1996; if so, (a) to what extent, (b) what are the reasons for this increase and (c) in what respects is this increase consistent with his stated policy on the size of the public service?

S562E

The MINISTER OF SPORT AND RECREATION (for the Minister for the Public Service and Administration):

Yes, employment in the Public Service did increase during the period 30 April 1994 and 30 April 1996;

(a) employment in the Public Service increased by 62 218 people over the above-mentioned period;

(b) in terms of the personnel records, the employment figures as at 30 April 1996 for the Public Service as a whole (amalgamated administrations w.e.f. 1 July 1994) was approximately 1 254 082, indicating an increase of 62 218 public servants;

the RSA Public Service was previously divided into 11 separate Public Services, consisting of 176 departments. Those administrations, their functions and post establishments were organisationally restructured to 32 new departments at national level and nine new provincial administrations with effect from 1 July 1994;

the mentioned combined employment figures have increased mainly due to the absorption of the non-statutory forces into the SA National Defence Force, and the "Jobs for Africa" campaign;

(c) when the present Government came into power, it had to embark urgently on a process of rationalisation and restructuring of the RSA Public Service (which was at the time divided into 11 separate public services consisting of 176 departments), in order to conform the sosio-economic demands of the new South Africa. This, in some cases, led to the increases in the size of some departments/administrations;

a process to right-size the Public Service could only be embarked upon after the conclusion of this exercise. A consultative process with departments and provincial administrations is presently being conducted in order to streamline the Public Service by, amongst other things, a cut-down in personnel expenditure. In determining the said right-sizing target, voluntary severance package, levels of service delivery, efficiency and, where applicable, unique circumstances will have to taken into account.

Note: Information as on 1 April 1994 and 1 April 1996 is not readily available; however, information as on 30 April 1994 and 30 April 1996 is available and is used to answer the question.

Senator Dr G W KOORNHOF: Mr President, arising from the hon the Minister's reply, I want to know if it is possible to indicate what percentage or number of the members of MK being incorporated into the SANDF formed part of the Jobs for Africa campaign, of the 62 218 jobs that sparked a Public Service increase?

The MINISTER OF SPORT AND RECREATION: Mr President, I would plead that any supplementary questions or new questions arising from this reply be directed to the relevant Minister himself, and I would request that the hon senator submit a written question to this end.

New questions:

Fraud/corruption: losses incurred

*1. Sen E K MOORCROFT asked the Minister for Agriculture and Land Affairs:

Whether his Department incurred any losses as a result of fraud and corruption in the 1995/96 financial year; if so, what was the total cost to his Department incurred as a result of such fraud and corruption?

S610E

The MINISTER FOR WELFARE AND POPULATION DEVELOPMENT (for the Minister for Agriculture and Land Affairs):

No, neither the Department of Agriculture nor the Department of Land Affairs has incurred any losses as a result of fraud and corruption. Both Departments have however incurred losses as a result of the theft of warrant vouchers. In the case of the Department of Agriculture the total cost amounts to R162 609,72, and in the Department of Land Affairs, R193 573,60.

Previously all warrant vouchers were only crossed as "not negotiable", now as a precaution all warrant vouchers are also crossed as "not transferable". As a result, if a bank cashes a stolen warant voucher they will be held liable for the amount of the warrant voucher.

All cases of stolen warrant vouchers are being reported to the South African Police Services who are investigating the thefts.

*2. Sen C ACKERMANN—Provincial Affairs and Constitutional Development. [Withdrawn.]

*3. Sen Adv J R DE VILLE—Correctional Services. [Question standing over.]

*4. Sen Adv J R DE VILLE—Correctional Services. [Question standing over.]

FRIDAY
SEPTEMBER 20, 1996 ★

ZUMA PROPOSALS ON BACK-BURNER

Dispensing doctors, graduates off the hook

(93) ET 20/9/96

THE NATIONAL ASSEMBLY'S Health Committee is to take a deeper look at Dr Zuma's proposals on dispensing doctors and community training for medical graduates.

PROPOSALS to restrict dispensing doctors and force newly qualified doctors to do two years' community or vocational training have been placed on the back-burner.

The proposals came from health Minister Dr Nkosazana Zuma through the Interim Medical and Dental Council (IMDC).

After two days of hearings, the chairman of the National Assembly's Health Committee, Dr Abe Nkomo, issued an interim report on Wednesday, calling for a working group to study the question of dispensing doctors, and has asked the IMDC to conduct further research into community or vocational training.

Dr Nkomo, who said he was delighted with the response to requests for evidence — more than 50 oral submissions were made — said the working group should consist of representatives of public and private practitioners as well as pharmacists, government and patients.

It should look at achieving "clarity and accuracy" on a number of legal and technical aspects, and several policy decisions where consensus was lacking. These included: which bodies should regulate dispensing; whether the authority to dispense was a necessary part of medical practice in South Africa; whether supplementary training for dispensing was necessary and, if so, for how long and who would administer it; should the new regime apply to both private and public sectors; how should inequalities be addressed; whether there is a necessary conflict between doctors and pharmacists and if so, how could this be resolved, and whether the proposals would unduly affect poorer sections of society?

Dr Nkomo said more research was required from the IMDC on: specific skill deficiencies in medical graduates; the extra time needed to address these; the location of training, supervision of training and infrastructure required; long-term plans to change medical curriculums; medical school admission and selection, and continuing medical education. — Political Staff

Shisana takes the brain drain personally

(25) (93) M+G 20-26/9/96

Marion Edmunds

HEALTH DEPARTMENT Director General Olive Shisana has personally petitioned outgoing British high commissioner Sir Anthony Reeve more than once this year in a bid to stop South African doctors finding employment in British state hospitals.

While there are rumours of diplomatic agitation behind the scenes at Shisana's forthrightness, British diplomats say there was no anguish in the latest meeting where they were able to express sympathy with her problems.

Representative of the British High Commission, Andrew Noble, said the British government was unable to tell the National Health System (NHS) who to employ, but it had sent a message to the NHS to go "softly, softly" on employing South African doctors.

"It's a subject we have been discussing with the department all year ... and we have drawn the attention of Dr Shisana to organisations such as the British Experts' Service Organisation and the Voluntary Service Organisation to provide volunteer doctors for the rural areas. However, we genuinely believe that a free flow of doctors internationally is good," said Noble.

Olive Sishana: Director general of health

It is this flow that Shisana and Health Minister Nkosazana Zuma wish to stem. However, Deputy President Thabo Mbeki said this week that the most popular destinations for emigrating doctors were Australia and New Zealand, followed by the Americas and Europe. Six more doctors immigrated to South Africa than emigrated last year. Mbeki said 23% fewer doctors emigrated last year than the year before. Shisana was abroad, and could not be reached for comment.

And this week the Parliamentary Portfolio Committee on Health instructed the Interim Medical and Dental Council of South Africa (IMDCSA) to research its own proposal that medical graduates do two extra years of vocational training, saying there was a need for deeper investigation.

During a day of public hearings, speaker after speaker said that there had not been sufficient consultation on the proposal and criticised the assumptions that underpinned it.

The vocational training issue and the doctors' brain-drain have become twinned in the minds of many, who see the training as a mechanism to stop young graduates from leaving South Africa before giving something back.

But there was almost unanimous agreement that the medical curriculum needed to be revised to suit South African needs and community service was sorely needed in some areas.

Anti-conscription activist Dr Ivan Toms recommended compulsory community service at the meeting, on behalf of the National Progressive Primary Health Care Network:

"I was not one of those doctors who went abroad to escape conscription. I stayed at home and went to jail ... but at least with the old system of conscription young doctors were conscripted into military hospitals and even though the system was wrong, at least they were able to provide some sort of service to the poor in rural areas. This is not happening anymore. We have to get doctors into those areas and community service can help us do this," Toms said.

Ironically it was British-trained Dr David McCoy, working in rural Kwazulu-Natal, who gave the most vivid description of how bad the situation was in rural South Africa:

"At the end of 1992, I came from England to work in a 400-bed rural hospital. I joined six other foreign doctors. Together with a local, non-medical staff, we were charged with looking after the health of about 180 000 people. In England, it is normal for 180 000 people to have access to well over 300 doctors.

"Several patients died in theatre or in the wards due to clinical mistakes or misjudgments, not because of negligence, but because of inexperience. I often performed surgical operations on patients with an open textbook in front of me," he said.

Zuma's drug dispensing, community service proposals rejected

(96) (93) BD 20/9/96

Wyndham Hartley

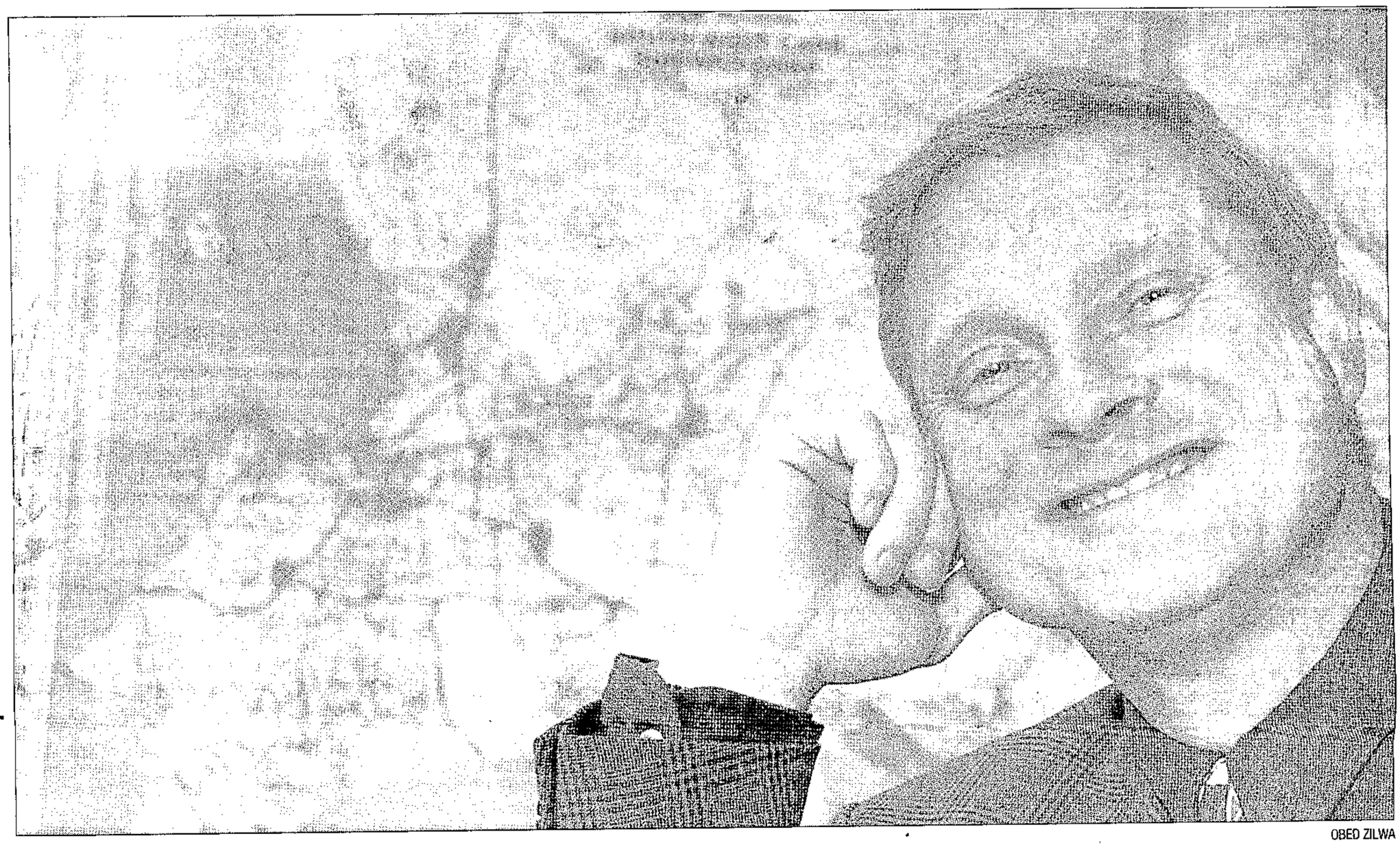
CAPE TOWN — Parliament's ANC-dominated health committee has rejected Health Minister Nkosazana Zuma's suggestions that doctors should be stopped from dispensing drugs and that medical graduates should serve two years community service, and called for further investigations.

Zuma, besieged by Sarafina 2 allegations, has also been told that she had not consulted medical stakeholders sufficiently and the interim medical and dental council had been asked to do this.

ANC health committee chairman Abe Nkomo said the hearings this week had been a spectacular success, and called for a working group to be established to investigate the right of doctors to dispense medicines.

On the issue of a further two years service to the state by medical students, the health committee decided that there was a need for further research. Zuma and the health department proposed that medical graduates needed to serve a further two years of vocational training before they could be registered. This was characterised in evidence before the committee as "conscription" under the guise of further training.

Nkomo said that the interim medical and dental council had been asked to elaborate on details and the ramifications of the proposal, to consult fully with all stakeholders and report back to the committee.



OBED ZILWA

Dr Ivan Toms: in favour of medical students serving in rural areas where people, particularly children, do not have easy access to medical care and as a result deaths are commonplace

Toms backs two-year plan

Doctor who defied apartheid speaks out

(93) ARG 21/9/96

ADELE BALETA
STAFF REPORTER

A medical doctor who made headlines when he went to prison for refusing to attend a military camp under the apartheid regime, believes that medical students trained at the state's expense should be required to do "national health service".

Ivan Toms, secretary general of the National Progressive Primary Health Care Network, made a submission on the issue of compulsory service for doctors to the National Assembly Health Committee this week.

In an interview with Saturday Argus later, Dr Toms said he did not believe his views on vocational training and community service contradicted his stand on military conscription in the old days.

"My reason for opposing conscription in the past was that the army was a pillar of apartheid and it had to crash to bring the rest down. Now, we have a legitimate government trying to do what is best for everyone.

"The health ministry has made mistakes but there is at least an attempt to get health services to those who have never had them."

The Interim Medical and Dental Council's (IMDC) proposal that students' training be extended from seven to nine years had been a hot-bed of contention. Medical student associations have hit back saying the proposal was tantamount to forced community service and would contravene individual rights enshrined in the constitution.

The National Assembly Portfolio Committee on Health has referred the matter back to the IMDC with recommendations that a distinction be made between vocational training and community service.

Dr Toms conceded that having to do two years extra training before being allowed to register as a doctor was a "bit too much".

"One year supervised vocational training at secondary hospitals and one year spent in the community unsupervised is a good plan. An alternative could be two years community service but with supervision," he said.

While many medical student groups believed that they should be allowed to decide where they wanted to practice, Dr Toms believed that for the years of compulsory service the state should be allowed to decide.

The method of selection for doctors needed to be looked at. "It's time that people's commitment to the country be seen as a criteria for selection. especially if the health needs of all South Africans are to be met"

He said that 65 percent of doctors graduating were women and while they often proved to be better doctors than men, many women had families and some left while others could only work part time in state service.

"We need full-time doctors who will stay in the country and work according to their needs".

Dr Toms conceded that community service should not only be the domain of doctors – although they were the obvious choice because of the high cost to the taxpayer of their education – but also lawyers, engineers, architects and other professions or trades that received training at the expense of the taxpayer.

Dr Toms reply to complaints by junior doctors that they were "too green " to be sent to rural areas was: "Some health delivery is better than none. The chance of access to services is of great value to those who have never had it."

There were controls for dealing with malpractice and a new drug advisory list could help with determining dosages, he said.

He had served part of his two two-year military service at Mount Coke Hospital in the Ciskei and had seen the real need for doctors to serve disadvantaged communities.

"I did not know how to do a caesarean section but learned from another army doctor within a month."

It was not unknown for mothers in rural areas to die in childbirth because they had not had the benefit of being able to have a caesarean section.

"Doctors learn procedures quickly. Junior doctors should not shoot themselves in the foot by believing they were not equipped to work in rural areas. They know a lot."

From 1980 to 1985, Dr Toms was the only doctor serving 60 000 people in Crossroads in Cape Town.

"I used to see mothers who travelled from the Transkei in buses for hours on dusty roads and who came to Cape Town to get treatment for children who had diarrhoea and who were severely dehydrated.

"The journey resulted in serious deterioration in the child's condition and often by the time they reached us the child would be dead."

The desperate need for doctors was not only in the rural areas but in the peri-urban areas, some of which were only a few kilometres from Cape Town.

"We have 44 posts for community health centres (day hospitals), 13 of which are fully funded by the tertiary hospitals. But these posts cannot be filled. I cannot get a clinic running in Khayelitsha because no one wants to work here," Dr Toms said.

This was in spite of the CMC paying R30 000 more than the Western Cape Provincial Administration.

"It would not be right to offer more. That is not right. We would not want to attract money-grabbing doctors."

Huge pay rise for state doctors

(93) CT 24/9/96

BETTER DEAL: The new salary and overtime packages payable from October 15 are studied by Groote Schuur doctors Adriaan Venter (left), Vanessa Burch, Linda-Gail Bekker, Simone Forlee, Felicity Kaplan and Denise White. *PICTURE: THEMBINKOSI DWAYISA*

MOST DOCTORS and dentists' pay packages are to double in a new deal that is expected to stem the brain drain from teaching hospitals, Health Writer **ANEEZ SALIE** reports.

THE champagne corks are popping at Groote Schuur, Tygerberg and other academic hospitals as vastly improved salaries and overtime rates will see most doctors' and dentists' pay packets double — and in one case almost treble — next month.

A key breakthrough is that overtime is to be paid to everyone who opts for the new scheme and will not exclude those deemed to be involved in non-clinical work.

Interns (trainee doctors) who previously received R28 500 a year, without overtime pay, are to be paid R50 868 and R27 055 for overtime, giving them R77 923.

Overtime is not paid by the hour, but is commuted at 16 hours a week, at 1 1/3 the rate of normal pay, in most cases.

All categories up to senior medical/dental superintendent previously received an annual non-pensionable allowance of R15 207, irrespective of their salaries or the number of hours they worked.

Overtime pay for medical officers, the next category after interns, will jump to R41 561.

Overtime pay for chief medical officers will leap to R74 238 from R15 207.

A chief specialist, who did not receive any overtime, will now get R76 475, which will increase the salary package from R148 599 to R268 187, plus a car.

The package for senior medical officers jumps from R78 681 to R150 833 and that for a specialist from R99 990 to R176 798 (see graphic below for full details).

About 1 500 doctors and dentists are to benefit from the new salary packages, which are more market-related, in a multimillion-rand move that should help stem the brain drain, say employers and employees.

Overtime backpay of thousands of rand is also to be paid on October 15, for July, August and September.

The new deal should have come into effect from July.

The last stumbling block over the overtime exclusion is expected to be overcome tomorrow in negotiations between staff representatives and the Western Cape's Health Department.

So far, doctors have refused to enter into a "prescriptive" contract which, among other things, in terms of a national directive, excludes those involved in teaching and research.

"We rejected that as badly divisive when the whole point of the exercise was to secure a fair deal for everyone," Dr Denise White, a key staff negotiator, said yesterday.

"We cannot understand how, at an academic hospital, where the three key areas of work — clinical, teaching and research — are so intertwined, it would have been possible to exclude anyone.

"They were trying to create artificial splits and we told employers they were grossly unfair and unjust."

As a result of the objections, the contract was renegotiated on Friday, when substantial progress was made.

The condition would be scrapped, confirmed Dr Tom Sutcliffe, head of the provincial Health Department, who led the employers' delegation.

He said yesterday that his administration was sympathetic to the case put by the doctors.

As the remuneration package had not been finalised on a national basis and as Gauteng had excluded the overtime condition from its contracts, the Western Cape would exclude it.

The final deal is expected to be clinched tomorrow when staff negotiators and the administration meet again.

Said White, head of Groote Schuur's Full-time Medical Staff Association: "It has been a long and hard slog and we are very pleased that we are approaching the end of the line at last."

Although public sector doctors and dentists have reason to celebrate, their equally qualified colleagues in the regional and national health departments do not qualify for the new deal.

Sutcliffe said he sincerely hoped the new packages would encourage doctors in the private sector to join hard-pressed state hospitals, where they are badly needed.

PROPOSED NEW SALARY PACKAGES

	Old Package	New Package	Difference
Intern	R 28 500 *	R 77 923	R 49 423
Medical Officer	R 66 051	R119 702	R 53 651
Senior Medical Officer	R 78 681	R150 833	R 72 152
Principal Medical Officer	R 94 293	R176 798	R 82 505
Chief Medical Officer	R119 541	R213 816	R 94 275
Medical/Dental Superintendent	R 94 293	R146 106	R 51 813
Senior Medical/Dental Superintendent	R119 541	R176 697	R 57 156
Chief Medical/Dental Superintendent	R131 478 *	R206 676 •	R 75 198
Registrar (1st leg)	R 66 051	R119 702	R 53 651
Registrar (2nd leg)	R 63 474	R150 833	R 87 359
Specialist	R 99 990	R176 798	R 76 808
Senior Specialist	R125 238	R213 816	R 88 578
Principal Specialist	R131 478 *	R228 384 •	R 96 906
Chief Specialist	R148 599 *	R268 187 •	R119 588

* *No overtime previously* • *Plus Car*

Graphic: M. Jacobs

Doctor proposes 'national health service' for medical students

By ADELE BALETA

A medical doctor whose name hit the headlines when he went to prison for refusing to attend a military camp under the apartheid government believes that medical students trained at the state's expense should be required to do "national health service".

The conscientious objector, Dr Ivan Toms, who is currently secretary-general of the National Progressive Primary Health Care Network, made a submission on the controversial issue of compulsory service for doctors before the National Assembly health committee this week.

Toms said he did not believe that his views on vocational training and community service contradicted his stand on military conscription in the old days.

"My reason for opposing conscription in the past was that the army was a pillar of apartheid and it had to crash to bring the rest down with it. Now, we have a legitimate government which is trying to do its best for everyone."

The Interim Medical and Dental Council (IMDC) proposal that students' training be extended by two years from seven to nine years has proved a bone of contention.

Medical student associations have hit back, saying the proposal is tantamount to forced community service and would contravene the individual rights enshrined in the constitution.

The National Assembly portfolio committee on health has referred the matter back to the IMDC with recommendations that a distinction be made between vocational training and community service. Toms conceded that having to do two years of extra training before being allowed to register as a doctor was "a bit too much".

"One year supervised vocational training at secondary hospitals and one year spent in the community unsupervised is a good plan," he said. While many medical student groups believed that they should be allowed to decide where they wanted to practise, Toms believes that the state should be allowed to determine where they go. The method of selection for doctors needed to be looked at.

"Its time that people's commitment to the country be seen as a criterion for selection, especially if the health needs of all South Africans are to be met. We need full-time doctors who will stay in the country and work according to their needs."

He conceded that community service should not only be the domain of doctors – although they were the obvious choice because of the high cost to the taxpayer of their education – but lawyers, engineers, architects and any other profession or trade that received training at the expense of the taxpayer should contribute to building communities.

Responding to doctors' fears of working in "unsafe" and "violent" townships, Toms said: "If you are a good doctor and acceptable to the community, you should be fine. Things have changed in black townships since the 1980s. It is safer."

He conceded that it was more difficult for doctors in Gauteng, where crime and violence were more of a problem.

(93) Star 21/9/96

Dispensing doctors backed by health body

CT 25/9/96

ANEEZ SALIE
HEALTH WRITER

THE 6 000 doctors battling to be allowed to continue dispensing medicine have received support from the influential National Progressive Primary Health Care Network.

The non-governmental umbrella body is concerned that Health Department plans to restrict and strictly control the dispensing of medicines by private doctors could be detrimental to communities.

It believes the most important consideration should be the right of all communities to receive accessible, affordable and safe healthcare services, which include medicines.

It has proposed that:

- The dispensing system needs rationalisation.
- Communities should be consulted about the changes.
- Patients must be given more information to allow them to make informed decisions about medicines.
- Medicines must be more and not less affordable.
- Medicines must remain accessible to communities.
- The dispensing of medicines must be safer under the new regulations.

Health body's call 'not against Zuma'

ED 26/9/96 (93)

Wyndham Hartley

CAPE TOWN — The decision by Parliament's health committee to further investigate proposals to stop doctors dispensing medicines was not a repudiation of Health Minister Nkosazana Zuma, parliamentary sources said yesterday.

The decision showed the committee was doing its job and ensuring all organisations with an interest were consulted. They said the health department had not made a decision on dispensing doctors but had asked for submissions.

Committee chairman Abe Nkomo said his committee's decision was "not a setback for Zuma or for anybody else". He said there was a lack of communication with many doctors and other parties who thought that Zuma and the health department had already made an announcement rather than asking for submissions. Some people thought it was already cast in stone and that was not the case, Nkomo said.

The Interim Medical and Dental Council's recommendations that medical graduates undergo a further two years "vocational training" had also been referred back to the council. Nkomo said medical schools had been consulted by the council but medical student organisations had apparently not been asked their opinion. Nkomo said there was a difference between vocational training and community service and further consultation would help iron out confusion.

Saturday Star
September 28 1996

Zuma wants to ditch us, say district surgeons

(93) Star 28/9/96

By GLYNNIS UNDERHILL

A bitter row has broken out between the Department of Health and about 400 district surgeons who claim they are on the verge of losing their jobs.

The district surgeons, all from smaller towns and community centres, believe they are being "phased out" of the health care system introduced by Health Minister Nkosazana Zuma, who recruited Cuban doctors to take up rural posts where, she says, local doctors were unwilling to work.

Now the district surgeons claim they are being pressured to move to the cities because their government hourly rates are to be cut by up to 40%, says District Surgeon and Contract Medical Practitioners' Association secretary Sakkie van Zyl.

"That is why there is such antagonism towards the Cuban doctors. The Cubans are being taken in, as we see it, to put a gun to our heads. Perhaps they want to redefine the wheel," he says.

Nurses and sisters have already begun replacing district surgeons at primary health care clinics being built in rural areas.

"The main thrust of the plan is that nurses and sisters should man primary health care clinics to sift patients and we should see those they can't handle. We proposed a 10-year phasing in of this plan as nurses and sisters are not yet educated to stand in for doctors – but this is not being followed," says Van Zyl.

The rural doctors claim there are racial overtones to the issue. Between 70 and 80% of district surgeons are white Afrikaans males – "a species which is under pressure", he says.

New district surgeons replacing those leaving rural areas are given only tenuous month-by-month contracts with 24-hour notice periods, he says.

There is no structural evidence as to how the rural doctors, who undergo seven years' medical training before being appointed as district surgeons, should fit into this new health dispensation, Van Zyl adds.

"The last meeting we had with the department was in May, and we don't get any answers to questions. We are worried that the district surgeon services are falling apart – as well as the health services.

NKOSAZANA ZUMA: Her department is putting pressure on white Afrikaans males, according to 400 rural district surgeons

"For example, in the Northern Cape, ambulances don't run unless the patients pay for petrol," he says.

The Department of Health responded this week that the district surgeon system was currently under review.

"While we acknowledge that many of the doctors who participated in the system perform a sorely needed service, many problems exist.

"And as contracts are reviewed for renewal, the department, like any other employer, reserves the right to renew or not to renew them, or to negotiate new ones," the department said.

"These decisions have to be taken in the context of the needs of the populace, the resources available and the development of a new health system based on the district health system model."

It had decided to strengthen the primary health care system in the country so that access to the primary health care services could be maximised.

"An additional principle of the new system is equity in the distribution of resources so that the previously disadvantaged can benefit from access to priority services. While some might argue that medical doctors need to be involved at the clinical level, we are of the opinion that this may not be desirable or feasible."

The principle used is that the first line of health worker is the primary health care nurse, said the department. "She or he should then screen, treat and refer to the other levels of care. Doctors will be available in the referral chain so that patients receive the best quality of care possible.

"Doctors are considered a vital component of the referral chain. The doctors will be employed at the district health level either on a full-time basis or on a sessional basis," the department said.

Representatives of the 400 district surgeons met with National Party leader F W de Klerk two weeks ago.

Says Dr Willem Odendaal, NP spokesman on health: "It is the intention of the ANC government to replace the existing system with a health clinic system where medical doctors will be paid R58 per hour to attend to patients.

"The outcome will be that all these district surgeons in the smaller centres will start moving into the cities because they will not be able to make a living on their private practices alone."

Their plight was not intended to be a party-political issue, but somebody had to lobby on their behalf, says Van Zyl.

The district surgeons recognised that the health system had to change and they had put forward proposals, in a white paper, to integrate themselves into the system.

But, Van Zyl claims, the paper has evidently not been studied by officials who met with the district surgeons to discuss their concerns.

The department failed to take into account medico-legal problems, he claims.

For example, district surgeons also take courses in forensic medicine, which allows them to issue death certificates, deal with rape cases and conduct postmortems.

Nurses and sisters are not equipped to deal with these situations, and problems have cropped up in small towns where doctors have refused to issue death certificates for patients they did not see.

Rural district surgeons, who usually run private practices and treat government patients at their own premises, have demonstrated their "goodwill" by continuing to work, despite being underpaid for six months, because their January increases have not come through, he says.

Workloads in the rural areas are increasing as pregnant women and children under 6 flock to the district surgeons and clinics for free treatment. One district surgeon in Gauteng was owed an extra R9 000 a month, but there was apparently no money to compensate him, says Van Zyl.

The recruitment of Cuban doctors has simply exacerbated the situation, says Van Zyl. "You can hire somebody for less, but you get what you pay for.

"Some Cubans are quality doctors, but they are scarce. Some say they are gynaecologists when they have just worked in a gynaecology department for three years.

"The department might see us as fat cats, but over the past five to 10 years we haven't fared well. The doctors who have done well are those who have gone farming," he says.

SA may need to bend medical dispensing rules

(93) (96) CT (BR) 30/9/96

JAMES LAMONT
INDUSTRIAL EDITOR

Johannesburg — South Africa had a strong case for allowing doctors to dispense medicine to patients even though dispensing and prescription by medical practitioners were normally separate concerns.

Donald de Korte, the chief executive of MSD, the pharmaceutical company, said last week it was healthy for the commercial sale of drugs not to be in the hands of prescribing doctors. But he warned that the rules should be flexible in South Africa where dispensing clinics might be the only source of medicine in isolated rural areas.

Nkosazana Zuma, the health minister, has come under fire from the pharmaceutical industry for proposed controversial reforms to restrict the dispensing of medicine by doctors and make the prescribing of generic drugs mandatory. Zuma plans to allow only licensed persons to dispense medicine, which could rule out many doctors who distribute treatments from their surgeries.

The strained relations between the ministry and pharmaceutical firms came to a head earlier this month after President Nelson Mandela attacked the "monopolistic" hold of multinational pharmaceutical companies on the local market and implicated them in a conspiracy to topple Zuma.

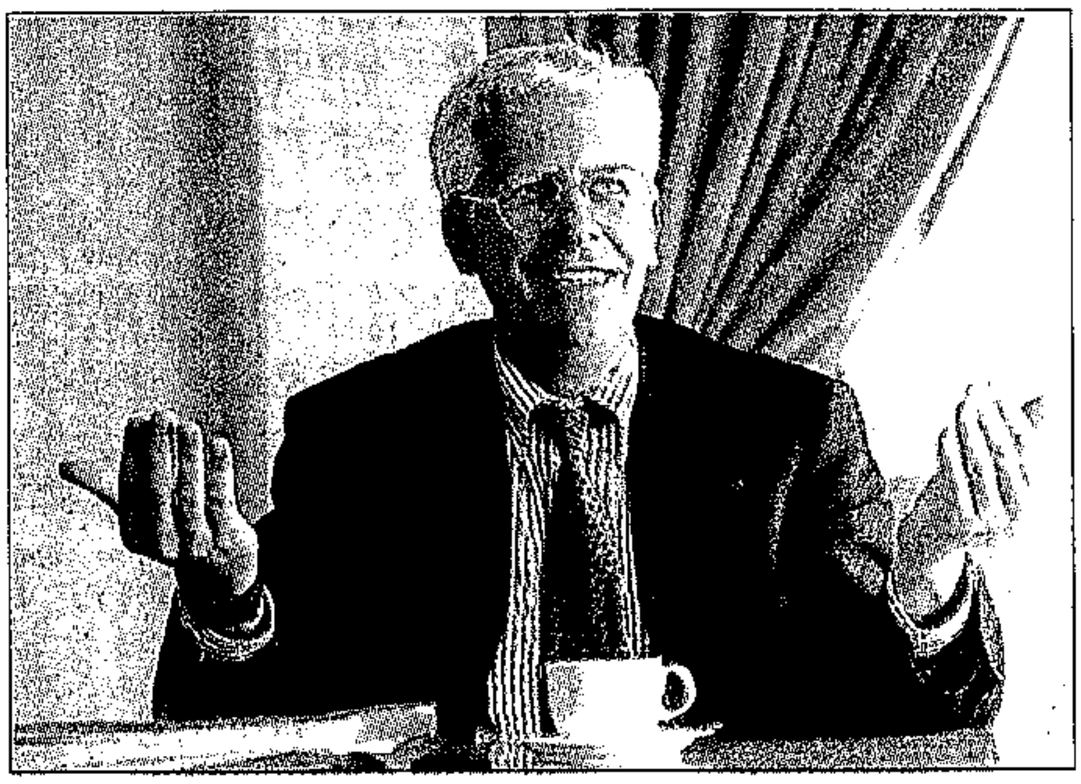
Since then SmithKline Beecham has filed a submission to the Transvaal Supreme Court to overturn the proposed regulations, followed by allegations that international companies have been threatened with expulsion if legal action goes ahead. Boehringer Mannheim, the German pharmaceutical group, warned that foreign firms may pull out of South Africa if they are made to feel unwelcome.

De Korte said mandatory prescription of generic names for branded drugs could be "a violation of intellectual property rights", but said Zuma's goals of broadening access to medicine were those of the pharmaceutical industry. He insisted on a debate of the issues rather than confrontation, and said differences between the ministry and the drug industry had been blown out of proportion.

MSD is owned by Merck & Co, the US-based pharmaceutical company, which reinvested in South Africa by buying the local licensee, Logos Pharmaceuticals, from CG Smith. Logos had about $60 million sales a year and has operated as MSD since the beginning of September.

Merck pulled out of South Africa in 1978 for political reasons at a time when US pharmaceutical companies had 40 percent of the market share. Now they only have 15 percent.

"We have trust in the long-term future of South Africa," said De Korte. He said MSD was committed to supplying cost-effective treatment to the local market and was considering expanding its research capabilities in South Africa.



HERE TO STAY *Donald de Korte, the chief executive of MSD*

PHOTO: JOHN WOODROOF

Sowetan 2/10/96

Doctors say no to overtime

(93)

AFTER-HOURS services at at least nine hospitals on the East Rand and Johannesburg were closed yesterday after doctors refused to work overtime.

Emergency services at the nine hospitals were suspended following the doctors' decision on Monday to refuse to work after hours.

The affected hospitals are Boksburg-Benoni, Natalspruit, Tembisa, Kempton Park, Edenvale, Willem Cruywagen and Pholosong – all on the East Rand – and JG Strijdom and Suidrand in Johannesburg.

Doctors at hospitals on the West Rand and in the Vaal Triangle were expected to join the action, said spokesman for the doctors Dr Pieter Croucamp.

"This is not a strike by doctors, it is rather a work-to-rule action to show unhappiness about the recently implemented commuted overtime decision by health authorities," Croucamp said.

He said the new regulation meant doctors at smaller state hospitals had to work longer hours than their counterparts at bigger hospitals.

Doctors at state hospitals were also expected to work more overtime without appropriate compensation. "The Department of Health continues shifting the goalposts," said Croucamp.

They were also unhappy because they had not been paid for overtime worked since July 1. Doctors met health authorities yesterday and would wait for a response, Croucamp said. "The ball is in their court now."

Gauteng health department spokesman Mr Popo Maja said the authorities had appealed to the doctors to work overtime. Arrangements were underway to relocate doctors from academic hospitals to the affected hospitals, but this would only happen today. – *Sapa.*

Threat to close casualty services

Star 11/10/96

By Lara Smith

An emergency meeting will be held today to avert doctors closing all after-hours casualty services at East Rand hospitals in a dispute with the Gauteng health department over overtime pay.

Doctors want more overtime pay despite the fact that their overall packages were nearly doubled in July this year, from R66 000 to R119 000 a year.

Their overtime pay went up from R15 207 a year to between R40 000 and R75 000.

But to earn this, doctors are required to work between six and nine overtime shifts a month. An overtime shift is either a night on duty or a weekend day.

In the past, although they were paid less a year for their overtime, doctors also claimed R30 an hour for every hour they were on call, resulting in some "working" as many as 110 overtime hours a week.

Another problem was that at hospitals with many doctors, some were not able to work the required number of shifts to qualify for the new overtime package, said Dr Eric Buch, deputy director-general of the Department of Health.

A solution for this would be to allow these doctors to work their overtime hours at hospitals where there was a shortage of doctors.

Negotiations were underway at some of the hospitals to get such a system up and running but it would take time, Buch said.

The threat to close the East Rand casualty sections follows the recent closure of the casualty section at Germiston's Willem Cruywagen hospital because of a staff shortage.

A doctor at Boksburg/Benoni hospital said yesterday they would be closing their casualty department at 4pm every day from today to place "some kind of pressure" on the Gauteng health department.

The Kempton Park, Natalspruit, Pholasong and Far East Rand hospitals are rumoured to be following suit.

Govt plans to defend prescriptions policy

(93) (94) BD 3/10/96

Jacqueline Zaina

GOVERNMENT planned to defend its policy in the legal fracas looming between the health department and pharmaceutical industry over pending legislation which drug manufacturers claim could prevent doctors from prescribing brand names.

Health department policy and planning deputy director-general Dr Ayanda Ntsaluba said government would defend its drug policy in court, if need be. It was seeking legal advice.

Pharmaceutical multinational SmithKline Beecham has started legal proceedings against Health Minister Nkosazana Zuma over her proposals to introduce the World Health Organisation's international non-proprietary names system of generic name prescribing.

Most major pharmaceutical firms — fearing it will be illegal to include the proprietary name on the prescription — are set to join the battle if Zuma refuses to withdraw regulations gazetted on July 12.

However, Ntsaluba said that as far as the content of the contested regulations was concerned, government remained immovable on its policy.

He said the regulations did not amount to a ban on prescribing of branded drugs, and they had been misinterpreted by drug manufacturers.

"The regulations (are) intended to oblige medical practitioners and pharmacists to make the patient aware of the availability of cheaper generic drugs. However, both the doctor and patient would retain the right to choose a branded product," he said.

Ntsaluba said the content of the regulations did not differ from the drug policy document released in February, a product of wide consultation with the industry.

"We don't underestimate the power of the multinational drug firms' vested interests. They ... would be adversely affected by legislation encouraging use of generics," he said.

The Pharmaceutical Manufacturers Association said the international non-proprietary names proposals made a mockery of SA intellectual property rights which included the sole right to sell and market products during the initial period of patent protection, and the "unfettered right to promote and use one's trademark". The system could also open the way for counterfeit and inferior drugs to flood the market, it said.

Ntsaluba said government had no intention of disregarding patent agreements. Greater use of generics would reduce the national drug bill.

Victory for doctors in fight to curb overtime

(93) BD 3/10/96

Kathryn Strachan

DOCTORS in Gauteng secondary hospitals won a major victory yesterday when an agreement was struck with the province that they would not be required to work more than 20 hours overtime a week.

Medical Association labour spokesman Peter Bruwer said doctors across SA had fought for years against excessive working hours, and this agreement would set a precedent for doctors in all provinces. "This is an exciting development for us, it is a very important part in improving doctors' working conditions," he said.

The situation for academic hospitals is different as they are far bigger and have a surplus capacity for working night shift. A separate framework will be negotiated with them.

Smaller secondary hospitals have a limited number of doctors among whom to spread the night shifts. At present interns at Klerksdorp Hospital, for example, are working 72 hours' overtime a week while medical officers at Willem Cruywagen are working 50 hours' overtime a week.

Yesterday's agreement came after doctors at seven East Rand and Johannesburg secondary hospitals went on a work to rule earlier this week, forcing casualty departments to close at night.

But the agreement was also a breakthrough for the province. Gauteng deputy health director Eric Buch said the critical difference lay in the way overtime work was arranged. Traditionally, doctors have done overtime only in their own specialised area so a paediatrician, for example, would not be called out to deal with casualties or trauma cases. The paediatrician would still have been on call, however, and would have been paid for that overtime even though he was not called out.

Buch said in the new arrangement

Continued on Page 2

Doctors

(93) BD 3/10/96

Continued from Page 1

all doctors would be available to do all night shifts, which meant the workload would be shared more equitably and fairly. Overtime could only be earned if the doctor was on hospital premises.

Individual secondary hospitals could choose whether to arrange their staff on night shifts so that doctors had fewer and heavier night calls, or more frequent and lighter calls.

The province would also need to look at the overtime capacity of smaller hospitals and, if keeping casualty departments open at night was not feasible and there were other hospitals in the neighbourhood, these facilities could close their night services.

Doctors' salaries were agreed in the central bargaining chamber earlier this year, and it was left to the health department to resolve doctors' overtime. Instead of paying doctors for each hour worked overtime, it was agreed doctors would get set pay for overtime. This was worked out as their normal shift rate plus 30%. However, still disputed was how many hours doctors were required to work in exchange for the set overtime pay.

Picture: Page 3

Talks held with ER medics

(93) Sowetan 3/10/96

GAUTENG health authorities yesterday held talks with East Rand doctors who have refused to work overtime since Tuesday as the protest action spread to Johannesburg.

The doctors' action has so far forced the closure of after-hours services at nine East Rand hospitals, including Boksburg-Benoni, Natalspruit, Tembisa, Kempton Park and Pholosong.

Gauteng government health spokesman Popo Maja told *Sapa* on Wednesday the doctors' action was viewed seriously because it would hinder health care to the sick.

A Press conference planned for Wednesday morning was postponed because health director Ralph Ngijima and other officials were still holding discussions with the doctors.

Maja said Ngijima was urging the doctors to work overtime. In return the provincial health ministry would address their problems.

He denied reports that the doctors had not received overtime pay, but agreed the July overtime money was not paid. Maja attributed the mistake to an administrative error which he said had since been corrected.

He also denied doctors' claims that the ministry wanted them to work longer overtime hours, but was not paying for this.

Maja said the Gauteng authorities told doctors on Monday they could be sent to other hospitals for overtime work if this was necessary. This would ensure a fair distribution of doctors throughout the province.

But Maja added: "It looks like this is the real issue."

He also said the preference of these doctors had been to work at academic hospitals while their colleagues at non-academic hospitals were overloaded. At academic hospitals, doctors do internship and medical research is carried out.

Also on Wednesday, doctors at JG Strydom hospital in Auckland Park, Johannesburg, threatened solidarity action with the East Rand doctors. – *Sapa.*

Hospital crisis ends as overtime is agreed

Star 3/10/96

By Janine Simon and Lara Smith

Casualty wards at East Rand and Johannesburg hospitals are up and running again after doctors and senior Gauteng health officials reached an agreement on new overtime packages last night.

The dispute severely affected after-hours emergency services in the metropolitan region as Johannesburg and West Rand doctors threatened to join their East Rand colleagues yesterday in refusing to work overtime.

The work-to-rule action by doctors on the East Rand resulted in the closure of eight hospitals' casualty departments on Tuesday night, placing untold pressure on the referral hospitals – Far East Rand, Tembisa, Johannesburg and Baragwanath hospitals, which reported heavier than usual patient loads.

Deputy director-general of health Dr Eric Buch said last night that an agreement on overtime work had been reached with Natalspruit doctors and had also been accepted in principle by doctors at other hospitals. As a result, they agreed to resume overtime work last night.

In accordance with the agreement, doctors will work 20 hours a week, or 80 hours a month, overtime to qualify for the new commuted overtime package fee of between R41 561 and R76 474 a year.

They would also cover all the services required at the hospital and would cover more than one discipline if necessary, Buch said.

This meant doctors would work fewer shifts than had been agreed upon before, but they would be busier shifts, he added.

The agreement would spread the overtime workload more equitably and ensure the province got better value for its outlay in overtime pay, health superintendent Dr Ralph Ngijima said.

Affected hospitals are Edenvale, Natalspruit, Boksburg-Benoni, Laudium, Kempton Park, Pholasong, South Rand and Willem Cruywagen. Staffing emergency services at smaller hospitals has not been resolved.

Too many murders, too few pathologists

'Numerous' miscarriages of justice in South Africa as forensic experts struggle to cope with a case load far beyond them

(93) Star 3/10/96

SAPA

South Africa has one of the highest murder rates in the world, but its radical shortage of qualified forensic pathologists has resulted in numerous miscarriages of justice.

"I have no qualms in saying that justice has been compromised in many instances (where medico-legal services have been required)," says Dr Gert Saayman, chairman of the SA Medico-legal Society.

There are about 80 000 post mortem examinations needed in South Africa each year, and only 15 qualified forensic pathologists in the country. This means doctors with little or no qualification in the field have to perform autopsies.

South African pathologists each perform up to 1 000 post mortems yearly, compared with the United States' ratio of approximately 250 post mortems to one forensic pathologist. Guidelines state that no person doing autopsies should do more than about 250 yearly if that is their only obligation, Saayman says.

Health Minister Nkosazana Zuma is to meet all nine provincial health MECs this month to discuss proposed changes to the medico-legal service. According to a national policy document on medico-legal services which Zuma and the MECs are to discuss, the system of medico-legal investigation into death in South Africa is plagued by inefficiency, incompetence and often results in the miscarriage of justice.

Starting by placing medico-legal services entirely under the jurisdiction of the Health Ministry, the proposed plan moves to bring South African medico-legal services in line with international standards of efficiency, competency and independence.

The proposed changes also aim to remove the perception that forensic pathologists and other doctors performing autopsies are in any way linked to the police, who are responsible for the transport and storage of corpses.

"The perceived allegiance of doctors to the police has tarnished the reputation of legal medicine in South Africa to the extent that it will take years to mend, even if drastic steps to address the problem are taken," the document warns.

It says there is ample evidence of police abuse in the care of corpses, such as tampering, sale of body parts and forcing people to look at bodies. This is unlikely to occur if the service is administered by an agency with no "power" over citizens.

The doctors who drew up the document describe medico-legal death investigation as "a science in itself" which should be governed by uniform and accountable protocols and standards.

Saayman says police response to the proposals has been favourable.

Health dept may not perceive value of the service

The doctors have proposed the drafting and eventual promulgation of a new Forensic Medical Service Post Mortem Act making provision for a chief forensic medical examiner in each province or region and assistant forensic medical examiners in cities and towns.

These officials would have support staff, adequate facilities and equipment – something few doctors who do post mortems now have. Even pathologists and doctors working in large city mortuaries have to endure conditions Saayman describes as "atrocious".

The proposals also make provision for better ancillary services: microbiology, chemistry, specialised forensic services and specialised pathology services.

An adequate training programme, monitoring of service standards, a research programme and central data bank and adequate remuneration are imperatives, the document says.

South Africa's "exceptionally high" violent death rate made it one of the best places for research in the field, and research could generate substantial revenue.

Saayman, a lecturer at the University of Pretoria's Department of Forensic Medicine, says students and doctors show interest in the field, but those who choose to specialise usually study another field.

"It's a pity. The work is interesting. Each case is a lucky packet. You get to answer your human curiosity as a 'medical detective' applying scientific knowledge."

The proposed system, if implemented, will probably be initiated in the Free State, says Dr Leon Wagner, a senior state pathologist and lecturer at the University of the Orange Free State's Department of Forensic Medicine.

The restructuring process is in an advanced state in the province and has the support of the provincial health department.

Three of the 15 forensic pathologists in South Africa live in Bloemfontein and internationally renowned forensic pathologist Dr Joseph Davis, of Florida's Dade County, visited the province last month.

Davis, whose Miami laboratory is probably the most advanced in the world, advised that "it might be useful" to form a model laboratory in the Free State, as had been done in the United States when forensic pathology got the boost it needed.

This would provide an objective for "everyone else" to achieve. He warned that there was a worldwide lack of awareness of the importance of medico-legal services' role in the judicial system.

This warning was echoed by the doctors who drew up the South African policy document: "Unfortunately, the real danger exists that the Department of Health may not fully perceive the value of the service, since the true end-line users of the service are indeed the departments of Safety and Security and Justice."

SA doctors angry at 'whitewash' of Cuban malpractice claims

ARL 5/10/96 (93)

Minister backs foreign medics

GLYNNIS UNDERHILL
CHIEF REPORTER

Northern Cape doctors have accused senior health officials and the Department of Health in that province of attempting to "whitewash" alleged malpractice by Cuban doctors prior to an investigation by the Interim Medical and Dental Council.

The first blow for a group of 12 South African doctors in Kuruman came when a medical review committee appointed by the Northern Cape department of health found there were no "substantial complaints" about the quality of care rendered by the Cuban doctors.

The interim Medical and Dental Council has, meanwhile, received 25 complaints of alleged malpractice against six Cuban doctors involving 13 patients in the Northern Cape.

In a move which has angered local doctors, Northern Cape Minister for Health and Welfare M F Matlaopane has added his weight to the controversy by responding positively to the findings of the medical review committee.

Samuel Van Eeeden, a general practitioner in Kuruman who has acted as a spokesman for the 12 local doctors, said there was concern about whether the Medical and Dental Council would be able to remain unbiased after the provincial government had already found the Cuban doctors "not guilty" of malpractice.

The provincial government findings on the Cuban doctors in Kuruman could be seen as an attempt to whitewash the situation, he said.

In his statement, Dr Matlaopane said the medical review committee had found that all the local doctors were willing to work with the Cuban doctors. "I would encourage the Medical and Dental Council – if it has received the alleged complaints of malpractice – to investigate those further. This committee exonerates the Cuban doctors in the context in which they were employed at Kuruman Hospital," he said.

Dr Matlaopane concluded his statement by thanking the committee for its findings, which he said he would discuss further with Health Minister Nkosazana Zuma.

> ***'Doctors will be victimised if they reveal themselves, just as I am being victimised now'***

"I thank the Cuban doctors for their services and the communities for their resilience," he said.

Dr Van Eeeden has been pinpointed by the medical review committee as the only person who has submitted a file of complaints against the Cuban doctors.

Dr Van Eeeden said yesterday he had agreed to keep the names of the doctors involved in the complaints confidential but their names had been submitted with the complaints of alleged malpractice against the Cuban doctors to the Medical and Dental Council.

"Doctors will be victimised if they reveal themselves, just as I am being victimised now," said Dr Van Eeeden.

"Doctors in South Africa still want to know why the Cuban doctors have been allowed to work outside their fields of registration," he said.

Dr Van Eeeden and the doctors he represents took the cases of alleged malpractice against the Cuban doctors to the Medical and Dental council in defiance of apparent attempts by the provincial health department to silence them.

Among the complaints of alleged malpractice against the Cuban doctors is a case which the South African doctors claim amounted to a Cuban doctor's "barbaric and inhumane" treatment of an 84–year old man whose lung had collapsed.

Further claims of alleged malpractice include a 15–hour wait by a pregnant woman for an emergency Caesarean section and the "dangerous" setting of a fractured left ankle which apparently had to be reset by a local doctor to save the leg.

The doctors are now eagerly awaiting the preliminary investigation of the Medical and Dental Council into the complaints against the Cuban doctors.

All doctors working legally in South Africa, including the Cuban doctors, had satisfied the requirements of the Interim National Medical and Dental Council of South Africa, and are registered with the council, said the Department of Health.

The department said it would continue to bring foreign qualified doctors to South Africa as long as there was an acute shortage of doctors to provide services to the public in some areas.

"The department and the vast majority of the nurses and doctors working with Cuban doctors in South Africa are extremely satisfied with the services provided by these Cuban doctors," the department said.

Whether any public servants have (a) lost their jobs and/or (b) been asked to refund any money as a result of the findings of the White Commission of Enquiry into Illegal Promotions; if not, what is the position in this regard; if so, what are the relevant details in each case? N2115E

The MINISTER FOR THE PUBLIC SERVICE AND ADMINISTRATION:

Information in this regard has been requested from all departments and provincial administrations and will be made available as soon as it is received.

We have in the meantime obtained the relevant information only from the Ministry of Justice:

(a) No.

(b) The Department of Justice has implemented the recommendations of the Browde Commission in respect of the Transkei:

— 28 chief magistrates were demoted to senior magistrates

— 42 other magistrates of various ranks were also adjusted

— 36 other officials of various ranks, including prosecutors, were also adjusted to their correct salaries

totalling 106 ajustments thus far.

The Department of Justice has indicated that they are still calculating the amount which has been overpaid with a view to recovering it.

Mr A J LEON: Mr Chairman, arising out of the hon the Minister's reply, is he not deeply concerned that none of the public servants concerned have, in fact, lost their jobs? In terms of my calculations, the Browde Commission, when Judge Browde was in charge of it, dealt with 558 cases across the board. The Minister tells us only 106 have actually been acted upon, which means that the vast bulk remain in their positions, which were obtained as a result of unlawful promotions and illegal manipulation of the Public Service rules. Also, Mr Justice White told Parliament last month that he had disposed of 1 664 cases, and according to the Minister's answer today, in none of the 1 664 cases that Judge White had dealt with has anyone actually been downgraded for dismissed or removed from his or her post to which he or she was illegally promoted. What is now going to happen? What is this Minister going to do to now give some stick to or take some action in regard to the recommendations made so far by these circumstances?

The MINISTER FOR THE PUBLIC SERVICE AND ADMINISTRATION: Mr Chairman, unfortunately I do not have a stick, but we have written to and pleaded with almost all the provincial administrations and departments which are concerned with this issue, and more than a year has passed and they have yet to take action. In fact, even with the Minister of Justice we only received the news today that 106 out of the approximately 500 named by the Browde Commission had been dealt with. Concerning the other issues that the hon member raised, I think the commission will receive as many prosecutors as possible. We have been promised, by Ministers here, that they will second people, as we asked them to do last year. Otherwise, there is nothing else I can tell the hon member.

Mr A J LEON: Mr Chairman, further arising out of the hon the Minister's reply I speak as a committed federalist, just to anticipate the response of the hon the Minister . . . [Interjections.]

An HON MEMBER: A feminist?

Mr A J LEON: I am a federalist! [Laughter.]

Is this hon Minister not of the opinion that certain decisive action is required by his colleague the hon the Minister of Finance, and from the Department of State Expenditure, to ensure that when budgetary transfers take place in the next Budget, each of the provincial governments concerned is put on terms because of not having implemented the recommendations of or taken action in terms of the Browde Commission and White Commission recommendations? If they do not do so, there surely has to be some adjustment to the particular budget allocations to the defaulting provinces.

The MINISTER: Mr Chairman, I have already informed the hon Mr Leon that the issue was referred to the Auditor-General last year to take the necessary steps at that time. Up to the present moment there has been no answer from the Auditor-General himself and his office.

Complaints about Cuban doctors

*12. Mr M J ELLIS asked the Minister of Health:

(1) Whether she or her Department has been informed of any complaints and/or actions instituted by South African doctors and/or other groups concerning the ability of Cuban doctors currently working in South Africa at her invitation; if so, what are the relevant details concerning such complaints and/or actions;

(2) whether she or her Department has taken or intends taking any action on the basis of such complaints and/or actions; if not, why not; if so, what action? N2118E

The MINISTER OF HEALTH:

(1) Yes, the Interim National Medical and Dental Council of South Africa (INMDC) has received 1 463 allegations against doctors practising in South Africa to date, and four of those received from one Dr Van Eeden were about two Cuban doctors.

(2) No.

Mr D H M GIBSON: Chairperson, arising out of the hon the Minister's reply, and the fact that foreign doctors appear to be making a satisfactory contribution, I wonder whether she is aware of the fact that other foreign doctors want to take advantage of her invitation and come to South Africa, but they find it incredibly difficult to be admitted. I would like to ask her whether she would discuss the matter with her colleague the hon the Minister of Home Affairs and whoever else is preventing doctors with foreign qualifications from coming to South Africa to assist our medical services.

The MINISTER OF HEALTH: Mr Chairperson, it is not really a supplementary question, but I will answer it.

The Medical and Dental Council has instituted a moratorium on registering new foreign doctors until it has sorted out its new criteria for registration.

But I must also say that we have decided not to have an open-door policy, because we have received numerous pleas from our neighbouring countries that South Africa should not do what the European countries or other countries are doing to South Africa by taking all its doctors away.

So, respecting the views of our neighbouring countries, and wanting to be good neighbours, we have decided that we will only recruit doctors on a major scale in terms of a government-to-government agreement, so that when those doctors come to this country in large numbers, we do not leave the country which they come from with a crisis, especially the developing countries. That is why we have Cubans in big numbers. We are also having discussions with the Germans and Belgians, because they have agreed that they can give us some doctors without any problem. But if we just have an open-door policy, the fact that our salaries may be better than the salaries of neighbouring countries means that we will be getting all those doctors, leaving our neighbouring countries with a crisis, which in the end will become a crisis for us here in this country too.

Dr B E NZIMANDE: Chairperson, further arising out of the Minister's original reply, where do the other 1 459 doctors come from against whom complaints have been lodged? Also, is the Minister in a position to give an opinion as to how the Cuban doctors have fared as doctors in South Africa?

The MINISTER: Chairperson, I cannot give a breakdown in terms of each of those allegations, but the allegations are in respect of South-African-trained doctors and some other foreign doctors.

In terms of how the Cubans are faring, it might be a good idea for hon members to actually visit some of these places where the Cubans work and get first-hand information from the superintendents of the hospitals, from colleagues who work with the Cubans and from the communities which are served by those Cubans. In my interaction—I have to a number of provinces and to a number of hospitals where these Cubans work—I have found that the people love them. They love them because they work well with them. They do their work. They are very compassionate, and I have no problem with them.

As a result, I have received lots of requests, from almost every province in this country, to bring in more Cubans, and they are coming. [Applause.]

Dr W A ODENDAAL: Chairperson . . . [Interjections.]

The DEPUTY CHAIRPERSON OF COMMITTEES: Order!

Dr W A ODENDAAL: Chairperson, in two and half years this Minister has never answered a letter from me. So I am asking her a direct question concerning this issue of Cuban doctors across the floor of this House.

The DEPUTY CHAIRPERSON OF COMMITTEES: Order! Is it a supplementary question?

Dr W A ODENDAAL: Yes, Mr Chairperson. She has said that she has only received one complaint about the Cuban doctors, from a Dr Van Eeden. I have received many such complaints, and she does not react to my letters. [Interjections.] I received this one this morning. [Interjections.] This is about a Cuban doctor in Rustenburg who found a man fit for work while three other general practitioners found him unfit for work, and they say he says . . .

An HON MEMBER: Who are they?

Dr W A ODENDAAL: He is Dr Castro, and that is not his name . . .

The DEPUTY CHAIRPERSON OF COMMITTEES: Order!

Mr P D DEXTER: Chairperson, on a point of order: I think the hon member should ask a supplementary question. He is making a speech here.

The DEPUTY CHAIRPERSON OF COMMITTEES: Order! We will decide on that, hon Dexter. Please be seated.

Mr P D DEXTER: Chairperson, will you rule on that?

The DEPUTY CHAIRPERSON OF COMMITTEES: Order! I will listen to his question before ruling. Will you be seated, please. Hon Odendaal, please put your question succinctly.

Dr W A ODENDAAL: Yes, Sir. I have a short complaint which states that this specific Cuban doctor used abbreviations not commonly used and failed to diagnose a fairly obvious heart murmur. My question now is: If I write her a letter, will she inquire into this matter and answer my letter, please?

The DEPUTY CHAIRPERSON OF COMMITTEES: Order! That is not a supplementary question. Hon Minister, you may answer, but this is not a supplementary question.

The MINISTER: Chairperson, I want to say something. It is not a supplementary question, and I do not have a symbiotic relationship with him, in the sense that when he reads a letter this morning, I have to know what is in the letter and give responses.

Thirdly, if he writes to me, I will respond to his letter. [Applause.]

Financial management services: changes

*16. Mr D K PADIACHEY asked the Minister of Public Works:

(1) Whether he or his Department has effected any changes in respect of financial management services: if so, (a) how many new posts were created and (b) what are the further relevant details;

(2) whether any persons in his Department have been retrenched; if so, how many?

N2123E

The MINISTER OF PUBLIC WORKS:

Yes.

(a) Financial management services are being transformed and restructured to enhance effectiveness and efficiency in the Department. One post of Deputy Director-General (Financial Manager) has been created.

(b) The financial function of the Department has to be brought in line with the financial management guidelines as determined by the Department of State Expenditure. As a first step a post of Deputy Director-General: Financial Management was created, and the upgrading of the function will follow soon. The function will be staffed by professional financial managers who will focus on overall financial planning and control, project costing and the need to institutionalise performance management principles as we are doing with the transformation of the Department.

Building of prisons

*17. Mr D K PADIACHEY asked the Minister of Public Works:

Whether he or his Department is doing any planning in respect of the building of prisons; if not, why not; if so, what are the relevant details?

N2124E

The MINISTER OF PUBLIC WORKS:

Yes. The need for new prison bed accommodation in this country is of such a nature that the Department of Public Works is in the continual process of planning new prisons, upgrading existing prisons and developing new strategies and concepts in the expediting of prisons as the need arises. The Department of Public Works has set up a joint professional task team with the Department of Correctional Services to look at the long-term requirements and needs of our user department.

The funding of projects has always been a very important aspect in relation to the planning of new prisons. In this respect, the Department is actively in the process of seeking alternative methods when it comes to the funding of projects, like the Apops (Asset Procurement and Operating Partnership), through which the use of private funding can be used in the elimination of the existing backlog.

Examples of new prisons in planning:

Richards Bay, Empangeni and Pietermaritzburg

Examples of prisons in the process of being upgraded:

Durban, Westville and Christiana

Mr D H M GIBSON: Chairperson, arising out of the hon the Minister's reply, may I ask him why his department is building prisons? The answer might seem obvious, ie that we have many more prisoners than we have prison beds and accommodation, but I would like to ask him whether he will not give some thought to the idea of privatising this process and having the prisons built by private enterprise, planning by them and, when completed, leased to the Department of Correctional Services. [Interjections.] This is happening in many countries around the world, and in addition some of the existing prisons could be disposed of and the proceeds used to fund further building. Perhaps I could also ask the hon the Minister if he is aware that the hon the Minister of Correctional Services said that he was having difficulty in persuading this hon Minister to allow prisons to be sold and the proceeds to be used for building. I offered to introduce the two Ministers in order to get them to discuss the matter on a sensible basis, and I would like to ask if they have discussed it yet.

The MINISTER OF PUBLIC WORKS: Mr Chairperson, I do not know where the hon member gets this information that Minister Mzimela is having difficulty with me. I can tell him right now that he is just across the passage from me. We are working very closely as Ministers, as are our two departments. Therefore there is no basis for the allegation that we are offering resistance to looking into new ways of building prisons in South Africa. [Interjections.]

Regarding the first question, I mentioned in my reply that there was an alternative method which we have looked at, which I call Apops, ie Asset Procurement and Operating Partnerships. Already Cabinet has approved the guidelines set out by the Departments of Public Works, Correctional Services, Finance and State Expenditure. During the course of this month we will be releasing this document so that all the stakeholders who are interested in participating in this process will be given an opportunity to do so.

In short, we are looking at alternative procurement techniques in order to solve the question of the crisis within correctional facilities.

New questions:

Tuberculosis epidemic

*1. Mrs I MARS asked the Minister of Health:

(1) Whether she or her Department is taking any specific steps to deal with the current tuberculosis epidemic in the Republic; if not, why not; if so, what steps;

(2) how many new cases of TB were diagnosed during the period 1 January 1995 up to 31 August 1996;

(3) whether in any of these cases there was evidence of multi-drug resistance (MDR); if so, what are the relevant details;

(4) (a) what portion of the amount of R500 million spent annually on TB is being allocated to directly observed treatment (DOT) and (b) to what extent are schoolchildren and workers routinely tested for the disease?

N2184E

The MINISTER OF HEALTH: Mr Chairperson, this is a longish answer. Will you allow me to Table it?

The DEPUTY CHAIRPERSON OF COMMITTEES: Order! Yes, you may Table the answer.

Dr R RABINOWITZ: Mr Chairperson, we had considered asking a supplementary question which was likely to arise out of the Minister's reply. Can one ask a supplementary question, or must one wait for the Minister's reply? [Interjections.] It is a question likely to arise out of the Minister's reply.

The DEPUTY CHAIRPERSON OF COMMITTEES: Order! Hon member, we will wait until the Minister replies. You may then read the reply and ask her the question directly in writing. [Interjections.]

(Reply laid upon Table with leave of House):

The MINISTER OF HEALTH:

(1) Recognising the seriousness of the problem, the Department of Health is in a process of implementing a new country-wide control strategy called Directly Observed Treatment—Short Course (DOTS). The DOTS strategy focuses on patient-centred care, cost-effective diagnosis through smear microscopy, effective standardised treatment regimens, supporting patients through directly observed treatment and monitoring treatment outcomes through cohort analysis using the tuberculosis register.

A task group of 40 international and national tuberculosis experts reviewed the implementation of the new strategy in all nine provinces. The plans, which include the TB review recommendations, are in the process of being implemented at present.

Goal: 85% cure rate for new smear positive (infectious) cases by the year 2000. Curing these cases is the best way of preventing the spread of TB.

The objectives of the plans are as follows:

- High-level commitment and awareness of the TB epidemic
- Improving TB management at all levels
- Ensuring adequate TB laboratory services:

  A Laboratory Task Group has been formed to upgrade and extend laboratory services and establish a peripheral microscopy network. Fifty new microscopy centres will be established in the next year to diagnose and monitor the cure of TB patients.

  Improving the monitoring of cure:

  A recording and reporting system (the TB patient register) was initially implemented in January 1995 to monitor case finding and cure rates.

  An intensive training programme in the utilisation of the register and the implementation of the DOTS strategy is conducted throughout the country.

- A TB Operational Centre has been established to monitor the progress of the implementation of the recommendations of the review. Feedback from the provinces according to specific indicators is being collected so that the centre can rapidly evaluate progress in order to provide the support needed.
- The National TB Control Programme is working with SADC countries to combat the TB epidemic by participating in the Southern African TB Control Initiative (SATCI). SATCI is attempting to standardise TB Control throughout the Southern African region in order to improve cure rates through consistent care.

(2) During the above mentioned period 119 405 new TB cases were notified.

(3) It is estimated that 1% of the new cases are due to MDR.

(4) (a) Provincial budgets will be targeted to implementing directly observed therapy (DOT). Actual amounts dedicated to DOT cannot be determined as it includes staff time and collaboration with non-governmental organisations (NGOs) and volunteers who are also involved in DOT.

(b) It is not the policy of the Tuberculosis Control Programme to test schoolchildren and workers routinely for the disease as that is not economically justifiable. Schoolchildren and workers are only tested when they develop symptoms or are household contacts of TB patients coughing up TB bacilli in their sputum. This is in line with World Health Organisation recommendations, since the only people who present a threat to the health of the public are those who are spreading the disease to others.

Abortions: nurses compelled to assist doctors

*2. Mrs P W CUPIDO asked the Minister of Health:†

(1) Whether she or her Department will compel nurses to assist doctors when abortions are carried out; if not, what is the position in this regard; if so,

(2) whether any action will be taken against nurses who refuse to assist doctors during such abortions; if not, what is the position in this regard; if so, what action;

(3) whether she will make a statement on the matter? N2185E

The MINISTER OF HEALTH:

(1) Abortions are performed and will be performed within the framework of the law.

(2) Falls away.

(3) No.

Macro-economic plan

*3. Mr J W MAREE asked the Minister of Finance:

(1) Whether he or his Department intends proceeding with the Government's macro-economic plan, particularly in regard to privatisation; if not, what is the position in this regard; if so, what are the relevant details;

(2) whether he or his Department has consulted with and/or obtained the co-operation in this regard of a certain trade union, the name of which has been furnished to his Department for the purpose of his reply; if not, what is the position in this regard; if so, what are the relevant details? N2186E

The MINISTER OF FINANCE: Chairperson, I think that we need to teach the hon Dr Odendaal some manners in this House.

(1) Yes. My Department is proceeding with the implementation of the macro-economic plan, both directly and indirectly: directly in the areas where my Department has the primary responsibility for the implementation of certain elements of the plan, particularly in the area of fiscal policy; and indirectly in collaboration with the Deputy President and my Cabinet colleagues. In the process Government is also proceeding with the process of restructuring of State assets, which will include certain privatisation options.

The restructuring of State assets is being undertaken within the context of the National Framework agreement, which was concluded between Government and labour earlier this year. The implementation of the restructuring initiatives, within the framework of the agreement, is overseen by my colleague, the Minister for Public Enterprises.

HSBC has recently been appointed in the Ministry for Public Enterprises to advise Government on issues pertaining to the restructuring of State assets. An Oversight Committee has been appointed to direct the work of the advisers. My Department has been appointed to direct the work of the advisers. My Department is actively participating in the work of the Oversight Committee, which reports directly to an Inter-ministerial Cabinet committee, of which both the Deputy Minister of Finance and I are members.

(2) No. Neither my Department nor I have directly consulted with any specific trade union in regard to the issue of privatisation. Labour has, however, been party to the discussions since the start of the process involving the restructuring of State assets, through the various fora that have been created for this purpose. The Office for Public Enterprises has also made funds available on its budget to labour; for the appointment of its own advisers, to assist it in its participation in the restructuring process.

Mr K M ANDREW: Chairperson, arising out of the hon the Minister's reply, may I ask him, since the economic action six-pack announced by the Executive Deputy President in 1994, and the privatisation plans also announced by the Execu-

Interns worked up to 112 hours of overtime

(93) BD 7/10/96

Kathryn Strachan

WHEN a medical intern at Klerksdorp Hospital is on call, he begins his shift at 8am and ends it at 4pm the following day. "If we are lucky, we get about three or four hours sleep," says an intern, who asked not to be named.

The 32-hour long shift comes twice a week, every second week, and during that call he sees car accident victims and casualties with gunshot and stab wounds, he performs caesarean sections and assists in wound surgery.

"It's not only the long hours," he says. "The night and weekend calls are the times when the problems are ... that is when all the emergencies and the casualties from assaults come flooding in."

Interns at Klerksdorp Hospital, which falls under Northwest Province, also work at the nearby Tshepong Hospital, and there, he says, night calls are far busier.

Every third week he works 56 hours overtime (which means working a total of 112 hours in the week), and in the weeks between he works 24 hours overtime.

The situation has improved in the past two months, however. At present there are now two interns on call at each hospital, which means they are sometimes able to get a three to four hour break during the night.

The storm over how many overtime hours doctors were required to work broke earlier this week when doctors at Gauteng hospitals embarked on a work to rule in protest. It was resolved when the Gauteng health department agreed on a limit of 20 hours overtime a week. It is expected this agreement will set a precedent for all hospitals in the country.

For these hours, interns are paid R50 000 basic a year plus R22 000 for overtime. While overtime used to be paid per hour, this became an administrative problem and overtime will now be commuted into a set amount.

"Sometimes we feel exhausted, especially after a weekend when there has been a lot of violence," he says.

His wife is also an intern, and they manage to co-ordinate their shifts. "But it is worse for her because after her shift she still has to look after the house," he says.

And in the end, the long shifts do affect the quality of patient care, he says. "If we're that tired, we don't give them as much care as we could."

While interns at other hospitals might be on call more frequently, the load is not as intense as that of interns at Klerksdorp and Tshepong hospitals, he says.

Medical Association of SA spokesman Peter Brewer said he had received a letter signed by all Klerksdorp interns complaining of the long hours.

Doctors' packages have nearly doubled

(93) 8/10/96

Kathryn Strachan

DOCTORS in state hospitals countrywide have almost doubled their salaries over the past few months as a result of the increase in the basic salary earlier this year, and the new overtime package.

The new increases have meant that the interns package has risen from R51 393 to R96 428, medical officers or dentists from R86 257 to R150 443, chief medical officers or dentists from R142 696 to R265 512, specialists from R148 393 to R221 523 and chief specialists from R192 733 to R338 542. The overtime increases will be backdated to July 1.

Doctors in Gauteng's secondary hospitals last week scored another victory when an agreement was struck with the province that they would not be required to work more than 20 hours overtime a week. However, Gauteng health deputy director Eric Buch says a separate framework will have to be worked out with academic hospitals, which are far bigger and have more staff to divide the night shifts among.

Ways are being sought to spread the workload more equitably and fairly among the province's doctors. One option being investigated is for medical staff from well-staffed hospitals to do night shifts at secondary hospitals. This would have to be worked out carefully, however, as even in well-staffed hospitals there are certain disciplines that are still understaffed.

The Medical Association of SA expects the Gauteng agreement of a 20-hour weekly limit in its secondary hospitals will set a precedent for doctors in all provinces. Instead of paying doctors for each hour overtime worked, it was agreed doctors would get set pay for overtime. The agreement came after doctors at seven East Rand and Johannesburg secondary hospitals went on a work to rule last week, forcing casualty departments to close at night.

tended targets incl
□ Explosives built
an ANC address in

PEANUTS

Send us more doctors, say Langa marchers

HEALTH REPORTER (93) ARG 9/10/96

Langa residents marched to the provincial building in Wale Street today to protest against the shortage of doctors in their area.

They said there was only one doctor at the Langa Community Health Centre and he was unable to attend to all the patients. They demanded more doctors as well as a 24-hour service at the centre.

"People have to wait in long queues and even then they don't get to see the doctor. Although the nurses are very good, they cannot see to all ailments," said a spokesman for the group.

'Cuban doctor botched woman's op'

But Health Department will keep using foreign medics

(93) ARG 12/10/96

GLYNNIS UNDERHILL
CHIEF REPORTER

A medical doctor in Upington in the Northern Cape has entered the row over the competency of some Cuban doctors by lodging complaints with the Medical Association of South Africa over an alleged botched hysterectomy and the treatment of a malignant tumour of the cervix.

Johan Louw said an elderly patient who had signed a consent form and believed she had undergone a hysterectomy after an operation by Cuban doctors at Gordonia Hospital in Upington, had returned "with everything hanging out".

"The woman had been told this was normal procedure after an operation, but the Cuban doctors didn't tell her they didn't do the hysterectomy," he said.

"I can only speak about the gynaecology side of things and I think they are not up to standard."

After examination, Dr Louw claimed, he had found the patient's uterus was still intact, even though he had referred her to the hospital for a hysterectomy. The Cuban doctors had put a stitch in the woman's uterus and four days later she had come to him in pain, he said.

The Department of Health said yesterday it had not received any complaints about the treatment of patients by Cuban doctors in Upington and only one Cuban obstetrician from the first batch of Cuban doctors was employed there.

However, Dr Louw said this had not been the only case which had caused him grave concern.

A Cuban doctor had treated a patient with a malignant tumour of the cervix by performing a biopsy and inserting a tampon to stem the bleeding, he alleged.

"The patient came to me three weeks later with a foul discharge and I had to remove the thing from her. It was absolute nonsense," said Dr Louw, who studied for 12 years and has been practicing as a gynaecologist for seven years.

While Dr Louw and a group of concerned doctors in Kuruman in the Northern Cape believe some Cuban doctors are operating outside their field of specialisation, this was denied by the Department of Health. "All Cuban doctors are performing their duties within their field of specialisation," the Department of Health said yesterday.

'Cuban doctors are performing their duties within their specialised field'

Last month a group of South African doctors in Kuruman in the Northern Cape sent 25 cases of alleged malpractice by Cuban doctors to the interim South African Medical and Dental Council (SAMDC). The allegations led to an urgent call by the Northern Cape branch of the Medical Association of South Africa (Masa) to have the competency of the Cubans investigated.

The Department of Health said it had noted with great concern the numerous press reports of allegations of malpractice levelled against the Cuban doctors.

"A Medical Review Committee visited Kuruman on September 10 this year to investigate the allegations made in the media, both locally and internationally, of poor health care practiced by Cuban doctors at Kuruman. A report of the Committee was released publicly on September 18 by Dr M F Matlaopane, MEC for Health and Welfare in the Northern Cape," the department said.

The recruitment of Cuban doctors would proceed, the Department of Health confirmed.

Complaints by doctors in Kuruman include the "barbaric and inhumane" medical treatment of an 84-year-old man whose lung had collapsed. His daughter, an assistant nurse, was allegedly told to insert five thick needles into his neck if he had problems breathing while being transferred to Kimberley Hospital.

Kuruman general practitioner Samuel van Eeden, spokesman for the group of 12 concerned doctors, said the situation had become "intolerable" and the South African doctors had been forced to speak out.

The gynaecologist said he had not met Dr Van Eeden or the other Kuruman doctors. He said he would send his complaint to the interim South African Medical and Dental Council if there was no adequate response from the Medical Association of South Africa.

Dr Louw said he was one of the doctors in the Northern Cape who had been "fired" with 24 hours' notice by the Northern Cape Department of Health and replaced by Cuban doctors at the beginning of the year.

Dr Louw said his contract had been terminated after he had worked at Gordonia Hospital for six years on a part-time basis.

However, the Department of Health said in response to questions from Saturday Argus that the provision of accessible, affordable, equitable and efficient health services was being hampered by a shortage in many parts of South Africa, and especially in the rural areas, of skilled medical doctors. "Cuba is willing to assist South Africa in its endeavours to recruit skilled medical doctors," the department said.

Health department talking to doctors about gripes and overtime

(93) Star 10/10/96

By Lara Smith

The Gauteng Health Department is holding ongoing meetings with doctors in an effort to address their grievances and prevent a recurrence of last week's work-to-rule that saw after-hours emergency services grind to a halt at several East Rand hospitals.

While there is still much misunderstanding among doctors about the implementation of the new system of overtime pay, the main misconception seems to be that doctors will not be paid for overtime work, said Gauteng's deputy director-general of health Dr Eric Buch.

Doctors were also concerned about the number of hours they would have to work to qualify for the new overtime packages and how the overtime load would best be shared equitably at hospitals across the province.

Many doctors believed the new overtime rates had to be part and parcel of their salary packages so that they were more related to the private sector, Buch said. "Quite clearly it is impossible for us to agree to this."

In terms of the agreement reached with doctors at Natalspruit Hospital last week, they are expected to work six full overtime shifts a month (20 hours a week or 80 hours a month) in order to qualify for the new commuted overtime package fee of between R41 561 and R76 474 a year.

A problem was that some hospitals were short-staffed, so doctors at these hospitals worked busy shifts, while at hospitals where there was an abundance of doctors, the shifts were lighter. Also, some doctors who specialised worked lighter shifts and might thus be required to work more shifts in a month, Buch said.

Each hospital and each department therein would be required to forward its own individual proposals for overtime work to the health department for approval, Buch said.

Department officials were already meeting with doctors at various hospitals. "We are very sympathetic to the concerns and issues the doctors have raised and clearly we have to take cognisance of these core issues," said Buch.

At this stage there was no indication that doctors would opt out of the Natalspruit agreement and return to the work-to-rule action they embarked on last week.

Government backs down on drugs, dispensing issues

THE SA government backed down yesterday over proposed health care reforms by withdrawing a key regulation after drugs firm SmithKline Beecham challenged it in court.

The Anglo American drugs firm took legal action to scrap plans by Health Minister Nkosazana Zuma which would make prescribing generic drugs mandatory and limit the dispensing of medicines.

The firm filed a submission asking the Supreme Court's Transvaal Division to fight regulation R1150, a part of Zuma's health care reforms.

The health ministry said the regulation had been withdrawn after an overwhelming response from industry and the public. "As a result of that response I have directed the department to withdraw regulation R1150 and to prepare new draft regulations which will take into account some of the comments received," Zuma said.

SmithKline said moves to limit the use of branded drugs denied doctors choice and could force them to change established patient regimens.

Generic drugs are versions of branded products that have come off patent and are usually cheaper.

The regulation also wanted to authorise (as yet undefined) licensed persons only to dispense medicine. The industry feared this could rule out many currently dispensing medical practitioners, such as dentists.

Despite the retreat, the ministry still plans to act tough with the sector. "The principles in those (withdrawn) regulations will still stand," it said.

Health department spokesman Vincent Hlongwane, who earlier yesterday had indicated a court battle appeared likely, said it was important to establish good relations with drug firms.

Hlongwane said the ministry had not yet decided what form the new recommendations would take.

The drug industry welcomed the news and struck a conciliatory tone.

SmithKline SA CE Gunter Faber said yesterday: "The industry and private health care sector look forward to working in a constructive dialogue and true partnership with government."

Meanwhile, Sapa reports that Zuma, in a reply to a question in the Senate, said all tobacco advertising would be banned if tobacco companies did not comply with existing regulations on health warnings.

She said the Rembrandt group, United Tobacco, RJ Reynolds and Imperial Tobacco were all evading the regulations. They were importing cigarettes that did not have the prescribed warnings, displaying billboard advertisements on which the warnings were invisible at night or did not show tar or nicotine content, or placed newspaper advertisements where the warnings were too small.

The health department had submitted charges laid by individuals to the police. — Reuter.

Fury over Zuma swipe at Afrikaner doctors

Cuban 'malpractice' row worsens

ARG 19/10/96 (93)

GLYNNIS UNDERHILL
CHIEF REPORTER

South African doctors who reported cases of alleged malpractice by six Cuban doctors are up in arms over a sideswipe at Afrikaner doctors by Health Minister Nkosazana Zuma.

"The doctors from Kuruman in the heartland of the Afrikaner can apparently not accept change. They don't realise there is not enough space for everyone at Kuruman Hospital, including the Cuban doctors," she said at a press conference in the Northern Cape this week.

Dr Zuma continued to say that these doctors could be blamed for kicking against change. "But they must accept South Africa is now a democracy."

Samuel van Eeden, who has acted as a spokesman for the group of 12 Kuruman doctors who lodged complaints against the Cuban doctors, said yesterday they were "shocked" by Dr Zuma's comments.

"We are shocked she is turning what is a medical and ethical issue into a political issue. What she is not doing is answering the question being asked by South African doctors: is it acceptable that Cuban specialists operate as general specialists?" he asked.

The Kuruman doctors lodged 25 complaints of alleged malpractice against six Cuban doctors in the area after claiming the Northern Cape health authorities were trying to silence them.

A doctor in Upington has taken two cases of alleged malpractice by Cuban doctors to the Medical Association of South Africa. Johan Louw said he would take his complaint to the South African Medical and Dental Council if he had no satisfactory response. Dr Louw has claimed Cuban doctors botched a hysterectomy operation and the treatment of a malignant tumour.

Dr Van Eeeden said it was "a real pity" Dr Zuma had made a political issue out of the situation. "It is this kind of remark that is chasing South African doctors from South Africa. The health minister has no interest in South African doctors. She offends us all the time," he said.

Dr Zuma has also provoked the ire of more than 400 district surgeons in smaller towns and community centres around the country who claim they are on the verge of losing their jobs.

The district surgeons believe they are being "phased out" of the health care system introduced by Dr Zuma, who recruited Cuban doctors to take up rural posts as she said local doctors were unwilling to work in these communities.

Gama, left, arrives for lunch at a Johannesburg hotel on dings MD Derek Cohen. Da Gama left SA yesterday after g his brief visit to SA. Picture: TREVOR SAMSON

Ministry's change of heart on medicine is welcomed

Kathryn Strachan

BD 21/10/96

THE Medical Association of SA (Masa) on Friday welcomed the health ministry's decision to withdraw controversial regulations which would have curtailed the dispensing of medicines by doctors.

Masa health policy chairman Dr Ivan McCusker said the association supported the principle of proper quality control over the provision of medicines.

"However, the proposed measures would have caused severe hardship for thousands of patients dependent on the services of dispensing doctors and in fact contradicted the objective of broadening access to health care.

"Masa applauds the health minister for her decision to take the matter under review.

"The association will put its full weight behind all the initiatives to meet the broader objective of providing comprehensive quality health services for the people of SA," he said.

The minister withdrew the proposed regulation after drugs firm SmithKline Beecham challenged it in court.

In addition to limiting the dispensing by doctors, the proposed regulation would also make prescribing generic medicines mandatory.

Despite the retreat, the ministry said the principles in the regulation would still stand. However, the ministry had not yet decided what form the new recommendations would take.

Site casinos with care, Kriel warns

Linda Ensor

BD 21/10/96

CAPE TOWN — Western Cape premier Hernus Kriel has advised bidders for the province's five casino licences to take care in selecting casino locations.

Most of the bidders have identified and bought the sites on which they propose to operate a casino if granted a licence.

Kriel said the revenue generated by casino operations would largely depend on where they were located.

He said the casinos would have to be sustained by the local population, as he did not believe international gamblers would come to Cape Town just to gamble.

"I would like to see a casino which has community facilities, provides the Western Cape provincial government with an income and looks after the social side of things.

"I would also like to see people who consistently lose large sums of money banned from the casino."

Gambling revenue flowing to the province was expected to be in the region of R15m with ancillary benefits possibly including entertainment complexes, theatres and indoor sports arenas.

Kriel said that regulations were being drawn up which would govern areas such as entrance restrictions and fees.

He said the renewed selection process for members of the Gambling Board was not a formality and that all new applications would be considered impartially.

The selection had to be repeated because of a failure to comply with the technical requirements of the legislation, Kriel said.

TOP FOREIGN POST FOR MASA CHIEF

Establishment doctors in SA come full circle (93)

CT 23/10/96

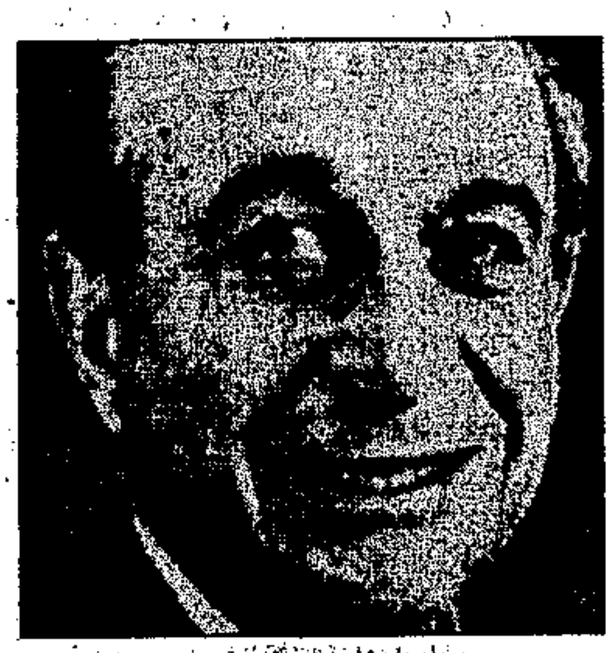
WHEN SOUTH AFRICAN Dr Bernard Mandell becomes president of the World Medical Association on Friday, it will signify full international acceptance of establishment doctors in SA after the Biko scandal. Health Writer **ANEEZ SALIE** reports.

ESTABLISHMENT South African doctors are about to go full circle with their acceptance back into the international fold after the Biko scandal when Dr Bernard Mandell becomes president of the World Medical Association (WMA) this Friday.

And, by agreement, the move need not require a special truth commission for doctors, he said in an interview at a Somerset West hotel where the 48th general assembly of the association opened yesterday — the first time in Southern Africa.

Mandell said the 13 000-member Medical Association of South Africa (Masa), which he heads, had written to the Truth and Reconciliation Commission to offer its files and any other information or help it may need.

TRC deputy chairman Dr Alex Boraine had replied that they would be called upon at the appropriate time. Mandell said the consensus that had developed around the issue among his peers was that it would therefore be unnecessary to have a separate truth commission.



NEW CHIEF: Dr Bernard Mandell

Mandell will be the first African south of the Sahara to become president of the WMA, an independent confederation of national medical associations from 60 countries.

Head of the orthopaedic department at the Cecilia Makiwane Hospital in Mdantsane, East London, Mandell, 69, is also chairman of the federal council of Masa, an organisation which was expelled from the WMA in the wake of black consciousness leader Mr Steve Biko's death at the hands of security police torturers on September 12, 1977.

What reviled the international medical fraternity was the decision by local establishment doctors to let off scott-free two of their number, Dr Benjamin Tucker and Dr Ivor Lang, despite the pair's neglect of a dying Biko.

However, Masa was reinstated to the WMA a few years later, which led to resignations by major national associations around the globe and the formation of an alternate structure, Mandell said.

Locally, the National Medical and Dental Association (Namda) was formed in opposition to Masa, and rooted itself in the struggle to rid health care and SA of apartheid.

With the dawning of democracy in SA, doctors from Masa and Namda camps will hold a special convention to achieve unity, Mandell said.

He said becoming WMA president was not only an honour for him, but for the country. "Together, we can now address the burning issues of how to make our associations more relevant to the needs of patients."

European doctors ready to ease shortage in SA

(93)

ARG 24/10/96

New Pietersburg – The Northern Province's shortage of trained medical practitioners may soon be eased, the United Nations has told the provincial health and welfare department.

Doctors from Ireland and the United Kingdom have applied for two-year contracts, provincial superintendent-general Nicholas Crisp said yesterday.

An official announcement could be made soon.

Dr Crisp said three German doctors joined the department on Monday and another German doctor was due to join soon.

The four German doctors would be assigned to the Witpoort hospital at Ellisras.

Health Minister Nkosazana Zuma earlier this year began negotiations with the UN to contract the services of 34 doctors from Germany, Ireland and the United Kingdom.

Dr Crisp said some doctors had since applied.

The UN contract made provision for 30 doctors and final contracts between the UN and President Nelson Mandela's office were expected to be signed within days.

Dr Zuma's negotiations with the UN were specifically aimed at contracting doctors to work in the Northern Province because of the severe shortage of doctors. The Northern Province's population of more than 5 million has access to about 270 public service doctors.

Contracting the new doctors would close the ratio to seven doctors to about 100 000 people.

The doctors would given a brief orientation and basic training before their deployment at hospitals and health centres in urban and rural areas.

Dr Crisp said that the standard of medical training in the UK compared favourably with that in South Africa.

Dr Crisp said posts would not be taken away from local medical practitioners and specialists.

Of the 113 Cuban doctors who arrived in South Africa on August 20 to serve three-year contracts, 21 were assigned to the Northern Province. – Sapa

Don't lure our doctors away, Mbeki pleads

(93) Star 26/10/96

Somerset West – Deputy President Thabo Mbeki asked the powerful World Medical Association (WMA) yesterday to halt the hiring away of doctors from his country by wealthier nations.

Mbeki, heir-apparent to President Nelson Mandela, also announced that South Africa had placed a moratorium on registering doctors from neighbouring states to counter the exodus of its own medical professionals.

"Doctors are a valuable resource in any country, and we do not wish to plunder the resources of our neighbours, particularly if their need is as great, or greater, than ours.

"We have therefore placed a moratorium on registering doctors with foreign qualifications unless they are genuine political refugees or there is a formal agreement with their own governments," he said.

Calling on the WMA to adopt an international declaration spelling out the ethics of medical migration, he said: "It is difficult for a developing country like South Africa to maintain (the moratorium) in the face of very different policies in richer countries."

Research shows half of all English-speaking medical graduates leave the country shortly after gaining their qualification, which is subsidised by the state.

At least 200 Cuban doctors are in SA in an effort to counteract the shortage of physicians in the country's rural areas and townships. – Reuters

Our doctors no threat to SA health – Cuban minister

JENNY VIALL
HEALTH REPORTER

(93)
ARG 30/10/96

Cuban Health Minister Carlos Dotres has denied that Cuban doctors working in South Africa are a threat to people's health.

Dr Dotres, who is on a week-long visit to South Africa, said in Cape Town yesterday that allegations of malpractice by Cuban doctors were not significant.

"I know that there are some who don't agree with the policy and will always give the allegations more importance than what is really important," said Dr Dotres.

"I do not believe South African health care will be threatened. Cuban doctors have come to help with health standards," he said.

There are 209 Cuban doctors in South Africa.

Dr Dotres said health organisations worldwide had said the Cuban health system was of a high standard and its health indicators compared well with, and were sometimes better than, those of developed countries.

"This may bother some people. It would be best if people assessed the good the Cubans are doing and didn't focus on the bad."

Cuban doctors made up 10 percent of foreign doctors in South Africa, said Dr Dotres, who yesterday toured the Red Cross Children's and G F Jooste hospitals in Cape Town.

He said it it was not true that Cubans were taking jobs from South African doctors. Cuba, an underdeveloped country with a population of 11 million, had a high-quality free health system, which had taken 35 years to build.

There had been 3 000 doctors in the 1960s and there were now 60 000, which was one doctor for every 190 people. There was a medical school in each province.

Health Minister Nkosazana Zuma, who accompanied Dr Dotres, said allegations of malpractice against Cuban doctors would be dealt with by the South African Medical and Dental Council.

Foreign doctors in SA fight back

M+G 15-21/11/96 (93)

Marion Edmunds and Andy Duffy

WHILE Minister of Health Nkosazana Zuma is inviting Cuban and German doctors to South Africa to heal the nation, the Department of Home Affairs is refusing to give foreign doctors already in the country permanent residence status.

And while Zuma welcomes Cuban doctors with open arms and cigars, other foreign doctors are granted only a years' registration at a time by the Interim South African Medical and Doctors Council, and they have to pay the ministry a R350 a year work permit fee for every member of their family to remain in the country.

Indian-born Dr Amitabh Mitra, who represents the South African Qualified Doctors Association and works as an orthopaedic surgeon at the Cecilia Makiwane Hospital in the Eastern Cape said efforts to meet both Zuma, and Minister of Home Affairs Dr Mangosuthu Buthelezi to discuss registration had been unsuccessful.

This is despite Zuma publicly mourning the flight of South African doctors to overseas hospitals and emphasising the need to encourage doctors to work in the rural areas in South Africa.

Her ministry is planning to recruit another 200 foreign doctors, extending the programme which has already cost taxpayers R1,4-million in airfares.

The doctors will be recruited from Cuba and Europe between now and June, filling posts in the Northern Province, the Eastern Cape and KwaZulu-Natal.

Under examination: Foreign doctors, employed under the health ministry's initiative, have already cost the taxpayer R1,4-million PHOTO: NAASHON ZALK

The programme brings experienced doctors into the country on a short-term basis, filling gaps in under-privileged areas with staff, until local doctors are enticed into the positions permanently.

Around 210 Cuban doctors were brought in under the programme earlier this year, with their flights — totalling $300 000 — paid for by the South African government.

In many provinces, the recruits enjoy free furnished accommodation and official transport between their home and place of work.

Around 8% of the doctors' salaries — the normal pension contribution — is paid to the Cuban government; the doctors also have Reserve Bank clearance to send part of their wages home. The ministry is now planning to pay for their families to fly across from February.

The decision to recruit more Cubans and Europeans is likely to irk the 1 900 foreign qualified doctors who work in the same underprivileged areas — but outside the ministry's initiatives.

The ministry, in collaboration with the South African Medical and Dental Council (SAMDC), last year imposed a moratorium on recruiting foreign doctors outside the government's initiative.

The council has stopped holding the exams which would enable those foreign doctors already here to gain full registration. These doctors are also not allowed to move from their jobs.

A representative for Zuma says restraints on foreign doctors are an attempt to regulate the influx of foreign medical skills. In the past, South Africa has been criticised for draining African countries of their best medical brains.

Mitra said that they were trying to organise a meeting between representatives of the two departments, his association and the SAMDC, but there seemed to be a lot of confusion between departments.

Mitra, who has been working in South Africa three years, said his application for permanent residence had been turned down, and he was currently having to pay for a work permit for himself, his unemployed wife, and one each for his two sons, both below the age of five. Altogether this adds up to R1 400.

Mitra said problems had arisen when the former homeland states had become re-integrated into South Africa, and the foreign doctors in those hospitals — who, he claims, make up 75% of the foreign doctors in South Africa — had been integrated into the national health system, but without holding the necessary documentation.

These doctors, he said, were given only restricted registration, renewable annually. This means that they cannot move into private practice or into other provincial hospitals without permission from the interim SAMDC and they are only allowed to practice under supervision.

The SAMDC president, Dr S Kallichurun, downplayed the problems this week, saying full registration was only denied in the cases where foreign doctors had not written the South African final year medical exams.

"This is not true," responded Mitra, "This is not a question of exams ... we were working in the former homeland states and we have been absorbed into the health system and there are no exams for us to write." he said.

It appears that South African doctors with foreign qualifications, many of whom were trained in exile, are having as many problems getting full registration. In fact, a group of about 200 such doctors have taken up their case of limited registration with the Human Rights Commission.

The commission has set a provisional date of December 2 for a public hearing where the SAMDC and the foreign doctors can argue their cases.

Commissioner representative Liesl Gerntholtz said these doctors would be arguing that the restricted registration was discriminatory. Many of these doctors, she said, claimed to have been lecturers in medicine in Eastern bloc countries before 1994 and did not want to write exams again.

In the meantime, the Parliamentary Portfolio Committee on Health, has been peppered by representations from both foreign-trained and foreign-born doctors in South Africa, pleading for full acknowledgment of their degrees and skills.

And while some are turning to the authorities, others are looking elsewhere in the world.

TRC to examine health care sector

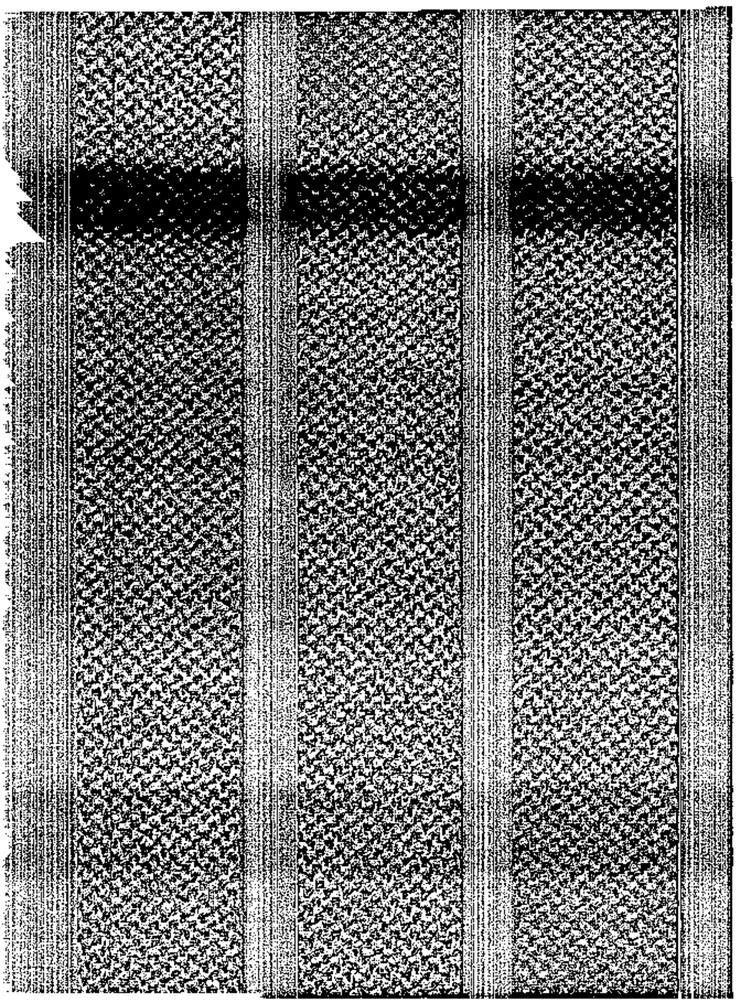
CT 13/11/96

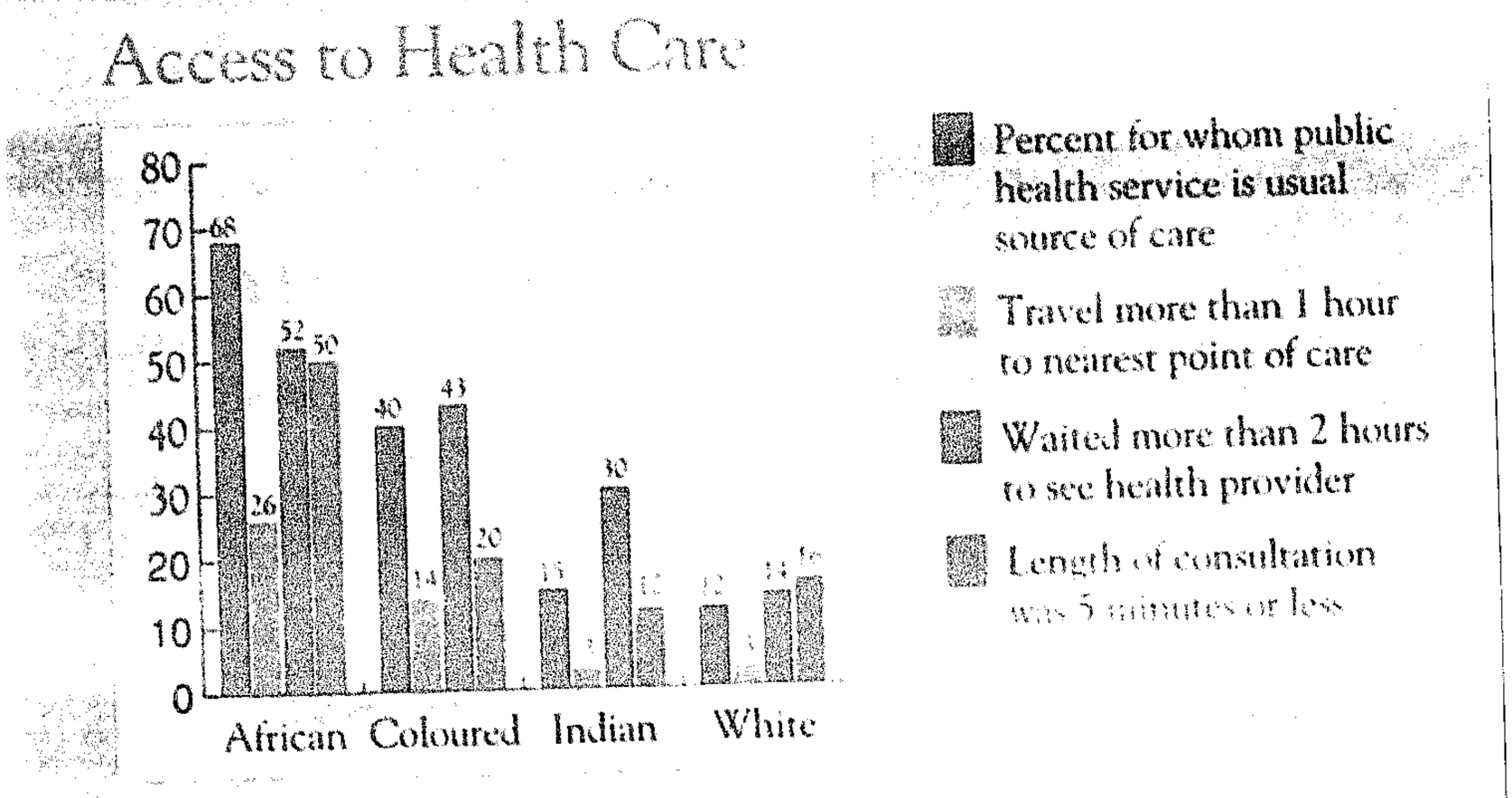
HEALTH workers, particularly nurses, doctors and psychologists, will soon know whether a special truth and reconciliation structure is to be established to probe human rights abuses in the medical profession.

The Truth and Reconciliation Commission announced yesterday it would be holding a consultative workshop on November 23, at which it was hoped consensus could be reached on how the health care sector should examine the role it played, or failed to play, in the human rights abuses of the past.

The workshop will be convened by TRC commissioner Dr Wendy Orr, deputy chairperson of the Commission's Reparations and Rehabilitation Committee.

A successful outcome would assist the TRC in making recommendations on institutional, educational and other measures which could be implemented to prevent human rights violations. — Health Writer





Health worker spread acutely uneven

ET 5/11/96 93

HEALTH WRITER

THE uneven distribution of health professionals in South Africa is so acute that only 953 pharmacists out of about 16 000 work in the public sector, says the 1996 South African Health Review, produced by the Health Systems Trust.

Of the 953, 773 work in the Western Cape, Gauteng and KwaZulu-Natal, and the rest work in the remaining six provinces.

Jointly published by the trust and the Henry J Kaiser Family Foundation, the review, an independent source of information about health, provides a critique of policy developments and helps to clarify an agenda for research, says Dr Peter Barron, research director at the trust.

The review was released in Johannesburg yesterday, and listed several advances and setbacks.

Areas of improvement were the move to primary health care, a national drugs policy and the creation of health departments from fragmented apartheid structures.

Lack of progress, however, was reported in information systems, human resource development and deployment, the HIV/Aids pandemic, legislation and the national health insurance scheme.

Coupled to the uneven distribution of professionals was the unequal spread of the eight medical schools, with two in the Western Cape and three in Gauteng.

This human resource problem was compounded by poor morale and the lack of a caring ethos, said Barron.

There was an increase in cases of HIV/Aids from 7,6 to 10,4% among pregnant women treated at state antenatal clinics. But the Sarafina 2 scandal had diverted attention from this, Barron said.

On the positive side, the move to primary health care saw a shift in resources from tertiary institutions and from more developed provinces, he said.

HEALTH REFORM (93)

ZUMA BACKS DOWN

FM 1/11/96

Health Minister Nkosazana Zuma's eleventh-hour decision to withdraw her drug reform regulations last week rather than face pharmaceutical giant SmithKline Beecham in court, should come as no surprise.

The regulations, published for comment in July, appeared full of holes. In her rush to ban brand names from scripts,

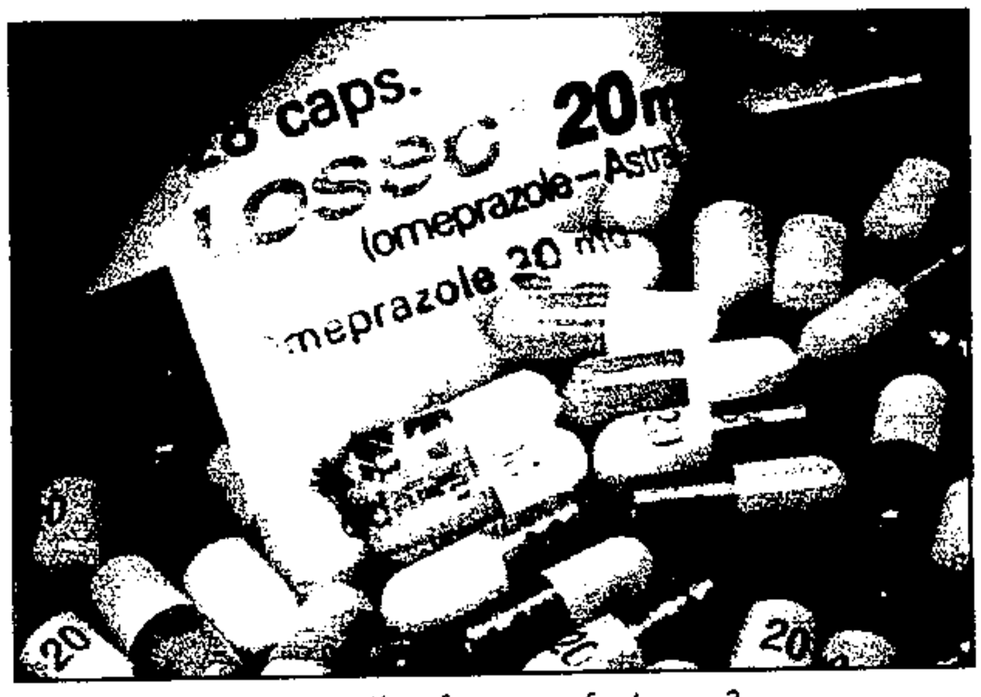
FINANCIAL MAIL · NOVEMBER 1 · 1996

prohibit doctors from dispensing drugs and introduce a marking system for pharmaceuticals, Zuma's proposed new rules referred repeatedly to regulations and legislation "still to be published."

Understandably, the industry reasoned it couldn't be expected to comment on regulations that weren't complete and had not been properly considered by the Medicine Control Council, as the Act requires.

In papers served on Zuma, SmithKline-Beecham argued the Minister had published her recommendations "under circumstances that do not permit comments to be made thereon, or where the calling for comment was grossly unfair and not in compliance with the requirement that regulations are to be based on a recommendation of the Medicine Control Council, in that you purported to rely on recommendations which were manifestly not legitimate recommendations."

By allowing only a 45-day comment period, Zuma also ignored the provision in the Act that mandates 90 days. SmithKline announced it would seek to have the regulations declared ultra vires.



***Drugs** . . . what protection for manufacturers?*

Government advisers are understood to have told Zuma she may republish the regulations only when she can simultaneously publish all outstanding regulations since 1993 and other regulations and legislation she intends to promulgate soon, so interested parties can properly evaluate the recommendations.

Welcoming Zuma's decision to withdraw the regulations, SmithKline-Beecham CE Gunther Faber says diplomatically: "We look forward to working with the Department of Health in a true partnership to develop a robust, affordable, quality health-care system available to every SA citizen. Such a system should be developed within the macro-economic policies of the government and respect free-market principles."

Zuma may not agree. She has indicated she won't change the regulations before repromulgating them after taking account of the 300 submissions she has received in response to the July publication.

If that is the case, Zuma may face an even more interesting legal battle. Among the issues bound to be raised are whether the new rules will allow pharmaceutical manufacturers any protection of intellectual property; whether doctors will be barred from administering injections and emergency treatment and be reduced to mere diagnosticians; and whether the private sector will have to foot the estimated R1bn retail value bill that the State loses each year through poor stock controls and management in hospitals and distribution centres. ■

Egyptian doctors to aid SA disadvantaged

(93)
BD 31/10/96

Kathryn Strachan

A GROUP of Egyptian doctors will soon be coming to work in SA's disadvantaged areas under an intergovernmental agreement between the two countries, the Egyptian embassy said yesterday.

Along with the doctors, the number of which is not yet available, the Egyptian government will also be sending a group of preachers and possibly Arabic language professors.

Details were currently being discussed with SA officials.

Egypt's ambassador to SA, Moushira Khattab, said the arrangement was a positive step in strengthening co-operation between the two countries.

The Egyptian WAKFS Ministry, a Muslim outreach group, had agreed to dispatch a number of preachers to SA, she said, and the Islamic Studies Faculty of the University of Cape Town had a plan to second a number of Egyptian Arabic language professors to SA.

Doctors' ethics questioned in Medhold share scheme

BD 15/11/96 (93)

Kathryn Strachan

THE medical equipment industry and private hospitals have reacted angrily to a scheme to lure anaesthetists into buying shares in a company which imports anaesthetic products.

The SA Medical Device Industry Association (Samed) alleged the scheme — launched by a newly formed importer of anaesthetic products Pulseline — was monopolistic and unethical.

It was unethical for a doctor to have any financial interest in the products he used on a patient, said Samed chairman John Toerien. "The moral issue of whether he is likely to compromise his standards because he knows he has a financial interest in the product being used on his patient should be of grave concern to the public," he said.

Samed said the scheme was not in the best interests of patients financially, or in terms of safety.

The scheme will come into operation on Tuesday, and Samed is trying to expose the problems inherent in it before it is launched. The matter has been referred to the Competition Board.

Toerien said the scheme contravened the SA Medical and Dental Council's ethical rules. The rules said it was unethical for a practitioner to participate in the manufacture for commercial purposes, or the sale, advertising or promotion of any medicine. It was also unethical to accept commission in return for the purchase or supply of substances used by practitioners in their professional practice.

Medhold, which is a listed company, will own 50,01% of the shares in Pulseline, and the other 49,9% shares are being offered to the country's 500 anaesthetists. The anaesthetists will be grouped under a holding company called Anesticum.

Toerien said the company's prospectus made it clear that prospective earnings were based on the assumption that almost half of SA's 500 anaesthetists would take 100 shares each, that they would each treat 100 patients a month and use Pulseline products worth R50 on each patient. This would guarantee a 14% after-tax return.

"The projected financial targets are only achievable due to the fact that owners of Pulseline will also be in a position as prescribers to create, perhaps even artificially, the required sales of Pulseline products needed. It is doubtful that any other supplier will in the long term survive competition of this nature," said Toerien.

Pulseline director Dr Mike Beitz said last night that most of the claims made by Sanmed were false and groundless. The matter was being dealt with by Pulseline lawyers, and further comment could be expected this afternoon, he said.

Limit doctors' migration – Mbeki

Influx of foreign surgeons – for richer or poorer?

ARG 26/10/96 (93)

JENNY VIALL
HEALTH REPORTER

Deputy President Thabo Mbeki has challenged the World Medical Association to take a stand on the migration of doctors from poorer to richer countries.

Opening the WMA's 48th General Assembly in Somerset West, he said South Africa had placed a moratorium on registering doctors with foreign qualifications unless they were political refugees or there was a formal agreement between governments.

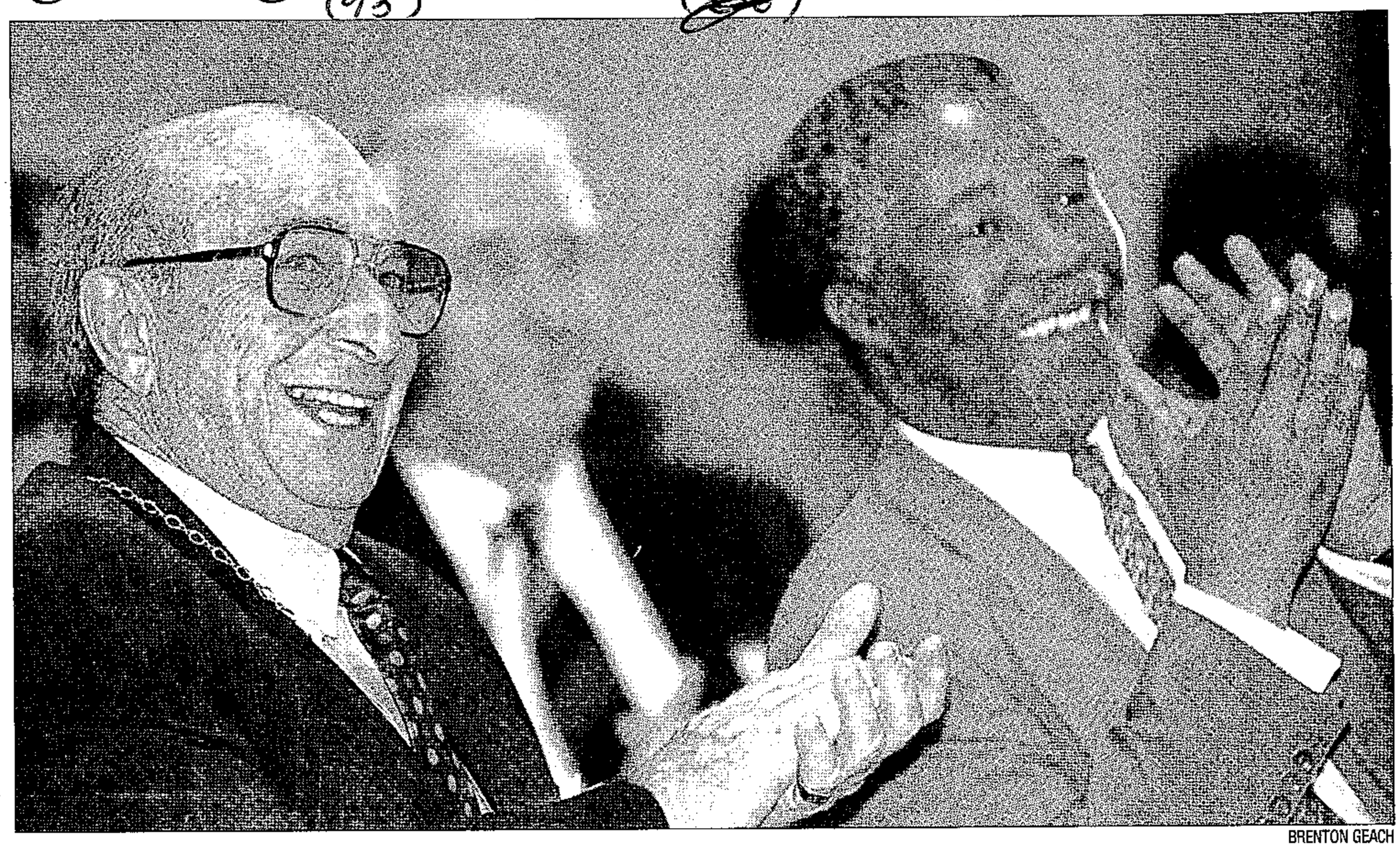
Seven hundred doctors with foreign qualifications, many from neighbouring countries, had sought registration in South Africa in the six months after the 1994 election.

"We believe it is not appropriate to deprive our neighbours of their doctors," said Mr Mbeki.

He said doctors were a valuable resource in any country and South Africa had suffered from the aggressive recruiting campaigns by organisations in wealthy countries. These counties found it much cheaper to buy individual doctors form South Africa than to train their own citizens.

At the opening ceremony South Africa's Bernard Mandell was installed as the new president of the WMA's council.

The WMA is a confederation of medical associations from 63 countries.



BRENTON GEACH

Medical matters: the newly installed president of the World Medical Association, Bernard Mandell, and Deputy President Thabo Mbeki

INEXPERIENCE LEADS TO DEATHS

Novice rural doctor does 'textbook ops'

CT 19/11/96 (93)

THE COMMITTEE on health says if doctors complete two years' extra training, this should not be used as a chance to practise on the poor. Health Reporter **ANEEZ SALIE** writes.

"I OFTEN perform surgical procedures on patients with an open textbook in front of me," says a young, inexperienced doctor who works without proper supervision at a rural hospital in KwaZulu-Natal.

He has had to resort to the textbook in the best interests of patients — not because he is irresponsible or cavalier.

There is no chance of a patient being referred to a more experienced surgeon.

This was part of the testimony given on September 17 by an unnamed doctor to the National Assembly portfolio committee on health, which was hearing submissions on the proposal that doctors be required to complete two years' additional training. A report on the proposal has just been released.

The young doctor told the committee: "Several patients died in theatre or in the wards through clinical mistakes or misjudgments, not because of negligence but because of inexperience."

In its report, the committee said it regarded the doctor's situation as unacceptable: "The implementation of additional vocational training for doctors cannot be an opportunity for young doctors to practise medicine on poor, marginalised communities. Thus, adequate supervision and controls must be put in place from the outset so that South Africans progressively realise their rights to high quality health care services."

The committee hearing was in response to the outcry that greeted a July 22 proposal by the Interim Medical and Dental Council to extend medical students' training from seven to nine years.

The council's decision was in line with a Health Department recommendation, which in January had also adopted a policy requiring medical graduates to do two years' community service to alleviate the dire shortage of doctors in rural areas.

In its report the committee said the move had led to considerable confusion.

"In principle, the committee supports additional vocational training for medical graduates and believes that similar discussions should take place with other health professionals under the council's jurisdiction.

"Based on the assurances of the council and the Department of Health, the committee is satisfied that this is a proposal for vocational training and not community service. The transformation of the health system necessitates changes in the education and training of health professionals."

The committee, among a host of recommendations, wants the separate proposal for community service to be co-ordinated properly so that medical students are not burdened unduly.

"The committee believes that two additional years of mandatory training plus two years of community service would begin to infringe on students' rights to freedom of activity."

The committee also strongly recommended that the council consult all stakeholders — including community members, doctors working independently in rural areas, young doctors and medical students — and develop joint policies that were acceptable to all.

Students, junior doctors and others had expressed legitimate concerns about consultation, the committee said.

The council should finalise its proposals by the end of the year.

Legislation amending the Medical Professions Act was expected early in 1997, after which the committee would call another set of public hearings to help it consider the amendments.

Unhealthy road to a praiseworthy policy

(93) Star 20/11/96

Many South African doctors blame a lot of their problems on the Health Ministry

By David Robbins
Health Writer

More and more people are talking about the "plight" of South African doctors.

Given the intention of our new state health policy – accessible quality health care for all – it seems a strange assertion. Surely doctors constitute a vital part of such a policy. Yet many doctors believe that a lot of their problems are coming from the same quarter as the new health policy itself: the Ministry of Health.

"The principles of the new health policy are absolutely acceptable, and no intelligent doctor would disagree with them," says Dr Morgan Chetty, chairman of the Medical Association of South Africa's general practitioner committee. "But policy change should be seen as a process not an event. The trouble is that we have been overtaken by a series of events, the detail of which has never seriously been discussed with doctors."

The events in question are the introduction of free primary health care for mothers and children (in 1994) and for all (earlier this year); the clampdown on dispensing doctors; the new emphasis on nurse or clinic-based care; unsatisfactory public service conditions, including major security risks; the importation of foreign doctors; the introduction of vocational training (a euphemism for compulsory service?) for graduating doctors; and so on.

Even without these policy "events", doctors appear to be having a hard time of it, especially ordinary GPs.

Chetty talks of the shrinking market in which GPs, their numbers swelled by doctors escaping from unsatisfying state health positions, now operate. "The free health initiatives have affected GPs badly, especially in the urban and peri-urban areas where more than 60% of South Africa's approximately 7 500 GPs operate.

"The problem," says Chetty, "is not with the policy of free health but the arbitrary way in which it has been introduced. Policy reform has not come in tandem with structural reform. For too many people, free health means long queues and poor service in the public sector.

"If the overall goal of the policymakers was to improve the quality of health care, then they should have consulted the people who have traditionally provided it: the neighbourhood GP who very often doubles as pharmacist as well.

"Certainly, these so-called dispensing doctors have earned a bad reputation through the trading activities of some. These so-called trading doctors have used their positions to buy and sell large quantities of drugs for profit, or to fob off excess stocks on unsuspecting patients.

"There are definitely doctors who don't run good practices," Chetty admits. "But the vast majority of dispensing doctors perform an invaluable service. For an inclusive fee, patients are provided with a total service.

"Of course, state health is cheaper. But if transport costs, waiting costs, low efficiency rates at state clinics and hospitals, and loss of economic productivity, are all taken into account, is state health really cheaper and more effective? I doubt it.

"But the new policy on dispensing doctors, which aims to prohibit this kind of medical practice if a commercial pharmacy operates in the area, rides roughshod over these questions; it will also endanger the livelihoods of many GPs who have made large investments, in equipment and provide a comprehensive one-stop service for their patients."

Chetty notes, however, that after an initial rush for free health care at state facilities, patients are beginning to return to private doctors simply because the service is more accessible and also because the perception is that "anything free is inferior".

Chetty says that the Department of Health must talk much more seriously to the medical profession over all aspects of policy, whether relating to dispensing doctors, compulsory service, or the relationship between the public and private sectors.

"As it is, huge amounts of animosity have been generated. My fear is that doctors will reach a point where they will be willing to trade off their morals and ethics for economic survival. I very often receive telephone calls asking about a national boycott by doctors. The result would be like another war: there'll be a lot of fatalities."

But Chetty says he doubts whether such a "pathetic situation" will arise. "We in the Medical Association (Masa) certainly don't want to see medicine going this way. We believe instead that we should continue to press for strong partnerships with the state. Given the Government's limited administrative and financial capabilities, such partnerships are essential for the future of quality health care. We want to sit down with the authorities. We are saying to the Department of Health, 'please use us'."

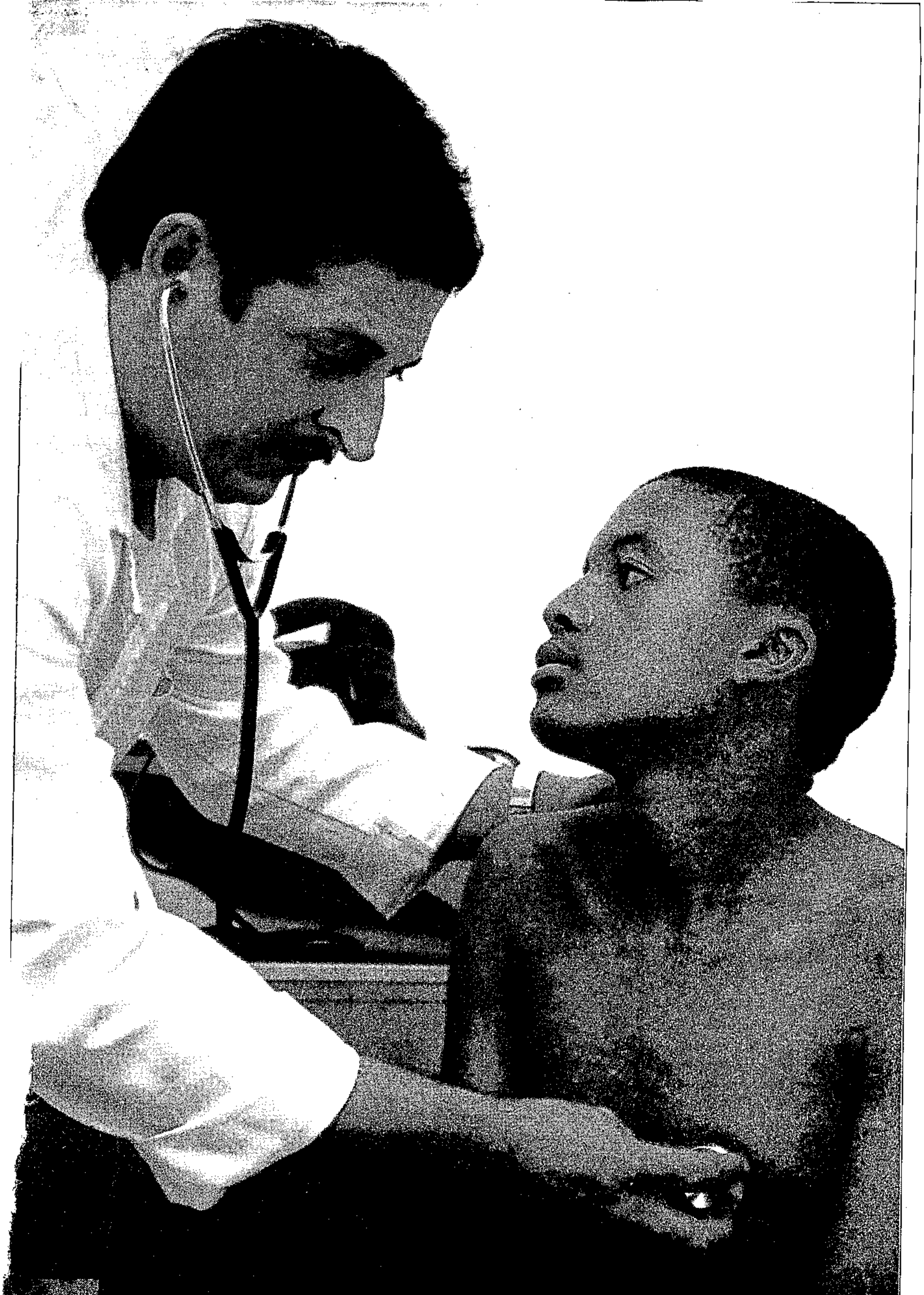
Meanwhile, pressure is coming at private sector doctors from another quarter as well, now that the habit (indulged by patients and many doctors) of over-provision is in urgent need of breaking.

General practitioners have tended to become referral stations as people demand more specialist care; and there can be little doubt that the seemingly endless resources of the medical aids have encouraged over-provision in some quarters while in others, notably the rural areas, people were suffering classic Third World under-provision.

But the party's now over. Many medical schemes are exhausted. New legislation allows medical schemes and their members far more say in how their money is to be spent. The signs are already there that over-provision is pricing itself out of the market, and that good generalist skills will once more come to the fore as managed health care systems begin to bite.

Although some concern is expressed in doctoring quarters about the possible negative impacts (on care quality) of managed health care systems, others believe it could provide solutions to the current overspending in the private sector.

"An unfettered fee-for-service system is no longer sustainable," says Dr Richard Tuft, chairman of



Foreign aid ... one of the 100 Cuban doctor recruits attends to a patient at a hospital in Marble Hall, Northern Province.

Masa's private practice committee. "Medical costs are spiralling and the medical aid movement does not appear to have the will or the necessary systems to control these costs.

"The scale of benefits paid by medical aids is approximately half of Masa's recommended tariff, in spite of increases in medical aid subscriptions well above inflation.

Due to poor control, funds which could have been used to pay the medical profession realistic fees have been lost to other areas of health care expenditure."

Tuft asserts that the present system allows financial incentives to produce over-servicing and self-referral.

"Utilisation review, a cornerstone of managed health care, will control most of these problems. The perverse incentives provided by the ownership of health care facilities by doctors are areas, as in the US, which may require further investigation and clarification.

"Managed care has to be introduced in partnership with the profession, and the savings achieved must be passed back to the profession. Managed care is about cost, quality and outcomes; and doctors with efficient, ethically run practices should have little to fear from managed care."

Tuft adds that "the challenge" for the private sector is to provide high quality medical services to the uninsured population, and to enter into beneficial partnerships with the public sector.

■ Tomorrow: This series looks at doctors in the public sector.

Public sector doctors despair

Star 21/11/96 (93)

Underpaid, demotivated staff head for private sector and abroad

By David Robbins

What is happening to doctors in the service of the state? Professor Dave Morrell, head of the Wits Medical School's department of anaesthesia and chairman of Masa's committee dealing with public sector doctors, says candidly: "The public service is on its knees."

The reasons for this state of affairs are straightforward.

To begin with, uncertainty and lack of confidence in the future of medicine on one hand, and dismal working conditions and security considerations on the other, have driven doctors out of the service, some into private practice, some into emigration.

Speaking of conditions in the country's academic hospitals, Morrell says that too many 40-45-year-olds have left the service.

"Minister Rina Venter (the last NP Health Minister) left us a terrible legacy of underpaid and demotivated staff. At the moment, there's a thin crust of senior academic doctors left, with very little underneath. This probably gives us about five to 10 years to rebuild a core of people to maintain the academic excellence upon which the standard of medicine in the country as a whole is dependent."

But Morrell believes that the health ministry has recognised the crucial importance of the academic institutions. "There might have been talk to begin with that these institutions were elitist and too expensive. But there's been clear evidence over the past two years that they are worth preserving."

Clearest evidence must surely be the recent (July 1996) increases paid to state doctors from junior registrars to senior professorial level. This represents a huge investment and vote of confidence in the medical profession, even though Morrell echoes the concerns of many doctors when he says: "Too many feel only a negative impact because there's been no public acknowledgement of the work done and the efforts made by doctors in keeping the service running under extremely difficult circumstances."

Dr Stefan Morell, a founder member of the Rural Doctors' Association of Southern Africa and chairman of Masa's Senior Hospital Doctors' Association, provides interesting figures.

Of the country's 23 000 registered doctors only about 4 000 work in state secondary and primary hospitals. "There are 10 500 posts in state medicine," Morell goes on, "but 5 500 of these are in academic medicine at the large teaching hospitals. This leaves 5 000 posts in primary and secondary hospitals, of which only 4 000 are filled. Of these 4 000 state doctors, 2 000 are foreign doctors with limited registration from India, Pakistan, eastern Europe, and several other countries.

"A further 500 doctors are foreign doctors with full registration who have chosen to work in public health, many of them in the deep rural areas of the country.

"This leaves a mere 1 500 South African doctors in the service, the vast majority of them junior doctors seeking experience before moving into private practice or specialisation. Our figures show that only two out of 100 South African doctors are willing to stay longer than three years in state service in underserved areas."

These realities have led to extremely poor doctor/population ratios in the rural areas. South Africa's general ratio of 1 doctor to 1 700 people is poor enough (compare Cuba's 1:200 or Germany's 1:280). But when the discrepancies between rural ratios (1:18 000 in the old homelands) and urban ratios (1:450 in the northern suburbs of Johannesburg) are taken into account, it's no wonder the Department of Health is importing Cubans, and has mooted compulsory service for graduating doctors.

The latter is now being combined with vocational training (an idea emanating from the South African Medical and Dental Council – SAMDC).

But doctors are again saying these policies are being forced on the profession without proper consultation.

Dr Kerrin Begg, chairman of the Junior Doctors' Association, reiterates the argument that if working conditions and remuneration in state hospitals were improved, and especially if young doctors' needs were taken into account, compulsory service or vocational training schemes would not be necessary. Doctors would go to remote areas of their own accord.

"The feeling among young doctors is that they are taken for granted by the Health Department," says Begg, who is currently completing her first year as a medical officer at Victoria Hospital in Wynberg, Cape Town. "In the casualty unit we are spat at, vomited on, kicked and sworn at. We tend to accept all this, but should we? Morale is low and the recent increases, while looking good on paper, are still far from adequate."

Before the July increases, interns earned R28 000 + R15 000 non-pensionable allowance (npa), and newly qualified doctors R50 000 + R15 000 npa. These figures have now increased to R50 000 + R26 000 commuted overtime allowance (coa) for interns, and R78 000 + R40 000 coa for newly qualifieds.

It is against the background of state remuneration of junior doctors that the main objection to compulsory service/vocational training needs to be viewed.

While one argument asserts that young doctors should work for the state to repay some of the subsidy which the state has invested in their education, Begg argues that *all* education is subsidised, so why single out doctors for compulsory service? And in any event most doctors have substantial loans to repay by the time they qualify.

But there can be little doubt that the way in which reforms are being designed and launched upon the health care scene is causing a high level of resentment among doctors.

One document on vocational training uses the telling phrase: "a feeling of resentment and punishment" among doctors.

Are doctors being punished in the interests of an agenda more clearly devoted to political than health care ends? Some observers of the medical scene think so.

In the light of the sinking rand and the relative failure of the RDP, they say, Government is pinning its hopes on politically popular quick fixes in health with which to impress the 1999 electorate, even if such fixes are at the expense of durable health improvements and the goodwill of the nation's reservoir of working doctors.

■ Tomorrow: What the future holds for South African doctors.

SA's doctors need 'a change of mindset'

(93) Star 22/11/96

The medical profession is going through a revolution all over the world as new skills and responsibilities are required, reports Health Writer David Robbins

A lot has been written recently about the current plight of South Africa's medical profession.

But what's in the pipeline? Is the situation going to improve or worsen?

What, in short, does the future hold?

The short answer is: change and more change. But before doctors lose their nerve and opt for emigration, they should pause and consider a basic home truth: doctors all over the world are facing similar changes.

Listen to Dr Hendrik Hanekom, chief executive of the Medical Association of South Africa (Masa). "A part of the new environment in which South African doctors are currently operating is undoubtedly due to our political transformation," he says. "But only a part. For the rest, our doctors are caught up in essentially global trends."

The most important of these trends which doctors are encountering virtually everywhere in the world are:

■ An emphasis on universal access to health care underpinned by a community-rated cross-subsidising type of funding (as opposed to individual risk-rated funding), and a new emphasis on primary health care (PHC) with special attention being paid to the preventive and promotive elements.

■ Increased competition between the various role players: between funders and funders, and also between providers and providers. This is having the effect of forcing up efficiency, but it is also placing increasing pressure on professional incomes.

■ The integration of health care delivery systems. The days of the solo practitioner are numbered. Doctors are increasingly becoming members of teams which link them vertically with funding organisations and horizontally with other care providers in group practices.

■ A more holistic approach to medical care. The advent of managed health care is leading to a decline in hospital utilisation in favour of out-patient and home care, and a much greater emphasis on generalist (general practitioner) care.

■ A shift towards measurable quality. There is a growing need, driven by patient demand, for outcomes measurement. This, in turn, is giving rise to more sophisticated systems of professional self-regulation. At the same time, life-and-death and other ethical dilemmas are increasing.

■ A changing technical and educational arena. Medical education is moving from the academic ivory tower into problem-based, community-based mode, and continuing medical education for practicing doctors will probably become mandatory.

To these global trends must be added the specific South African reality.

The private sector has been characterised by rapid cost escalation, chronic over-supply and over demand of care, and a medical aid crisis; the public sector by fragmentation, maldistribution and wide-ranging inefficiencies.

A need to counteract these undesirable tendencies lies at the heart of the reform process which is now getting under way.

It is interesting to note, however, that the global trends already described are impacting on and shaping these reforms and their probable outcomes. Indeed, according to Hanekom, a thorough grasp of the global trends, and the South African reform package, allows us to look into the future of medicine here and come up with a fair picture of the probable shape of things to come.

"In the early years of next century," Hanekom says, "the public sector is going to be characterised by universal access to PHC services for all South Africans regardless of their ability to pay. In addition, there will be a redistribution of resources, a multi-disciplinary health team approach, and market-related remuneration for health professionals working for the state."

"Within the private sector," he says, "fee-for-service arrangements will have declined while managed health care will have grown, with employers more directly involved in health care than ever before. In addition, new policies which will introduce the accreditation of private medical practices will help to define the growing interface between the private and public sectors."

In spite of these trends and the consequent predictions, however, Hanekom asserts that "doctors can write the future rules for the medical profession".

How?

"By taking charge of the future now," Hanekom replies. "There seems to me to be three courses of action available to South African doctors.

"They can pack up and leave. They can adopt a passive 'wait and see' strategy. Or they can be proactive.

"This last course is obviously the one we are advocating at Masa."

To be proactive means to change our way of thinking. It means to accept that change is inevitable and to devote time to understanding the processes that make it so. It will be equally important for individual doctors to thoroughly understand their current situations.

Once these essential needs for knowledge and understanding have been satisfied, it will be possible for doctors to shape their futures to their own and the country's advantage."

Hanekom believes that a new breed of doctor is about to emerge in South Africa, created at least in part by the energy within the profession itself.

As more and more multi-disciplinary groups enter into partnerships with privately-funded managed care organisations on one hand and state-funded district health authorities on the other, the line between the private and public sectors will become increasingly blurred.

Doctors will also be freed from the shackles of fees-for-service by accepting the overall responsibility for blocks of people on a capitation basis.

This, in turn, will mean that doctors will once again assume roles of greater social complexity than that of the mere clinician.

"The new environment will demand managerial and community leadership skills of our doctors," Hanekom asserts.

"The ability to work harmoniously with people and organisations inside and outside the health care system will be essential, as will winning the trust of the people among whom the doctor works, and initiating health-related action on their behalf.

"On the clinical side, doctors will need to consider their patients holistically, not only as individuals, but also as an integral part of a family and community. This is the only way to promote appropriate levels of health care services.

"Doctors will also need to become competent decision-makers with regard to which technologies to use, while constantly reconciling the diverse claims of quality of care and the cost-effectiveness of that care."

All this seems far removed from the anxieties and insecurities being experienced within the medical profession where the plight of doctors seems sometimes unsurmountable.

But how to make the transition. Hanekom advocates a radically transformed mindset. He likes to quote super-scientist Albert Einstein in this regard.

"The significant problems that we face (Einstein said) cannot be solved at the same level of thinking we were when we created them."

Health sectors to be represented on TRC committee

(93) (~~92~~)

By Daisy Jones

Star 26/11/96

Cape Town – The Truth and Reconciliation Commission has started the ball rolling towards the development of a human-rights culture in the medical profession.

TRC commissioner Dr Wendy Orr said yesterday that "things are so bad (in the health sector) at the moment ... any (organised) body will be an improvement".

Orr was referring to a soon-to-be established dual-function steering committee which will be made up of representatives from various health sectors.

The committee is to assist the TRC by collecting submissions from the various health-care sectors, and also to act as a reference group for TRC researchers.

Its other function will be to start a long-term process to encourage groups, organisations, and the Government to initiate and continue research and transformation in the area of health and human rights.

The TRC hopes the committee will continue to operate beyond the life of the commission, pursuing human-rights issues outside of the TRC mandate.

A task team, to make arrangements for the election of the steering committee in January, was elected at the weekend at a TRC-organised workshop.

The team consists of Orr; Dr Lesley London, of the NGO sector; Rachel Prinsloo, a psychologist from the Psychologists Society of South Africa; Gavin Demster from the Medical Association of South Africa; Linda Bali from the Progressive Primary Health Care Network; Donald Skinner, a psychologist from the NGO sector; and Thembeka Gwagwa from the Democratic Nursing Association of South Africa.

Orr told The Star a body was desperately needed to monitor the actions of health professionals and to discipline transgressors.

Points discussed at the workshop, relating to health professionals who may be granted amnesty, have been referred to the TRC's legal working group.

Masa tells doctors to go to TRC

93

The Medical Association of South Africa (Masa) today advised doctors who might have been involved in human rights violations to seek amnesty from the Truth Commission.

"Masa trusts that the process initiated through the TRC will contribute to ongoing efforts to build unity within the medical profession," federal council chairman Bernard Mandell said in a statement.

"As the single largest representative of the medical profession in South Africa, Masa believes it can provide useful information on how doctors can become more sensitised towards human rights concerns and offer better structural and system support in future."

This was the main objective Masa hoped to achieve by examining the role of health professionals in human rights abuses. – Sapa

ARG 26/11/96

Medical graduates stunned by vocational training 'ruling'

(93) Star 27/11/96

By Janine Simon
Medical Correspondent

There was panic among new medical graduates yesterday over the possible implementation, in the very near future, of two years' compulsory "vocational training".

But the issue appears still to be under review.

The Junior Doctors' Association of South Africa (Judasa) and the dean of Wits University's faculty of health sciences believe it is unlikely, but not impossible, that the full, controversial, compulsory period of service could be introduced in 1998.

Confusion reigned yesterday after Interim National Medical and Dental Council (INMDC) registrar Nico Prinsloo said there had been no formal change to the council's decision in July that the two-year period start in 1998.

This appears to ignore the details currently being discussed by the council's technical committee on implementation, and recommendations by the parliamentary portfolio committee on health.

Prinsloo said implementation was under discussion by a technical committee, but nothing in that committee's provisional report indicated that the date should be changed. Council was proceeding on that basis, he added.

Prinsloo's statements caused panic among Wits University's new medical graduates. They were told by medical school management at their graduation ball on Monday night that the full two-year period was "unlikely" to apply to them.

Wits University's dean of health sciences, Professor Max Price – who sits on the INMDC's education committee – told The Star yesterday that the technical committee had been authorised to investigate transitional measures, such as phasing in the training. It was due to report on these to the educational committee in January. The final document on vocational training was due in April 1997.

It would be impossible to review, accredit, and inspect the 2 000 supervised posts needed to institute the two-year vocational training system in 1998, he added.

Legislation would also have to be passed in June to enable the change, added Judasa chairman Dr Kerrin Begg.

Price said the technical committee had also recommended that the current one-year internship be abandoned in favour of a three-year "structured vocational training block".

The portfolio committee had expressed concern about consultation over vocational training. Begg cautioned that young doctors still had no representation on the council and remained deeply suspicious of INMDC processes.

Rural service plan for doctors set to go ahead

ANDREA BOTHA
STAFF REPORTER

The Department of Health is going ahead with its controversial plan to compel medical students to do two years' compulsory vocational training.

Students who have just finished their final exams could be the first affected by the plan, which means doctors will take nine years to qualify instead of seven.

The Interim National Medical and Dental Council put forward the controversial proposal in August. Medical students at universities throughout the country were outraged by the plan, which sparked a nationwide debate.

Under the old system, doctors trained for seven years, six at university followed by a year's internship at a state hospital. The new system means students will also have to do two years' vocational training before being able to register.

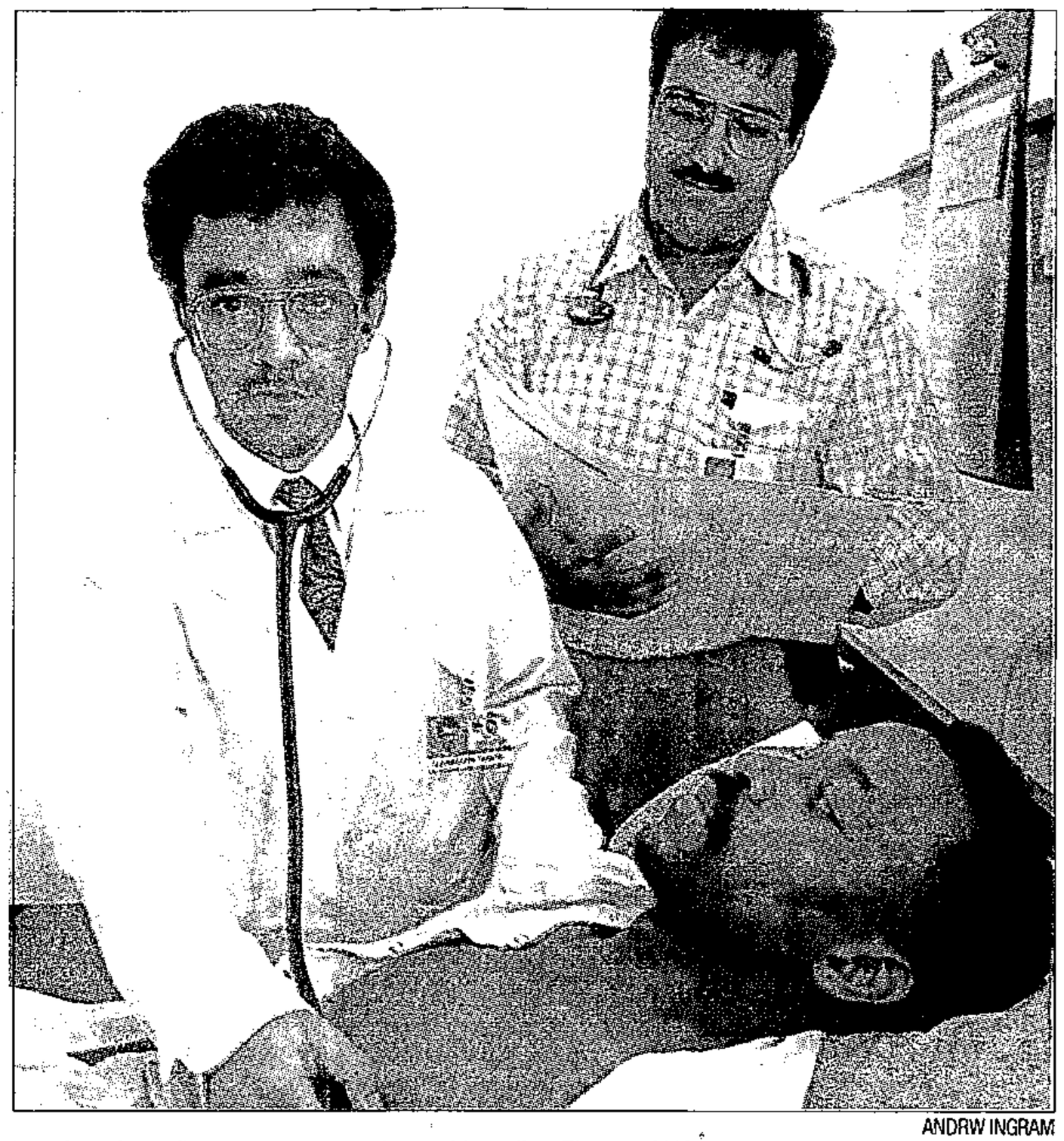
Ministry of Health spokesman Vincent Hlongwane said: "I don't see what the controversy is about. The Department of Health is committed to passing vocational training in Parliament that will ensure that doctors are better trained to the benefit of themselves and patients."

Mr Hlongwane said students would be paid for working in needy rural areas and would be under proper supervision.

The first students to be affected by the proposal could be this year's graduates. They may be the first students to do community service after their internship if legislation is passed by Parliament next year.

The Junior Doctors' Medical Association of South Africa, which represents medical students at most universities, has opposed the plan from its inception.

(93) ARG 27/11/96



ANDRW INGRAM

Testing time: final-year student doctor Llewellyn Fleurs of UCT examines Gerald Ndungane at G F Jooste hospital in Manenberg under the watchful eye of invigilator Riaz Ismail

Student doctors put to the test in community hospitals

Project aims to attract medics to rural areas

(93)

ARG 29/11/96

SABATA NGCAI
EDUCATION REPORTER

Sixteen final-year medical students from the University of Cape Town underwent an examination of a different kind at G F Jooste hospital in Manenberg – to assess their ability to diagnose and manage patients in the community.

The students were tested by a team of doctors in the community hospital yesterday as part of the university's programme to ensure they are able to treat patients at primary care level.

It was the first time student doctors had worked in community hospitals for examination purposes.

Johannes van Niekerk, dean of UCT's Faculty of Medicine, said this extension into communities was in line with the Government's policy to encourage more doctors to work in rural areas.

"In their practice as doctors they will see many patients from community hospitals," Professor Van Niekerk said.

The move into communities was seen by the university as a departure from the tradition of final-year students being examined only at Groote Schuur, Red Cross Children's Hospital and Somerset Hospital, he said.

The students were also put to the test at Somerset and Victoria hospitals as part of the programme.

G F Jooste superintendent Norman Maharaj, one of the examiners, said it was the first time in the hospital's 20-year history that students had been tested there.

He believed the move provided an ideal opportunity to expose students to patients in community hospitals.

"By exposing them to this environment we hope to attract them once they are qualified," he said.

Another examiner, head of Groote Schuur's emergency unit Aziz Aboo, said it was important that students were exposed to community hospital patients because the number of such hospitals was growing and most people were now treated at that level.

He was optimistic that the student doctors would be interested in working in community hospitals in future if they found the set-up to be as good as elsewhere.

"The major fear of junior doctors is whether there will be a senior doctor at a particular hospital to supervise them," he said.

Student doctor Craig Jamieson said he would like to work at community hospitals for a few years before going into private business.

He said the atmosphere at community hospitals was friendly and relaxed. "You get a lot of hands-on experience. Instead of having a specialist examining and managing the patient as is the case in bigger hospitals, you do the work yourself with specialist advice."

... and circulation. | assist the storm-damaged yacht ... said. – Sapa

SA doctors take on 'discrimination'

South African medical doctors who qualified outside the country are to challenge alleged constitutional discrimination against them by the Interim National Medical and Dental Council (INMDC), a Human Rights Commission spokesman said yesterday.

The commission will hear arguments from both organisations at a public hearing at the University of Witwatersrand Medical School auditorium on Monday.

Dr L Goldberg and the South African Foreign Graduates' Association said doctors who obtained their qualifications outside the country, and became South African citizens after December 31 1992, were being discriminated against by the INMDC.

The doctors said they were limited to working in public service and could only enter private practice if they passed an examination. A special dispensation was created in 1991 to accommodate South African citizens who left the country for political reasons, qualified abroad as doctors, and wished to return to the country, the spokesman said. They were granted limited registration without further requirements, provided they applied before December 31 1991. – Sapa

(93) Star 30/11/96

The Star ... Tuesday December 3 1996

Deadline is unfair, doctors tell hearing

(93)

Star 3/12/96

1991 cut-off date for exemption labelled discriminatory

By Helen Grange

South African medical doctors who qualified outside the country and who missed the 1991 cut-off date to receive a concession exempting them from having to write a full registration examination argued yesterday that they were being unfairly discriminated against.

Addressing a one-day hearing chaired by Human Rights Commission chairman Dr Barney Pityana, the doctors' counsel, Andrie Louw, said the December 31 1991 deadline – intended to benefit South African citizens who left the country for political reasons and returned as qualified doctors – was not a rational one.

The deadline was created by a special dispensation by the Interim National Medical and Dental Council (then the SA Medical and Dental Council) in 1991. Doctors who applied for registration before December 31 1991 were granted limited registration without further requirements.

They would then be granted full registration if they worked at an approved hospital for more than a year and their supervisors indicated they were professionally competent.

Doctors who missed the deadline are limited to working in the public service and can enter private practice only if they passed the examination for full registration.

Louw argued that many who had benefited from the dispensation had not fallen into the intended category of medical practitioners, while others who did and had missed the deadline were excluded.

Counsel for the INMDC, Wim Trengove SC, said the doctors' argument was "cynical and opportunistic" in that it had no quibble with the objective of the dispensation but with its terms. What the doctors wanted was for the deadline to be extended to include them.

Their argument was also "illogical" in that it suggested that every distinction made by the Government constituted unfair discrimination.

The HRC's finding was reserved. The commission's recommendations are not binding by law but its influence is substantial.

Doctors' registration cut-off 'not rational'

(93) CT 3/12/96

OWN CORRESPONDENT

JOHANNESBURG: South African medical doctors who qualified outside the country and missed the 1991 cut-off date for a concession exempting them from having to write a full registration examination, argued yesterday that they were being unfairly discriminated against.

Addressing a one-day hearing chaired by Human Rights Commission (HRC) chairman Dr Barney Pityana, the doctors' counsel, Mr Andrie Louw, said the December 31, 1991, deadline — intended to benefit South African citizens who left the country for political reasons and returned as qualified doctors — was not a rational one.

The deadline was created through a special dispensation by the Interim National Medical and Dental Council (then the SA Medical and Dental Council) in 1991.

Doctors who applied for registration before December 31, 1991, were granted limited registration without further requirements.

They could then be granted full registration if they worked at an approved hospital for over a year and their supervisors indicated they were professionally competent.

Doctors who missed the deadline are limited to working in public service and can only enter private practice if they pass the examination for full registration.

Louw argued that the deadline was "way off the mark" in that there was no rational connection between its means and its objective. Many who had benefited from the dispensation had not fallen into the intended category of medical practitioners, while others who did and had missed the deadline were excluded.

Doctors who missed the deadline are limited to working in public service and can only enter private practice if they have passed the exam for full registration.

Counsel for the INMDC, Mr Wim Trengove SC, said the doctors' argument was "cynical and opportunistic" in that it had no quibble with the objective of the dispensation, but with its terms. What the doctors' wanted was for the deadline to be extended to include them, he said.

Their argument was "illogical" in suggesting every distinction made by the government constituted unfair discrimination.

The HRC's finding was adjourned. The commission's recommendations are not binding by law, but its influence is substantial.

Foreign doctors seek equal rights

(93) Sowetan 3/12/98

By Mokgadi Pela

FOREIGN doctors yesterday challenged the special provision that grants South African-born practitioners who have practised abroad limited registration before being fully registered to work.

The foreign-trained doctors are demanding that this provision should also be extended to them.

They argue that the exception amounts to a "violation of human rights" of those foreign-qualified doctors who are working in South Africa.

The special provision was granted to those who were South African citizens before December 31 1991 and had left the country for political reasons during the apartheid era.

This argument was presented at a public hearing conducted by the Human Rights Commission at the University of the Witwatersrand Medical School.

"This special dispensation must be done away with because it is unfair and discriminatory. We should find a way in which we can negotiate with the National Medical and Dental Council of South Africa (NMDCSA) to deal with the issue of registration for the good of society," advocate André Louw, who represented the complainants, said.

For its part the NMDCSA argued that it was "opportunistic and cynical of the complainants to equate themselves with South African-born medical practitioners. In terms of the requirements of the council, for one to practise in South Africa, he or she must have:

- Practised at a state institution for a minimum of two years;
- Obtained a certificate of competence from the supervisor and;
- Passed the exams set by the medical profession.

The council argued that this was in line with internationally accepted standards.

The council follows an approach where doctors from Britain and Belgium are entitled to full registration while those from other countries qualify at the most to limited registration.

This means such a doctor can only work in public hospitals. The subject will be dealt with at a later date.

Foreign doctors slam registration procedures

93
Star 10/12/96

BY JANINE SIMON

Foreign medical graduates seeking fair access to full medical registration in South Africa say they are "astounded and insulted" at the Interim Medical and Dental Council of South Africa's reaction to their efforts.

Legal counsel for foreign graduates argued that the current registration procedures are discriminatory and interfere with free economic activity.

They made the submission before a sitting of the Human Rights Commission. However, according to a statement from the South African Foreign Graduates Association of the Medical Association of South Africa, the council's response has been to call the submission "cynical and opportunistic".

This contention was deeply insulting to their professional integrity, and to their long period of service to the community, the doctors said.

The council had allowed doctors who acquired South African citizenship before the end of 1992 to obtain full and specialist registration, irrespective of the medical school where they graduated.

Also, all doctors working in Transkei and Ciskei prior to their reincorporation into South Africa were granted full registration, irrespective of where they had graduated.

However, foreign-educated doctors working in South Africa who registered with the council before December 1992 but only obtained citizenship after that date, have to write the final exams of a local medical school to obtain full registration.

"We were excluded from the special dispensation only on the basis of citizenship," the statement said.

HEALTH AND DISEASE — DOCTORS

1997

9. Free State

There were no verified instances of cheating in the Free State.

Qualified students in medicine

*5. Dr W A ODENDAAL asked the Minister of Health:† [Written Question No 89]

(a) How many students at each of the universities with medical faculties qualified in medicine each year since 1994 and (b)(i) what percentage of the students that qualified in medicine in each of these years at each of these universities have left South Africa to find a means of livelihood elsewhere and (ii) what reasons were given for such students leaving South Africa? N177E

The MINISTER OF HEALTH:

University	(a)			(b)(i)	(b)(ii)
Name	1994	1995	1996		
Free State Province					
University of Orange Free State	84	113	86	Unknown	Unknown
KwaZulu/Natal Province					
University of Natal	90	109	101	Unknown	Unknown
Western Cape Province					
University of Stellenbosch	176	162	170	Unknown	Unknown
University of Cape Town	161	146	146	Unknown	Unknown
Eastern Cape Province					
University of Transkei	17	26	22	Unknown	Unknown

Source: Provincial Health Departments, February 1997

Sasol: strip-mining at Rietspruit wetland

*6. Mr M J ELLIS asked the Minister of Minerals and Energy: [Written Question No 163]

(1) Whether Sasol is proposing to conduct strip-mining at the Rietspruit wetland on the banks of the Vaal river; if so, (a) what (i) area and (ii) percentage of the wetland will be affected by such strip-mining, (b) how long will the project last and (c) what will be the estimated impact of such mining on the environment;

(2) whether these proposals are compatible with the status of the area as a nature area; if not, why not; if so, what are the relevant details;

(3) whether Sasol has received any objections to the proposed mining; if so, (a) from whom, (b) what were the objections and (c) what was Sasol's response thereto? N303E

The MINISTER OF MINERALS AND ENERGY:

(1) Yes – SASOL is proposing to conduct strip-mining at the Rietspruit wetland on the banks of the Vaal River.

(a)(i) The area of the Rietspruit wetland that will be mined includes that which is traversed by the Rietspruit channel, its riparian fringe and floodplain, approximately from where it crosses the topographical line at 1430 mamsl in the south to where it crosses the topographical line at 1426 mams further north.

(ii) 22% of the wetland will be affected by mining.

(b) The project will last 20 years.

(c) The estimated impact of the mining on the environment has been thoroughly investigated by consultants in a 315 page Draft Environmental Impact Assessment report which was made available to all interested and affected parties on 17 February 1997.

(2) Yes – these proposals are compatible with the status of the area as a nature area. The relevant details are:

* The area was designated as a nature area in the 1982 Vaal River Complex Guide Plan, which provisions do not apply in respect of any right of any person to prospect for or to mine any mineral as defined in Section 1 of the Minerals Act, 1991, or the use of any land for prospecting or mining purposes, or for purposes connected therewith.
* The wetlands do not meet any of the criteria required for RAMSAR listing.
* On both a regional and local level the conservation status of the wetlands is categorised as "low".
* There are no fish in the Rietspruit.
* The specialist report states that the conservation status of the mammal species which occur in the wetland will not be compromised by the mining.

(3) Yes – SASOL has received objections to the proposed mining.

(a) All the names and correspondence pertaining to objections have been included in the Scoping Report of the EIA. They are:

* Advocate Duard Barnard & Associates, on behalf of the Association SAVE (Save our Vaal Environment).
* Susan Sellschop, on behalf of the River Properties Owners' Association
* Susan Sellschop, as an individual
* Allan G. Whittaker
* Mrs Marie Chase
* Mr Peter and Mrs Janice Edwards
* Ms Linda Eagle, Mrs Doreen Maree, Mr Tom Maree
* Ms Jackie Cloake, Ms Yvonne Vink, Ms Marietta Bernstein, Ms Vicky Baker, Mr Rex Anderson, Mrs Rose Anderson
* Mrs Leigh Kleynhans, Mr Eugene Kleynhans
* Mr Colin Miller
* Mr P M Molenaar
* Mrs P A Molenaar
* Mr Eric Smith
* E Hendriks
* Mr John Talbot. Mrs Beverly Talbot
* Mrs Claudene Dutton
* Mr Graham Matthysen, Mrs Caroline Matthysen
* Noelle Bolton
* G R Forsdyke
* Gordon Jones
* Alison Karlsson
* Clive and Anso Spencer
* W E Stewart
* Anonymous members of the public

(b) The objections are too numerous to mention here but they have been summarised in the EIA report of the consultants, which is available for public scrutiny.

(c) SASOL's response to each individual is unknown but mitigating measures addressing the objections were included in the Environmental Management Plan, which is available to the public and the objectors.

It should however, be noted that the Director: Minerals Development, Gauteng, has issued a Mining authorisation in terms of section 9 of the Minerals Act, 1991, to Sasol in respect of *inter alia* the proposed Sigma North West strip operations, which decision has been taken on review to the High Court by SAVE. The Director General of the Department of Minerals and Energy has appointed the State Attorney to advise the said Director on this matter and as this aspect is now *subjudice*, the matter can therefor not be discussed any further.

Amalgamated computer system

*7. Dr B L GELDENHUYS asked the Minister for Welfare and Population Development:† [Written Question No 196]

(1) Whether a new amalgamated computer system has been taken into use since December 1996; if so, who is in charge of this system;

(2) whether consultants have been appointed to develop the system; if so, (a) who are the consultants and (b) what do the costs of the appointment of each consultant amount to;

(3) whether problems have been experienced with the payment system; if not, what is the position in this regard; if so (a) what is the nature of the problems; (b) what steps are being taken to stem these problems and (c) how long will it take to stem these problems;

(4) whether the problems were foreseen; if not, what is the position in this regard; if so, what precautions have been taken in this regard;

(5) whether any other role players were consulted prior to the decision to implement

appeals against convictions are speedily transmitted to the South African Police Service and other relevant authorities in order to prevent persons on bail from absconding and/or (b) revise the arrangement whereby 48 hours is allowed after such notices have been served and before imprisonment commences; if not, what is the position in this regard; if so, what are the relevant details? N1624E

The MINISTER OF JUSTICE:

The current provision in the Criminal Procedure Act No. 51 of 1977 requires that after an Appeal has been dismissed, written notice should be given to the Appellant which would include an order that the Appellant should report to the relevant police station within 48 hours.

A view has been expressed in the Department that the current position is possibly unsatisfactory. The views of Attorneys-General, Registrars, and Chief Magistrates were requested. Arising therefrom, a suggestion has been made that the law should be amended to require an Appellant to be present at the appeal hearing, or alternatively that the dismissal of the appeal should have the immediate effect as authority for the issue of a Warrant of Arrest for the Appellant.

As soon as the suggestions have been processed, a proposal will be submitted to Cabinet and Parliament.

*41. Mr J A JORDAN – Public Works. [Question standing over.]

SANDF: treatment of San people

*42. Ms M E TUROK asked the Minister of Defence:

(1) Whether his or the South African National Defence Force's attention has been drawn to a press report in *The Argus* of 2 August 1997 concerning the treatment of the San people by the SANDF; if so,

(2) whether he or the SANDF intends taking any steps to (a) investigate allegations of brutality and murder, (b) identify those persons responsible for the alleged forced recruitment of San people into the SANDF and/or (c) identify those persons responsible for the alleged disappearance and massacre of San soldiers who refused to co-operate and members of their families; if not, what is the position in this regard; if so, what steps in each case? N1672E

The MINISTER OF DEFENCE:

(1) Yes, our attention has been drawn to the allegations contained in the newspaper article.

(2) Yes, I have been informed that the Chief of the National Defence Force has already instructed that the allegations be investigated.

I undertake that the findings will be made available to this House and the hon member.

Affirmative action: official classification system

*43. Mr P W COETZER asked the Minister for the Public Service and Administration:†

Whether there is an official classification system in terms of which the Government identifies (a) disadvantaged communities and individuals from such communities and/or (b) goals and/or quotas when affirmative action policy is laid down for state departments; if not (i) how are statistics kept in regard to affirmative action appointments and (ii) how is progress in respect of affirmative action monitored; if so, what are the relevant details in respect of such system? N1674E

The MINISTER FOR THE PUBLIC SERVICE AND ADMINISTRATION:

(a) No. The White Paper on the Transformation of the Public Service identifies Blacks (Africans, Indians and Coloureds), Women and Persons with disabilities as the beneficiaries of Governments' affirmative action programmes;

(b) The above White Paper proposes broad national targets, which are, within four years (two years now) all departmental establishments must endeavour to be at least fifty percent (50%) black at management level. During the same period at least thirty percent (30%) of new recruits to the middle and senior management echelons should be women. Within ten years, people with disabilities should comprise two percent (2%) of public service personnel.

(i) National Departments and Provincial Administrations keep affirmative action statistics in terms of race, gender and disability, which they forward to the Department of Public Service and Administration to be fed into the national data base.

(ii) National Departments and Provincial Administrations have to submit quarterly reports to the Department of Public Service and Administration on progress regarding their affirmative action programmes. The Department is to processes and collate such information for the development of an annual report to be tabled in Parliament.

Diplomats unwilling to serve in Africa

*44. Dr B L GELDENHUYS asked the Minister of Foreign Affairs:†

(1) Whether any diplomats are unwilling to serve elsewhere in Africa; if not, what is the position in this regard; if so, why;

(2) whether he will make a statement on the matter? N1675E

The MINISTER OF FOREIGN AFFAIRS:

(1) A survey was conducted amongst officials in the Department and from the response received the following could be included:

(i) Almost all officers are prepared to serve in Africa although –

(ii) Some officers, mostly with families, have indicated their concern about service in some countries in Africa or and posts in other regions for i.a. the following reasons:

- inadequate health services
- poor educational facilities
- high risk diseases regions prevalent in certain security

(2) In view of the above, no.

Questions transferred for oral reply in accordance with Rule 202:

Questions standing over from Wednesday, 18 June 1997:

Recommendations on community service implemented

*8. Dr R RABINOWITZ asked the Minister of Health: [Written Question No 668]

(1) Whether she or her Department has given effect to the recommendations on community service made by the committee appointed by her to investigate the matter; if so, how; if not,

(2) whether she or her Department has taken or intends taking steps aimed at encouraging South African doctors to practise in rural areas; if not, what is the position in this regard; if so, what steps? N1158E

The MINISTER OF HEALTH:

(1) The Human Resource Committee appointed by the Minister in 1994 recommended that "Compulsory service in an underserved area (should) be a prerequisite for identified health professionals wishing to enter private practice".

The Minister and the Department considered this report and supported the introduction of Community Service. However because the Interim National Medical and Dental Council of South Africa was also discussing Postgraduate Vocational Training and took a decision in July 1996 to recommend two years of Vocational Training for doctors, the issue of Community Service was held in abeyance.

Subsequently, at the hearings of the Portfolio Committee on Health several of those who made submissions said that they would prefer Community Service to Postgraduate Vocational Training.

When the Minister withdrew the bill on 11 June 1997, she considered the inputs made during the Parliamentary hearings and she then added a provision enabling her to introduce Community Service, and re-submitted the bill to parliament. The Interim National Medical and Dental Council of South Africa has also recommended that the introduction of Vocational Training should be postponed.

The MINISTER OF HEALTH:

1. Yes. The Health Systems Trust has done research for the Department of Health.

2. The projects are:

2.1 Evaluation of the Primary School Nutrition Project:

This research project looked at various components of Primary School Nutrition Programme including coverage, educational messages, community involvement, eating patterns, parasite treatment and the place of farm schools. The following are research areas covered:

(a) *Review of existing nutritional data and its implications for PSNP*
The aim of this area of research was to analyse available nutrition data using demographic as well as nutritional status; and review published and grey literature.

(b) *Investigation of opportunities of extending the parameters of the Primary School Nutrition Programme*
The aim of this area of research was to provide ways by which the PSNP can include greater community participation and be more cost effective and cost beneficial through linkages with other nutrition related interventions.

(c) *Parasite control for the Primary School Nutrition Programme evaluation*
The aim of this area of research was to place the school based control of parasites in the context of the Primary School Nutrition Programme

(d) *Primary School Nutrition Programme in schools on commercial farms*
The aim of this area of research was to assess whether PSNP could play a catalyst role for an integrated nutrition programme on commercial farm schools.

(e) *Assessment of food Quality and Quantity Issues in the evaluation of the Primary School Nutrition Programme*
The aim of this area of research was to identify acceptable food quality in the Primary School Nutrition Programme which would meet the main objective which is to alleviate short term hunger.

(f) *Evaluation of PSNP as a tool for nutrition education in South Africa*
The aim of this area of research was to evaluate the role of the PSNP in nutrition education of school children in South Africa.

(g) *Evaluation of PSNP: Assessment of patterns of coverage and dropout*
The aim of this area of research was to help improve the efficiency and effectiveness of the school feeding programme by assessing the coverage of the PSNP in five Provinces.

(h) *Review and analysis of nutrition policy and providing intervention recommendations for nutrition interventions for women and preschool children*
The aim of this area was to identify problems associated with current national policy and existing nutrition interventions for women and preschool children.

2.2 *Evaluation of Protein Energy Malnutrition in the Northern Cape*
The aim of this research is to assess the existing PEM scheme as well as develop and implement a monitoring system for the scheme in the Northern Cape.

2.3 *An Evaluation of the Protein Energy Malnutrition (PEM) Food Scheme for children aged 0-5 years at all clinics in Mitchells Plain*
The aim of this research was to describe the implementation and evaluate the effectiveness of the protein energy malnutrition scheme in the Mitchells Plain district with regard to rehabilitation of under weight children under the age of 6 years.

3. *Parasite control study in KwaZulu-Natal*
The aim of this research was to analyse the cost effectiveness and efficiency of a holistic Bilharzia control programme in Mpolweni Mission, Natal Midlands, KwaZulu-Natal, and document the impact and then present it to the Department of Health, KwaZulu-Natal.

4. *Free Health Care for Pregnant Women and Children under the age of six in South Africa*
The aim of this research project was to look at perceptions of consumers and providers of free care, conduct economic, appraisal of the free health care policy and an evaluate the impact on the use of services.

5. *Reproductive Health Research*

5.1 *Developing tools to assess the quality of STD care*
The aim of this research study is to develop and pilot a performance based quality assessment instrument for routine use by district clinic supervisors.

5.2 *Barriers to access and provision of effective and appropriate contraceptives for adolescents: Patient and provider perspective.*
The aim of this research study is to contribute to the improvement in accessibility and quality of family planning services and contraceptive service provision for adolescents in the Northern Province of South Africa.

Emigration of doctors/specialists

*19. Mr I J PRETORIUS asked the Minister of Health:†

(1) Whether there is an increase in the number of medical doctors and specialists leaving South Africa; if so,

(2) whether she or her Department has taken or intends taking any steps with a view to preventing the loss of such experts; if not, why not; if so, what steps;

(3) whether she will make a statement on the matter? N1579E

The MINISTER OF HEALTH:

(1) Yes, in 1995, 56 general practitioners and 15 specialist left the country. In 1996 more (97) general practitioners and fewer (11) specialists left the country. It is however not known as yet, whether these doctors were from the public sector or the private sector.

(2) Yes, an improved salary dispensation has been implemented and we will implement non-financial support, trusting that it will prevent the expertise leaving the Republic. We have also increased the number of doctors in the public sector which decreases the workload.

(3) No.

Source: Central Statistical Services, 1997

Nationalisation of health care: statements

*20. Mrs P W CUPIDO asked the Minister of Health:†

Whether her or her Department's attention has been drawn to the statements by a certain person, whose name has been furnished to her Department for the purpose of her reply, at the Europe SA '97 Conference in Scotland in regard to the nationalisation of health care in South Africa; if so, what was her reaction in this regard? N1580E

The MINISTER OF HEALTH:

No.

*21. Mr J W MAREE – Justice. [Withdrawn.]

Residents at Pelican Park/Acacia Park/Laboria Park: regulations

*22. Mr J A JORDAAN asked the Minister of Public Works:

(1) Whether any regulations exist governing the conduct of residents at Pelican Park, Acacia Park and Laboria Park; if not, what is the position in this regard; if so, how are these regulations enforced in each case;

(2) whether these regulations have been found to be adequate; if not, what is the position in this regard; if so, what are the relevant details;

(3) whether his Department received any complaints during the latest specified period of six months for which information is available, from residents in these areas concerning the conduct of other residents; if so, in each case, (a) what was the nature of the complaint, (b) who was the subject of the complaint and (c) what action was taken in response? N1583E

The MINISTER OF PUBLIC WORKS:

(1) Draft rules governing the three Parliamentary Villages have been compiled and distributed to the occupants of the Villages. It was decided at a meeting on 19 May 1997 with the Chief Whips of the Political Parties and the

CONTENTS

QUESTIONS

†Indicates translated version.

For written reply:

Hospitals: staffing/vocational training for medical doctors (93)

493. Dr R RABINOWITZ asked the Minister of Health:

(1) Whether she and/or the Interim South African Medical and Dental Council has negotiated a mutually agreeable solution with the Junior Doctors Association of South Africa (Judasa) in regard to the (a) staffing of rural hospitals and (b) extended period of vocational training for medical doctors; if not, what (i) facilities will be made available to students for training at understaffed rural hospitals and (ii) training students will receive before working in such hospitals; if so, what arrangements have been agreed upon by both parties;

(2) whether incentives will be given to students to work in these hospitals; if not, why not; if so, what incentives;

(3) whether the time spent by such students in these hospitals will contribute towards specialisation; if not, what is the position in this regard; if so, what are the relevant details? N783E

The MINISTER OF HEALTH:

There are ongoing discussions in this regard.

New regulations regarding vocational training of doctors

523. Dr R RABINOWITZ asked the Minister of Health:

(1) Whether the South African Interim Medical and Dental Council has introduced new regulations regarding the vocational training of doctors; if so, what was her reaction thereto;

(2) whether the Junior Doctors Association of South Africa (Judasa) has opposed these regulations; if so, what are the relevant details;

(3) whether Judasa has (a) recommended that the full two years of generalist vocational training contribute to a general practitioner's specialisation period and (b) requested that further negotiations take place in order to reach consensus; if so, what are the relevant details;

(4) whether she has responded to the above recommendation and/or request; if not, what is the position in this regard; if so, what was her response in each case? N864E

The MINISTER OF HEALTH:

(1) No regulations have been introduced by the Interim National Medical and Dental Council of South Africa.

(2) Not applicable.

(3) (a) No. The Department of Health did not receive any recommendations from Judasa regarding full two years of generalist vocational training, contributes to a general practitioners specialization period.

(b) The Department of Health is not aware of the request.

(4) Not applicable.

Foreign doctors: lifting of moratorium on employment

525. Dr R RABINOWITZ asked the Minister of Health:

Whether she has endorsed the lifting of the moratorium on the employment of foreign doctors, other than Cubans and Germans, from areas outside Africa; if not, how does she intend attracting first-world doctors to South Africa; if so, according to what objective criteria will foreign doctors be registered? N866E

The MINISTER OF HEALTH:

No. There is a specific agreement with the United Nations Development Programme (UNDP) for "UN Volunteers Support to the Health Sector in Rural Areas."

Mental institutions: ongoing audit

724. Mrs J N VILAKAZI asked the Minister of Health:

(a) How many cases of malaria were reported in South Africa in 1996 as compared to 1995 and (b) which areas had been declared as high risk malaria areas in South Africa as at the latest specified date for which information is available? N1649E

The MINISTER OF HEALTH:

(a) In 1996, 10 455 cases of malaria were reported in South Africa as 5 992 cases in 1995.

(b) The following areas have been declared as high risk malaria areas as on 1 August 1997:

KwaZulu/Natal

1. Hiabisa
2. Ingwavuma
3. Ubombo

Mpumalanga

1. Albertsnek
2. Block C
3. Figtree
4. Klipspruit
5. Mbangwane
6. Mbuzini
7. Naas
8. Nelspruit town
9. Steenbok

Northern Province

High risk areas are North Eastern of the northern region and the eastern side of the Lowveld.

The specific districts are:

1. Dnazini,
2. Giyani,
3. Letaba,
4. Luiekani,
5. Malamulele,
6. Mapulaneng,
7. Messina,
8. Mhala,
9. Mutale,
10. Namakgale,
13. Phalaborwa,
12. Thohoyandou,
13. Tshitale,
14. Vuwani.

Source: Provincial Departments of Health, August 1997

Private/public hospitals: number of hospital beds

*19. Dr S J GOUS asked the Minister of Health: [Written Question No 948]

What was the total number of hospital beds in (a) private and (b) public hospitals in each of the provinces in (i) 1995 and (ii) 1996? N1650E

The MINISTER OF HEALTH:

Province	Total number of beds in:			
	(a) Private Hospitals		(b) Public Hospitals	
	(i) 1995	(ii) 1996	(i) 1995	(ii) 1996
1. 1 Military Hospital	0	0	386	386
2. 2 Military Hospital	0	0	236	236
3. 3 Military Hospital	0	0	180	153
4. Western Cape	*4 857	*4 857	14 762	14 402
5. Free State	2 152	2 216	7 267	7 183
6. KwaZulu-Natal	3 107	3 107	24 884	25 033
7. North West	*722	*722	7 905	7 905
8. Eastern Cape	1 199	1 199	17 416	17 416
9. Northern	196	196	10 299	10 430
10. Mpumalanga	1 353	1 353	4 427	4 427
11. Gauteng	14 594	14 594	19 967	19 733
12. Northern Cape	*449	*449	2 206	1 741
Total	28 629	28 693	109 935	109 045

* Information from the National Department of Health and not the Province

Source: Provincial Health Departments, 1997

Dentists/phamacists/specialists/general practitioners in practice

*20. Dr W A ODENDAAL asked the Minister of Health: [Written Question No 964]

What percentage of (a) dentists, (b) pharmacists, (c) specialists and (d) general practitioners practised (i) in the private sector, (ii) full-time in the government sector, (iii) in the private sector, but rendering services in the government sector, and (iv) in the government sector, but also part-time in private practice, in (aa) 1995 and (bb) 1996? N1666E

The MINISTER OF HEALTH:

	(aa)				(bb)			
	(i)	(ii)	(iii)	(iv)*	(i)	(ii)	(iii)	(iv)*
(a)	75.3%	17.0%	2.0%	3.0%	75.4%	17.3%	2.9%	3.7%
(b)	72.3%	15.0%	0.75%	2.6%	75.3%	13.3%	0.75%	3.5%
(c)	45.3%	30.0%	24.5%	2.5%	49.5%	37.5%	22.1%	2.0%
(d)	42.7%	27.0%	15.7%	7.3%	45.7%	25.0%	13.8%	6.2%

*Only those for whom authority has been granted (Limited Private Practice or Remunerative work outside employment in the Public Service in accordance with PSSC. Chapter Moonlighting cannot be determined in percentage.

Sources: Representative Association of Medical Schemes (RAMS), Personnel and Salary System (PERSAL), Department of Health (DOH), South African Medical Services (SAMS), Provincial Health Departments, Interim Medical and Dental Council of SA, Interim Pharmacy Council of SA.

Neither Attorneys-General nor prosecutors need my permission to become involved in monitoring investigations.

My view is that in the current situation there should be closer co-operation, though unfortunately the prosecutors cannot do the work of the police.

There are also certain specialist areas in which public prosecutors need to be more closely involved through active monitoring, for example in commercial (white collar) crime, organised transnational (syndicate) crime and special investigations. Active monitoring, however, places a huge additional burden on the prosecution services and the current lack of resources and human power hamper implementation in all cases. In the same way that a new court management system is being developed, Attorneys-General are re-organising the prosecution system to fit in the new cluster system. In addition and as part of the restructuring process, additional resources including resources to employ more prosecutors are required and being sought.

(2) Attorneys-General encourage better liaison between public prosecutors and investigating officers in order to address the deficiencies in police investigations. Measures to stop the loss of experienced prosecutors and to create more posts are under way. The training of all court personnel is a high priority and Justice College is also executing a business plan in this regard on an urgent basis. Part of the business plan consists of joint prosecutor-investigating officer-training and this will definitely improve the situation.

Medical interns: postgraduate vocational training

*4. Mr M J ELLIS asked the Minister of Health:

(1) Whether medical students currently registered as interns with the Interim National Medical and Dental Council of South Africa, have to undergo any additional years of postgraduate vocational training with effect from 1998; if so: what are the relevant details;

(2) whether such students have been officially informed of this decision; if not, what is the position in this regard; if so, when;

(3) whether she or her Department has devised a plan to ensure that students are sent to hospitals that have adequate facilities; if not, why not; if so, what is this plan;

(4) whether negotiations with hospitals in respect of the allocation of such students have taken place; if not, what is the position in this regard; if so, what were the results of these negotiations;

(5) whether such students will be receiving any guidance or be supervised during the additional years of postgraduate vocational training; if not, why not; if so, from or by whom? N1841E

The MINISTER OF HEALTH:

(1) No.
(2) Not applicable.
(3) Not applicable.
(4) Not applicable.
(5) Not applicable.

Brain-drain of doctors

*8. Rev K R MESHOE asked the Minister of Health:

(1) Whether her Department is currently experiencing a brain-drain owing to the proposed requirement that doctors undergo an extra year of training; if not, what is the position in this regard; if so, what are the relevant details;

(2) whether an investigation has been undertaken so as to determine whether this requirement will not accelerate this process; if not, why not; if so, what are the relevant details;

(3) whether doctors who undergo such extra training will be granted any incentives in this regard; if not, why not; if so, what incentives? N1846E

The MINISTER OF HEALTH:

(1) No information is available to indicate that the Department of Health is experiencing a brain-drain.

(2) Not applicable

(3) Doctors working in many rural hospitals already qualify for a special area allowance. The way in which this system works is being reviewed.

Questions standing over from Wednesday, 3 September 1997 (transferred for oral reply in accordance with Rule 202):

Schoolchildren: malnutrition

*7. Mrs E J CHAIT asked the Minister of Health: [Written Question No 913]

(1) (a) How many schoolchildren in South Africa suffered from malnutrition in 1996 and (b) how many of these schoolchildren were between the ages of (i) 5 and 9, (ii) 9 and 13 and (iii) 13 and 18 years;

(2) whether the figure furnished in respect of paragraph (1) (a) represents an increase as compared to 1995; if not, what is the position in this regard; if so, what was the extent of this increase;

(3) whether she or her Department intends taking any steps to improve the situation in this regard; if not, why not; if so, what steps? N1606E

The MINISTER OF HEALTH:

(1) (a) Unknown.

(b) (i), (ii) and (iii) fall away.

(2) Falls away.

(3) Yes, the Department of Health is currently developing a National Nutrition Surveillance System which will enable it to better manage nutrition information. This system is developed through pilots and will be phased in over a period of time.

Infant mortality rate

*8. Mrs P W CUPIDO asked the Minister of Health: [Written Question No 914]

(a) What was the infant mortality rate in (i) South Africa and (ii) the (aa) rural and (bb) metropolitan areas in (aaa) 1994, (bbb) 1995 and (ccc) 1996 and (b) what is the estimated average infant mortality rate in South Africa for (i) 1997, (ii) 1998, (iii) 1999 and (iv) 2000? N1607E

The MINISTER OF HEALTH:

(a)

	Infant Mortality Rates per 1 000 live births		
Areas	in 1994	in 1995	in 1996
South Africa	49	46	43,9
Rural areas	86**	*	*
Metropolitan areas	12	*	*

**This figure excludes Infant mortality in former TBVC states.

(b) Information is not available.

* Information concerning rural and metropolitan parts of the population is not available as the latest mortality study in South Africa was conducted in 1993 by the CSS (Central Statistical Studies).

Hospitals: corruption/discrimination/victimisation

*9. Dr W A ODENDAAL asked the Minister of Health: [Written Question No 915]

Whether any hospitals in South Africa were (a) reported in connection with and/or (b) under investigation following allegations of (i) corruption, (ii) discrimination and/or (iii) victimisation (aa) in (aaa) 1995 and/or (bbb) 1996 and/or (bb) during the period 1 January 1997 up to the latest specified date for which information is available; if so, (aaaa) how many and (bbbb) what was the outcome in each case? N1609E

The MINISTER OF HEALTH:

The hon member is advised to table this question in the different Provincial Legislatures for a reliable answer.

New questions:

SAPS: case concluded

*1. Mr A J LEON asked the Minister for Safety and Security:

During a meeting of the Head of Departments of Correctional Services, of Justice, of Public Works, SANDF and the South African Police Service held on 29 June 1996, National Commissioner G Fivaz explained the situation to all the members present.

Burglaries at foreign embassies/consular offices

990. Mr D K PADIACHEY asked the Minister of Foreign Affairs:

(1) Whether any burglaries occurred at any foreign embassy offices and/or consular offices in the past three years; if so, (a) at which offices and (b) when, in each case;

(2) whether there were any physical confrontations during any of these burglaries; if so, (a) when and (b) on what occasions, in each case;

(3) whether any diplomatic staff and/or employees of such embassies and/or consular offices were injured; if so, how serious were such staff members and/or employees injured in each case;

(4) whether, at any time during the past three years, foreign representatives lodged complaints with the Government and/or the police in connection with (a) burglaries, (b) violence and/or (c) injuries sustained by diplomatic staff and/or employees during burglaries; if so, (i) on what occasions and (ii) what steps has the Government and/or the police taken in this regard;

(5) whether it is Government policy to give police protection to foreign embassies and consular offices; if not, why not; if so, what are the relevant details? N1697E

The MINISTER OF FOREIGN AFFAIRS:

(1) Yes.

(a)	(b)
German Consulate	1995-10-19
Embassy of Paraguay	March 1997
Royal Netherlands	April 1997
Indonesian Consulate	1997-05-12
Uruguay Consulate	1997-06-17

(2) Yes.

(a)

German Consulate – 1995-10-19

(b)

The servant was fatally wounded while she was trying to pick up the phone to make alert.

(3) Yes.

See (2), (a) and (b) above.

(4) Yes.

(a) (i) The following complaints in connection with burglaries have been reported to the South African Police Service International Liaison:

Embassy:	Date:
Switzerland	April 1996
Lebanon	May 1996
Royal Danish	July 1996
Kenya	July 1996
Office of the United Nations (High Commission for Refugees)	August 1996
Intern. Commission for the Red Cross	August 1996
Ukraine	December 1996
Spain (Counsellors Office)	January 1997
Ukraine	January 1997
Malaysia	January 1997
Hungary	January 1997
Angola	February 1997
Malaysia	April 1997
Iran	July 1997

(ii) See below.

(4) (b), (c), (i) and (ii) The aforementioned statistics do not provide the full picture for the following reasons:

- The International Liaison Office was newly established in April 1997 and it only keeps record of the incidents as received from the Department of Foreign Affairs.
- It has only recently been decided to launch a pilot project where the Brooklyn and Sunnyside Police Stations would establish an Embassy Protection Unit.

(5) Yes, during a meeting held on 7 March 1997 between the Minister for Safety and Security, the National Commissioner and members of the Diplomatic Corps, a policy document was approved for implementation in order to comply with the obligations placed on the SAPS by article 22(2) of the Vienna Convention, 1961.

The Dean of the Diplomatic Corps has been informed accordingly. Should a threat/risk exist against the mission, any foreign representative attached thereto or a member of his or her family, such information will be channelled to the relevant SAPS division where the threat will be analysed and assessed. The SAPS will then render assistance which will be decided on after consideration of the recommendations by the division which evaluated the threat. Liaison in this regard should also take place through the Station Commissioner or his or her representative.

Assistance with regard to the compilation of contingency plans relating to possible attacks or hostage situations can be rendered by members attached to the SAPS Special Task Force. Liaison should also take place through the Station Commissioner or his or her representative. With regard to the rendering of assistance to foreign missions during important social functions, relevant stations will be responsible for rendering the necessary assistance where possible.

Paragraph 3.1. of the approved policy states that "an alarm system may be installed at the expense of the foreign mission in areas where no other emergency service exist". In order to implement the request that only Embassies and residences of Ambassadors be electronically linked to the Police Station, or Radio Control Station, a feasibility study is at present being conducted by Management Service and Security Advisory Service.

German medical doctors in SA

1005. Dr W A ODENDAAL asked the Minister of Health:†

(1) (a) How many German medical doctors have been recruited to come and work in clinics and hospitals in South Africa and (b) how many of them come from the former (i) East Germany and (ii) West Germany;

(2) whether she will make a statement on the matter? N1712E

The MINISTER OF HEALTH:

(1) (a) Twelve German doctors have been successfully recruited to come and work in South Africa.

(b) (i) and (ii) Not known.

(2) No.

SABC: consultants

1024. Mr J J DOWRY asked the Minister for Posts, Telecommunications and Broadcasting:

Whether the SABC made use of any consultants in the financial year ending on 30 September 1996; if so, (a) who were these consultants, (b) for which purpose was each used and (c) what was the total remuneration that each such consultant received? N1735E

The MINISTER FOR POSTS, TELECOMMUNICATIONS AND BROADCASTING:

The Chairperson of the SABC has informed me as follows:

Yes.

Zuma in new row over doctors

(93)

CT 11/8/97

A PLAN TO ESTABLISH a world class private medical school in South Africa has run into opposition from the government. Health Writer **CAROL CAMPBELL** reports.

HEALTH Minister Dr Nkosazana Zuma is set for a new battle — this time against a business group who wants to establish a world class private medical school.

The plan for the school, which will probably train doctors according to standards set by the Harvard Medical School, was made public by Network Healthcare Holdings (Netcare) and could be up and running within 18 months if given the go-ahead from the government.

But yesterday a spokesperson for Zuma, Mr Vincent Hlongwane, said appropriate legislation would have to be drafted before private medical schools were allowed.

"For a start, there will have to be guidelines about the composition of the student body and the curriculum," he said, adding that Zuma would not allow medical schools to "spring up" so that some sections of the population who felt "threatened" could protect past privilege by looking after their interests.

Netcare chief executive officer Dr Jack Shevel said the aim was to train doctors at first world standards who could then work in private hospitals.

Netcare recently bought Clinic Holdings, making it the largest private hospital group in the country. In the Western Cape it owns City Park, Wynberg, N1 City and Libertas hospitals.

"In future it will be difficult for all students to be accommodated at existing medical schools. This way they can study medicine at no cost to the state," Shevel said.

Professor J P van Niekerk, dean of the University of Cape Town's medical school, said the cost of educating a medical student was estimated at R60 000 a year.

The education department pays about 55% of university costs.

Van Niekerk said: "There are more hidden costs in the running of academic medical institutions, which can add 30% to the medical training bills."

Nevertheless, paying to study at a private medical school could still be cheaper than the cost of training at Harvard Medical School, which was $20 000 (about R90 000) a year, excluding accommodation, books and living expenses, he said.

Already Shevel's company runs private nursing colleges where nurses can upgrade their skills. The proposed new medical school would be based in Johannesburg.

Hlongwane said the problem with existing medical schools was that they did not reflect the demographics of the country and most new doctors preferred to leave South Africa rather than work in rural areas where they were needed, he said.

"Their training is tailored for the developed world when we are trying to emphasise primary health care."

Zuma did not directly oppose the establishment of a private medical school, but she objected to the motives of people who wanted to make money off such a system, he said.

A spokesperson for the Interim National Medical and Dental Council of South Africa, Mrs Louise Emerton, said that in April 1996 Harvard Medical International approached the council with a request to open a private medical school in Durban, but the request was turned down.

She could not give reasons for the objection, and said the council's view on the issue remained unchanged.

A spokesperson for the University of Natal medical school said a private medical school would reinforce the imbalance in health spending.

"At the moment, the private sector — which is only 26% of the population — eats up the lion's share of money spent on health. This means more money is being spent on and by patients in the private sector than in a first world nation such as the United States," he said.

Beacon strike looks set to end

Nicola Jenvey

DURBAN — The 20-day strike by more than 2 300 Beacon Sweets & Chocolates employees moved closer to resolution at the weekend, with both sides agreeing to meet their constituents today.

In a statement released yesterday, both parties committed themselves to "the promotion of goodwill and productivity" and were confident the strike would end during the week.

Two meetings held last week had failed to reach a solution despite the presence of mediators from the Commission for Conciliation, Mediation and Arbritration.

This had led Beacon chairman Arnold Zulman to criticise the Food and Allied Worker's Union (Fawu) for "orchestrating the strike and using the workers as a pawn".

Fawu responded by sending Zulman a letter rejecting his claims as "naive and false".

Meanwhile, Beacon is offering a R10 000 reward for any information leading to the arrest of the gunmen who shot two replacement workers near the Mobeni factory last week.

Masa backs education drive for SA's doctors

Jacob Dlamini

CAPE TOWN — The Medical Association of SA (Masa) would support the introduction of continued education for practising doctors, Masa's health policy committee chairman, Ivan McCusker, said at the weekend.

Continued medical education had become an internationally accepted minimum retention requirement for continued eligibility in the certification of doctors, he said.

However, if the plan were introduced here standards would have to be set by the profession itself and all doctors would be required to comply, McCusker said.

The plan enjoyed widespread support among doctors and only a few doctors would refuse to comply, he said.

Masa would ask the Interim National Medical and Dental Council not to register or issue certificates of competence to those who refused to undergo continued education.

According to council registrar Nico Prinsloo, the idea had been under consideration for years but a formal decision to look into its implementation was taken only last year.

The idea had now been put before Parliament for a decision.

In terms of the council's proposal, doctors would be required to keep abreast of developments and technological advances in their fields.

This would be done possibly by attending medical congresses, submitting reports in medical journals and attending refresher courses.

Details of the plan still have to be worked out but one suggestion is that there should be a five-year period during which doctors are asked to show they have complied with requirements for continued education.

Those failing to comply would have their certificates of competence revoked by the council.

Prinsloo denied this was a punitive measure, saying it was a step designed to keep the level of competence among SA doctors high.

He said it would be in the interests of patients for doctors to keep pace with all developments.

McCusker said Masa would like to see the plan introduced gradually, before punitive measures were put into place.

Fines

Continued medical education would lose the support it enjoyed among doctors if it were imposed on them by government, he said.

Refusing to renew the certificate of competence of doctors who did not comply with the plan would be the only action available to the council.

McCusker said: "It would be ridiculous to fine someone for failing to keep up with developments in medicine. Fines would just make the whole system ludicrous."

The plan is scheduled to come under review at a conference organised by the council on August 20, to be held at Johannesburg International Airport.

Prinsloo said delegates would look at ways of introducing the system and possible time frames for it.

Community service for doctors likely soon

(93) Star 5/8/97

By Jovial Rantao
Political Correspondent

Cape Town – Health Minister Dr Nkosazana Zuma has retabled draft legislation which, among other things, requires junior doctors to perform a compulsory 12 months of remunerated community service before being registered as doctors.

Community service is the only major addition to the Medical, Dental and Supplementary Health Service Professions Amendment Bill tabled in Parliament yesterday.

A spokesman for the Ministry of Health was optimistic that the bill would sail through Parliament and community service would be introduced in January.

He said the implementation of vocational training had been suspended pending more consultation.

The amended bill has been rejected by the Democratic Party as authoritarian. The DP accused Zuma of being arrogant and warned of a major conflict over the legislation.

The National Party has welcomed the community-service provisions.

The bill, which is one of three controversial health bills being resubmitted to Parliament after being amended, also says that only doctors and dentists who have been licensed by the Department of Health may dispense medicines and related substances.

However, the licensed doctors and dentists will not be entitled to operate a pharmacy or sell medicines and scheduled drugs to the public without prescription.

The proposed legislation will also prohibit doctors and dentists from accepting bonuses or commission from a pharmacy in return for a prescription issued. Any medical practitioner or dentist guilty of violating the law will be liable for a fine not exceeding R10 000 and may face disciplinary action.

investigation.

Doctors' extra service bill

DRAFT legislation paving the way for a year's compulsory community service for trainee doctors was tabled in Parliament yesterday.

The Medical, Dental and Supplementary Health Service Professions Amendment Bill is a revised version of the legislation which was withdrawn by Health Minister Dr Nkosazana Zuma in June this year, in the face of widespread criticism. ET 5/8/97

The first intake would consist of doctors who finished their internship this year.

(93)

Zuma goes ahead with community service bill

BD 5/8/97 (93)

Jacob Dlamini

CAPE TOWN — Health Minister Nkosazana Zuma signalled her intention to go ahead with plans to introduce compulsory community service for newly qualified doctors with the tabling of a contentious bill in Parliament yesterday.

The Medical, Dental and Supplementary Health Service Professions Amendment Bill contains clauses which will enable the minister to make regulations concerning the performance of remunerated medical community service.

The regulations will apply to newly qualified doctors seeking to register with the Interim National Medical and Dental Council. Under the new act, doctors will only be entitled to practice on completion of their community service.

The bill grants the minister powers to determine the duration of the service, the places at which it is to be performed and the conditions of employment.

The bill is one of three pieces of legislation which were withdrawn by Zuma in June after opposition from and widespread condemnation by junior doctors and the pharmaceutical industry.

The temporary withdrawal followed a series of public hearings at which opponents of the proposed new legislation vowed to fight it using measures such as constitutional court action.

The bill tabled yesterday remains virtually unchanged and retains some of the provisions which drew the ire of opponents when it was first tabled earlier in the year.

The provisions include measures calling for registration of doctors wishing to dispense medicines by the health department's director-general and regulations preventing doctors from keeping an open shop or a pharmacy or from dispensing a particular brand of medicines.

The bill, which provides for the replacement of the interim council with a new Health Professions Council and 12 affiliated boards, will grant the minister powers to recognise the qualifications of foreign doctors in consultation with the council.

Democratic Party (DP) health spokesman Mike Ellis denounced the new bill, calling it a shocking piece of legislation. Ellis accused Zuma of ignoring submissions calling for a rethink on the proposed legislation and said the DP would oppose the new bill.

Zuma's spokesman Vincent Hlongwane said the minister was determined to introduce community service for a 12-month period starting next January, despite fierce opposition to the measure.

Hlongwane said the bill had been "significantly strengthened" by the inclusion of community service, which would give newly qualified doctors experience by placing them in areas where there was a need for their services.

Hlongwane said measures calling for vocational training would stay in the bill but would not necessarily be introduced next year to allow further discussion and consultations. He said that community service and vocational training were not mutually exclusive, although the department had decided to temporarily shelve plans to introduce vocational training.

This followed concerns by the interim council that there would not be enough senior doctors to supervise the scheme.

PRIVATE SCHOOL FOR DOCTORS

Med school is elitist, says Health Ministry

Plans for a private, Ivy League school for doctors in Johannesburg hit an ideological brick wall (93) FM 8/8/97

Political meddling may thwart carefully laid plans by the Crawford Education Group and Clinic Holdings to establish a prestigious medical school in Johannesburg with international partners.

Health Minister Nkosazana Zuma's spokesman Vincent Hlongwane has criticised the concept of a private medical school, saying the curriculum and admissions policy would have to be controlled by legislation.

His comments appear to have forced a retreat from the project by Clinic Holdings' new owner, Netcare, and its black empowerment allies, Kopano Ke Matla Investment Co (KKM, Cosatu's investment arm) and the SA Medical and Dental Practitioners' Association (SAMDP), which represents about 3 000 doctors, most of them black.

»There can't just be a free-for-all situation, at a time when we're trying to regulate the medical profession«
Health Ministry spokesman Vincent Hlongwane

In an interview with the *FM* this week, Hlongwane went further, hitting out at the concept of a private medical school as potentially elitist and divisive.

"There can't just be a free-for-all situation, especially at a time when we're trying to regulate the medical profession," Hlongwane said.

When the *Cape Times* first reported the ministry's opposition to the school last week, it portrayed it as a fresh row between Zuma and private doctors. That prompted a hasty denial by Netcare, KKM and the SAMDP that they are at loggerheads with Zuma. It is understood that the Minister, who was abroad at the time, had not yet been informed of the furore.

Netcare CEO Jackie Shevel describes the plan as "a pipe dream" and part of the Clinic Holdings' 10-year vision.

"Netcare's philosophy is to work in close consultation and co-operation with government, particularly with the recent introduction of its partners, Kopano and the SAMDP."

The exposure could not have come at a worse time for the Crawford Education Group. CEO Graeme Crawford says it has "virtually tied up" a deal with a UK medical school on a par with Harvard University — which has also expressed interest.

He began working on the plan two years ago in partnership with then Clinic Holdings chairman Barney Hurwitz; the two travelled overseas together to visit top universities. Hurwitz sold his share of the company to Netcare last month. But Crawford says they still plan to open the school in January 1999 with an intake of about 100 students.

They have already located a probable site in Johannesburg's northern suburbs for the creation of a satellite campus, to be called Crawford Medical School. The aim is for it to grow into a full university.

The plan is to hire local lecturers and Clinic Holdings specialists to teach the international parent school's curriculum and conduct practical work in Clinic Holdings hospitals. Where necessary, overseas lecturers will be brought in.


Arnold Pronto

***Nkosazana Zuma** . . . yet to be informed of medical school furore*

"Harvard has done it a couple of times to differing extents but no model is as comprehensive as this," says Crawford.

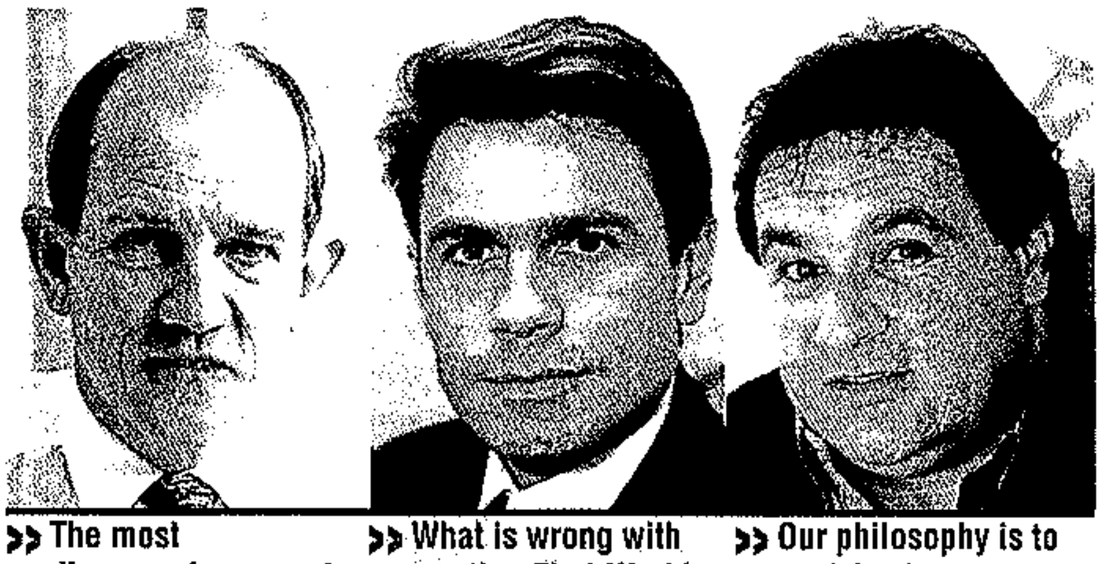
The international parent university's degree would be conferred, not an SA equivalent.

"We hoped in this way to avoid the political minefield which we might end up in otherwise," says Crawford. "We see it as working with Zuma rather than asking her permission. What is wrong with wanting First-World standards and being internationally competitive?"

Tuition fees at Harvard Medical School are about US$20 000 (R90 000) a year. It costs about R60 000 a year to educate a medical student in SA, without a government subsidy that amounts to about 55%. Crawford cannot say what his fees are likely to be.

He does not believe his plans have been thwarted. He says Shevel has met his chairman, Brian Buckham, and indicated that "he intends honouring Clinic Holdings' agreements with Crawford Education." A follow-up meeting of the three parties will be held soon.

But sources close to Netcare say certain black empowerment



»The most discouraging aspect is the ministry's assumption that it is government's duty to be intimately involved in the private sector«
DP Health spokesman MIKE ELLIS

»What is wrong with wanting First-World standards and being internationally competitive?«
Crawford Education CE GRAEME CRAWFORD

»Our philosophy is to work in close consultation and co-operation with government«
Netcare CEO JACKIE SHEVEL

groups are "upset" about the negative publicity which may have damaged their good relations with the Health Department.

In a joint press statement to disavow their alleged row with Zuma, KKM, the SAMDP and Netcare stress that they have yet to approach her with concrete plans for a private medical school. The groups emphasise they will act only in line with her national health policy.

"We believe we have enough medical schools at present," says SAMDP spokesman Dr Gil Mahlati. "Our aim is to partner government in the delivery of cost-effective health care."

KKM spokesman Tumelo Motsisi says "Netcare is positioned to work in partnership with government in terms of its national health framework, and in that area Netcare will operate fully within government's health policy."

Hlongwane insists on this approach. "We have got to sit down with them and ask: 'what is it you've got to offer and how does it meet the national need and how could you rearrange it to fit in?' We have to train students for our own needs, not for export. Whether Zuma says yes or no will depend on how it will benefit SA, not the international medical fraternity."

His comments come at a time when Zuma is piloting controversial legislation through parliament to force young doctors to perform community service.

But legal advisers in the Department of Education say Zuma will not be able to gainsay the creation of a private medical school. This responsibility lies with the Registrar of Education — a new post to be established in terms of the Higher Education Bill now before parliament.

The Bill says anyone can establish a higher educational institution, including a medical school, provided he or she has the financial capability, provides courses of an acceptable standard that are accredited by the SA Qualifications Authority, and complies with any other "reasonable requirements" laid down by the Registrar.

Unsuccessful applicants may appeal to the Minister of Education.

Control over medical training at any educational institution, excluding a university or technikon, lies with the Interim National Medical and Dental Council of SA — a body which has been accused of acting as an extended arm of the Minister, who selected 26 of its 53 members (*Current Affairs* 13 June).

In April last year, following inquiries from a group unrelated to Crawford Education, the council advised Zuma that it did not support the establishment of a private medical school in Durban using a Harvard University curriculum.

It said a private medical school should be considered only after a thorough investigation into the need for one, given existing teaching manpower resources, clinical teaching facilities and the number of medical graduates being produced.

Hlongwane says that even if Zuma is not the final arbiter, her input will be critical.

But DP health spokesman Mike Ellis criticises the ministry's approach.

"The most discouraging aspect is the ministry's assumption that it is government's duty to be intimately involved in the private sector," he says.

The proposal for a private medical school should be welcomed, he says, "not destroyed by outdated ideological convictions."

Claire Bisseker

THE PRC AND THE FINANCE DEPARTMENT

Why Maphai saw red

A warning has been sounded to government departments

Eyebrows shot up in government and financial sectors at the weekend when the Presidential Review Commission (PRC) issued a sharp rebuke to the Finance Department. But commission chairman Vincent Maphai says his criticism was not aimed at the department's general performance or progress on transformation.

"We have made no substantive judgment on the department," he says. His criticism — he used the words "flimsy and shoddy" — on Sunday was directed only at the quality of the department's presentation to the PRC the day before.

Finance is taking the rebuke calmly. Minister Trevor Manuel put out a statement saying the department will "be requesting an opportunity to address the commission with a fuller presentation at a future date." The department would make no further comment.

Economic analysts agree that Finance is doing a good job of formulating and implementing economic policy and that Manuel and director-general Maria Ramos make an effective team, well regarded internationally.

However, there may be practical, day-to-day problems. Certainly the department has a weak spot in its reluctance or inability to communicate with outsiders — including other government structures and the press.

But, in fairness, it is a small department, on which great demands have been made. It has only about 100 people working on a wide range of projects, including the reform of the budgetary process. It has also had to recover from the loss of several top people, including former DG Estian Calitz, last year.

The PRC was established in early 1996 as a semi-autonomous body to review the existing structure of departments and how they operate, and to recommend ways to improve them.

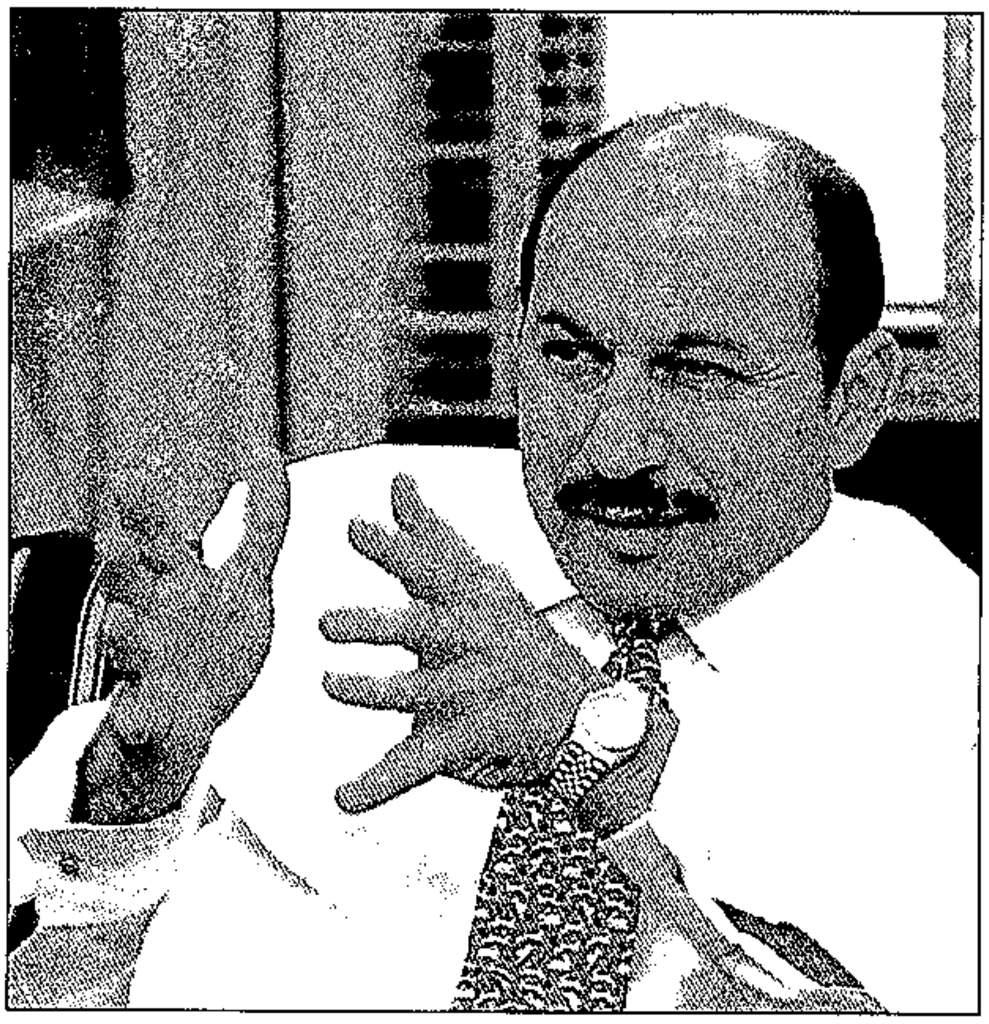
It has established its credentials and proved its ability to do this within its own structures while cutting its budget from R18m to about R7m.

After a false start under previous chairman Bax Nomvete, its work is well under way. Maphai says the commission has already interviewed representatives from the departments of Land Affairs, Public Works, Public Administration, Housing, Justice and State Expenditure.

"On occasion we have recalled departments but this does not imply any irregularity, only that we learn more as we progress and realise there are more questions to be asked."

The reprimand to Finance has sent a loud message to departments waiting to make their presentations. They must be sure to get their acts together by the due date.

Ethel Hazelhurst



***Trevor Manuel** . . . accepted rebuke calmly*

Foreign docs protest at SA treatment

ARG 8/8/97 (93)

East London – Foreign doctors practising in South Africa are planning to protest on Monday to highlight their dissatisfaction with the way the Government is treating them.

Some foreign doctors who have been practising in South Africa for years have yet to be accorded permanent registration.

The Eastern Cape spokesman for the SA Foreign Qualified Doctors Association (Safqda), Amitabh Mitra, said yesterday there would be no disruption of services as doctors and sympathisers would only be required to wear black ribbons.

Some of Safqda's demands include job security, family security as their families do not have permanent residence, career opportunities in terms of having access to post-graduate study and better working conditions for all hospital workers.

Safqda representatives will meet Home Affairs Minister Mangosuthu Buthelezi on Wednesday to discuss the issues of temporary and permanent residence. – Sapa

CAPE TIMES
TUESDAY, AUGUST 12, 1997 ★

'TRAINING WON'T SUIT SA NEEDS'

Deans oppose medical training for 10 in Cuba

CT 12/8/97

(93)

UCT AND NATAL MEDICAL schools say they were not consulted about the Cuban study project or the selection of students, Health Writer **CAROL CAMPBELL** reports.

MINISTER of Health Dr Nkosazana Zuma has sent 10 students from Mpumalanga to Cuba to study medicine — and the deans of two South African medical schools have questioned why they have not been involved in selecting them.

The 10, from poverty-stricken rural homes in Mpumalanga, failed to gain admission to South African medical schools.

The cost of the students' studies in Cuba is being borne jointly by the Mpumalanga administration and the national Department of Health. The bill, by the end of seven years, will be R2 089 540.

The students left for the Santo Spiritus University in January as part of a government-to-government agreement to improve health services in South Africa's rural areas. They have completed an intensive course in Spanish and are to begin their medical studies in three weeks.

The dean of the University of Cape Town's medical school, Professor J P van Niekerk, said the deans were "mystified" and "perturbed" that the project was not discussed with them.

A spokesman for the national Department of Health, Ms Lulu Sebake, said candidates had been interviewed by the Mpumalanga Department of Health and Education, the national Health Department and, finally, Zuma.

"The only students who were considered were those from disadvantaged backgrounds who had applied, but not been accepted into a South African medical school and who were committed to working in the public sector for at least six years after qualifying."

Van Niekerk and Professor James van Dellen, dean of Natal University's medical school, said their repeated requests for information about the project had been ignored by the Ministry of Health.

"I faxed a letter to Dr Zuma's office in February and June. I am about to fax another requesting the names of the students and of the South African medical schools to which they applied," said Van Dellen.

The deans want to know the criteria used to select the students, who interviewed them and why they could not be accommodated by special arrangement in local medical schools.

"I could understand the need to send students to Cuba if our medical schools were overflowing, but they are not," said Van Dellen.

"At the University of Natal we could accommodate another 30 students if we had the staff and equipment, but our budgets are so limited that we cannot expand."

It would have been far more cost-effective for the government to have given to local medical schools the funds used to send the students to Cuba, Van Dellen said.

"This is money that is leaving the country in foreign exchange," said Van Niekerk.

Van Dellen said Natal's medical school had trained 2 600 black doctors since it opened in 1951 and had learnt a "trick or two" over the years about selecting disadvantaged students.

Sebake said the proportion of African students in South African medical schools was still only 27%. The main reasons for the slow increase in the number of African medical students were the poor schooling system and the structure of the medical curriculum, she said.

"This (means) relatively few African students obtain symbols in matric that are sufficiently high for them to be accepted into a South African medical school."

Van Niekerk said comments about the curriculum structure implied that the Health Department was searching for an easier option for future doctors.

He and Van Dellen were concerned that problems with the students' training would emerge only when they returned.

"They are not being trained for the South African situation," Van Niekerk said. "The health problems facing Cuba are not the same."

Sebake said the idea of medical students being trained in Cuba was discussed when the first delegation visited the island to assess the possibility of recruiting doctors.

"They are prepared to take intelligent students who have passed matric but whose symbols are not good enough to get them into a South African medical school," she said. "They will give them extra tuition in basic sciences if necessary."

● According to the Department of Health's media department, the students' names are: Mr William Ndinisa, Mr Mubi Minisi, Mr Christopher Mbowane, Mr Sifiso Sibande, Mr Joseph Nkosi, Mr Christopher Magagula, Mr Richard Magagula, Mr Makhosonke Shabalala, Ms Gladys Magaqula and Mr Colbin Nkuna.

The Star ... Wednesday August 13 1997

Foreign doctors fume over way they are treated

(93

Some hold senior positions but are not registered or given permanent residence

Star 13/8/97

By Priscilla Singh
Health Reporter

At least 2 000 foreign doctors practising in South Africa protested at hospitals this week against the "shabby treatment" they were receiving from the Government.

In Gauteng there were protest meetings at the Tambo Memorial, Coronation, Sebokeng, Chris Hani Baragwanath, Helen Joseph and Pretoria Academic hospitals.

Reports of protests were also received from the Ladysmith, Nelspruit, Edenvale, King Edward, Addington and R K Khan hospitals.

The protest was called by the South Africa Foreign Qualified Doctors' Association (SAFQDA), a special-interest group of the Medical Association of South Africa.

The doctors' main complaint is that they are not granted permanent residence. Home Affairs Minister Mangosuthu Buthelezi has promised to look into the matter.

Their other complaint is that they are not registered with the Interim National Medical and Dental Council, even though some of them hold senior positions.

SAFQDA honorary secretary Dr Safdar Malick said doctors all over the country had heeded the protest call on Monday by wearing a black ribbon; however, there had been no disruption of services at hospitals.

Malick is a Pakistani-qualified doctor who relocated to South Africa three years ago and is practising at Vereeniging Hospital.

The foreign doctors come from India, Bangladesh, the Czech Republic, Poland, Hungary, Pakistan, Nigeria, Zimbabwe, Ghana and Zaire.

Malick described the Department of Health's attitude to foreign doctors as "insensitive", saying they had not received a response to their numerous letters calling for a meeting with the council.

Health Department spokesman Vincent Hlongwane said the Government had in 1995 placed a moratorium on the recruitment of foreign doctors.

The only way foreign doctors would be recognised in SA was through the government-to-government exchange programme, such as the arrangements with Cuba and Germany – countries that could "spare" the doctors.

"By registering any foreign doctor, we can easily be accused of stealing doctors from other countries ... anyway, it's up to the council whether they register them or not," said Hlongwane.

The council has said foreign doctors could be fully registered for public service after passing an examination and then working under supervision for a certain period.

SAFQDA said some of its doctors had been practising in SA for years and there was no need to undergo supervised training in order to be registered.

'CONSTITUTION ALSO GIVES US RESPONSIBILITIES'

Rural service an honour — Zuma

CT 13/8/97 (93)

NKOSAZANA ZUMA says doctors would be doing a great deal for reconciliation in South Africa by working in rural communities. Health Writer **CAROL CAMPBELL** reports.

YOUNG doctors who are demanding incentives from the government to work in the rural areas should be less materialistic and instead approach the task with missionary zeal and stop complaining, Minister of Health Dr Nkosazana Zuma said yesterday.

A compulsory year-long stint caring for the poor was not intended as a punishment or a burden, but a sacrifice young people were being asked to make for their country, the minister said in a speech to health policy-makers in Cape Town.

Her controversial plan to force newly graduated doctors into public hospitals outside the cities will be debated in Parliament during its current sitting.

If it is passed junior doctors will have to work for the state for a year before they are registered by the South African Medical and Dental Council to practise independently.

"It is part of the patriotism President Nelson Mandela talks about. To me community service is something our young people should do with honour," she said.

She added that community service should not be limited to health workers, but said, "I am only the Minister of Health" and therefore could not introduce it in other fields.

The plan, which is included in the Medical and Dental Supplementary Health Service Professions Amendment Bill, has been met with howls of outrage from medical students and junior doctors.

They have accused the minister of denying them registration at the last minute, forcing them to disregard their future plans while they wait for clarity on the issue and the law to be changed.

Some medical students are married with children and are in a quandary about where they will be sent when the plan is implemented.

Zuma said the government could not offer incentives to doctors that could compete with the private sector or the prospect of earning British pounds.

"Our Constitution gives us rights but it gives us responsibilities too," she said.

By going to work in rural communities among people who had not been cared for before, doctors would be doing a great deal for reconciliation in South Africa.

Young people who had lived all their lives in "obscene opulence" in white suburbs while benefiting from apartheid would find working in the rural areas an "enriching experience," Zuma said.

"What we are doing in health care is not for the likes of you and me. We don't need a government to provide for our health care needs because we have the money to go to the private sector when we need medical treatment.

'STOP COMPLAINING': Health Minister Nkosazana Zuma

"What I am doing is to provide a health care system which looks after the very poor because they are the most vulnerable.

"They are the ones who have no water and electricity and maybe are using cow dung for fuel."

Community service would not solve the shortage of doctors in the rural areas, but rather there had to be a shift in the type of person selected to study at medical school, she said.

"It is mostly people from the upper and middle classes who are being trained as doctors and they have no first-hand experience of how people live in the rural areas."

The minister has already sent 10 students from rural homes in Mpumalanga to Cuba to study medicine so that they can work among the people of the province when they return.

Next month, the health department will meet medical school deans to discuss ways to improve the access of students from rural areas to medical schools.

hursday August 14 1997

'Doctors must upgrade qualifications'

(93)

BY JOVIAL RANTAO

Political Correspondent

Star 14/8/97

Cape Town – Doctors who do not upgrade their educational qualifications, relevant to their disciplines, risk losing their practising licences, says Director-General of Health Dr Olive Shisana.

She told Parliament's health committee that, as a prerequisite for ongoing registration, practitioners would have to prove to the proposed health professions' council that they attended courses. They will have to read at least 16 journals a week to be up to date with research and technology."

She added that compulsory community service for newly qualified doctors was the only way to get doctors to work in under-serviced areas. It was also a way to stop foreign countries from poaching newly qualified doctors and denying them a chance to contribute something to SA.

"We plan to support the doctors who go into rural areas, with accommodation, transport and medicines. They will not be there on their own."

Move on doctors is 'nothing new'

(93) Star 15/8/97

By Janine Simon
Medical Reporter

Proposals to regulate the private sector, including restricting where private doctors and dentists may practise, were nothing new, Director-General for Health, Dr Olive Shisana said today.

The proposals were in the draft National Health Bill circulated for comment in November, and in the white paper first released in 1994 and tabled in April.

Shisana, who briefed the parliamentary portfolio committee on future proposals in health, said the department was trying to ensure it met the constitutional obligation of providing access to health care for all.

To ensure that the principle of equity was achieved, they needed to see that doctors obtained a licence to practise in an area.

Even developed countries used population as a base to examine whether there was a surplus of medical practitioners in an area or whether basic norms had been met. If there was a surplus, all new applications were sent to areas where there were no services.

"For health care to become a reality, we are going to use the resources we have more effectively, and that means reorganising delivery of services in the private health sector," she said.

The licensing of private practitioners adds another layer of control: according to the Health Services Professions Act, all registered doctors will have to obtain certificates of continuing education before obtaining their annual registration.

Shisana said licensing for health care institutions was already in place, and handled at provincial level, although not all regulations were complete.The National Health Bill would be finalised as soon as the white paper had passed through parliamentary channels, she said.

The Medical Association of SA said they would comment on the issue later today. The Junior Doctors' Association said it had not been involved with debates on the subject.

FOREIGN DOCTORS

Another knot in the stethoscope

(93)

Plan to restrict foreign doctors to State health system

FM 15/8/97

Foreign doctors are at loggerheads with the medical authorities over plans to introduce a new registration system which would prohibit their specialising or working in the private sector.

The contentious Medical, Dental & Supplementary Health Service Professions Amendment Bill — now before parliament — empowers Health Minister Nkosazana Zuma to introduce the proposed system by issuing regulations.

This means she does not need to consult the medical profession or parliament to implement the proposals drafted by the Interim National Medical & Dental Council.

The proposals do not affect Cuban doctors, who may work in SA for three years only, according to an intergovernmental agreement.

There are nearly 2 000 foreign-qualified doctors working in the public health system, of which 400 are "registrars" (trainee specialists). Many have SA citizenship and are married with families.

The SA Foreign Qualified Doctors' Association (SAFQDA) is pressing the council to rethink its proposals, which do not apply to those already registered or engaged in specialist study as of April 1997.

More important than being able to work in the private sector is being able to specialise and have a secure registration and permanent residence, says SAFQDA secretary-general Dr Safdar Malick.

In terms of the proposals, foreign doctors will be tied to provincial contracts and will not be allowed to move between provinces without the council's permission.

SAFQDA likens this provision to the reintroduction of the Group Areas Act and says it is a violation of doctors' basic rights.

After passing an initial assessment exam, foreign doctors will be required to undergo three years of training in a primary or secondary public facility, after which they may be registered to work in such institutions under supervision.

Only after six years of supervised registration will they be assessed and, if successful, remain in the public service, unsupervised, with no option to specialise.

Malick says the system will create "social, financial and family problems for foreign-qualified doctors while at the same time creating medico-legal and management problems for the Department of Health."

He points out that supervision is virtually absent in primary and secondary institutions, and that the system would institutionalise discrimination between local and foreign qualified graduates.

The council appears to be motivated by the need to address the shortage of doctors providing basic health care in rural areas. It has also expressed concern that foreign doctors are keeping out local registrars.

In a letter to the council in June, Wits University dean of health sciences Prof Max Price disputes this. "Most of our registrar circuits have vacancies," he says. "We would be unable to provide the service if we could not fill some of the posts with foreign doctors, aside from the implications for training adequate numbers of specialists for the country."

»If the council remains stubborn we will pursue legal action. Some say we should pack our bags and go«

Foreign-born doctor

The council has backed down from an earlier plan to extend the moratorium on specialisation and private-sector work to all foreign registrars.

Council Registrar Nico Prinsloo says those with SA citizenship will be allowed to proceed towards specialisation provided they sit the final-year exam at SA medical schools. How the others will be accommodated is still under discussion, as is the entire system, he says.

But the foreign registrars say this is "grossly unfair, unnecessary and unacceptable" as the exam is for an undergraduate qualification, which registrars already have.

"We work in public hospitals under difficult conditions," says one. "If the council remains stubborn we will pursue legal action. Some say we should pack our bags and go."

Malick says about 400 foreign doctors have left SA since the beginning of the year but many are now SA citizens and will turn to the Constitution for equal treatment.

Earlier this week about 1 800 foreign doctors staged a peaceful nationwide protest, wearing black ribbons while carrying out their normal work.

❑ SAFQDA recently met Home Affairs Minister Mangosuthu Buthelezi and was encouraged by his undertaking to look into doctors' problems in obtaining temporary and permanent residence. **Claire Bisseker**

THE BIG STORY

How to plug the doctor drain?

SA's black academics target white medical schools

ARG 15/8/97 (93)

AS THE CONTROVERSY OVER HEALTH MINISTER NKOSAZANA ZUMA'S POLICIES GATHERS MOMENTUM, THERE IS A CONCERTED EFFORT BY HISTORICALLY BLACK UNIVERSITIES TO GET MORE BLACK STUDENTS TO ENROL FOR MEDICAL DEGREES AT HISTORICALLY WHITE UNIVERSITIES. SABATA NGCAI INVESTIGATES

There is a growing concern among black academics that a large number of white medical graduates will leave the country to practise overseas.

They feel that to have more blacks in medical faculties at historically white universities will change the trend. The University of the Western Cape is spearheading an initiative to increase the number of black students enrolling for medical degrees at the universities of Cape Town and Stellenbosch.

UWC Rector Cecil Abrahams says more black students should enrol in the medical faculties of the two historically white institutions because white students are leaving the country.

He says the rural areas are badly in need of doctors and that newly trained black doctors are more likely to serve in those areas.

The shortage of doctors compelled the Department of Health to import doctors from Cuba. Almost 300 of them have been in South Africa since February last year. However, about 21 cases of alleged malpractice against six Cuban doctors operating in the Northern Cape have been filed with the Medical and Dental Council.

The department has been embroiled in another controversy after its proposal that doctors doing their internship this year be forced to do a year's community service from January next year.

It is imperative that doctors should be deployed in the rural areas which depend largely on understaffed and ill-equipped clinics. Patients travel on foot, horseback and in buses, often walking kilometres to get there. Nurses often have to deal with emergencies because doctors visit clinics sometimes only once a week.

UWC wants to see to it that black and coloured students are well prepared to enrol in medical faculties. The institution is preparing to offer a pre-medical programme to ensure an increased enrolment of students.

Professor Abrahams, who is also the chairman of the Historically Disadvantaged Institutions' Association, said the majority of students enrolling in the medical faculties of both UCT and Stellenbosch were white.

"About 60 to 70% of them are going to graduate this year and leave the country. If you had 60% being black South Africans, they would stay here because it's their country. We feel they are more committed to this country," he said.

The Department of Health does not have a racial breakdown of students who left the country after finishing their degrees. Of the 1 100 students who graduated nationally in 1995, about 70 did their internship overseas, the department said. In the class of 1996, about 1 100 students graduated and approximately 40 went overseas. Of the 1 216 students expected to graduate this year, 1 213 have already applied to the Department of Health for internship.

COLIN DANIEL

Under pressure: Nkosazana Zuma's department faces a challenge from South Africa's medical students

Apart from junior doctors who leave the country to practise overseas, statistics show that medical specialists and dentists also are leaving the country.

The Central Statistical Services said eight medical practitioners, two medical specialists and four dentists emigrated in March this year. Seventeen dentists left between January and March.

'If you had 60% (medical students) being black South Africans, they would stay here because it's their country'

Mark Sonderup, vice-chairman of the Junior Doctors' Association of South Africa (Judasa), says a large number of doctors leave the country on a temporary basis. Dr Sonderup said when he spoke to one employment agency recruiting doctors for England, he discovered that 90 to 95% of the doctors returned to South Africa within two years.

"The general trend is that they leave for between two and six years because of financial remuneration since the pound is stronger than the rand," he said. "A large number of young graduates go to England to earn foreign currency to pay off study debts."

Dr Sonderup said Judasa, in its 1994 survey of the final-year class at the University of Cape Town, found that 70% of the class had bank loans, with 30% of these in excess of R50 000.

He said another reason for leaving the country for a short time was that students wanted to work overseas for a few months and travel the world.

"It's actually taking a break from the hard work of many years at school."

"We are opposed to people leaving the country permanently, we want them to stay."

On the contentious issue of vocational training, Dr Sonderup said that in principle Judasa had no problem with it.

"The problem is that Dr Zuma wants to introduce it next year while the bill has not been passed. It would probably be passed in September and give more than 1 000 interns barely two months to reorganise their lives and apply for posts next year."

The interns' resistance to moves by the Health Department to introduce a year's compulsory community service next year has been much in the news.

While some South Africans sympathised with the doctors, others believed the resistance was uncalled for as taxpayers were forking out millions for their training.

It cost the government R660 000 for six years to train one doctor, said Dr Tim Wilson, the Chief Director for Hospitals and Academic Complexes.

He said the estimate was made by the Fiscal and Finance Commission in 1996.

This meant that the State spent R110 000 a year to train one student. When the doctors did internship in the seventh year they got a package of R78 000 a year each.

Other professions seem to take much less of taxpayers' money.

In land surveying, the in-house training course for one survey officer cost the government R37 000 a year for three years. Approximately 10 people were trained each year.

A training course for industrial technician (surveying) cost the taxpayer R37 000 for one trainee and a further R7 000 each for the 18 months spent at the technikon. The Government trained eight people a year for the three-year course.

The Government offered bursaries of about R9 600 a year for each trainee in land surveying. The trainees went to university for four years with an obligation to work for the State for the same number of years. A trainee who did in-house training had no obligation towards the State.

Despite the fact that apartheid was abolished years ago, its legacy still lingers on.

In historically white universities there are still a large number of whites while historically black universities still have a large number of blacks as medical students.

Statistics supplied by the University of Stellenbosch show that the total number of undergraduates in the faculty of medicine is 1 654. Of them, 83,6% are white, 14% coloured, 0,8% African and1,5% Indian.

At post-graduate level, there are 444 students of whom 84,9% are white, 8,3% coloured, 4% African and 2,7% Indian.

The University of Cape Town shows a similar trend. At undergraduate level, 53% are white, 14,7% coloured, 12,3% Indian and19,5% African.

At post-graduate level, the figures show that 69,4% are white, 8,7% coloured, 8,2% Indian and13,6% African.

At Medunsa, a historically black medical university, the student population is still predominantly African.

But public relations officer Padi Matlala said the figures were in the process of change because the apartheid-created institution now was serving the needs of the nation.

In Medunsa's dentistry faculty 20,4% are Indian, 76,1 % African, 0,6 % coloured and 2,7 % white.

At the University of Natal, there are 729 undergraduates of which 48,9% are African, 44,7 % Indian, 3,9% coloured and 2,3% white. At post-graduate level, 21,7% are African, 53,5% Indian, 2,1% coloured and 22,7% white.

White doctors are unpatriotic – Zuma

(93)

Sowetan 18/8/97

Medical schools accused of having an apartheid admission policy

SOUTH African medical schools still practised an apartheid admission policy and the outcry from white doctors against doing service in rural areas reflected their unpatriotic attitude, Health Minister Dr Nkosazana Zuma said at the weekend.

She also admitted her department was not coping with the problem of Aids, and described South Africa as a "sick country" for portraying efforts to discover a drug to control the disease as a scandal.

Dr Zuma was speaking before the Presidential Review Commission in Pretoria in the fourth round of the commission's hearings on transformation within the public service.

In a statement yesterday, PRC chairman Dr Vincent Maphai said Zuma told the commission the outcry over the proposal that qualified doctors and specialists do a term of office in under-serviced areas came mainly from "the white medical schools".

Questioned by the PRC on incentives for doing rural service, Zuma pointed out that the training of a single medical student cost the taxpayer R600 000. She said that should be regarded as the incentive.

Another option was to make doctors who were not prepared to serve in the rural areas pay for their own studies in full without any state subsidy, Zuma said. – *Sapa.*

Council prefers one-year vocational training for interns

Star 20/8/97 (93)

By Priscilla Singh
Health Reporter

A one-year, supervised vocational-training stint has been proposed for medical interns next year, instead of compulsory community service.

Health Minister Dr Nkosazana Zuma announced recently that, as from January next year, all medical interns would have to fulfil one-year community service. This was tabled in Parliament at the beginning of this month. The legislation also provided for vocational training.

However, the executive committee of the Interim National Medical and Dental Council said vocational training for interns was preferable to community service because the former would take place under the supervision of senior doctors and fully prepare interns for independent practice.

Council president Professor Soromini Kallichurum said yesterday that, if both vocational training and community service had to be introduced, vocational training should be implemented first.

Dr Mark Sonderup, vice-chairman of the Junior Doctors' Association of South Africa, said: "We have not been given any clarity by the council or the minister, and we can say now that we will not accept vocational training by any means."

Zuma's health bills worse now — DP

BD 20/8/97 (93)

Jacob Dlamini

CAPE TOWN — The Democratic Party (DP) yesterday accused Health Minister Nkosazana Zuma of trying to impose centralised control of health care after two controversial bills, withdrawn amid fierce opposition in June, were retabled in Parliament yesterday.

DP spokesman Mike Ellis said the bills would give Zuma a great deal of power and authority to draw up legislation on her own and without consultation with various stakeholders.

Ellis said the bills tabled yesterday were worse than the versions withdrawn in June following vociferous opposition from the pharmaceutical industry and other interested parties.

If they became law, the new bills would give Zuma control of statutory health bodies, Ellis said.

He said in terms of the proposed new legislation, Zuma would have the power to approve the composition of the Medicines Controls Council and the right to fire the council's registrar.

The Medicines and Related Substances Control Amendment Bill and the Pharmacy Amendment Bill are designed to improve access to affordable health care by lowering the price of medicines.

The Medicines Bill retains key provisions regarding the fast-track registration of essential drugs, the parallel importing of drugs, and the prohibition of the bonusing and sampling of medicines.

The bill also contains provisions designed to give the health department director-general powers to grant licences for the dispensing of medicines. The Pharmacy Amendment Billincludes, among others, a measure intended to open the ownership of pharmacies to people other than qualified pharmacists.

Parliament's health committee is scheduled to hold a round of hearings on the bills, during which pharmacy industry stakeholders will be asked to make submissions.

Ellis said he hoped opposition parties would form a united front to oppose the proposed new healthcare legislation.

"There is a trend in this bill that gives the health minister more powers than has been the case before," Ellis said.

"We believe that no minister should have the right to draft legislation which affects the lives of other people on her own, and we plan to oppose this legislation."

Questions over 10 off to train as doctors in Cuba

(93) Star 21/8/97

Deans of medical schools query wisdom and cost of sending students abroad when they could be accommodated here

OWN CORRESPONDENT
Cape Town

Ten students from Mpumalanga have been sent to Cuba by Health Minister Dr Nkosazana Zuma to become doctors, but the deans of two medical schools have questioned why they were not involved in the selection process.

The 10, all from poverty-stricken rural families in Mpumalanga, left for the Santo Spiritus University in Cuba in January as part of a government-to-government agreement to improve health services in South Africa's rural areas. They have just completed an intensive course in Spanish and are due to begin their medical studies in a couple of weeks.

The dean of the University of Cape Town's medical school Professor "JP" van Niekerk said the deans were "mystified" and "perturbed" as to why the project was never discussed with them.

A spokesman for the national health department, Lulu Sebake, said prospective candidates were interviewed by the Mpumalanga department of health and education, the national health department, and finally by Zuma.

"The only students who were considered were those from disadvantaged backgrounds who had applied but not been accepted into a local medical school and who were committed to working in the public sector for at least six years after qualification."

Van Niekerk and Professor James van Dellen, dean of Natal University's medical school, said their repeated requests for information about the project were still being ignored by the ministry of health.

"I faxed a letter to Dr Zuma's office in February and June and I am about to do so again requesting the students' names and which South African medical schools they originally applied to," said Van Dellen.

Both deans want to know what criteria were used to select the students, who interviewed them, and why they could not be accommodated by special arrangement in local medical schools.

"I could understand the need to send students to Cuba if our medical schools were overflowing but they are not.

"At the University of Natal we could accommodate another 30 students if we had the staff and equipment but our budgets are so limited that we cannot expand."

> **"What were the selection criteria?"**

He said it would have been far more cost effective for the Government to direct the funds used to send students to Cuba into local medical schools which could have been upgraded.

The cost of the students' studies in Cuba is being born jointly by the Mpumalanga government and the national department of health. The total bill, after seven years, will exceed R2-million.

Van Dellen said Natal's medical school has trained 2 600 black doctors since it first opened in 1951 and had learnt a "trick or two" over the years about selecting disadvantaged students, but Sebake said the proportion of black students in medical schools was still only 27%.

The main reasons for the slow rate of increase of black medical students were the poor schooling system and the structure of the medical curriculum, Sebake said.

"This results in relatively few African students obtaining symbols in matric that are sufficiently high enough for them to be accepted into medical school."

Van Niekerk said comments that the "structure" of the current medical school curriculum excluded students from studying medicine implied that the health department was searching for an easier option for future doctors.

Both deans raised concerns that the problems with the students' training would only emerge when they came back.

"They are not being trained for the South African situation. The health problems facing Cuba are not the same health problems facing South Africa," said Van Niekerk.

Sebake said the idea of training South African medical students in Cuba was discussed when the first local delegation visited the island to assess recruiting doctors for South Africa.

"They are prepared to take intelligent students who have passed matric but whose symbols are not good enough to get them into a South African medical school.

"They will give them extra tuition in basic sciences if necessary before taking them into medical school," she said.

■ The department of health's media department recently released a list of the students' names for publication. They are: William Ndinisa, Mubi Minisi, Christopher Mbowane, Sifiso Sibande, Joseph Nkosi, Christopher Magagula, Richard Magagula, Makhosonke Shabalala, Gladys Magaqula and Colbin Nkuna.

No extra training for interns

CT 21/8/97 (93)

OWN CORRESPONDENT

PRETORIA: Doctors doing their internships this year will not be expected to do an additional year of vocational training.

But the prospect remains for all other trainee doctors, says the president of the Interim Medical and Dental Council of South Africa, Professor S Kallichurum.

The council's executive committee decided an additional one-year vocational training period would be introduced in the near future, but not in 1998 because there were not enough senior doctors to train the student doctors, he said.

A technical group appointed by the council, which has already done preparatory work, consultation and planning, will now consult stakeholders again.

Based on the findings of the group, the council's view was that the present internship was insufficient in its duration and content, said Kallichurum.

Referring to a suggestion that doctors do community service, Kallichurum said she could not comment as it fell outside the council's jurisdiction.

But if community service were to be introduced it should come after vocation training, she said.

1997 interns will not do vocational training

(93)

ARGUS CORRESPONDENT

ARGUS 21/8/97

Pretoria - Doctors doing their internships this year will not be expected to do an additional year of vocational training.

But that prospect remains for all other student doctors.

This was announced by the president of the Interim Medical and Dental Council of South Africa, Professor S Kallichurum, in Pretoria this week.

The council's executive committee decided that an additional year's vocational training would be introduced soon, but not in 1998.

This was because there were not enough senior doctors available to train the student doctors, said Professor Kallichurum.

A technical group appointed by the council, which has already done preparatory work, consultation and planning, will now consult interested parties again.

Based on the technical group's findings, the council's view was that the present internship was insufficient in duration and content, said the president.

Vocational training would provide interns with opportunities to develop their competence to function as safe and independent general practitioners.

Zuma's (93) remarks 'insulting'

Sowetan 22/8/97

GAUTENG medical interns yesterday rejected Health Minister Nkosazana Zuma's comment that mostly white doctors were against the proposed introduction of compulsory community service from next year.

The interns described Zuma's comments as "erroneous, arrogant and insulting".

Zuma told the Presidential Review Commission at the weekend that the outcry from white doctors against doing service in rural areas reflected their unpatriotic attitude.

She said opposition to the proposal that qualified doctors and specialists should serve in under-serviced areas came mainly from "the white medical students".

Zuma said the state subsidised their training and an option was to make doctors who were not prepared to serve in rural areas pay for their own studies, without any state subsidy.

People should heed President Nelson Mandela's call to be patriotic and serve their country without expecting additional rewards, Zuma said.

Not unpatriotic

Reacting to Zuma's statements yesterday, Gauteng National Interns Alliance spokeswoman Dr Tereza Whittaker said the outcry from doctors against compulsory community service was not unpatriotic.

"Nor does it emanate only from white doctors.

"Is it unpatriotic to believe in the principles of consultation, negotiation and transparency? To object to the undemocratic manner in which the Department of Health is acting?

"To demand that the proposed new Health Bill is subject to proper parliamentary procedure and wide public scrutiny, not hastily forced through, thereby making a mockery of our hard-won democracy and reformed institutions?" Whittaker asked.

She said the NIA's patriotism did not extend to showing loyalty to an "unjust, autocratic, power-hungry minister". – *Sapa.*

(93)

Foreign doctors up in arms

M+G 22-28/8/97

Gustav Thiel

Foreign doctors are to meet Minister of Health Nkosazana Zuma to ask her to commit herself to improving their working conditions as much as they are committed to South Africa

They have been stung into action by the hijacking and murder late last month of their British colleague, Spencer Alexander, when he was on his way to an emergency at the Ngwelezana Hospital.

A march commemorating Alexander's death was held in Empangeni this week to raise awareness about the plight of foreign doctors in South Africa.

A lobby group of foreign doctors, headed by Dr Stefan Morell, chair of the Senior Hospital Doctors Association of South Africa, will meet representatives of the departments of health and home affairs and the South African Interim Medical and Dental Council next month.

"We want to establish a working group which will ensure the optimal use of foreign skills and provide a reasonable amount of job security for foreign qualified personnel," said Morell.

He added that South Africa could not afford to alienate foreign doctors who are willing to forge careers in the country "just because it employed a short-sighted strategy regarding the financial remuneration of doctors".

Morell, who is also the head of the Ngwelezana Hospital in KwaZulu-Natal, said more than 70% of doctors working in district and provincial hospitals in the province are foreign. Of the 192 foreigners, 48 are from Central and West Africa, 53 from the United Kingdom, 37 from Asia and 40 from Europe.

Another foreign-born doctor, Iain Thirski, said: "We are committed to staying in South Africa because it is a wonderful country to live and work in, but then certain issues need to be addressed, including the violence and better pay for doctors.

"I think South Africans underestimate the willingness of foreign doctors with tremendous skills to come and work here. I will stay, partly in Spencer's memory."

Morell, a German national, states in a submission to Zuma: "We are living in times where the exchange of professionals on an international level is not only a fact of life, but also a necessity to stay competitive and to improve political relations.

"At present recommendations for the registration of foreign graduates speak about a minimum of at least three years' postgraduate experience and a written and oral/clinical exam, which must be passed in South Africa before registration with the Medical and Dental Council."

These rules also apply to doctors from the UK and Belgium, both formerly exempt from such exams. Despite the attempted quality control aspects of these measures, one needs to be realistic about its obvious political dimension — few doctors from westernised countries are willing to go to such effort to work in a rural area in South Africa, he argues.

"The human aspect — the motivational background of doctors applying for work in South Africa — will again be neglected and the chances of indeed finding the right person for the job further reduced."

Morell calls for various incentives to attract foreign doctors to South Africa. Among these are increased financial packages, the provision of cheap housing and the creation of new posts.

Most importantly, he adds, Zuma should ensure that the government establishes more permanent contracts with foreign doctors. Currently only 300 Cuban and 15 German doctors are working on contract in under-served areas in South Africa.

A representative for Zuma said she is supporting the initiative to meet foreign doctors. No decisions have been taken, however, on changes in legislation regarding the recruitment of foreign doctors or the enhancement of their careers in South Africa.

Zuma's battle of the Bills

(93)

CYRIL MADLALA
Political correspondent

ST 24/8/97

A SHOWDOWN is looming between the Minister of Health, Dr Nkosazana Zuma, and pharmaceutical manufacturers over three controversial laws she is proposing.

The laws were withdrawn from Parliament in June after severe criticism from the industry, the medical profession and opposition parties.

Zuma has resubmitted the Bills to cabinet, which approved certain changes before they were tabled again in Parliament this week.

The three laws are the Medical, Dental and Supplementary Health Services Professions Amendment Bill, the Medicines and Related Substances Control Amendment Bill, and the Pharmacy Amendment Bill.

The Pharmaceutical Manufacturers' Association and opposition parties say the laws do not protect patents. They are also unhappy that Zuma wants to allow the importation of some medicines should they be cheaper.

Inkatha's spokesman for health, Dr Ruth Rabinowitz, says: "She is waging all-out war on the private sector by overregulating and ignoring patent rights."

The association, which represents 43 multinationals, says infringing patent rights would drive these companies away.

There are also fears that parallel importation would result in a flood of counterfeit medicines.

The director general of health, Dr Olive Shisana, says: "The government has compromised — now it is the industry's turn."

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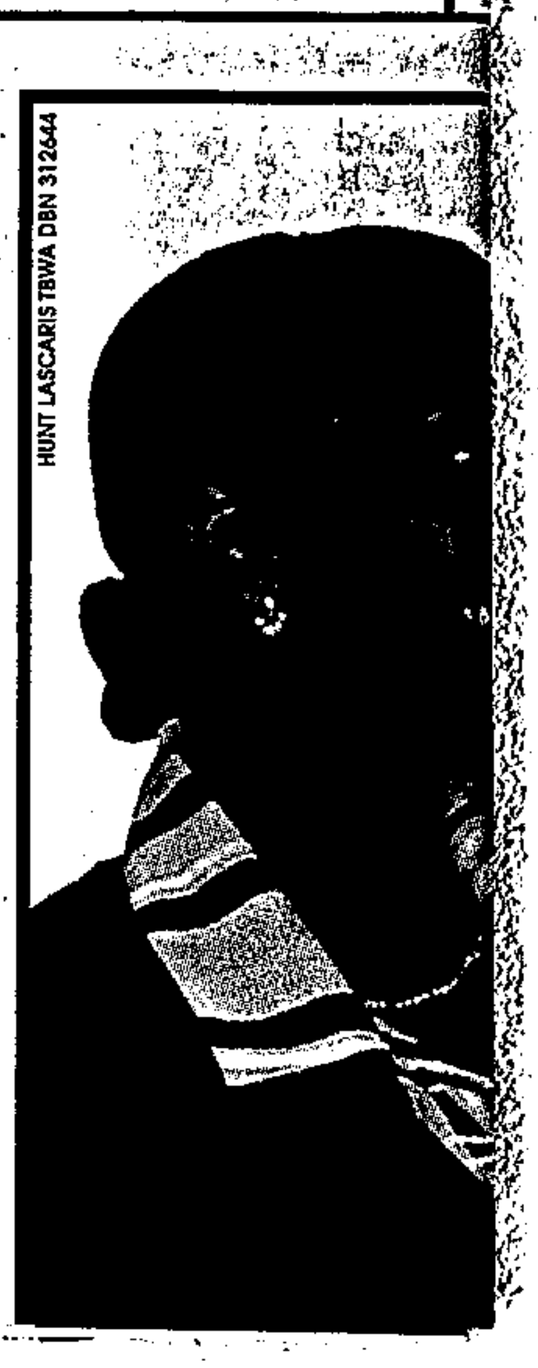

Flying doctors cost a mint

(93) Sowetan 29/8/97

By Rafiq Rohan
Political Correspondent

MEDICAL doctors are having to be flown into the farflung areas of the Northern Cape to attend to patients who do not have easy access to medical facilities.

Minister of Health Dr Nkosazana Zuma revealed that the flying service comes at a cost of more than R3-million a year.

The running and maintenance cost amounts to R3 119 040 each year, she said yesterday in Parliament.

"The Northern Cape has large areas that are inaccessible and its population is widely spread in small settlements. The services of a Pilatus PC X11 plane had to be utilised because of its capability of landing on short gravel landing strips," she explained.

Public spotlight falls on controversial health bills

CT 1/9/97 (93)

CARNITA ERNEST

THE Portfolio Committee on Health will hold public hearings on three bills this month. They are the Medical, Dental and Supplementary Health Service Professions Amendment Bill, the Pharmacy Amendment Bill, and the Medicines and Related Substances Control Amendment Bill.

The three bills deal with issues relating to the implementation of the National Drug Policy and the reformulation of the Medical and Dental Council and the Pharmacy Council.

The bills were originally tabled in May, but because of concerns raised during the committee hearings the Minister of Health withdrew them from Parliament in June. In particular, concerns about the procedures followed by the Department of Health were raised by all three councils, who stated their displeasure at not being consulted on the final versions which were tabled in Parliament.

The Portfolio Committee, after it heard inputs from the department and the council, requested the department to meet with the Interim Pharmacy Council and the Medicines Control Council, in order to resolve the impasse.

Improvements to the bills relate to technical and legal aspects. This is particularly the situation with the Pharmacy Amendment Bill and the Medicines and Related Substance Control Amendment Bill. As a result of comments made at the public hearings in June, additional changes have also been incorporated. The fundamental principles underlying the bills remain unchanged.

The Medical Dental and Supplementary Health Services Professions Amendment Bill allows for increased representation of persons elected by the Committee of University Principals and the Committee of Technikon Principals. Another new addition is a clause providing for community service. The powers to regulate community service is vested in the minister.

This clause was included as a result of the huge outcry related to vocational training proposed by the Interim National Medical and Dental Council (INMDC). Previous proposals for vocational training are currently being investigated and might be drafted into future regulations.

During the public hearings in June regarding the Pharmacy Amendment Bill there was much debate around the issue of ownership of pharmacies, especially in relation to the legal and practical ramifications. The current bill has improved the wording of the clause relating to ownership, allowing the minister to prescribe who may own a pharmacy.

The Medicines and Related Substances Control Amendment Bill still provides for parallel importation, "generic substitution", and the prohibition of bonusing and sampling. To minimise the possibility of differing interpretations, definitions of technical terms have tightened. Under the new provisions, parallel imported drugs will have to be registered to ensure their safety and quality. This resulted from the concern raised at the public hearings about the possible importation of poor quality drugs as well as possible violation of intellectual property rights. In relation to intellectual property rights, the clause which prohibited the use of "brand names" in state tendering procedures has been removed from the current bill.

As can be expected, when dramatic policy changes are being proposed, this health legislation has been surrounded by controversy. It is particularly troubling that major stakeholders such as the relevant statutory councils and medical interns complained to the portfolio committee that they had not been sufficiently consulted by the department before the earlier amendment bills were introduced. In contrast, concerted efforts have been made to increase public involvement in the legislative process by the Portfolio Committee on Health.

Unfortunately the National Department of Health has not achieved sufficient consensus before submitting its proposals to Parliament. It is hoped that this experience would point to the critical need for thorough consultation before legislation is processed.

The question still remains, however, whether the Department will secure greater ownership of its policies and legislation before they are finalised. The issue of community service also sticks out.

❑ *Carnita Ernest is a research intern with the National Progressive Primary Health Care Network (NPPHCN).*

An unhealthy state of affairs

Star 5/9/97 (93)

Zuma's troika of bills affects everyone, yet she need not take any views into account, writes Mike Ellis

One of the most obvious things which distinguishes a democracy from a dictatorship is that in democracies decision-making involves a balance of power between the government and other interest groups. In dictatorships there are no curbs on the state's authority.

Gradually South Africa's Government is amending the rules of the game so it fits more and more into the category of governments accountable to no one. This is particularly obvious in Health Minister Dr Nkosazana Zuma's efforts to control health care.

Zuma's troika of health bills allows her to decide on some crucial aspects of health care without considering the views of any other body and without being subject to requirements of reasonableness or fairness. The bills give her the power to make decisions which in all likelihood will not survive Parliament's scrutiny.

Although the legislation will affect the health care of everyone, the minister need not take the views of anyone into account in making her decisions. One has to ask how much her relationship with Cuba, and her apparent ideological attachment to Cuba's authoritarian government, has to do with her stance.

The Medical, Dental and Allied Health Services Bill will allow Zuma to implement her controversial community service for doctors plan. The only restraint which Zuma faces in deciding on the length of this service, where it should be performed and conditions of work is that she should consult the Interim Medical and Dental Council. This is a formality, because she is under no obligation to accept their advice.

The Health Professions Council is tasked with deciding if a doctor qualified outside South Africa will be permitted to register in SA. But its discretion is "subject to any regulation which the minister may make" – so effectively it has no discretion at all.

If these powers were not already extravagant enough, the bill goes on to say "the minister may after he or she deems it in the public interest, amend or repeal any regulation or rule made in terms of the act". This probably allows her to overrule the already minimal requirement to consult the council. Effectively, the minister will be able to chop and change the legislation at will and without reference to Parliament or any other representative body.

The pattern is repeated in the Medicines and Related Substances Control Amendment Bill, which states a new council can be formed "subject to the approval of the minister". At a bare minimum modern administrative law requires public officials to contain their decisions within the bounds of reasonableness and certainty. Yet this bill places no obligation on the minister to ensure her decisions are reasonable, nor must she provide justifications.

The minister is also given the power to appoint, and to revoke the appointment of, a registrar of medicines. The only constraint is the purely decorative obligation to consult the council. She also appoints the members of an appeal committee, created to give anyone aggrieved by a Medicines Control Council decision a means of addressing their complaint. Her only limitation is that the qualifications of the members of the appeal board are prescribed.

The bill goes on to give the minister the power to "prescribe conditions for the supply of more affordable medicines in certain circumstances". This power is to be invoked unilaterally and without even the figleaf of consultation. Control over medicines is so important that it would not be exaggerating to say, if you lose control over medicines, you lose control over health care. This bill ensures no interested party other than the minister will have any say on how or what medicines will be supplied.

Whatever good or evil may result from the exercise of her discretion, the power to exercise this discretion is unfettered and wide open to abuse, if not by her, then by any successors. As with the previous bill, the minister may decide to amend any or all of these regulations if she wishes and she need only "consult" with the executive committee.

This bill is likely to have immediate consequences. The provision which allows the minister to ignore patent rights for drugs registered in SA probably contravenes SA's intellectual property laws; she has already been threatened with lawsuits by pharmaceutical companies if the bill goes ahead.

The minister is given yet another cluster of powers in the Pharmacy Bill, which allows her to prescribe who may own a pharmacy, under what conditions they may do so and under what conditions permission may be revoked. For an issue as complex and contentious as this, it is astounding the minister should regard it as acceptable that she alone, without consulting even the Pharmacy Council, may make such decisions. Although the Pharmacy Council is rendered almost meaningless by this provision, she has still found it necessary to give herself the power to terminate the membership of any member of the council.

The minister is given extensive powers, among which is the power to increase powers she already has. The consequences in terms of democratic and transparent government are disastrous.

The story does not end with these bills. The real challenge to our private health care service as we know it will come when the National Health Bill, at present in its 9th draft, is tabled in Parliament either at the end of the year or early in 1998. Medical schemes, private practices, private hospitals and all other dimensions of private health care will be challenged by Zuma.

If Zuma grants herself the same powers in this bill as she is attempting to do with the three before Parliament, she will effectively be in complete and sole control of health care. The DP will do its utmost to ensure this does not happen.

■ *Mike Ellis is a Democratic Party MP.*

LEGISLATION NOT READY

CT 5/9/97

'New doctors' bill (93) may be postponed

COMMUNITY SERVICE may be put on the backburner until 2000 when new doctors are at least free from studying and able to work for the state. Health Writer **CAROL CAMPBELL** reports.

HEALTH Minister Dr Nkosazana Zuma's ambition to get new doctors into the rural areas for community service next year may be postponed because the proposed enabling legislation appears set to become snarled in red tape.

Another hurdle is a new plan by the National Interim Medical and Dental Council to add an extra year of "vocational training" to the existing seven years of doctor training.

This means community service might be put on the backburner until 2000 when new doctors are at least free from studying and able to work for the state.

Over 1 000 interns are waiting for Zuma's department to tell them where they must report for community service when they finish their internship in academic hospitals at the end of the year.

But the long-winded process of turning the Medical and Dental Supplementary Health Services Amendment Bill into a law that will give Zuma the legal clout to introduce her plan only begins on September 11 and 12 when public hearings on the proposed legislation are held.

This is the second time the bill will be put out for public scrutiny. In June Zuma withdrew three bills relating to medicines, pharmacies and the health professions when she was criticised for rushing public consultation.

Once the parliamentary health portfolio committee, headed by Dr Abe Nkomo, has listened to public input the second time around, the committee will consider changes to the three bills from October 6 to 10.

On October 15 all three bills are scheduled to go before the National Assembly for a second reading and debate.

Once this is done they have to be discussed by the National Council of Provinces (NCOP), which works in six-week cycles, and this is when long delays are likely.

NCOP members will take the new legislation back to their provinces for more discussion. When they have a mandate to continue, they will go back to the NCOP for a vote.

Several NCOP members are not from the ANC and could impede the smooth passage of the bills.

If they alter the legislation it has to go back to the National Assembly for approval.

Finally the three bills become acts when they are signed into law by the president and published in the Government Gazette.

"The minister is not unreasonable; she knows that to make this work she must have the support of the medical establishment," said a source.

This week both the director-general of health, Dr Olive Shisana, and Zuma's spokesman, Mr Vincent Hlongwane, said the minister would press ahead with plans to introduce community service next year.

If Zuma and the Medical and Dental Council get their way it will take South African doctors nine years before they are registered to practise independently.

Now they qualify as doctors after six years but do a year of practical training in academic hospitals before they are registered.

The Medical and Dental Supplementary Health Services Amendment Bill and two other health bills, are to be signed into law this year but that cannot happen until they have been debated in Parliament.

"It's just not practical to introduce community service next year. You have to give people time to get their lives organised," said Professor Max Price, dean of the Faculty of Health Science at the University of the Witwatersrand.

Price said that if interns were sent to rural hospitals next year, rushed arrangements would have to be made to open "medical officer" posts to accommodate them. Arrangements for their living accommodation also had to be made.

So far, this year's interns have only been told by the council that they will not be registered at the end of the year. Those who have applied for posts in public hospitals are still waiting to hear if they have the jobs. Apparently nothing will happen until there is legal clarity on the issue of community service.

Dr Mark Sonderup, spokesman for the Junior Doctors Association (Judasa) said he did not oppose community service but that it should not be imposed on doctors without their involvement.

"Doctors must have some choice where they are sent, which discipline they will practise and some incentive should be offered for those who move to remote areas," he said.

Judasa opposed vocational training.

"Instead of lengthening the period of training they should change the structure of the medical degree."

Interns and registrars (trainee specialists) have said repeatedly they are not being adequately supervised in academic hospitals because of the shortage of senior staff.

It was because these arrangements had not been made that the council had decided to wait a year before introducing vocational training.

IN THE DARK: Interns at Groote Schuur hospital have pinned black ribbons on their white coats in protest against community service and vocational training. Taking a stand are (from left) Kerry Loveday, Rafiq Harneker (behind), Karen Iloni and Malikah van der Schuff. They have invited health care workers to join their protest. *PICTURE: GARTH STEAD*

WHERE DO NEW DOCTORS STAND REGARDING COMMUNITY SERVICE?

Class of	What Zuma wants	What Medical and Dental Council wants	The reality	Length of degree
97	• One year of community service over and above 7 years of training. • Register doctors to practise independently after 8 years	• Leave this year's class alone. • Register new doctors to practise independently as scheduled at the end of this year.	• Legislation not yet in place for Zuma to enforce community service. • Practical arrangements like creation/opening of posts for community service not yet done.	7 6 years +1 year internship
98	• One year of community service	• One year of vocational training followed by Zuma's community service. • Class of 98 registered to practise independently in 2000.	• If Zuma introduces community service (CS) for class of 97 she will have to miss a year for class of 98. • They first have to do a new year of vocational training (VT) for the Medical and Dental Council	9 6 years +1 year internship +1 year VT +1 year CS
99	• One year of community service	• One year of vocational training followed by Zuma's community service. • Class of 99 registered to practise independently end of 2001.	• In 2000 Zuma will finally get community service under way. • While the class of 99 does vocational training the class of 98 will do community service	9 6 years +1 year internship +1 year VT +1 year CS

Graphic: Muqamad Jacobs

Doctors rattle sabres over dispensing bills

Pearl Sebolao

BD 5/9/97

THE medical doctors' National Convention on Dispensing has threatened to disrupt health services if the health department goes ahead with three bills which prohibit them from dispensing medicines.

The proposed legislation in contention is the Pharmacy Amendment Bill, Health Professions Amendment Bill and the Medicines and Related Substances Amendment Bill.

Medical doctors and other stakeholders would, however, make their submissions to parliamentary health committee hearings which were scheduled to start next Thursday, but if the health department ignored their input they would have to act, convention chairman Norman Mabasa said on Wednesday.

Mabasa said the convention adopted a resolution at a meeting on Saturday to embark on a series of actions including protest marches, the closure of private practices for a number of days and a refusal to render services at public health institutions.

A mass media campaign would also be planned to inform the public about the implications of the bills and to rally the support of the community, he said.

The convention — representing the Medical Association of SA, Medical and Dental Practitioners' Association, Family Practitioners Association and other associations — was consulting trade unions, the SA National Civic Organisation and the Black Consumer Organisations, who had endorsed the resolutions, Mabasa said.

The profession was determined to fight against those provisions which they felt discriminated against them, especially the repeal of section 52 in the Health Professions Amendment Bill which permitted doctors to dispense.

"We are greatly disturbed by the proposed Pharmacy Amendment Bill which would allow almost anybody to own pharmacies with the exception of doctors and dentists. We feel we are as able and competent as anybody else," Mabasa said.

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Nurses ensnarled in red tape over drug permits

(93) CT 10/9/97

JOHANNESBURG: Nurses who run private "well-baby" clinics are knee-deep in regulatory chaos as the state tries to work out if they may prescribe, store or administer drugs such as vaccines and contraceptives.

The nurses are registered as private practitioners with the Representative Association of Medical Schemes, and get vaccines and contraceptives free from local authorities in exchange for collating statistics.

They also buy and store vaccines not on the state programme, such as for meningitis, and administer them if a mother presents a prescription.

The SA Interim Nursing Council has asked 21 nurses to reply to allegations they flouted regulations by supplying scheduled medication without a permit.

The cases include penicillin injections, syrup, antihistamine cream, and flu medications, said spokesman Ms Anna Mashilo.

Registrar Mr Frank Germishuizen says permits are required under Section 22A of the Medicines Control Act, a special exemption issued by the Director General authorising nurses to store and administer medication if a doctor or pharmacist is unavailable.

Nurses have battled for more than two years to get the permits, says Ms Debbie Regensberg, vice-chairperson of the Private Nurse Practitioner Society: "We want to be legal, but no one has taken responsibility." — Own Correspondent

Medical students speak out

'We're willing to serve, but we want a say in it'

(93)

ARG 11/9/97

JENNY VIALL
HEALTH REPORTER

Turn medical students into heroes, not villains, and they'll be far more willing to do community service.

That's the message from a small group of students who are willing to do community service but are worried about the lack of clarity from the Department of Health as to what will be required of them.

And they object to being labelled as selfish and money-grabbing.

Lameze Parker, a third-year medical student at the University of Cape Town, is willing to do community service, although she has some reservations.

"Building a new South Africa and providing health care for everybody means everyone must make an input. I feel I can give something and this is my contribution."

She says she chose to do medicine to serve her community, not to get rich.

"I am community-oriented and that's the way I want to use my qualification," says Mrs Parker.

Fellow student Mark Leeming is also willing to do community service. He says he has always intended working in the public service.

Theirs are minority voices among students. Many students oppose community service, which will be hotly debated today when Parliament's portfolio committee holds public hearings on the Medical, Dental and Supplementary Health Service Professions Amendment Bill.

HANNES THIART

Community minded: Lameze Parker

Health Minister Nkosazana Zuma replaced the two-year vocational training proposal with community service when she withdrew her three health bills in July after vociferous opposition from students.

Mrs Parker is a mother of four children, aged between seven and 15.

"What worries me is how negotiable community service will be. Are there plans for married people like me, with children? Also, with budget cuts and limited resources, I don't know how it's going to work."

Mr Leeming has similar concerns and wants a say in where he does community service: "I have a relationship of eight years. I have no intention of breaking up the stability of my life to serve the Government. I have a life – I have sacrificed so much to do medicine. It has been a lifelong dream. By forcing us to go to a place not of our choice is basically conscription."

Both Mrs Parker and Mr Leeming, who call themselves "mature" students (they're older than 30), are worried about fair remuneration.

"You have to live," says Mrs Parker.

And many students have big loans to pay back. They want other professions also to do community service.

"I feel it's unfair that community service is for medical students only," says Mr Leeming.

Their feelings about community service reflect their decisions to do medicine quite late in their lives, they say.

"We're in the minority," says Mr Leeming. "But our reasons for doing medicine are different. As an older student I'm more idealistic. We have a responsibility to society to use the skills we have been allowed to acquire. Younger students see dollar signs. The older group realise they're part of a bigger society.

"Medicine with its glamour tends to attract brighter students and the wrong people are often accepted because they're academically capable. But there seems to be no real test of whether they want to serve their fellow beings."

Mrs Parker is pragmatic about the future of health in South Africa.

"We have to face reality. Whether we like it or not we are going to deliver primary health care. There are many students who feel they want to put something back, but are not sure how.

"The problem is that Dr Zuma has made these proposals without explaining what is required. We need people to work in communities – but people must want to do it, not be controlled.

"I think the hysteria of those who object to community service is an expression of uncertainty from young students who don't understand what's happening," she says. "It's a result of insecurity. They feel trapped in studying for a degree they feel they won't have control over."

Doctors threaten clinics strike action

ARG 11/9/97

JENNY VIALL
HEALTH REPORTER

Doctors who dispense medicine have threatened action if legislation is passed preventing them from doing so.

This would include legal action and a work stoppage, which they say would overwhelm the crowded public clinics.

"We are very disappointed that the Department of Health will go ahead with the three health bills. They haven't changed their position at all," said Norman Mabasa, chairman of the National Convention on Dispensing, which represents 8 000 doctors.

Dr Mabasa said the convention would make presentations to the portfolio health committee on the three bills, "but we don't believe they will make any difference".

New legislation would require doctors to do a course and apply for licences to dispense medicine.

"When we qualified we were allowed to dispense. Can this law be applied retrospectively?" asked Dr Mabasa.

"We are ... looking at a period of mass action in which we will close our practices and refuse to do sessions at hospitals and clinics," he warned.

Dr Zuma's revolution gets under way

ARG 11/9/97

JOVIAL RANTAO
ARGUS CORRESPONDENT

Nkosazana Zuma has started a revolution.

The Health Minister intends to revolutionise the health system in South Africa to bring affordable, quality health to all South Africans irrespective of their economic status.

The Portfolio Committee on Health, chaired by African National Congress MP Abe Nkomo, will hold public hearings on the minister's three bills during the next 10 days, starting this afternoon.

Once approved, the three pieces of legislation will enable the Government to redress past imbalances, where the majority of South Africans had little or no access to basic health care.

Revolutions always elicit a strong response and Dr Zuma's was no different. Soon after she gave notice that she would table the legislation, a torrent of opposition followed, mostly from political parties rival to the ANC, pharmaceutical companies and some medical practitioners.

Concerns that insufficient time was allocated for public hearings on the bills led to their withdrawal from Parliament. The bills were amended to accommodate major concerns from stakeholders and have been approved by Cabinet and re-tabled in the National Assembly.

The three pieces that Dr Zuma has tabled are:

- The Medicines and Related Substances Control Amendment Bill.
- The Pharmacy Amendment Bill.
- The Medicine, Dental and Supplementary Health Service Profession Amendment Bill.

The objective of the Medical and Related Substances Control Amendment Bill is , among others, to enable Dr Zuma to parallel import drugs from other countries. Through parallel importation a product can be imported from a country where the same product, made by the same company, is available at a much lower price.

The legislation would also force dispensing doctors to be licenced and discourage them and pharmacists from dispensing for a profit.

The Pharmacy Amendment Bill provides for the ownership of pharmacies by non-pharmacists. The Department of Health has argued that many communities in rural areas and black townships do not have access to full pharmaceutical services. This is partly because individual pharmacists have found it not to be financially viable to set up practice in these areas.

The legislation seeks to make it possible for those people who have the ability to set up pharmacies in the underserved areas – but who are not pharmacists – to do so. The only condition is that the pharmacy must be operated under full supervision and management of a qualified and registered pharmacist. The Medicine, Dental and Supplementary Health Service Profession Amendment Bill provides for compulsory community service for newly-qualified doctors, as a way of getting doctors to work in under-served areas.

According to the legislation, junior doctors would be required to do community service before being registered to practice.

Health Director-General Dr Olive Sishana said the measure was also a way to stop foreign countries from poaching newly qualified doctors and denying them a chance to contribute something to the SA taxpayer.

Dr Zuma has held discussions with medical interns, junior doctors, trade unions and other stakeholders about community service.

Health bills give Zuma unfettered powers

CT 11/9/97

THE TROIKA of health bills introduced to Parliament by Health Minister Dr Nkosazana Zuma will have dire consequences for democratic and transparent government, argues **MIKE ELLIS.**

ONE of the most obvious things which distinguishes a democracy from a dictatorship is that in democracies decision-making involves a balance of power between the government and other interest groups, while in dictatorships there are no curbs on the state's authority.

Gradually South Africa's new government is amending the rules of the game so that it fits more and more into the category of governments which are accountable to no one.

This is particularly obvious in Health Minister Dr Nkosazana Zuma's efforts to control healthcare.

Zuma's troika of new health bills allows her to decide on some crucial aspects of healthcare without considering the views of any other body and without being subject to requirements of reasonableness or fairness.

The bills will give her the power to make decisions which in all likelihood would never survive Parliament's scrutiny. Despite the fact that the new legislation will affect the healthcare needs of everyone in the country, the minister need not take the views of anyone into account in making her decisions.

Indeed, one has to ask how much Zuma's close relationship with Cuba and her apparent strong ideological attachment to that country's authoritarian government has to do with her stance on these bills.

The Medical, Dental and Allied Health Services Bill will allow Zuma to implement her controversial community service for doctors proposal. The only restraint which Zuma faces in deciding on the length of this service, where it should be performed and conditions of work is that she should consult with the Interim Medical and Dental Council. This is a formality, because she is under no obligation to accept their advice.

DR NKOSAZANA ZUMA: Bills to be introduced in Parliament could put her in complete and sole control of health care in this country if they are passed as they are now written.

With regard to foreign doctors, the Health Professions Council is tasked with deciding whether a doctor qualified outside the Republic will be permitted to register in South Africa. But its discretion is "subject to any regulation which the minister may make". Effectively, therefore, it has no discretion at all.

As if these powers were not already extravagant enough, the bill goes on to say: "The minister may after he or she deems it to be in the public interest, amend or repeal any regulation or rule made in terms of the Act."

This probably allows her to overrule the already minimal requirement to consult the council. Effectively, the minister will be able to chop and change the legislation at will and without reference to Parliament or any other representative body.

The pattern is repeated in the Medicines and Related Substances Control Amendment Bill. It states that a new council can be formed "subject to the approval of the minister".

At a bare minimum, modern administrative law requires public officials to contain their decisions within the bounds of reasonableness and certainty. Yet this bill places no obligation on the minister to ensure that her decisions are reasonable, nor must she provide justifications.

The minister is also given the power to appoint, and to revoke the appointment of, a Registrar of Medicines. The only constraint on her power is the purely decorative obligation to consult the council. She also appoints the members of an appeal committee — created to give anyone aggrieved by a decision of the Medicines Control Council a means of addressing their complaint. Her only limitation is that the qualifications of the members of the appeal board are prescribed.

The bill goes on to give the minister the power to "prescribe conditions for the supply of more affordable medicines in certain circumstances". This power is to be invoked unilaterally and without even the fig-leaf of consultation. Control over medicines is so important that it would not be exaggerating to say that if you lose control over medicines, you lose control over healthcare.

This new bill will ensure that no interested party other than the minister herself will have any say on how or what medicines will be supplied in the future.

Whatever good or evil may result from the exercise of her discretion, the power to exercise this discretion is unfettered and wide open to abuse — if not by her, then by any of her successors.

As with the previous bill, the minister may decide to amend any or all of these regulations if she wishes and she need only "consult" with the executive committee in order to do so.

This bill is likely to have immediate consequences. The provision which allows the minister to ignore patent rights for drugs registered in South Africa probably contravenes South Africa's intellectual property laws; she has already been threatened with lawsuits from pharmaceutical companies if the bill goes ahead.

The minister is given yet another cluster of powers in the Pharmacy Bill, which allows her to prescribe who may own a pharmacy, under what conditions they may do so and under what conditions permission may be revoked.

For an issue as complex and contentious as this, it is astounding that the minister should regard it as acceptable that she alone, without consulting even the Pharmacy Council, may make such decisions.

Furthermore, although the Pharmacy Council is rendered almost meaningless as a result of this provision, she has still found it necessary to give herself the power to terminate the membership of any member of the council.

In summary, the minister is given extensive powers, among which is the power to increase the powers which she already has. The consequences in terms of democratic and transparent government are disastrous.

The story does not end with these bills. The real challenge to our private healthcare service as we know it will come when the National Health Bill, at present in its ninth draft, is tabled in Parliament either at the end of the year or early in 1998.

Medical schemes, private practices, private hospitals and all other dimensions of private health care will be challenged by Zuma. If she grants herself the same powers to regulate in this bill as she is attempting to do with the three before Parliament now, she will effectively be in complete and sole control of healthcare in South Africa.

The DP will do its utmost to ensure that this does not happen.

❑ *Mike Ellis is the Democratic Party's spokesperson on health. He was last year voted the best opposition MP in Parliament by Sunday newspapers.*

Far-reaching medical training proposals adopted

BD 11/9/97 (93)

Linda Ensor

CAPE TOWN — The Western Cape cabinet yesterday adopted the King's Fund report by UK experts proposing a far-reaching restructuring of medical training and management.

Health MEC Ebrahim Rasool said the decision meant the cabinet had agreed in principle to a single management of academic and dental hospitals.

It had also accepted the idea of a single postgraduate training structure for the Western Cape by the amalgamation of the University of Cape Town and Stellenbosch programmes.

It had decided to retain the two medical schools, and agreed that investigations could begin on how allied health faculties could be integrated into the proposed new system.

The cabinet also approved a policy allowing the health department to generate revenue at all hospitals.

Young doctors give Zuma's new community plan the thumbs-up

Star 12/9/97 (93)

Call for accommodation and recreational facilities to be provided

By Jovial Rantao
Cape Town

Health Minister Dr Nkosazana Zuma's new health legislation yesterday received a boost from junior doctors who have expressed their support for the introduction of community service for medical interns.

However, the Junior Doctors' Association of South Africa (Judasa) has proposed that the implementation of community service, earmarked to deploy doctors to the rural ares, should be delayed until 1999.

The association has also proposed that vocational training, which is tailor-made to empower junior doctors with skills and experience before registration, should be scrapped.

In another development, the Interim Medical and Dental Council of South Africa (IMDC) said it was likely that the vocational training period would be reduced from two years to one.

In a submission before Parliament's health committee, Judasa chairman Dr Mangaliso Mahlaba said his organisation's support for community service was conditional.

"Judasa does support a year of public service, post-internship, provided the system allows for an element of choice in terms of hospital and discipline, sensitivity to personal circumstances in terms of people with children, incentives in terms of remuneration, and opportunity to specialise," he said.

The junior doctors also requested that accommodation and recreational facilities be provided, the repayment of their study loans be delayed, and proper supervision and a good referral system should be in place.

Health director-general Dr Olive Shisana said: "By taking medical practitioners to the rural areas we will be putting in place quality health care for people in those areas. We plan to support those who go there with accommodation, transport and medicines."

Dr Cornelius Nel, a representative of the IMDC, told the committee that the council was in favour of a reduced period of vocational training

He said the reluctance of senior doctors to supervise vocational training and the short time-frame for putting appropriate facilities in place made it difficult for the council to introduce the system as from January.

The Medical Association of South Africa said implementing community service in 1998 would be totally unfair.

RGUS, **FRIDAY**, SEPTEMBER 12, 1997

Interns fear Zuma will delay registration (93)

JENNY VIALL
HEALTH REPORTER

ARG 12/9/97

Medical graduates will have to do a year's community service from next year if controversial new legislation is passed.

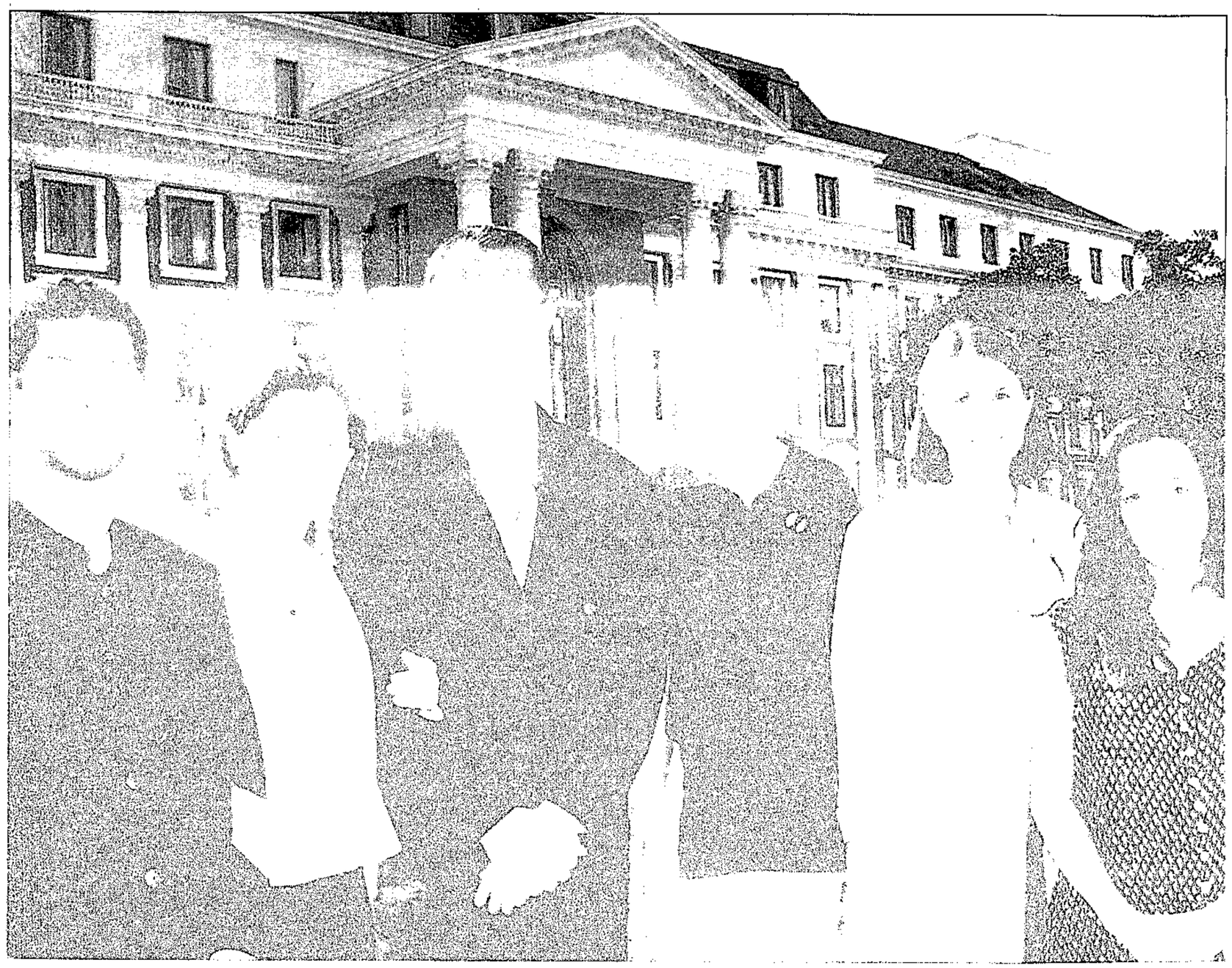
But Theresa Whittaker, spokeswoman for the National Interns Alliance, said interns had not yet been told whether they would be registered as doctors before or after community service.

She also said the infrastructure for community service was not in place and would not be fully operational by January, when they would be required to start.

"In our letters of appointment as interns, we were led to believe we would be registered at the end of this year. If we are not, we might take legal action in terms of labour and constitutional law."

The director-general of health, Olive Shisana, told a health committee hearing yesterday that compulsory community service was necessary due to a shortage of trained staff in underserved areas.

The department would make sure the needs of students were met.



TAKING A STAND: Interns from hospitals around the country gather outside Parliament before a public hearing on community service for doctors. From left they are Mo Nagdee, Anna Sparaco, Neil Segal, Kerry Loveday, Nicky Botha and Karen Iloni. ***PICTURE: THEMBINKOSI DWAYISA***

Zuma firm on community service

CT 12/9/97 (93)

CAROL CAMPBELL

HEALTH Minister Dr Nkosazana Zuma is pressing ahead with plans to make junior doctors do a year of community service in rural areas from next year, but interns have urged her to delay the scheme until infrastructure is in place.

The new National Interns' Alliance, represented by Dr Neil Segal from Gauteng, told a hearing of the parliamentary portfolio committee on health that interns were not kept informed about plans to introduce community service, nor were they asked for their opinion.

The hearing yesterday was the start of a second round of public presentations on Zuma's three new health bills, which are all scheduled to become law before the end of the year.

The first hearings, in June, were disregarded after the minister withdrew the bills from Parliament when she was accused of rushing fundamental changes to South Africa's health laws.

The other two bills deal with the provision of affordable medicine and pharmacy distribution.

Hearings on these bills start next week.

Community service for newly graduated doctors is the most debated clause of the Medical, Dental and Supplementary Health Services Professions Amendment Bill, which also outlines the functions and make-up of a new Medical and Dental Council.

Yesterday Dr Olive Shisana, the director-general of health, said Zuma wanted community service in place as soon as possible, which meant, if the legislation was passed in time, the scheme would still go ahead next year.

Doctors and medical students have urged Zuma to wait and first ensure there are enough medical officer posts available in the right areas before implementing the scheme.

Accommodation for these doctors also has to be arranged because the clinics where they will be required to work are so remote.

Shisana was supported by the ANC members of the portfolio committee, who used the question and answer session to criticise interns for intentionally wanting to slow down implementation of the scheme so that they would not have to do community service.

The new doctors, claimed the ANC members, were not keeping abreast of the fundamental change already under way in healthcare in South Africa.

Dr Anna Sparaco, also from the Interns' Alliance, lashed out at the government for being unsure of what it wanted from new doctors. She said this had created unnecessary worry and uncertainty.

Vocational training facilities checked

Jacob Dlamini

CAPE TOWN — The interim National Medical and Dental Council had inspected more than 80 facilities as part of its preparations for the eventual introduction of vocational training for newly qualified doctors, it was announced yesterday.

Cornelius Nel, chairman of the council's education and training committee, said 28 inspectors had been employed to carry out the inspections.

However, it was unlikely that vocational training would be introduced within the next two years, Nel said.

Speaking during a parliamentary hearing on the Medical, Dental and Supplementary Health Service Professions Amendment bill, Nel said it was hoped that the inspections would be completed at the end of the year.

The bill, which is one of three withdrawn in June amid fierce opposition, seeks to introduce vocational training and community service for newly qualified doctors. The council initially planned to introduce vocational training next year, but had to shelve plans due to a shortage of adequate facilities and trained staff to supervise the scheme. But health department plans to introduce a year's community service in January are expected to go ahead.

Justice department staff mostly black

Jacob Dlamini

CAPE TOWN — The justice department had developed a diversity programme as part of its efforts to have a representative staff body, but there was still room for more Indians and coloureds, Justice Minister Dullah Omar said yesterday.

Blacks now accounted for 57,8% of the department's staff and whites 43,2%. Of the black group, however, only about 4% were coloured and almost 2% Indian, with the rest African.

The department had almost completed its rationalisation programme and had introduced a new management system. Regional offices had been set up and their heads appointed. These offices would be operational by November and would assume some national head office functions.

State plans to rein in moonlighting doctors

M+G 12-18/9/97 (93)

Mungo Soggot

The Department of Health is locked in dispute with South Africa's top academic medics over controversial plans to ban public health service doctors from doing private work

The department has tabled its plan with the Public Service Bargaining Chamber and held its latest round of talks with medical profession representatives this week.

Its proposed ban, the latest in a string of dramatic changes to the health system, could trigger a flight of doctors into more lucrative private practice.

Many state doctors have stuck with the public sector until now because they have been able to boost their salaries with private work.

Deans from all South Africa's medical faculties, which employ about 80% of all public sector specialists, have banded together to fight the department's plan. One said the move — which could force up to a third of some universities' medical departments to close — could have "disastrous" consequences.

Tim Wilson, the health department's chief director for hospitals and academic health service complexes, said this week: "Our view is that it [limited private practice] should be abolished as soon as possible". He added that the central bargaining chamber will discuss how quickly the ban should be phased in.

The previous government began allowing state doctors to have a limited private practice in 1992, but since then there have been widespread allegations of abuse of the system, with some doctors neglecting their public health jobs.

Wilson says it is very difficult to monitor how doctors allocate their time, confirming that there is widespread anecdotal evidence that the system has been abused.

He said the department is concerned about fears that some hospital departments will suffer severely from the ban. However, he says it is inappropriate that doctors should operate private practices from the "shelter of full-time state salaries".

The dean of the Wits University medical faculty, Professor Max Price, said that at this week's meeting with the department, doctors insisted that the dispute go to mediation.

Price said they were offering alternative solutions to simply shutting down the system. He said the deans agreed the system was being abused but suggested the department investigate how to monitor it and clamp down on abuse before burying it.

He said the department had, for example, never given medical faculties the legal tools to audit doctors' practices. He and the other deans also suggested that the department allow universities to operate internal private practices — offering private patients a service from the university hospital. These kinds of operations are already being run at the universities of Cape Town and Orange Free State.

Price said a Wits University survey showed that about 30% of its specialists would resign if the ban was imposed, warning that these resignations would came from a few select fields where there was a particularly large gap between private and public sector pay.

He said the orthopaedic, urology, plastic surgery and radiology departments at Wits could all collapse as up to 90% of specialists in those departments would probably move to the private sector.

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Bill could spark hospital crisis

ST 14/9/97 (93)

CAROL PATON

DOCTORS warned this week that rural hospitals in Kwazulu Natal would face a mammoth crisis if regulations were approved requiring foreign doctors to sit examinations in South Africa before they were allowed to practise in government hospitals.

The regulations, drawn up by the South African Interim Medical and Dental Council, are attached to the Medical and Dental Amendment Bill which was discussed at public hearings in Parliament this week.

In the rural areas of Kwazulu Natal, 145 of the 192 doctors are foreigners — mainly British. The doctors have been able to register here due to a reciprocal recognition of qualifications between the UK and South Africa.

The parliamentary standing committee on health will consider the submissions next month and then present a Bill to the National Council of Provinces.

The Kwazulu Natal Doctors' Representative Committee met the provincial health superintendent general, Dr Ronald Greene-Thompson, this week to appeal to him to intervene to avert a crisis at rural hospitals.

Dr Mike Redfern, chairman of the committee, said: "Many of the rural hospitals are staffed by foreign doctors of whom a large proportion are British. They have been recruiting other doctors through their own channels on the basis of missionary zeal. These people are prepared to come out here and provide a service that South African doctors are not prepared to offer."

Dr Nico Prinsloo, registrar of the medical council, said the new regulations aimed to ensure all foreigners were treated equally.

He said the council had not considered the impact of the regulations on rural Kwazulu Natal.

DOCTORS REBELLIOUS

Medical aids set to play watchdog role

CT 15/9/97 (93)

MEDICAL AID FUNDS say a new system to oversee treatment by doctors will reduce subscription fees and ensure more responsible medical practice. **CLAUDIA CAVANAGH** reports.

IN a new system labelled by some doctors as "unethical and a waste of time", most medical aids in South Africa are insisting that doctors furnish full details regarding their patients' condition before agreeing to pay for certain procedures or admission to hospital.

Funds claim, however, that the procedure, as part of a managed healthcare programme, will result in better care and cut costs.

But some doctors are vehemently opposed, saying the move requires them to divulge confidential and personal patient information to medical aid "clerks" who then decide whether the treatment is appropriate and necessary before either granting or denying permission for it to proceed.

They feel there is a risk that information will get into the wrong hands and complain over wasted time obtaining permission on behalf of their patients.

"What happens when a patient wants an abortion or is being beaten up by her husband and she wants nobody to know. Must I tell it to a stranger over the phone who records every bit of information on a computer as we speak?" asked one doctor.

Medical aids say it is the only way to put the brakes on spiralling medical costs — currently escalating at 10% above the CPI (Consumer Price Index). To keep funds solvent, medical aid contributions have been increasing by as much as 20% per annum.

Most of the doctors' objections to the system are spurious, says Dr Aslam Dasoo, director of policy for the Representative Association of Medical Aids (Rams).

"This is common cause around the world and underpinned by solid medical protocol and backup — South Africa is in fact years behind."

That medical aids have access to patient information is nothing new either, he said, as members sign a disclosure of information contract allowing the fund access to all information regarding any treatment it will be paying for when they join.

And, says the Medical Association of South Africa (Masa), under the current system doctors in any case provide much of this information to medical aids through their accounting systems.

Says Dasoo: "It is impossible to control over-servicing or the provision of inappropriate care under the present system. This costs schemes millions of rands and translates directly into increased member subscriptions.

"Pre-authorisation is not handled by clerks, but always by a registered health worker under the cover of a medical practitioner," said Dasoo.

"In reality," said Mr Simon Crawford, a spokesman for Southern Health Care, which requires prior authorisation of its 110 000 members, "only a very small percentage — usually less than one percent — of procedures is ever turned down and this is always done on a doctor to doctor level.

"In a nutshell, our policy is not to say no, but it is important for us to know, so that the right care is given to our members.

"Through pre-authorisation, for example, our medical management department recently halted laser eye surgery on a member because our information revealed that this type of surgery, following a recent cataract operation, could cause blindness," said Crawford.

The procedure has also revealed interesting statistics. For instance, more than 60% of members giving birth in January had caesarean sections.

"Compare this to the fact that this figure is around 20% for South African mothers outside medical aids — around the same percentage as the national percentage in America," said Crawford.

"The individual data collected by Southern Health Care is strictly confidential and used to ensure the best medical outcome for the member.

Population information, like the percentage of asthma sufferers for instance — may be used to focus on management initiatives. This information may be shared, but never sold."

Dr Richard Tuft, chairman of Masa's private practice committee, says the current uncontrolled fee-for-service system pays doctors for whatever they do, providing no control of abuse, over-utilisation or inappropriate care.

"One of the objects of managed care is to reward good practice and make the doctor financially accountable for his or her practice pattern.

"It's impossible to manage the quality or cost of care without access to information. The trick is to acquire meaningful information, which will ultimately benefit the patient, without compromising the confidentiality of the doctor/patient relationship."

Masa believes details provided to medical aids should be case-specific, rather than blanket information. Most managed-care funds have not agreed.

Body opposes dispensing fee

Jacob Dlamini

BD 16/9/97

CAPE TOWN — The Interim Pharmacy Council of SA would not support the introduction of a fixed dispensing fee as proposed in Medicines and Related Substances Amendment Bill, council registrar Jan du Toit said yesterday.

Du Toit said a fixed dispensing fee would not be in the public interest and may keep the price of drugs high.

The bill is one of three pieces of legislation designed to improve access to health care by lowering the price of drugs, encouraging the use of generic drugs and parallel importing medicines from cheaper sources. But Du Toit said he welcomed provisions in the bill which would give the council powers to determine the procedure to be followed by pharmacists when they charged dispensing fees.

Du Toit said the council also supported mechanisms that would guarantee the safety, quality and efficiency of medicines offered by pharmacists.

BD 16/9/97

Eskom guarantees medical aid payments

Robyn Chalmers

BD 16/9/97

ESKOM has issued a letter to suppliers and service providers to the ailing Esmed medical aid scheme guaranteeing payment for all valid claims submitted by Esmed members.

A copy of the letter, issued by the Mineworkers' Union to its members, said administrative and financial difficulties being experienced by the scheme were of "extreme concern". Eskom executive director Jac Messerschmidt said it was Eskom's intention to ensure that services by suppliers to Eskom employees should continue on credit as before, without suppliers demanding cash for services rendered.

"To the above end, Eskom guarantees payment to suppliers for all valid claims in respect of services rendered to all beneficiaries of Esmed under the scheme," he said.

Mineworkers' Union general secretary Flip Buys said the union had alerted its members to the possibility that Esmed was heading for bankruptcy, and action was needed urgently.

Buys said a union bulletin had "shaken" Eskom and Esmed to the extent that Eskom CE Allen Morgan had offered to put an executive director on Esmed to sort out its problems. Messerschmidt had subsequently taken over management of the scheme. The scheme, which caters for about 40 000 employees, would continue as normal.

Messerschmidt said at the weekend the medical aid fund's surplus had dropped dramatically since the beginning of the year and cash flow projections were not rosy. "It's losing several million rands a month," he said.

Esmed began operating in January after the demise of the Eskom Medical Aid Society. More than 75% of 40 000 employees had opted for or defaulted to Esmed's managed care option.

Health reforms will go ahead — Zuma

BD 19/9/97 (93)

Jacob Dlamini

CAPE TOWN — Health Minister Nkosazana Zuma hit back at critics of her proposed health reforms yesterday and said the legislation would go ahead despite opposition and threats of legal action from the pharmaceutical industry.

Zuma said she had made enough compromises to accommodate stakeholders' concerns. She said she would have been surprised if the bills, which seek to improve access to health care by lowering the price of drugs through generic substitution, parallel importation and international tendering, had been accepted without opposition.

Zuma said she hoped the bill, which is before Parliament's health committee, would be put to the National Assembly when it began its fourth quarter next month.

Zuma dismissed accusations made by Medicines Control Council chairman Peter Folb that the legislation would give her unfettered powers to act without the advice of the council.

She said the council would retain its powers to register and check on the efficacy of drugs. But the legislation would give her the power to initiate regulations if it was deemed to be in the national interest. This, she said, would be accompanied by discussions with the council.

Zuma rejected Folb's claims that provisions in the bill making the council a juristic person would expose it to legal challenges. She said the provisions were designed to make the council accountable for the decisions it took.

Health director-general Olive Shisana also rejected Folb's claims. Shisana said Folb's complaint that the legislation would give Zuma extensive powers to overrule the council was unwarranted as the minister already had original powers in the existing laws.

Shisana said there were several countries, including Canada, that had drug regulatory authorities whose decisions were treated as recommendations for approval by their respective ministers.

National Association of Pharmaceutical Manufacturers executive director Barney Sachs told the committee some of the amendments proposed in the bill would negatively affect the quality and safety of drugs. He said generic substitution would violate intellectual property rights and deny business the chance to get good returns on its investment. Sachs said this would lead to lengthy legal and constitutional battles.

Meanwhile, the Inkatha Freedom Party called for the bill to be withdrawn until further debate on health financing and regulation. Spokesman Ruth Rabinowitz said the bill was authoritarian and would place the licensing of health professionals under the control of the minister. She said generic substitution would deny patients the right to choose medicines.

Single body to represent all of SA's doctors

(93)

ARGUS CORRESPONDENT

ARG 19/9/97

Johannesburg – South African doctors are set to be united in a single representative body.

An agreement aimed at unifying medical associations will be signed in Pretoria tomorrow and the new body is expected to be established by February.

The Medical Association of South Africa said medical associations had existed independently for many years, but the new political dispensation had cleared the way for a single mouthpiece.

The signatories would move forward with the aim of achieving better health care for all.

Defiant Zuma won't budge on controversial health bills

Star 19/9/97 (93)

By Jovial Rantao
Political Correspondent

Cape Town – On a day on which opposition to her controversial health bills grew, Health Minister Nkosazana Zuma remained adamant that the three pieces of legislation – aimed at reducing the price of drugs and improving access to health care – would become law.

Zuma said she expected the Medicines and Related Substances Control, the Medical, Dental and Supplementary Health Service Professionals and the Pharmacy Amendment bills to become law before Christmas.

The minister yesterday attended the public hearing on the Medicines and Related Substances Control Amendment Bill in Parliament.

She said the strong opposition to the Medical and Related Substances Amendment Bill, discussed during a hearing of Parliament's Health Committee yesterday, had been expected.

"I didn't expect them to sing hallelujah ... I expected a fight. I have compromised enough and the bill will be taken through the normal (parliamentary) procedures. I have no intention of withdrawing the bill," Zuma said.

She expected the bills to be approved by Parliament before the Christmas break.

Zuma denied allegations by the Medicines Control Council and other stakeholders that she was interested in allocating enormous power to herself.

The MCC has submitted to the committee that the legislation would endanger the lives of South Africans because Zuma had powers to override the council's decisions.

Health director-general Dr Olive Shisana said concerns for the safety of patients was unfounded and that allegations that Zuma had extensive powers to overrule the MCC were unwarranted.

The National Association of Pharmaceutical Manufacturers criticised the Medicines and Related Substances Amendment Bill for being vague in certain clauses.

Barney Sachs, executive director of the NAPM, objected to the clauses which gave the minister the power to upturn the Patents Act without recourse to Parliament and called for its deletion.

The NAPM was opposed to any form of price control, as suggested in the bill. Healthy competition was a more effective way to drive prices down, Sachs added.

Dr Norman Mabasa of the National Convention for Dispensing Doctors said the Government should not regulate dispensing doctors and called for the scrapping of VAT on medicines as a way of reducing the cost of health care.

The hearings on the bills will be concluded today.

Zuma adamant on trio of health bills

POLITICAL STAFF

CT 19/9/97

FIRM: Nkosazana Zuma

ON a day when opposition to her controversial health bills grew, Health Minister Dr Nkosazana Zuma remained adamant that the three pieces of legislation — aimed at reducing the price of drugs and improving access to health care — would become law.

Zuma said she expected the Medicines and Related Substances Control, the Medical, Dental and Supplementary Health Service Professional and the Pharmacy Amendment bills to become law before Christmas.

Zuma attended the public hearing on the Medicines and Related Substances Control Amendment Bill in Parliament yesterday.

She said the strong opposition to the bill, which was discussed during a hearing of Parliament's Health Committee yesterday, was expected.

Among the bill's opponents was Dr Norman Mabasa, of the National Convention for Dispensing Doctors, who said the government should not regulate dispensing doctors and called for a scrapping of Value-Added Tax on medicines as a way of reducing the cost of health care.

The National Association of Pharmaceutical Manufacturers (NAPM) criticised the bill for its lack of detail and for being vague in certain clauses.

Mr Barney Sachs, executive director of the NAPM, objected to the clauses which gave the minister the power to overturn the Patents Act without recourse to Parliament, and called for deletion of the clauses.

Sachs said the elimination of a system of bonuses and samples to doctors and pharmacists would increase the costs of Schedule 0 drugs, which can be bought in supermarkets. "We believe that Schedule 0 products should be exempt from such regulation and a provision built in that these products cannot be used as incentives for the sale of other medicines in pharmacies. Allowances should be made for a volume based non-discriminatory pricing system," Sachs said.

The NAPM was opposed to any form of price control, as suggested in the bill, because it would interfere with free market practices. Healthy competition was a more effective way to drive prices down, Sachs added.

Well-known patent lawyer Dr Tim Burrel urged the committee to delete Section 15(c) of the bill because it would violate conventions signed with the World Trade Organisation. He said if the bill was passed unchanged, "we would look like a bunch of incompetents".

But the minister remained adamant: "I didn't expect them to sing Hallelujah ... I expected a fight.

"I have compromised enough and the bill will be taken through the normal (parliamentary) procedures. I have no intention of withdrawing the bill."

Zuma denied allegations by the Medicines Control Council (MCC) and other interested parties that she was interested in allocating enormous power to herself.

Health director-general Dr Olive Shisana said yesterday clauses in the bill clearly ensured that the minister would have to approve regulations relating to imported medicines when there was complete agreement with the MCC.

Shisana said concerns for the safety of patients was unfounded and that allegations that Zuma would have extensive powers to overrule the MCC were unwarranted. The hearings on the bills will be concluded today.

● If measures were introduced to identify medicines sold to the state, tracing them back to government stores would be relatively easy and proof of theft and possession of stolen medicines would be a mere formality, the Portfolio Committee on Health was told by the Association of Pharmaceutical Wholesales and Distributors.

Mr Peter Hodes, SC, for the association, told the committee the stated aim of the proposed legislation was to prevent the entry of stolen medicines into the market.

However, none of the envisaged benefits would necessarily derive from the proposed legislation. Instead it would have a devastating effect on prices and on wholesalers and small pharmacies in the disadvantaged communities. On the other hand, the asssociation had been able to get substantial discounts on medicines and could pass on the savings to outlets.

NATIONAL MEDICAL SERVICE

Doctors unite in opposition to Zuma's conscription plan

Gauteng hospital heads say they won't accept responsibility for the work of inexperienced interns

(93) FM 19/9/97

Health Minister Nkosazana Zuma's plan to conscript interns into community service has suffered a major setback. The heads of departments at Gauteng's main hospitals say they will refuse to accept responsibility for the work of young doctors who are forced on them.

Zuma's plan has encountered a wall of resistance from several quarters, but none so bold as the defiance of Johannesburg Hospital's influential medical advisory council, which is supporting interns in calling for parliament to reject the Medical, Dental & Allied Health Services Bill out of hand.

The medical advisory council includes the dean of the Wits Medical School, registrars, interns and departmental heads of the Johannesburg, Hillbrow, Chris Hani Baragwanath and Helen Joseph hospitals.

In a hard-hitting submission to parliament's health portfolio committee last week, the council said the introduction of one year's compulsory community service from January 1998 will fail because there is no infrastructure in place to support young doctors sent to rural areas.

It cites the examples of a Northern Province hospital where no drugs or water were available for five days, and of a young Ciskei (Eastern Cape) girl who died of lacerations because the hospital did not have a drip.

The council joins the National Interns' Alliance — which claims the support of at least 70% of this year's crop of interns — in calling for an independent audit of the state of medical infrastructure in outlying areas and for a plan to improve it "before dispatching the few practitioners we have to sit idly on the periphery."

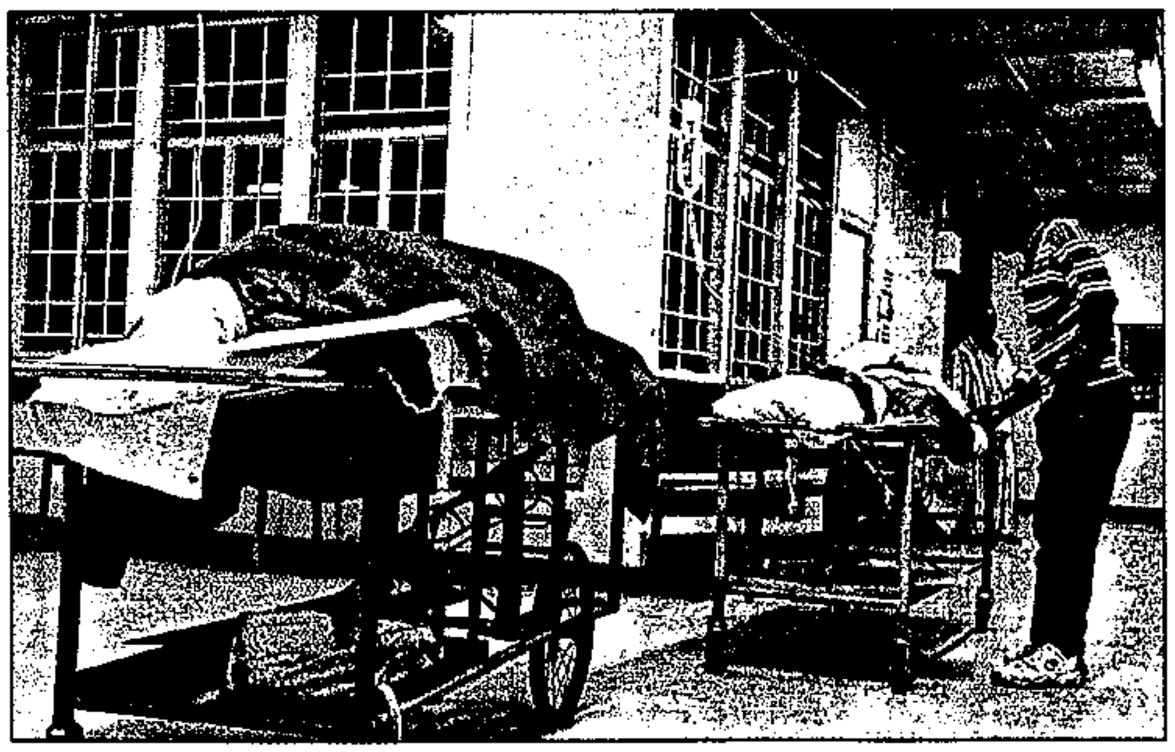
Unless this is done, Zuma's plan will not only result in "the failure of delivery of health services to the community, but also destroy the medical delivery in the major centres — such as Soweto, Atteridgeville and others — by shunting large numbers of doctors from these centres."

There are about 1 000 interns in SA working 80- to 120-hour weeks in large government hospitals.

Interns Alliance spokesman Neil Segal told the committee last week he did not believe interns could cope in rural facilities without basic medical equipment and supervision or support from a team of experienced doctors.

Johannesburg Hospital intern Dr Yair Safriel says he has done only one Caesarean birth under supervision. "For me to be responsible for one in a community facility and to end up with a dead baby or mother is a heavy weight I would have to carry for the rest of my career."

Baragwanath Hospital intern Dr Tereza Whittaker says many of her colleagues are on the brink of throwing in the towel for careers with job security and no political interference. "Even people like me who planned to do vocational training are being turned off by this autocratic and short-sighted stop-gap measure which will further damage the health-care system."



Is there a doctor in the house? *. . . casualty patients awaiting treatment*

The Bill replaces an earlier version which made provision for two years' vocational training proposed by the Interim National Medical & Dental Council (INMDC).

The INMDC argued initially that vocational training was necessary because interns were not sufficiently qualified to be let loose on the public. Last week the INMDC went further, saying it had shelved plans for vocational training because the necessary infrastructure was not ready in outlying areas where training was supposed to take place. Vocational training should precede community service, it said.

Despite this, Zuma is pressing ahead with a Bill that would empower the Minister to decide the length of community service, where it should be performed and the conditions of work. She must consult the INMDC but is under no obligation to accept its advice.

In objecting to these regulatory powers, Johannesburg Hospital's medical advisory council says "many heads of departments will not take responsibility for the work of physicians who are forced on them without proper process to assess their suitability for the job."

It complains that the freezing of medical officer posts (the position most interns will assume next year) has made planning by interns and hospital administrators impossible and added to the chaos in the health sector.

It decries as "immoral" Zuma's withdrawal of doctors' registrations three months before they are due to graduate, especially as they have been excluded from genuine consultations.

The Medical Association of SA supports the National Interns' Alliance's call for a forum to discuss community service, which it says should not be considered in 1998. It also wants the scheme to be voluntary and incentive-driven instead of compulsory.

The Junior Doctors' Association of SA, which represents a broader group of young doctors than the 1997 interns, supports the idea of community service from 1999 as long as a fair system is negotiated which provides interns with some choice in where they are posted and what discipline they will practice, as well as financial incentives, proper supervision and referral systems.

The medical fraternity criticises the Bill in unison for allowing Zuma to govern by issuing regulations beyond parliamentary scrutiny.

"I don't know of any other piece of legislation in the country which gives a Minister such wide powers," says DP health spokesman Mike Ellis.

Claire Bisseker

Cautious support for Zuma's health reforms

Jacob Dlamini

(93) BD 26/9/97

CAPE TOWN — The Interim Pharmacy Council expressed support for Health Minister Nkosazana Zuma yesterday but said it believed there would be compromises made in the minister's proposed reforms to address the concerns of the pharmaceutical industry.

Registrar Jan du Toit said the council supported any mechanisms designed to bring down the price of medicines, provided adequate steps were taken to ensure the safety and effectiveness of drugs.

Du Toit said the council supported principles such as the introduction of parallel importation to force pharmaceutical companies to lower their prices; making generic substitution mandatory in order to give patients the choice of using cheaper medicines; and prohibiting sampling and bonusing, two systems by which doctors and pharmacists dispense particular brands of medicines.

He said that while the principles underlying the bills would not change, he believed Zuma would address the problems associated with the wording and the drafting of the new legislation.

Du Toit's comments came in the wake of a meeting between Zuma and representatives of the pharmaceutical industry in Pretoria earlier this week.

According to Zuma's spokesman, Vincent Hlongwane, the meeting addressed issues such as the draft health legislation, the theft of medicines from state depots and SA's role as the health sector co-ordinator for the Southern African Development Community.

Hlongwane said the two parties had "agreed to disagree" on the legislation after Zuma rejected calls by the pharmaceutical industry to withdraw her bills from Parliament to allow for further discussion.

He dismissed claims that the draft legislation violated intellectual property rights, saying the health department had checked all relevant laws and was convinced it was on firm ground.

UNSWERVING: Nkosazana Zuma has let nothing get in the way of her goal to provide health care to South Africa's poor majority

A juggernaut called Zuma

(93) ST 28/9/97

The minister of health stirs up passionate emotions no matter what she does, writes CAS St LEGER

HEALTH Minister Dr Nkosazana Zuma has not lost a single battle since she moved into her offices in the Civitas building in Pretoria in May 1994, the ANC's health plan tucked under her arm as her blueprint and her Bible.

She did, admittedly, lose out to Winnie Madikizela-Mandela for the chairmanship of the ANC Women's League earlier this year. But that was a minor skirmish.

She has faced more flak than any other cabinet minister. And, unlike Winnie, she has the backing of President Nelson Mandela, who declared last weekend: "I will never fire her."

Like a juggernaut, she has rolled over most obstacles — although, on occasion, she has been forced to make some minor tactical retreats before plunging headlong into the fray once again.

And, whatever her critics might say, her quest to change the face of South Africa's health services — skewed by decades of apartheid and colonialism — is succeeding.

Her zeal has earned her passionate friends and equally passionate enemies.

Zuma's critics say she is autocratic, lacks judgment and is often too quick off the mark.

Her admirers praise her uncompromising spirit in facing up to the big guns — such as the multinational pharmaceutical companies — in her quest to change the health system to meet the needs of the poor.

But in her struggle she has appeared to ignore the finer details of her plans — and the costs.

Hospitals and clinics were left to work out for themselves how to pay for free primary health care and free abortions. Her priority has been primary health care and preventive medicine — to save the lives of thousands of children who might have died from untreated diarrhoea, for example — rather than expensive treatments like organ transplants.

She has won the support of ordinary citizens, some of whom now have access to health care for the first time. And the medical aid industry backs Zuma's attempts to contain prices, particularly those of drugs.

Her victories since 1994 include free basic health care; free abortion; the vaccination of almost all South African children against measles and polio; 350 new clinics and the upgrading of 2 298 more; a feeding scheme for 4,4 million schoolchildren; foreign doctors to fill the rural vacuum; and condoms for male prisoners.

On the negative side, there was the fiasco of the AIDS-awareness musical *Sarafina 2*, which cost the taxpayer R14-million; concern about using Cuban doctors, few of whom could speak English, let alone any indigenous languages; her restraints on top-line treatments like heart transplants; budget cuts for leading hospitals already reeling under hugely increased patient loads and massive theft; her criticism of young doctors who balk at her plans for compulsory community service; clauses in two health Bills that will give her authoritarian powers to override statutory bodies; and the embarrassment of her sales pitch on the merits of the "AIDS drug" Virodene.

Although her battles have caused the greying of her hair in the past year, Zuma is now poised for her most determined battle yet — to push three new health Bills through Parliament that will have a profound impact on health care. They are:

- The Medicines and Related Substances Control Amendment Bill;
- The Medical, Dental and Supplementary Health Services Profession Bill; and
- The Pharmacy Amendment Bill.

DRAWING THE BATTLE LINES

THESE are the wars that Health Minister Dr Nkosazana Zuma hopes to fight and win:

PATENT WAR

THE Medicines and Related Substances Control Amendment Bill will allow the import of drugs at prices cheaper than those available locally.

AIM: To force down the prices of medicines, particularly brand-name drugs, by as much as 20 percent, through increased competition.

SUPPORTERS: The ANC, and the health insurance and medical aid industry.

OPPONENTS: The multinational drug companies and large local producers falling under the Pharmaceutical Manufacturers' Association. They say Zuma's plans would undermine the rights of patent holders as outlined in the Trade Related Aspects of Intellectual Property Rights and Trade in Counterfeit Goods Agreement, of which South Africa is a signatory.

EVALUATION: She will probably get the Bill through, but she may have to back down on the provision giving her the right to side-step the international patents agreement.

International producers operating in South Africa have until October 6 to lodge objections.

In the meantime, through the Pharmaceutical Manufacturers' Association, court action or disinvestment threaten.

Zuma's drugs policy adviser, Dr Wilbert Bannenberg of the World Health Organisation, shrugs off threats to disinvest.

He calculates that if the multinational drug companies left and jobs were lost, R385-million could be saved by buying cheaper drugs on the world market.

There is also a threat of counterfeit drugs flooding into the country — 60 percent of the drugs used in Africa are counterfeit.

DRUGS WAR

THE Medicines and Related Substances Control Amendment Bill will allow the health minister to enforce the use of cheaper "generics" — drugs that are virtually identical to trademarked drugs, for which the 20-year patent has expired.

AIM: Calculated savings of R750-million a year.

SUPPORTERS: Zuma's adviser, Bannenberg, the ANC, and qualified support from the Pharmacy Council.

OPPONENTS: Multinational drugs companies and the Pharmaceutical Manufacturers' Association. The Medical Association of SA and the Medicines Control Council do not oppose the use of generics, but they oppose Zuma's intention to enforce their use and her powers to override Medicines Control Council decisions.

EVALUATION: Under the new legislation, the use of generics will be enforced, except where the doctor writes "no substitution" on the script; the patient refuses a substitute; the drug is on the Medicines Control Council list of 100 non-substitutable drugs; or the generic is more expensive than the brand-name drug.

The pharmacist will be obliged to tell the patient about the cheaper generic. The Pharmaceutical Manufacturers' Association says there could be complex legal tangles if a drug is substituted and the patient suffers ill effects.

INTERN WAR

THE Medical, Dental and Supplementary Health Services Professions Bill would compel medical graduates to perform a one-year term of community service (or vocational training) before they can register as doctors. The health minister could extend the term of service.

AIM: To bring medical services to disadvantaged people in areas where there are not enough doctors. And to prevent young doctors from leaving South Africa immediately after graduating.

SUPPORTERS: All the doctors' organisations support community service — but not "conscription". The Interim Medical and Dental Council supports vocational training — but says trainers are not available.

OPPONENTS: The Junior Doctors' Association and the National Interns' Alliance.

EVALUATION: Interns and young doctors argue there will be little or no supervision or training in remote postings, and they will suffer family hardships.

PHARMACY WAR

THE Pharmacy Amendment Bill will allow just about anyone to open a pharmacy, although a qualified pharmacist would have to be employed.

AIM: To cut medicine prices through competition.

SUPPORTERS: The supermarket groups.

OPPONENTS: The pharmacists.

EVALUATION: The director general of health, instead of the Pharmacy Council, would be given powers to grant or refuse licences.

Doctors would be licensed to dispense medicines where there is no pharmacy.

TOBACCO WAR

THIS battle is about curbing cigarette consumption by restricting smoking in public places and banning tobacco advertising.

AIM: To stop young people from lighting up, and persuading others to quit.

SUPPORTERS: The anti-smoking lobby, the Cancer Association of SA, and the entire medical and health sector.

OPPONENTS: Cigarette smokers and the tobacco industry.

EVALUATION: Zuma has South Africa stubbing out stompies in restaurants, offices and shops. She has also achieved her goal of doubling the price of a pack of 20s — helped by the tobacco industry's policy of slipping in its own price hikes under cover of Zuma's annual Budget increases.

In addition, she has enforced a ban on advertising cigarettes on television, and introduced health warnings on cigarette packets and print adverts.

Zuma appears to be winning the war, despite vigorous opposition from the likes of Johann Rupert, the chairman of the powerful Rembrandt empire, who lashed out at her for encouraging the smuggling of cigarettes into South Africa.

The liquor industry has fared better. Zuma says the occasional drink is good for you.

HEALTH INSURANCE WAR

THIS battle has yet to be fought, but Zuma says plans are ready to come off the drawing board.

AIM: To provide health care to the millions of South Africans who do not have medical aid, financed by those who can afford to pay.

OPPONENTS: Likely to be those who will feel they are being unfairly penalised by having to support those who cannot pay.

SUPPORTERS: Likely to be those who are not members of medical aids.

EVALUATION: An early suggestion was a "payroll" tax of five percent to fund the scheme. The implications are that free choice for tomorrow's private patient may prove to be beyond the pockets of most people.

CAPE TIMES
WEDNESDAY, OCTOBER 1, 1997 ★

'AUTOCRATIC' MOVE SLAMMED

Doctors may have to practise where told

(93)

CT 1/10/97

DURBAN: It is feared a government plan to dictate to new doctors where they may practise even after they complete two years' additional service will cause them to quit the country.

NEWLY qualified doctors wishing to open practices in urban areas may not be allowed to choose where they want to work.

In addition to doing two years' vocational and community service, battle-weary young doctors wanting to go into private practice could be made to work in rural and disadvantaged areas instead.

The Department of Health is considering a system of licensing for doctors that would mean they could only practise in areas where there is a shortage of doctors.

Opponents to the system have warned that it is another move in the government's bid to control private healthcare in the country.

Director general of health Dr Ayanda Mtsaluba said yesterday that the licensing system would be based on the geographical distribution of doctors in the country.

"In some parts there are too many doctors and in other regions there are no services at all. If doctors want to open a surgery they should go to areas of this sort."

Mtsaluba said there were already similar licensing systems in Germany and the United Kingdom.

At present the Interim Medical and Dental Council issues doctors with licences to practise but has no say over where they work.

Mtsaluba said: "We have not finalised any details and it won't be implemented in the next year."

Also in the pipeline was a licensing system for "sophisticated technology" in hospitals and medical practices to prevent the duplication of equipment and encourage more equitable distribution in under serviced areas.

It would also prevent patients receiving unnecessary treatment simply because doctors felt obliged to make use of equipment.

The Medical Association of South Africa's chairman of health policy Dr Ivan McCusker warned that the licensing of practices could lead to more doctors emigrating.

A licensing system was "inappropriate" and the "running, siting and organisation of private medical healthcare" was "outside the Department of Health's field of expertise".

"If any restrictions are introduced on where doctors should practise it should come from within the profession not from bureaucrats," he said.

Democratic Party's health spokesman Mr Mike Ellis said such an "autocratic" measure would be disastrous for South Africa.

"What with community service, the threat of vocational training and now licences to practise where and when the government tells them to, I believe we are fast approaching the situation where no doctor would stay in this country — and quite frankly who would blame them?"

Ellis said the licensing system was another indication of the government's desire to control the private healthcare sector.

SA Managed Care Coalition chairman Dr Dennis Dyer said a licensing system would only be acceptable if done on a participatory and not a regulatory basis.

Needle injury while tending to Aids-infected baby led to deadly infection – a situation made worse by lack of support from peers

One jab ... and doctor was condemned

(92) (93) Star 4/10/97

By ADELE BALETA

Cape Town – A young medical doctor who is HIV positive has spoken out for the first time about her harrowing ordeal after being pricked by an HIV-contaminated needle while working at George Hospital in the Cape.

Dr Louise Brink (27), who now lives in the United Kingdom, told the *Saturday Star* that living with the "secret of HIV" merely perpetuated the stigma of the virus and it was time to be open and honest.

"I do not want to live in fear and shame of what others think of me," she said.

Her nightmare began one Friday evening in September 1995.

"I was called to draw blood from a three-month-old baby. The procedure was not entirely successful. I turned around to get a second needle for another attempt and as I did that the baby snapped its arms out of the nurse's grip and in doing so punched my hand right on to the (first) needle."

The hollow needle with the infected blood penetrated Brink's little finger on her left hand so deeply, it reached the bone. The prick is still visible.

She said: "I did not know the child was HIV positive but a blood sample was immediately sent to the lab. An hour or so later I was told the test result was HIV positive. Two weeks later a more specialised test confirmed the result, and the child died of Aids a short time thereafter."

Her story is peppered with accounts of how the Health Department allegedly failed to support her through the trauma. She claimed that shortly after she was exposed to the virus while a junior doctor, she was given poor advice by her superiors that led her not to take the available drug AZT, which helps to slow the progress of the disease. She was also never offered counselling.

She said she has approached a human rights lawyer.

Brink has gone public because she does not want other healthcare workers to go through the same trauma and hopes her devastating story will encourage them to demand their fundamental right to protection and treatment in the event of exposure to the virus.

She believes the Health Department should take more responsibility for its workers.

The risk of contracting HIV as a result of a needle-prick injury is low (0,3% for every exposure), but Brink was desperately unlucky to have slipped through the net after the recommended guidelines and universal precautions weren't followed.

Her treatment has highlighted the need for increased education and awareness about current guidelines in hospitals. Health sector commentators are hoping there will be clearer and more appropriate policy on compensation. There are fears that, with the increased prevalence of HIV, the risk of exposure could increase.

Two weeks ago Brink and her Scottish husband Mark Maynard were married in Stellenbosch in the presence of a gathering of close family and friends. The couple spoke to the *Saturday Star* at her mother's home in Somerset West.

> *'Just remember, there are only six interns here, so who is going to do your job if you get ill?'*

When Brink graduated from the University of Cape Town in 1994, she chose to work at George Hospital, believing she would get the best possible practical experience and support from the consultants (specialists). As one of the six junior doctors on the staff, she worked at least 90 hours a week. The hospital was always understaffed and very busy.

"Luckily, with some support from my boyfriend at the time (after the needle injury), I realised the gravity of the situation and therefore immediately reported the injury to the superintendent at the hospital.

"He told me that in the previous year there was a junior doctor who got the same injury and he was put on the drug treatment AZT according to recommendations. He soon felt ill on the AZT and he was very nauseous and tired.

"The superintendent looked at me and said: Just remember there are only six interns in this hospital. Who is going to do your job if you get ill?'

"So that was his angle, which, I think, is negligent from a professional point of view because he was not taking into account the welfare of his junior doctors.

"Because of the advice I received from him, I decided not to take the AZT. I became ill three-and-a-half weeks later with non-specific symptoms like muscle pain, headaches and fever."

Although the taking of AZT is recommended, it is not enforceable. Brink's seroconversion (moving from HIV negative to HIV positive) was a textbook case. "I informed my GP and another test was done. It came back negative. I was then admitted to a private hospital where a physician took over my case. Further tests were negative.

"I then noticed that the lymph nodes in my neck were very swollen, and I decided to go back to the pathology lab for yet another test."

Ironically, on December 1 – International Aids Day – the pathologist gave Brink the devastating news that she was HIV positive.

She said his only comment was: "Good luck!"

"I was in total shock. Where would I go from here, I wondered. I am the kind of person who wants to fix things but you cannot really fix this, can you?"

She claims she received no emotional support from the hospital's senior staff whatsoever.

"I thought that at the very least a female administrative superintendent at the hospital, who was at least 10 years older than me, would show some compassion. I never even received a telephone call."

Resolved to keep her life on track, she completed her internship at the hospital three weeks later and left for the United Kingdom, where she hopes to qualify as a psychiatrist.

LOVE MATCH: Dr Louise Brink and Scottish engineer Mark Maynard who were married in Stellenbosch two weeks ago. They plan to treat each day as it comes PHOTOGRAPH: CAPE ARGUS

Before she left she sent all her forms to the Department of Labour. Her case was assessed and she was given a claim number. However, according to a letter in the possession of the *Saturday Star*, she has been denied compensation for anti-Aids drug therapy "at this stage".

A clause stipulates that medical benefits will be payable only once the HIV-positive sufferer becomes "ill".

A pension is payable when the HIV-positive patient becomes disabled. In terms of the act, Brink would receive 75% of the salary she earned at the time of her injury. As a junior doctor she was earning a basic R2 400 a month. "By the time I get ill in seven or eight years' time, can you imagine what that will be worth," she said.

George Hospital's clinical medical superintendent at the time of the incident, Dr Martin Viljoen, told the *Saturday Star* that neither he nor anyone on the staff were allowed to comment.

In love with life, couple refuse to bow to disease

By ADELE BALETA

The worst moment the HIV-positive doctor faced was deciding whether she should tell her partner about the disease and risk losing him. But Dr Louise Brink's fears turned out to be unfounded when the man in her life, Scottish engineer Mark Maynard, asked her to marry him.

The couple were married two weeks ago at the Dutch Reformed Church in Stellenbosch surrounded by family and friends. Looking radiant in a long, cream wedding gown, Brink (27) married her dashing groom, who was dressed in a kilt.

Brink tested HIV positive after she was pricked by a hollow needle carrying the HIV-infected blood of a three-month-old baby she was treating at George Hospital two years ago.

After her HIV status was confirmed following a series of tests, she decided to carry on with her life as planned.

In a candid interview with the *Saturday Star*, the couple spoke about their love for each other in spite of their burden.

Tomorrow night she and her husband are interviewed on M-Net's *Carte Blanche* actuality programme at 7pm.

Brink went with her previous boyfriend to the United Kingdom, where she joined a teaching rotation in psychiatry. But it was difficult adapting to a new country as well as having to accept that she was HIV positive. When her relationship with the boyfriend ended, she entered a "whole new ball game".

"I was afraid of the stigma related to HIV and Aids. I did not know how new friends would respond to my virus. Reactions could have included ignorance, fear of transmission, rejection and anger. I decided to take each situation and improvise as I went along," she said.

The few people she went out with did not respond negatively to her, and to her amazement were more concerned about her wellbeing. She remains close to all of them.

But nothing could have prepared her for her meeting with Maynard. "We have not been apart since we met," she said.

Telling Maynard about being HIV positive was the most difficult decision she has made "in her HIV career".

"He did not know I had the HI virus when we met. The time came for me to tell him. I considered turning my back on him and walking out on the best thing that has ever happened to me."

Faced with this option, she decided to bite the bullet and told him.

Without hesitation, Maynard looked softly and lovingly at his new bride during the interview and took up their story.

"It's a very strange experience, in that you meet someone and you realise she is very special and then you are told she has a killer disease."

He was taken aback but never for one moment thought there was no future for them. "We talked about what we could do about it and decided we would enjoy life to the full, treating each day as it came.

"Every time we tell the story I know it hurts Louise. The reality is that she has the HI virus and if she gets Aids I could lose her. We accept this, but every day there are advances in medical research and each and every day gives us new hope.

"While we are fit and healthy, we will enjoy life and carry on loving each other as much as we do."

Brink said it was sad that many people, including those whose sole mission is to campaign for the rights of people with HIV and Aids, allowed the disease to engulf them.

"They cannot see the wood for the trees. There is enough scientific evidence available to indicate that the disease will become chronic and not terminal," she said.

The couple flew home to Britain last night.

Medical interns threaten court action if Zuma does not withdraw bill on compulsary community service

CP 5/10/97 (93)

INTERNS would be subjected to slavery and forced labour in violation of their constitutional rights if they were compelled to perform community service, the National Interns Alliance said on Friday.

In a letter to Health Minister Nkosazana Zuma, attorneys for the alliance demanded she withdraw, within five, days the provisions relating to interns' community service in the Medical, Dental and Supplementary Services Professions' Amendment Bill.

The letter said Zuma would face urgent proceedings in both the Labour and Constitutional Courts if she did not comply.

Attorneys - Webber Wentzel Bowens said their clients represented the majority of medical interns in South Africa.

The prospect of compulsory community service had so demoralised and demotivated interns that many were considering leaving South Africa, the letter warned.

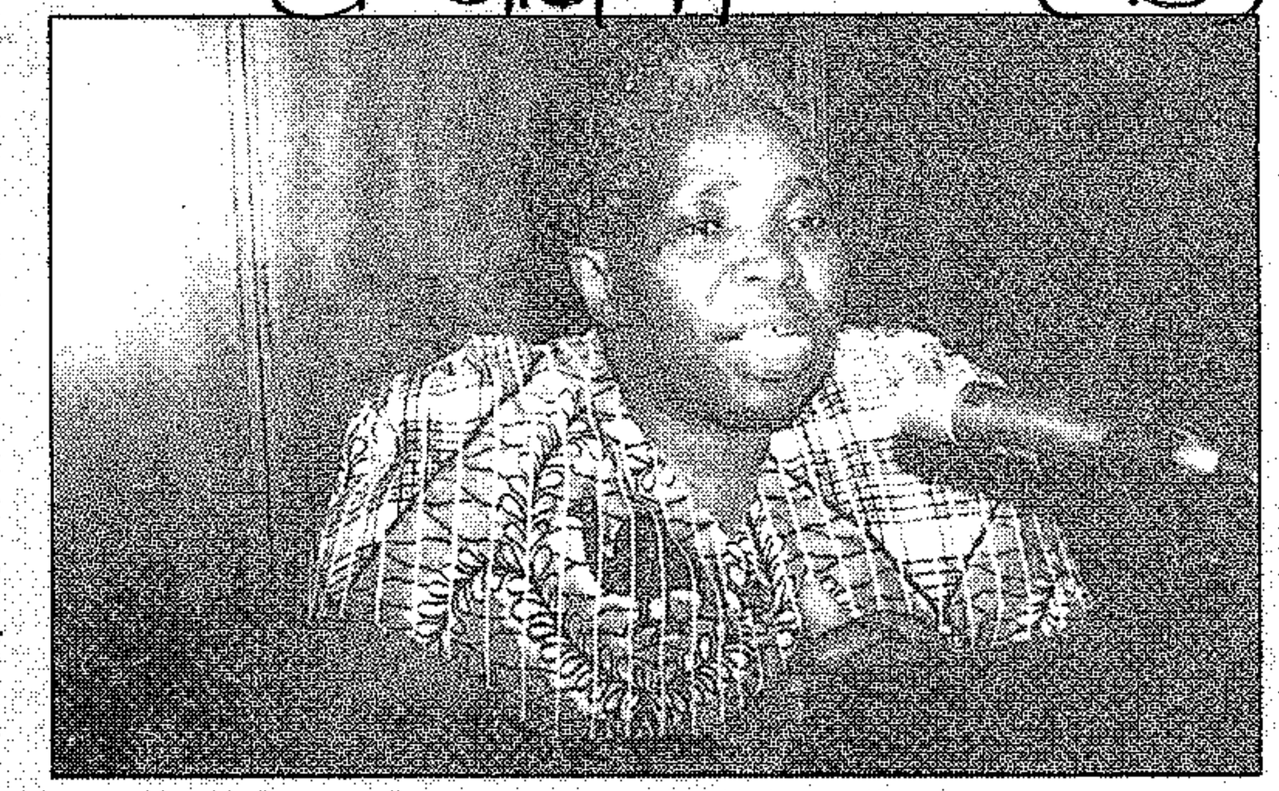
Their objection to community service was not based on race or class.

The interns accused Zuma of unilaterally changing conditions of appointments.

These stated that interns successfully completing their internships had complied with the requirements of the SA Medical and Dental Council for registration as general practitioners.

Nowhere in letters of appointment and conditions of service was there any mention of obligation to perform community service, the attorneys said.

Section 24A of the controversial Bill makes provision for "remunerated medical community service". Registered doctors are entitled to practice in the medical profession only after completion of such service.



UNDER FIRE . . . *Health Minister Nkosazana Zuma.*

The Bill also allows the minister, in consultation with the council, to set the period of community service, the places where it will be performed and the conditions of employment.

"An obligation to perform community service was not and is not part of the terms and conditions of employment of our clients," the attorneys' letter says.

The interns, through their attorneys, accused the Gauteng health department of refusing to employ interns at state hospitals until the Bill was passed in Parliament.

"Circumstances of inefficiency and chaos have arisen in respect of the appointment of our clients as doctors at government hospitals."

Medical students who had devoted six years to their education and had incurred considerable financial expense were not able to acquire employment as doctors for next year.

The letter said this had caused "great dissatisfaction, feelings of insecurity, general demotivation" and in many cases had encouraged interns to investigate whether they should seek employment in other countries.

Section 24 A also violated the constitutional rights of the interns, the attorneys said.

These included the rights to equality, freedom from discrimination, freedom of scientific research, and the right to fair labour practices and fair administrative action.

Because community service was compulsory, the Bill violated the right not to be subjected to slavery, servitude and forced labour.

It also violated the right of freedom of movement in that it obliged interns to go to "areas or locations" where they might not wish to go.

The interns further contended that compulsory service was not development-orientated as it was likely to promote the exodus of doctors from the country. There had also been insufficent public participation or transparency in the policy-making process on community service.

The attorneys were instructed to demand that provisions of the Bill relating to community service be withdrawn within five days of receipt of the letter.

If this was not done, interns would declare a dispute under the Labour Relations Act and refer the matter to arbitration.

They demanded the health department withdraw instructions to hospital superintendents not to appoint interns.

Urgent proceedings in both the Labour and Constitutional Courts would be enforced if Zuma did not comply with the demands.

The interns also asked for an urgent meeting with the authorities to facilitate the resolution of the problems in a constructive way.

"We stress that our clients are not opposed in principle to doing community service and as responsible professional persons acknowledge their role in society. Their position is neither based on race nor class."

A copy of the letter would be sent to President Nelson Mandela, the attorneys indicated. – Sapa

Health-bills fight continues

(93) (BB) (BB)

By Jovial Rantao
Political Correspondent

Cape Town – International pharmaceutical companies are today expected to voice their opposition to at least two of the three controversial health bills when they table their submissions during public hearings hosted by Parliament's Health Committee.

Most of the companies have expressed opposition to the Medicines and Related Substances Amendment Bill, which allows for parallel importation of drugs; and the Pharmacy Amendment Bill, which provides for lay ownership of pharmacies.

Representatives from some of the companies have met Health Minister Dr Nkosazana Zuma to discuss their concerns. The meeting failed to resolve differences about her legislation on medicine-control reforms.

At the meeting, the Health Ministry turned down the industry representatives' plea that the bills should be withdrawn and redrafted.

The three bills have received a mixture of responses from different "stakeholders". Major opposition parties – the National Party, the Inkatha Freedom Party and the Democratic Party – have voiced their opposition to the bills and are expected to oppose them when they are tabled in Parliament.

The opposition parties urged the department to enter into further discussions with "key role players" in the health industry, to achieve the goals of lowering the cost of medicines to the private sector, while protecting people's safety and freedom of choice.

Despite the opposition, Zuma has remained adamant that the three pieces of legislation – aimed at reducing the price of drugs and improving access to health care – would become law.

The debate on the three health bills and debates on Labour Minister Tito Mboweni's Basic Conditions of Employment Bill are expected to be the major focal point during Parliament's fourth quarter, which starts today.

Star 6/10/97

Committee sets limit for interns' community service

(93) Star 9/10/97

Cape Town – Compulsory community service for doctors should be limited to a maximum of one year, the National Assembly's health committee said yesterday.

The committee agreed to an African National Congress proposal that the period should be specified in the Medical, Dental and Supplementary Health Professions Amendment Bill.

It also agreed on a new clause making it clear that the service is to be performed only by interns, before their registration as medical practitioners.

The committee is expected to vote on the bill today. – Sapa

COMMUNITY SERVICE FOR DOCTORS

Interns take off the gloves

Legal action looms unless Zuma spikes compulsory service Bill

Medical interns have sent Health Minister Nkosazana Zuma an ultimatum — withdraw plans for medical conscription within five days or face immediate legal action.

But Zuma has no intention of withdrawing the Medical, Dental & Supplementary Health Services Professions Amendment Bill, which is being debated by parliament's portfolio health committee this week.

Zuma says she has compromised enough and the Bill must follow the parliamentary process. "We are not going to stop the interns going ahead. We feel we are on firm legal ground," her spokesman says.

The Bill allows Zuma to withhold interns' registration until they have completed a year or more of compulsory community service, starting in January 1998. She can determine the duration of community service, where it will be conducted and the employment conditions.

In a lawyer's letter to Zuma dated October 3, the National Interns Alliance (NIA) — which represents nearly all of this year's crop of 1 000 interns — threatens immediate action in the Labour and Constitutional courts unless a list of demands is met.

It demands that plans for community service be withdrawn, that interns be registered at the end of the year, that superintendents be permitted to employ them as doctors next year, and that Zuma observe the Labour Relations Act's provisions for negotiation and consultation as well as various constitutional provisions.

The NIA argues that her plans amount to a unilateral change to their terms and conditions of employment and says unless they are withdrawn in five days, the NIA will declare a labour dispute. The NIA also holds that the plan violates eight basic human rights under the Constitution. The letter, which has been copied to President Nelson Mandela, calls for an urgent meeting between NIA lawyers and the State.

It says that chaos prevails around the appointment of interns in government hospitals as superintendents have been instructed not to appoint interns to posts next year. This means that interns face 1998 without employment or any idea of where they will be performing community service if the Bill is passed.

Claire Bisseker

Motheo probe told of board's rubber stamp

No quorom for housing projects' approvals

ST 12/10/97

JUSTIN ARENSTEIN

AT LEAST four Mpumalanga low-cost housing schemes may be illegal if evidence led before the Motheo commission of inquiry in Nelspruit this week is correct.

The revelation, which could further stall delivery of the province's faltering housing project, follows findings by the auditor general that there was no quorum of the Mpumalanga Housing Board when it supposedly approved the R198-million Motheo rural housing initiative.

Evidence from six of the board's 14 members indicates there were no quorums at other meetings where smaller mass-housing projects were approved or where funding for related development was granted.

The commission was established by Mpumalanga Premier Mathews Phosa last month to probe the auditor general's concerns that procedures were repeatedly ignored during the build-up to the Motheo project.

The commission was not mandated to investigate concerns that family or friends of national Housing Minister Sankie Mthembi-Mahanyele may have benefited from the scheme.

Thembi Ndlovu, the head of the project, is a close friend of Mthembi-Mahanyele.

Testimony from the board members and administrative officials points to a dysfunctional and ineffective board which simply rubber-stamped the decisions of sacked board chairman, Saths Moodley.

Board members said they had repeatedly voiced concern about the growing inability of technical staff to monitor how grants were being used and about their own ineffectiveness.

Logon Appasammy, the board's administrative head, acknowledged during testimony that the secretariat was forced to simply provide logistic support services for Moodley, instead of the advisory role envisioned by the national housing implementation manual.

"It got to the point where ... our input was simply ignored," he told the commission.

"At no time did we appraise Motheo's application for funding because there never was one." Approval was, however, pushed through by Moodley.

None of the board members who testified even knew they'd approved the Motheo initiative after a board meeting on January 30. Many only heard Motheo's name for the first time after the scandal broke in the press.

"I went home after that meeting without the slightest idea that I had allocated R198-million of low-cost housing funds to South Africa's biggest project of its kind," said Elsie Mthethwa.

It was also revealed this week that Motheo was given a blanket 15 percent increase on its R15 000-a-house grant without the usual deliberation or approval by the board.

Most board members said they had never seen the hefty housing implementation manual they were supposed to use to evaluate housing projects.

This could, housing experts say, lead to a review of all Mpumalanga's housing projects.

The commission hearing will continue on Monday.

TROUBLE BREWING: National Housing Minister Sankie Mthembi-Mahanyele

Young doctors flee community service

ST 12/10/97 (93)

CAROL PATON

BRITISH recruitment firms have stepped up their efforts to attract medical interns from South Africa in the light of impending legislation that will compel them to perform a year of community service before being allowed to register as doctors.

The one-year contracts being offered in Britain are being taken up by a growing number of interns and the Medical Association of South Africa estimates a third of interns could leave South Africa if community service comes into effect next year.

This week the parliamentary health committee approved the Medical, Dental and Supplementary Health Services Professions Amendment Bill, stipulating that community service would be limited to one year.

Yakoob Karrim, an intern at Kalafong Hospital near Pretoria and a member of the National Interns Alliance, said: "These firms are becoming very aggressive and are actively canvassing us now more than ever. South African doctors are very well qualified and they are very keen to have us over there."

A broad spectrum of interns interviewed said they would be signing British contracts due to the uncertainty around community service and to earn pounds to pay back large study loans. However, many said they would not have considered going to Britain before the community service proposal was made.

"I am definitely going and I know many of my colleagues are considering it. The regulations are effectively encouraging a lot of doctors to leave," said one.

Professor Dave Morrell, spokesman for Masa, said: "We may lose a third of our interns if community service is implemented next year. Maybe some will come back but community service will be a disincentive to do so."

But Health Minister Dr Nkosazana Zuma said: "The majority of patriotic South Africans who want to contribute will stay." The minority who would leave would have done so anyway.

She said she remained convinced of the positive aspects of community service which would give rural people access to care by doctors and would expose young doctors to the health needs of the country.

It not yet clear whether the Bill will be passed in time for implementation next year.

● Meanwhile, a significant number of doctors continue to emigrate from South Africa.

Official statistics gathered from airport departure forms show that last year 103 doctors emigrated; 71 left in 1995 and 93 in 1994.

Morrell said he believed the official figures revealed only the tip of the iceberg and the result was a "frightening dearth of specialists" in secondary hospitals.

ST 12/10/97

Doctors on the make had better watch out

CAS ST LEGER reports on the crackdown on profiteering in the health industry

DOCTORS who accept kickbacks — from cash to fax machines — for referring patients to private hospitals for tests or treatment had better beware.

The first meeting of a multi-professional peer review committee — representing doctors, nurses, pharmacists, private hospitals and other medical professionals — was held this week to ensure doctors toe the line.

The committee, an initiative of the Interim National Medical and Dental Council and the Medical Association of South Africa, says it will discipline doctors and other health professionals who accept kickbacks.

Rumours of crooked doctors receiving kickbacks have escalated recently and the committee was formed to thrash out ethical guidelines until new legislation can be introduced.

Professor Jan van der Merwe, chairman of the committee, says the body was established as it was "such an urgent matter".

He says policing of the medical profession has become necessary as times have changed.

The old-time doctor, Van der Merwe says, was known and honoured by his community. He was reliable, trusted and was not motivated by money.

"Lately, basically because of cost spirals, the market-model doctor has come into existence."

Today, business practices are applied to the health care industry. If a doctor brings in business to a hospital, the hospital benefits. Hospitals, therefore, may be tempted to offer financial incentives to attract doctors.

Free market principles do not apply when it comes to the doctor and his patient.

"The doctor is both the buyer and the seller," Van der Merwe says. "The patient does not really participate in the buying process."

If incentives are offered to the doctor by hospitals or other service providers, he can be influenced to recommend treatment that is not necessarily in the interests of his patient or the patient's medical aid.

"And there could be incentives to over-service," says Van der Merwe.

The immediate task of the committee is to draw up guidelines on ethical behaviour. It will then turn to the task of investigating allegations of kickbacks.

A Johannesburg gynaecologist says: "There will always be a few bad apples — but I do not know of any kickback cases personally and I have never been offered such a bribe."

Norman Weltman, an executive committee member of the Clinic Holdings private hospital group, says: "We most definitely do not do kickbacks.

"We choose to attract doctors by high technology and services rather than by kickbacks."

Weltman says his group offered the committee its support and cooperation.

One of the most outrageous claims to be investigated by the new committee concerns a Johannesburg doctor who has an interest in a men's outfitters.

The doctor allegedly sends patients to the shop to choose a new suit or shirt in return for signing blank forms — and the clothing bill goes onto a medical aid claim form under the guise of medicines or tests.

A more common allegation concerns aggressive marketing by private hospitals, creating incentives to attract doctors and encourage them to send more patients by offering reduced rentals or profit sharing.

The more patients the doctor sends to the hospital, the more cash flows back to the doctor.

In another case, a hospital group is alleged to have sent a doctor a handsome cheque in return for a batch of patients referred by him for kidney dialysis.

State doctors could also be involved.

A doctor needing a fax machine to receive laboratory results but with no budget for one could, for example, be provided with one by a laboratory which would be keen to have his business.

Council slams kickbacks for doctors

BD 14/10/97

A COMMITTEE should be set up to probe unacceptable incentives or kickbacks being paid to doctors by private hospitals, the Interim National Medical and Dental Council of SA said yesterday.

The practice appeared to be escalating and could interfere with a doctor's judgment of what the most appropriate care for a patient was, council registrar Nico Prinsloo said. "(Hospitals) can inflate costs by causing doctors to overutilise inappropriately the services of a particular hospital," he said.

Prinsloo said a steering committee set up recently had had its first meeting and recommended a multiprofessional peer review committee be set up. This committee should consider all matters relating to "perverse incentives".

It should also set up guidelines as to what constituted acceptable arrangements between private hospitals and practitioners as far as incentives were concerned. The statement said disciplinary action would be considered against any practitioner accused of accepting kickbacks.

REPORTS: Business Day Reporters, Sapa.

National Interns Alliance spokesman Anna Sparaco, right, criticises the health ministry's proposed legislation on compulsory community service due to be tabled next week, while alliance member Malepule Mseleku looks on.

Picture: ROBERT BOTHA

Interns' alliance says it will fight community service bill

Josey Ballenger

BD 14/10/97

THE National Interns' Alliance, which claims to represent the majority of SA's 1 300 medical interns, has threatened to take legal action against the health ministry if legislation concerning compulsory community service for interns is passed by Parliament.

If the legislation goes through, the alliance is planning to challenge it in court on the grounds of allegedly violating the Labour Relations Act and the constitution.

In an October 3 letter of demand to the ministry, attorneys Webber Wentzel Bowens — acting on behalf of the alliance — claimed the ministry had contravened the Bill of Rights and the terms and conditions of medical interns' employment, which states they qualify for registration as general practitioners upon completion of their internships.

Section 24 A (1) of the Medical, Dental and Supplementary Health Services Professions Amendment Bill — which was approved by Parliament's health portfolio committee last Thursday — states interns will not qualify for registration until an additional year of remunerated medical community service is completed.

The bill proposes coming into effect in January, thus applying to this year's interns.

The alliance, which said it could take legal action only once the bill had been passed, said Health Minister Nkosazana Zuma had "arrogantly failed" to respond to the October 3 letter and that the heart of disagreement over compulsory community service was not the "principle" itself, but the minister's "insufficient consultation" with the medical profession.

Webber Wentzel Bowens sent another letter last Friday to request that the minister meet the alliance "to resolve this dispute". It claimed medical parties were only given the opportunity to discuss the community service proposal orally for five to 10 minutes each, when Zuma first announced plans for it at a July 29 meeting.

But the minister's spokesman, Vincent Hlongwane, said: "I don't know what consultation means to them," as Zuma had called meetings with interns in August and September at which the parties had agreed to discuss the implementation process if community service came into law.

Some interns were so disgusted they were considering leaving the profession, while others planned to flee overseas, alliance spokesman Anna Sparaco said.

Interns not sure of what future holds

(93)
Sowetan 14/10/97

Lawyers for students say they are more than prepared to go to the Labour Court

By Sello Seripe

THERE IS UNCERTAINTY among medical interns as to what the future holds for them next year after the failure by Minister of Health Dr Nkosazana Zuma to meet their lawyers about the contested one-year compulsory community service period.

About 1 300 interns at various hospitals were supposed to register as professional medical practitioners from next year, but a new clause introduced in the Medical Dental and Supplementary Health Services Professions Amendment Bill requires that they do a year's community service before they can register.

Lawyers acting of behalf of interns yesterday said if the Bill becomes an Act, they will take the minister to the Labour Court.

They had been instructed to do so by their clients – the National Interns Alliance (NIA).

Spokesman for Webber Wentzel Bowens Mr Rod Harper said it was a violation of the new Labour Relations Amendment Bill to enforce compulsory community service without involving interns.

Harper said interns were partners in the provision of health services and the ministry could not bypass the NIA on matters affecting their profession.

He said his firm was ready to institute legal proceedings against the ministry should the Bill become law.

NIA spokeswoman Ms Anna Sparaco accused the minister of using "high-handed tactics instead of sitting down with us in order to resolve the issue amicably".

Spokesman for the ministry Mr Vincent Hlongwane said the NIA had been consulted and had made two submissions.

Consulted

Hlongwane said while the NIA was consulted about the changed clause, they seemed to believe their views should take precedence over other views.

He said this was wrong and the NIA would not determine the way the matter was handled.

"It is their democratic right to explore any avenues open to them, including the courts.

"They sent us a five-day ultimatum but we are not going to withdraw the measures and they should go to court," he said.

Appeal to Zuma on new law

(93)
Sowetan 14/10/97

By Mokgadi Pela

THE Junior Doctors Association (Judasa) has given a half-hearted support to the Government's intention to force doctors to do one year's community service before they can practise medicine.

In a statement released at the weekend, Judasa said: "While we fully support the principle of community service, we have strong reservations about the practical implications of hasty implementation. Now that there's clarity on the duration, the important remaining issues are the date of implementation and conditions of service."

Judasa said implementing the new rule in 1998 would be "grossly unfair on affected interns as well as on healthcare services. The notice period is simply too short and the remainder of the legislative process too long for proper planning".

The organisation has instead appealed to Health Minister Dr Nkosazana Zuma not to wait for the legislation to be finalised but use her powers to ensure that it is not implemented before 1999.

Zuma on course for legal clash with interns

Star 14/10/93

Health Ministry says the matter of compulsory community service is now out of its hands

(93)

By Daisy Jones

The Ministry of Health is still hoping to send medical graduates on compulsory community service in areas outside the cities from January next year, despite a threat of court action from the National Interns Alliance (NIA).

Health Ministry spokesman Vincent Hlongwane said the interns had had an opportunity to state their case, but their time was now up.

The proposal was out of the ministry's hands and was currently with the parliamentary portfolio committee on health, where the bill was passed last week, he said.

Health Minister Nkosazana Zuma's proposal, contained in the Supplementary Health Services Professions Amendment Bill, would go through Parliament on October 21, and thereafter the ministry would consider its options, with a view to staying "on course for this programme".

At a media conference yesterday NIA spokesman Anna Sparaco said although they were not opposed to community service in principle, the interns would proceed with legal action as "an expression of the degree of our dissatisfaction and the seriousness with which we view the situation".

She said the interns had objected to a lack of consultation and negotiation with them regarding the proposed community service, lack of facilities, and the timing of the implementation of the proposals.

Zuma did not respond to the NIA's request for an urgent meeting to resolve the issue, according to Sparaco.

The NIA cannot proceed with legal action against Zuma unless the legislation is passed.

In terms of the bill, the minister can withhold interns' registration until they have completed community service. The interns are demanding that the bill be withdrawn.

If it is not withdrawn, the interns will declare a dispute in terms of the Labour Relations Act and refer the matter to the Commission for Conciliation, Mediation and Arbitration (CCMA).

At this stage, Sparaco said, there were 10 weeks before students were due to register as interns, and they were still uncertain of their future.

The NIA's lawyer, Rod Harper, said that if Zuma pushed the legislation through she would be guilty of ignoring "a cornerstone of labour practice laws". He said she could not legally amend a contract of employment without first consulting employees.

Sparaco said interns needed supervision, equipment and support staff to deal with medical problems. In many "periphery areas" they would have none of these.

She said some gifted doctors were so disillusioned by the conscriptive nature of the proposal that they were threatening to leave the profession.

"We are not tools to be shunted around at her (Zuma's) discretion. We are part of the solution," Sparaco said.

"We are part of this. Let us address the deficit (in the Health Department) together."

Hlongwane said the interns had had two long meetings with Zuma; they had made an overlong submission to the portfolio committee on health; and they had lobbied politicians and the media.

The NIA's assertion that Zuma had been hostile to negotiation was "not giving a true reflection of things", he added.

Hlongwane said it was the democratic right of the interns to take Zuma to court if legislation was passed compelling them to do community service.

But the ministry was "quite sensitive to whoever feels strongly on certain positions. Nothing says the door has been shut on them.

"We are not the demons some people make us out to be," Hlongwane said.

The Medical Association of South Africa and the CCMA were to meet yesterday to decide on arbitration on the issue of community service. Arbitration would determine whether Zuma was obliged to negotiate on the issue.

Doctors' plea to Zuma

Juniors urge delay on service stint

(93)

JENNY VIALL
HEALTH REPORTER

ARG 15/10/97

Junior doctors have urged Health Minister Nkosazana Zuma to not implement community service next year, saying it would be "grossly unfair" on interns and the health-care service.

Community service is one of the provisions of health legislation being considered by the parliamentary health committee.

With little more than two months of the year left, the Junior Doctors' Association says there is not enough time for proper planning and too little notice for interns who will be affected.

"Already the uncertainty is pointing to a major crisis in the delivery of services because superintendents have been instructed to not fill their usual medical officer posts for next year pending possible finalising of the community service issue," the association said.

"We would therefore urge the minister of health to not implement community service before 1999."

This and proposals on the consultation and negotiation process ahead will be discussed at a meeting between the association and Dr Zuma soon.

Wait, doctor: Health Minister Zuma

Whistle blown on kickbacks to doctors

(93) (95)

Hospitals limited on incentives

ARG 15/10/97

JENNY VIALL
HEALTH REPORTER

The practice of private hospitals giving kickbacks to doctors as incentives to use their services is to be stopped.

Nico Prinsloo, registrar of the Interim Medical and Dental Council, said a multi-profession peer-review committee would be set up to establish guidelines for acceptable arrangements between doctors and private hospitals.

The committee would not limit investigations to the relationship between private hospitals and doctors. "The council is fully aware of the fact that the modern health care system is extremely complicated, competitive and finance-related, while many outside factors impinge on the system, mostly commercially driven," a council statement said.

Incentive programmes could interfere with a doctor's judgment of the most appropriate care for a patient and inflate costs by causing doctors to over-utilise the services of a particular hospital, it said.

Disciplinary action would be considered against any medical practitioner cited for unethical behaviour as far as kickbacks were concerned.

The Medical Association of South Africa's board of trustees has said acceptable kickbacks are free meals, free parking and discounts on theatre fees and drugs.

Unacceptable kickbacks are free shares in hospitals; direct payment or commission for referrals or treatment; educational policies for doctors' families; insurance policies for doctors; retirement annuities and car schemes.

Other incentives regarded acceptable, as long as they are not based on referrals or performance, are subsidised rentals, electricity and water and entertainment such as dinners.

Earlier this year the Cape Argus reported that a southern suburbs hospital was offering kickbacks to doctors in the form of shares in a trust scheme and 3% of fees billed to patients they referred to the hospital.

Geographic quotas for doctors considered

BD 15/10/97 (93)

Josey Ballenger

THE health department would investigate establishing a geographically based licensing system aimed at distributing doctors equitably throughout the country, spokesman Vincent Hlongwane said yesterday.

The department was likely to set up a committee of health officials, business and medical experts next year to study the viability of geographical quota systems used in the UK and western Europe, Hlongwane said. The idea had sprung from the disparity between medically underserviced rural areas and well-supplied urban areas, and government would consult its peers in Germany, Denmark and the UK, which used "grid" licensing systems.

If viable, the system would apply to newly registered doctors looking to set up private practices and would likely operate on a first-come, first-served basis. Currently, doctors have jurisdiction over where they work.

The British consulate-general said the UK medical practices committee's latest newsletter stated that it "would be failing in its duty of ensuring there was an equitable distribution of general practitioners if it were to grant all requests (for licences) where there appears to be an adequate number of doctors already".

Local sources said health professionals were likely to oppose geographically based licensing.

Medical Association of SA secretary-general Hendrik Hanekom said it "would not be acceptable (to) subject the medical profession further to stringent statutory controls", as private practitioners would already be subject to "strict professional control" if legislation to be tabled next week in Parliament was passed.

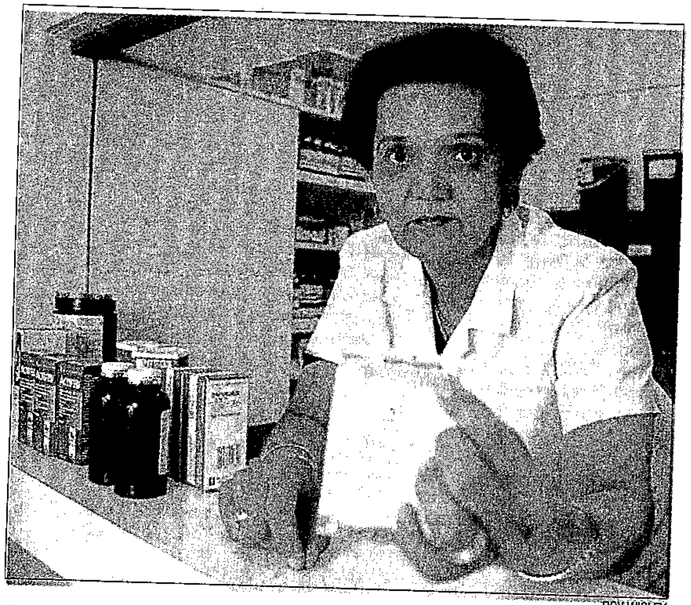
The National Interns Alliance, which on Monday threatened legal action against the department if a bill concerning compulsory community service became law, said it did not necessarily oppose the idea, but called for consultation with all stakeholders.

However, Hlongwane said: "It is still very early days. No one has been tasked at this stage (to look into the matter) ... and we don't see anything happening (in Parliament) on this issue until 1999."

Elaine Clarke – struggle doctor with new mission

From unsung hero to her new influential role on medicine dispensing body

(93) ARG 16/10/97



ROY WIGLEY

Top doc: Elaine Clarke, new head of the Dispensing Family Practitioners' Association

SHARKEY ISAACS
STAFF REPORTER

The new chairwoman of the Dispensing Family Practitioners' Association, Elaine Clarke, is a Cape Town doctor who has carved a niche for herself as an unsung hero of the struggle years of the 1980s.

As the co-ordinator of the Concerned Doctors' Action Committee, Dr Clarke, 51, was in the team of voluntary doctors treating high school pupils and university students injured in unrest on the Cape Flats.

From the time she got her MB Chb degrees at the University of Cape Town and completed her housemanship at Somerset Hospital, Dr Clarke made medical history.

She was the first coloured doctor to train as an anaesthetist and her training required her to do clinical work in the wards at Groote Schuur and Red Cross Children's hospitals.

"To get the go-ahead for me to start working at the two hospitals, administrative staff had to consult the white porters first to see whether they objected.

"Fortunately, no one did and I qualified as an anaesthetist in 1974."

This, she said, opened the doors for many other doctors in other fields of medicine.

Dr Clarke practised as an anaesthetist for eight years and then worked as an anaesthetist and a doctor, but found this too demanding.

Concerned about the amount of quality time she was spending with her three children, Dr Clarke switched to working full time as a general practitioner in private practice in Walmer Estate.

She adores her children Nadia, Anees and Zubin and says she is first and foremost a caring mother.

But she also believes children should learn as quickly as possible to be independent.

In 1991, the British Council honoured her with a scholarship which allowed her to get her MSc in Public Health in London.

Dr Clarke also forged close associations with the former residents of District Six and helped them fight to get back their land after the Group Areas Act was scrapped.

Her first association with District Six was when she arrived in the area after matriculating in Port Elizabeth in 1960 and lived in the YWCA in her early medical student days.

Recently, her civil rights role in the community was recognised when she and Neville Alexander were appointed facilitators of the District Six Development Forum's land restitution committee.

Speaking of the violence on the Cape Flats and the dangers facing general practitioners after the killing last month of Valhalla Park doctor Mogammat Refai Dharsey, she advised the medical fraternity to be alert and on their guard in their waiting and consulting rooms.

While Dr Clarke was not considering arming herself, she said she believed it was an issue each doctor had to decide.

The best alternative was to seek police protection and even then it remained to be seen whether 24-hour or even part-time protection would be given. The arrival in Cape Town of additional South African National Defence Force members might be a deterrent but was only a temporary arrangement.

Dr Clarke said a long-term solution was necessary with greater police protection for residents and those who provided vital services.

Meanwhile, she urged doctors to foster goodwill in the neighbourhoods in which they worked and the wider community.

Discussing dispensing doctors' battle to continue dispensing medicines, Dr Clarke said general practitioners were busier than ever and seeing many more patients.

"Contrary to Minister of Health Nkosazana Zuma's belief, township doctors are the vanguard health teams treating the poor.

"Many doctors do not turn away seriously sick patients simply because they do not have the money for treatment."

Some patients saved up to pay for private doctors because the service provided at hospitals was so poor.

She believed that with the continuing influx of people from Transkei and Ciskei, money allocated to rural areas was being misdirected.

Dispensing doctors were the backbone of medicine in Switzerland and other countries.

"Why must we instead tread the same route as other countries in Africa which have already been unsuccessful in providing adequate primary health services for their people?"

The public should be canvassed, through a referendum, whether they wanted doctors to continue dispensing.

"If we are living in a democratic society as they claim, they must ask the people what they want."

Dr Clarke said the package deal dispensing doctors offered patients was far better and more prompt than that at day hospitals or clinics.

"Our fees are also very reasonable and either within or even below medical scheme tariffs. So what is the objection?"

Zuma rejects prolife doctors

BD 20/10/99 (257) (93)

PROLIFE doctors seeking assurance from Health Minister Nkosazana Zuma that doctors with conscientious objection to performing abortions on demand would not be discriminated against, were told they should have selected another discipline.

Doctors for Life said yesterday they viewed Zuma's stance as an infringement of the constitutional rights of health professionals and offered to assist prolife doctors in obtaining legal representation in the matter.

Zuma in her reply to the organisation said: "Maybe doctors who do not want to do terminations of pregnancy should not choose obstetrics and gynaecology (O&G) as a speciality."

Doctors for Life spokesman A van Eeden said Zuma's statement did not appear to have been well thought out.

"Does Dr Zuma realise that only 6% of doctors who specialise in O&G in America still do abortions on demand? In other words, in the honourable minister's opinion, 94% of American registrars in O&G should rather not specialise in this discipline," he said.

Van Eeden said it was too old a discipline for Zuma to determine what it should and should not include.

Zuma's letter said that while the application form for employment in the public sector did not contain any statement on termination of pregnancy, the interviewing panel may ask questions related to the matter, if the position required such expertise.

Van Eeden said Doctors For Life felt the question was relevant if the post was for an abortionist only or for an abortion clinic. "If the post is for a medical officer in the department of O&G, or a specialist in O&G, the applicant's convictions about abortion on demand should not play a role." — Sapa.

Community service bill pushed through by ANC

(93) BD 21/10/97

Jacob Dlamini

CAPE TOWN — The African National Congress (ANC) marshalled its majority to push legislation providing for community service for newly trained doctors through Parliament yesterday.

This was despite claims by opposition parties that the provision would be the subject of countless expensive constitutional court challenges.

Two hundred and nine MPs voted in favour of the Medical, Dental and Supplementary Health Service Professions Amendment Bill, while 71 voted against it. Three abstained.

The bill gives the minister powers to register medicines and prohibits the sale of those that are not registered. There are also provisions for the fast-track registration of medicines considered essential for accessible national health care. The bill seeks to end some incentives in dispensing of medicines by banning the sampling of and incentive bonuses for, the medicines.

More importantly, the bill allows for the introduction of community service for newly qualified doctors. The service is set to begin next year.

Health Minister Nkosazana Zuma said community service would go a long way to "creating a better life through better health care provision".

Zuma said the bill was designed to rectify the concentration of doctors in urban areas. She said doctors working under the system would work where they were needed on a full salary and as part of a team for 12 months. This would give them the necessary experience before they were registered for independent practice.

Zuma denied the bill would ban dispensing by doctors.

She said doctors would still be allowed to dispense medicines in areas without pharmacies.

But the Inkatha Freedom Party (IFP) called the introduction of community service a hostile act which would alienate new doctors.

IFP spokesman Ruth Rabinowitz called for a policy of incentives to attract doctors to underserved areas. She said this could be done through the improvement of facilities in rural areas and by offering bursaries to children of doctors working in those areas.

National Party spokesman Kobus Gous accused the government of failing to consider options such as incentive schemes and advertising campaigns as a way of addressing the shortage of doctors in rural areas.

Gous said the mandatory nature of the provision was discriminatory and likely to prove unconstitutional.

Democratic Party spokesman Douglas Gibson said that the provision would drive young doctors away from the country.

Doctors' community service closer

ET 21/10/97 (93)

POLITICAL STAFF

THE government's move to compel medical interns to perform 12 months of paid community service and to prohibit doctors from dispensing medicine for a profit passed a crucial hurdle yesterday when the National Assembly voted in favour of the first of Health Minister Dr Nkosazana Zuma's three bills.

The Medical, Dental and Supplementary Health Service Professions Amendment Bill was passed by an overwhelming ANC majority.

Two-hundred and nine MPs voted in favour and 71 members, mostly from the National Party, the Democratic Party and the African Christian Democratic Party, voted against.

There were three abstentions.

The bill will now be referred to the National Council of Provinces, which is expected to pass it on to the provinces.

BACKING: Nkosazana Zuma

Zuma's two other bills, the Pharmacy Amendment Bill and Medicines and Related Substances Control Amendment Bill, were tabled in Parliament yesterday and are expected to be debated soon.

Yesterday's measures provide for compulsory community service for newly-qualified doctors as a way of getting doctors to work in under-served areas.

Junior doctors will be required to perform community service before they can register to practise.

The Department of Health has said that by taking medical practitioners to the rural areas under supervision, the government would be putting in place quality health care for people in those areas.

Doctors doing community service would be supported with accommodation, transport and medicines.

Junior doctors have vociferously opposed the bill, arguing that it is counter-productive in that it will speed up the medical brain drain. They argue that it is also unconstitutional because it targets doctors as a group.

The legislation will also compel medical practitioners who wish to dispense medicines to apply for a licence from the Department of Health.

The move is aimed at removing undue incentives and stopping doctors from dispensing for profit.

In the National Assembly yesterday, Zuma defended the bills, saying that they would help the government to create a humane society based on equality and respect.

"It's up to the parties to declare where they stand. A humane society does not happen as a miracle. There has to be a deliberate systematic direction in all (government) departments, including health," Zuma said.

Health committee chairman Dr Abe Nkomo said the legislation was historic because for the first time members of the public would be represented on the Health Professions Council, a body that will regulate the health care professionals .

The Democratic Party said that although it was not opposed to the principle of community service, it was against forced community service.

IFP supports extra year for all medical students

(93)

ET 21/10/97

THE Inkatha Freedom Party has backed "in principle" the government's plan to send newly qualified doctors to rural areas for a year of community service next year.

The Medical, Dental and Supplementary Health Services Profession Bill was yesterday backed by the African National Congress, the IFP and the Pan Africanist Congress. The Democratic Party, National Party, Freedom Front and African Christian Democratic Party voted against it.

IFP health spokesman Dr Ruth Rabinowitz said the bill — part of a trilogy before the National Assembly — was aimed at improving the quality of healthcare for all South Africans but could in fact achieve the opposite.

The IFP said that the powers given to the minister in terms of the bill to determine where young doctors should serve was worrying.

Rabinowitz said it was of concern that the new Health Professions Council — to replace the Medical and Dental Council — would have no jurisdiction at all over the community service. The minister was given "carte blanche" over all aspects of the service "including place and conditions of the service without any input from the council".

She said the IFP believed incentives should be put in place to attract all health professions to rural areas. Rabinowitz, however, said her party had supported the bill despite its reservations. — Political Staff

Forced service for interns a step closer

(93)

First of Zuma's three controversial bills passed in National Assembly

Star 21/10/97

By Jovial Rantao
Cape Town

The Government's move to compel medical interns to perform 12 months of paid community service and to prohibit doctors from dispensing medicine for profit passed a crucial hurdle yesterday when the National Assembly voted in favour of the first of Health Minister Nkosazana Zuma's three bills.

The Medical, Dental and Supplementary Health Service Professions Amendment Bill – the first of Zuma's triad of health bills – was passed by an overwhelming ANC majority with support from IFP MPs who nonetheless expressed reservations about the powers the bill gave the minister.

A total of 209 MPs voted in favour while 71 members, mostly from the NP, the DP and the African Christian Democratic Party, voted against. There were three abstentions.

The bill will now be referred to the National Council of Provinces, which is expected to pass it on to the provinces.

Zuma's two other bills, the Pharmacy Amendment Bill and Medicines and Related Substances Control Amendment Bill, were tabled in Parliament yesterday and are expected to be debated soon.

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"It's up to the parties to declare where they stand. A humane society does not happen as a miracle. There has to be a deliberate, systematic direction in all (government) departments, including health," she said.

Health committee chairman Dr Abe Nkomo said the legislation was historic because, for the first time, members of the public would be represented on the Health Professions Council, a body that will regulate the health-care professionals.

The DP said that although it was not opposed to the principle of community service, it was against forced community service.

The DP's Douglas Gibson said that if it were implemented in accordance with the bill, community service would become "nothing more and nothing less than conscription".

NP health spokesman Dr Kobus Gous urged Zuma not to apply community service next year.

Gous also objected to the powers granted to the minister and the fact that interns could be forced to do community service outside South Africa.

First Health Bill goes through

(93) Sowetan 22/10/97

Sowetan Correspondent

THE Government's move to compel medical interns to perform 12 months of paid community service and to prohibit doctors from dispensing medicine passed a crucial hurdle on Monday when the National Assembly voted in favour of the first of Health Minister Nkosazana Zuma's three Bills.

The Medical, Dental and Supplementary Health Service Professions Amendment Bill was passed by an overwhelming African National Congress majority. It was also supported by Inkatha Freedom Party members of parliament although they expressed reservations about the powers the Bill gave the minister.

A total of 209 MPs voted in favour while 71 members – mostly from the National Party, the Democratic Party and the African Christian Democratic Party – voted against.

The Bill will now be referred to the National Council of Provinces, which is expected to forward it to the provinces.

Zuma's two other Bills – the Pharmacy Amendment Bill and Medicines and Related Substances Control Amendment Bill – were tabled in Parliament on Monday and are expected to be debated soon.

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Junior doctors will be required to perform community service before they can register to practise.

The Department of Health has said that by taking doctors to the rural areas under supervision, the Government will be putting in place quality health care for people in those areas.

Foreign specialists face 'absurd' exam obstacle

Lecturer to write same paper as students

ARG 24/10/97 (93)

JENNY VIALL
HEALTH REPORTER

Dr S finds himself in an absurd situation.

A medical doctor who wants only to be identified as being from "an African country", he has now written and passed his exams to become a specialist.

But he will not be able to register as a specialist in South Africa unless he writes the final-year medical student exams and passes an ethical and legal exam. So, although he has been teaching students as part of his training, he will now have to write the same exam as them.

That is because he is a foreign-trained doctor and the Interim Medical and Dental Council's new regulations require this of him before he can be registered as an "independent practitioner".

What he can do is register as a public service specialist, in which case he won't have to write the final-year exams. But he wants full registration and the choice of working where he wants to.

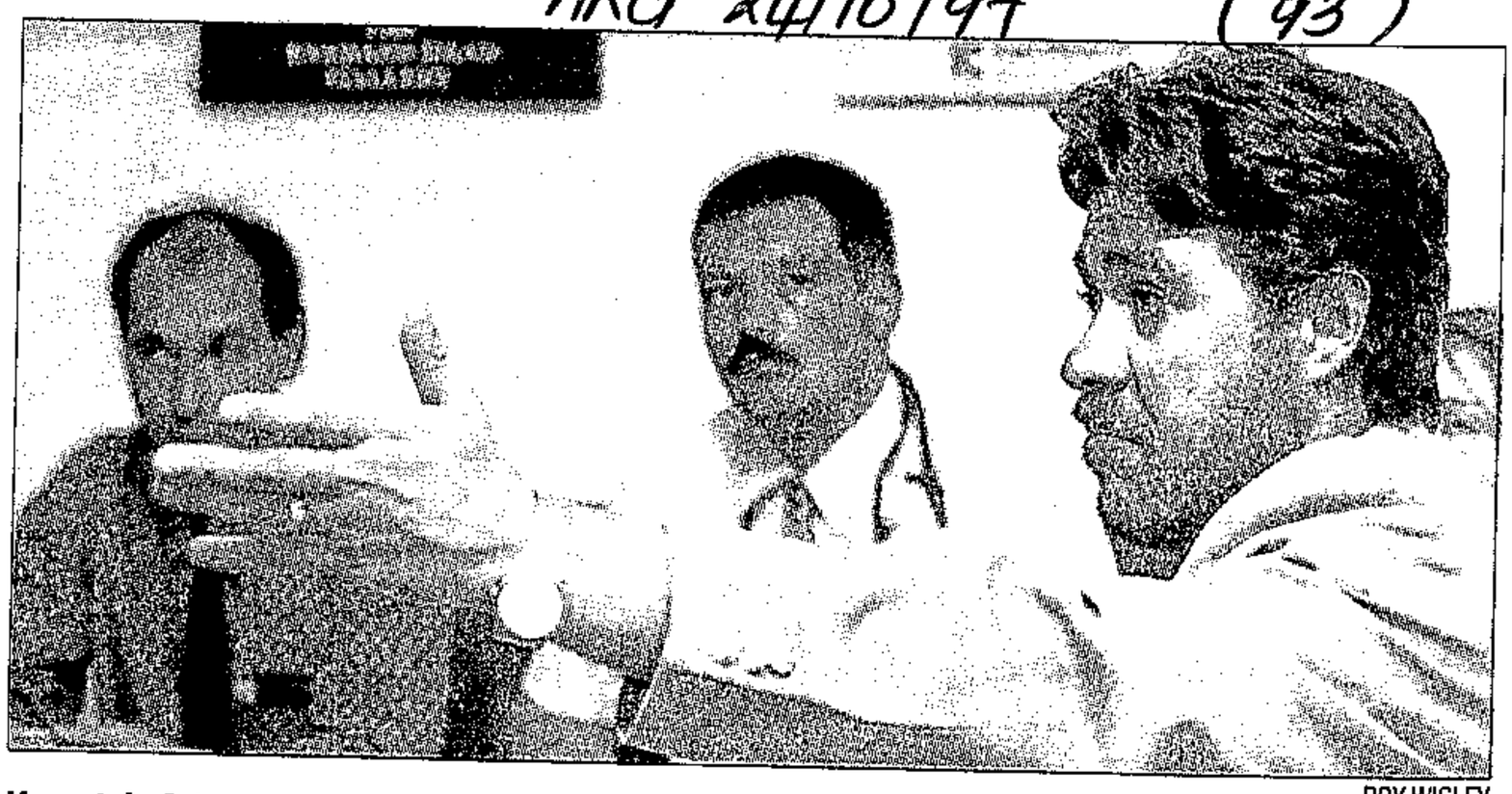
When Dr S came to South Africa he was exempt from the exam he is now being asked to write because his qualification was deemed equivalent to a South African one.

"It's crazy," he says. "I've trained here yet I can't even register with the national body for doctors in the country where I specialised.

"They're changing the rules and I'm throwing away five years of my life. My specialisation will be questioned if I go elsewhere and I haven't been registered here.

At a meeting of foreign doctors in Cape Town there are more questions than answers. The new registration system is an emotional issue.

Foreign-trained doctors are embattled and embittered, living from month to month and uncertain of their future as the IMDC finalises the registration system for foreign doctors.



Uncertain future: Ilia Evrev, chairman of the Foreign Doctors' Association

ROY WIGLEY

Many have lived without job security from year to year. Every year they have to re-apply for a work permit.

There are about 2 200 foreign-trained doctors working in South Africa, excluding those here by government-to-government agreements, such as those with Cuba and Germany.

While they do not all face the same problems, they are fed up with the uncertainty. Last year they organised themselves as the South African Foreign Qualified Doctors' Association in a bid to improve their situation.

The feeling is that foreign doctors will be forced out of the country, either because they will not be registered or because they will have no chances for ongoing education.

No-one is sure how the new registration system will affect them. They say they are getting mixed messages from the council.

Earlier this year the council said that registrars would not be registered as specialists. Then it changed its mind, but this is still a hazy area. There is talk of hidden agendas and a drive to "get rid of" some of the foreign doctors – even though South Africa has an estimated shortage of 2 000 doctors.

The suggestion is that the health department wants generalist doctors in rural areas, not specialists in tertiary hospitals. Others feel the medical association is protecting doctors already working in the private sector who feel threatened by foreign doctors coming into private practice. This, the foreign doctors feel, is unnecessary.

"Among those South African doctors training, the rate of resignation is high because of the high demands of work, responsibilities and studying for exams," says one doctor.

"In many cases South African doctors find the training incompatible with family life. We foreign doctors however have to go through this system because so far it is the only door into the system. We are therefore especially motivated.

"By doing this we have an enormous value for the Government and academic sector – in many instances the system would simply collapse without our contribution."

Arms sales can hit SA's moral stature — DP

BD 24/10/97

Linda Ensor

CAPE TOWN — Some may justify SA's indiscriminate arms sales as an unfortunate though necessary violation of its human rights code if it is to keep its job-creating arms industry alive.

Releasing a Democratic Party report, Morality vs Money: SA Armaments Sales, yesterday, DP defence spokesman James Selfe said SA had built up a moral stature in the world through its stand on human rights. This had trade and investment spin-offs which could be threatened by selling arms to countries with poor records of upholding human rights.

Selfe said President Nelson Mandela's efforts to forge a peace-making role for SA in Africa were also being undermined by its indiscriminate arms sales. Among contentious countries with which SA had, or wished to have, arms dealings were Rwanda, Turkey, Syria, mainland China, Saudi Arabia and Indonesia.

The DP report slammed the "appalling inconsistency" of arms sales, likening it to a "drunken zigzag". It criticised the lack of openness and parliamentary oversight in the process and highlighted the poor control over endusers of SA arms which had resulted in them being used by both sides in at least one conflict.

"Sales of conventional weapons are currently governed by an enigmatic policy which wavers precariously between a commitment to human rights criteria and a desire to fulfil various other agendas — particularly the promise of rich financial gains and the potential to pay off debts to old struggle friends," the report said.

Selfe said the African National Congress (ANC) government had failed to live up to its 1994 promise that, unlike the previous apartheid regime, its arms export policy would be transparent and guided by human rights considerations.

Selfe believed that the national conventional arms control committee, established in 1994 to grant marketing and export permits for SA arms, was malfunctioning. Permits either took too long to process, or were processed in a way which bypassed the committee altogether.

Moreover, the committee seldom voiced opposition to the wishes of the cabinet and some members, such as Defence Minister Joe Modise, were committed to arms sales above all other considerations.

The DP called for greater transparency in decision making on arms sales which had been subordinated to the perceived need to protect national interests and commercial confidentiality. Information leaked to the media was often the only way of knowing what was taking place.

"Our government resorts to assertions about the need for secrecy with unacceptable frequency," the report said.

Arms sales of R968m were notched up between October 1995 and September last year and Selfe conceded that it would be difficult for SA to turn its back on this rich source of revenue. Nor should it, except when potential sales conflicted with government's human rights criteria.

The DP recommended that arms sales policy, including measurable and prioritised criteria, should be enshrined in law. The proposed legislation should provide for the full publication of the details of arms deals, except for sensitive technical information, before being confirmed by the committee.

Applications for arms purchases should go before a joint committee of the defence and foreign affairs committees and control over arms deals should be removed from Modise and vested instead in a parliamentary committee.

Interns may be able to fulfil community service by doing research

BD 24/10/97 (93)

Josey Ballenger

THE health department would consider recognising medical interns' research as fulfilling community service obligations expected to come into force next year, a health department spokesman said yesterday.

Health Minister Nkosazana Zuma's spokesman, Vincent Hlongwane, said he could not comment fully on the issue, as he had not yet received a recommendation by the Medical Research Council that interns be able to conduct biomedical and health research to fulfil their community service obligations.

However, the department recognised research as a critical aspect of medicine. "It would enhance the young doctors' experience greatly. But that (this be recognised as community service) will need to be worked out."

The department could not come up with regulations regarding community service — which would include the scope of eligible activities — until it became law, and welcomed input "from anybody", he said.

If approved by the National Council of Provinces and signed by President Nelson Mandela, the Medical, Dental and Supplementary Health Service Professions Amendment Bill would require interns to serve in rural areas next year before receiving full registration as qualified doctors. The department hoped the legislation would be effective from January, Hlongwane said. The council is scheduled to consider the bill, which Parliament passed on Monday, on November 20.

The Medical Research Council, a statutory body, said it had made a proposal to the department that it accept research done in any area of practical health and biomedical research — including clinical disciplines and all fields of primary health care — as an option under community service.

See Page 7

Row over registration of foreign doctors

(93)

JENNY VIALL
HEALTH REPORTER

ART 24/10/97

Foreign doctors working in South Africa say new regulations for registration are discriminatory as they prevent them from working in the private sector.

Many foreign doctors have been in the country for five years or more and some are naturalised citizens or have permanent residence. As such they want the same opportunities as South African doctors.

Ilia Evrev, Western Cape chairman of the South African Foreign Qualified Doctors Association, says the new system sets different standards for those working in the public and private sector.

New Interim Medical and Dental Council regulations provide for two streams for foreign-qualified doctors – one which leads them into public service and the other into independent practice.

While this may be acceptable for new doctors coming to South Africa because conditions will be clearly spelt out, it is unfair and discriminatory for those who have been in the country for a long time, he says.

About 20% of doctors working in state facilities are foreign-trained doctors and in some areas this figure is as high as 40%.

The Interim Medical and Dental Council placed a moratorium on the registration of foreign doctors in 1995. This will be lifted once the new system is implemented. New regulations provide for a main category of "independent practice (general practitioner)" which will allow doctors to practice anywhere after doing a year's community service.

This will apply to all doctors, including South Africans. If a foreign-trained doctor does not comply with the council's requirements he or she will be allowed to register in the category "public service (general practitioner)".

These requirements include writing final year medical exams as well as an ethical and legal exam.

Specialists face 'absurd' obstacle: page 9

Council urges research as part of interns' work

If bill is passed, most provinces fear they'll struggle to place and accommodate recruits

(93) Star 24/10/97

By Adam Cooke and Janine Simon

The Medical Research Council has proposed that interns doing compulsory community service use part of their time to do research.

The proposal, made yesterday, comes as provincial health departments await the Medical, Dental and Supplementary Health Services Professions Amendment Bill, which will see doctors doing two years of compulsory community service, to be passed into law.

The bill was tabled in the National Assembly this week, but has not been passed as an act yet.

A survey by The Star has shown that if the bill is passed this year, most provinces will be hard-pressed to prepare for the placement and accommodation of the interns before the beginning of next year.

The Eastern Cape Health Department says there are vacancies for more than 1 000 medical officers in the province: "With the influx of these interns they will still not meet the province's need for doctors, so we believe we can quickly place them in vacant posts," said the department's Khululekile Bata.

"Administratively we are not ready for them, but the work for the interns is there," he said, adding that they would be properly supervised by senior doctors.

Another troubled province is KwaZulu Natal, which has about 400 vacant medical officer posts, which is 20% of its full complement.

Department spokesman Dave McGlew said his province's problems were twofold: "We don't just have poor hospital conditions with weak facilities, but we also have poor accommodation for the medical officers."

Despite these problems, the interns could easily be accommodated because the province needed more doctors urgently, he said.

Northern Province, which has only 200 full-time doctors but says it needs about 600 more, has begun a substantial development programme to ensure doctors have adequate accommodation to lure them to the rural areas.

Tshepo Moshima, spokesman for the department, said that while houses were being built for doctors in some areas, existing accommodation for them was being upgraded.

In the Northern Cape, where a majority of health care is administered from mobile clinics because of the widely dispersed population, medical officers – some local, but mainly Cuban – will be flown to the outlying areas.

"We will welcome these medical officers, but we need more doctors to supervise them," Deon Madya from the Northern Cape Health Department said.

Mpumalanga appears to be the most ready for the medical officers, with just 55 vacant posts for community service and 25 vacant medical officer posts.

North West said it would wait for the final outcome of the bill, but interns would be placed and accommodated at accredited hospitals.

Medical Research Council president Dr Walter Prozesky said that if interns were to do research as part of their service, it would both improve their experience of community service and boost the dwindling number of scientific publications produced by South Africans.

Projects could be chosen in collaboration with the minister, depending on where the doctors were placed.

Potential subject matter was vast, ranging from snakebites, to the quality of water supplies and rural services offered by any hospital, he said.

Prozesky said the council had the skills and experience to support research programmes, and could ensure these were up and running by early next year.

Proposals had already been submitted to the minister, the Medical and Dental Council of South Africa and the officials in charge of health systems within the Department of Health, he added.

Spokesman Vincent Hlongwane said the Health Ministry had not yet seen the proposal, but would welcome the idea, provided it did not replace community service.

Fears over move to allow psychologists to prescribe

CT 27/10/97

LISA TEMPLETON

PSYCHOLOGISTS may soon be able to prescribe medicines, but psychiatrists fear their lack of medical training may endanger their patients' health and possibly their lives.

To date the prescription and administration of medicines has been the strict domain of doctors and dentists, who are medically trained, but the Medicines and Related Substances Control Act would open the way for other health workers to prescribe.

The controversial act, which has been approved in principal and is expected to be passed later this month, is a move to broaden the base of prescribing health professionals to make them more accessible to people in rural or disadvantaged areas.

Other professionals to benefit from the act include opticians, dieticians and physiotherapists.

The possibility that psychologists will be able to prescribe medicines has outraged their medically trained counterparts, the psychiatrists, who fear the psychologists' lack of medical training could put their patients at serious risk.

"For example, if a patient with serious heart problems is prescribed a common anti-depressant, there is a 60% chance that the patient will die in two weeks," one psychiatrist said.

Dr Saths Cooper, president of the Psychological Society of South Africa (Psyssa) said the following conditions were fundamental to the right of psychologists to prescribe and administer medicines:

- They would have to undergo training in psychological pharmacology.
- They would be limited to a list of medicines approved by the Professional Board of Psychology.

"In practice a lot of health professionals like nurses have been prescribing, but legislation is so archaic — with almost Victorian prudishness — that prescription has remained the preserve of doctors and dentists," Cooper said.

"The effect of this has been high costs because clients had to get medicines prescribed by a doctor or psychiatrist after seeing a psychologist."

> *'Legislation is so archaic that prescription has remained the preserve of doctors and dentists.'*
> ***— Saths Cooper***

In practice too, many psychologists have been making recommendations to general practitioners as to what to prescribe for their clients, but this is illegal.

At present, Psyssa and the Professional Board of Psychologists are discussing with universities and training institutions the roles of training and registration of psychologists, and a draft paper is to be debated at universities countrywide.

The issue is also being debated in Britain and America, and the American Psychological Association has offered South Africa its training package and back-up.

"As this is a new area of practice with very serious ramifications for patients there will have to be liability insurance and intensive training for psychologists," Cooper said.

So what do psychologists stand to gain from this?

Professor Graham Lindiger, of the University of Natal in Maritzburg's psychology department, said: "The sub-text is about power and money, but no one is saying that. The implicit message is that prescribing medicine gives one status and financial rewards."

Professor Don Foster, of the department of psychology at UCT, said it would bring fees parity between psychiatrists, who now earn substantially more, and psychologists. How have psychiatrists reacted?

Dr Francois Daubenton, of the department of psychiatry at UCT, said: "The prescription of medication requires an understanding of pharmacology, the anatomy and physiology of the body and the possible interaction between psychiatric medications and those prescribed for other illnesses. In medicine these disciplines take three to four years of training."

Professor Clifford Allwood, president of the Society of Psychiatrists of South Africa, called for pschologists to be made accountable, so they could be censured like doctors.

Canada curb on SA doctors

98 (93)

Ottawa – South African-trained medical specialists will no longer enjoy preferential licensing to practise in Canada, under new rules before the Royal College of Physicians and Surgeons (RCPS) in Ottawa.

Past policy gave eligibility for a Canadian licence, subject to a written examination, to specialists from just five countries– South Africa, Australia, New Zealand, Great Britain and the US. ARG 1/11/97

The RCPS of Canada wants to open the door to candidates from other countries as well but set tougher criteria for all.

It decided four months ago to stop granting credentials on the basis of a written examination alone. – Sapa

Controversial new health bills approved by provinces

(93) Star 21/11/97

STAFF REPORTER AND SAPA

The controversial trio of health bills allowing for parallel importing of cheaper drugs, community service for young doctors and lay ownership of pharmacies has been approved by the National Council of Provinces (NCOP).

The Medicines and Related Substances Control Amendment Bill, the Medical, Dental and Supplementary Health Service Professions Bill and the Pharmacy Amendment Bill have already been approved by the National Assembly and can now be signed into law.

They were opposed in the NCOP only by the Western Cape and KwaZulu Natal.

Health Minister Dr Nkosazana Zuma said she was happy the bills had been passed as they were meant to "shape and reform our health service in a way that will benefit all the people".

Zuma said she would now be able to look at when community service could "realistically" begin. She said she intended contacting the Junior Doctors Association of South Africa next week before going public with her plans.

Anna Sporaco, National Interns Alliance spokesman, said the alliance was prepared to launch legal action "within 12 hours" if the minister announced that community service would be implemented in 1998.

The Medical and Dental Council has already registered some 1997 interns under the 1974 legislation, Sporaco said.

The Medicines Bill, which some believe allows the minister to override patents in order to import cheaper medicines, has been strongly opposed by the pharmaceutical industry, and may be challenged through the World Trade Organisation.

Western Cape NCOP delegate Dr Quarta du Toit said in the debate that the bills were among the most draconian laws ever enacted in South Africa, and sounded the death knell for healthcare.

LEGISLATION PASSED ANYWAY AS...

IFP reverses health bill votes

(93) CT 21/11/97

THE HEALTH MINISTER will now be able to send newly qualified doctors into rural areas under a bill passed last night, reports **DONWALD PRESSLY,** Parliamentary Bureau.

THE Inkatha Freedom Party did an about-turn yesterday on three controversial health bills by opposing them in the National Council of Provinces — but the bills were passed by the ANC majority in the house last night.

The two opposition-controlled provinces — KwaZulu-Natal and the Western Cape — voted against Health Minister Dr Nkosazana Zuma's bills.

Although Inkatha, which controls KwaZulu-Natal, backed a bill when it went through the National Assembly last month — which will send newly qualified doctors into rural areas as from next year — the party's representatives voted against the measure last night.

This follows a stern injunction from party leader Chief Mangosuthu Buthelezi at a recent IFP national council meeting for the party to oppose bills which placed too much power in the hands of national cabinet ministers.

IFP health spokesperson Dr Ruth Rabinowitz said her party had initially supported the Medical, Dental and Supplementary Health Service Professions Amendment Bill with strong reservations.

These reservations had been that the licensing of doctors to dispense medicines would in future be at the discretion of the director-general of health rather than the medical and dental council.

The IFP had also expressed reservations about the power given to Zuma to override agreements with the medical and dental council.

This would apply to matters such as regulations on doctors' community service and the restrictions placed on foreign-trained doctors.

Rabinowitz said the IFP had supported this measure initially because the media had simplistically presented it as providing for community service for doctors.

Even the issue of community service was flawed as the IFP believed that the programme of sending doctors into rural areas should not start next year already. Changes should be made to the curriculum of medical training "to better prepare them for rural practice".

On the second bill, the Medicines and Related Substances Control Amendment Bill, the IFP repeated its opposition expressed in the National Assembly.

Rabinowitz said this bill was dangerous as it introduced price fixing, parallel importation of medicines which will undermine international patent rights and introduced the principle of "discretionary licensing" of doctors, occupational health care and primary health nurses.

The director-general of health will grant licences according to "need", which Rabinowitz said could be used to force doctors into ANC supporting areas.

The third bill, the Pharmacy Amendment Bill, was also opposed by the IFP. This provides for lay ownership of pharmacies.

Rabinowitz said although the IFP supported opening the market to laymen, the problem was that it gave the minister powers to exclude those with vested interests who wished to set up pharmacies. This could apply to medical doctors and owners of private hospitals.

The director-general of health has the power to decide whether such a pharmacy was needed.

The IFP vote against this bill is a reverse of its stance in the National Assembly.

Junior doctors get reprieve on extra year

Star 25/11/97 (93)

Compulsory service starts only next year

By Priscilla Singh
Health Reporter

Junior doctors completing their internship this year breathed a sigh of relief yesterday after the news that compulsory community service would be introduced only in July 1998, making the class of 1997 the last interns to be registered without additional training.

However, students who begin their internships at the beginning of next year, and students who failed their sixth-year exams last year and began their internships in July this year, will have to do a year of community service after their internships.

The 1 400 interns practising at hospitals around the country finally received clarity on their futures yesterday when Health Minister Dr Nkosazana Zuma announced in Cape Town that compulsory community service for interns would begin only on July 1 next year.

Dr Anna Sporaco, chairman of the National Interns Alliance (NIA), said the announcement lifted a tremendous weight off interns' shoulders,

> "Tremendous weight lifted off their shoulders"

and they had already submitted their registration documents with the Interim National Medical and Dental Council.

"As far as the registrations are concerned, the 1997 interns have been informed by the council that we will be registered under the act of 1974, which means we get full and unconditional registration," Sporaco said.

In almost a year of turmoil characterised by bitter debate, the NIA and the Junior Doctors Association of South Africa fought tooth and nail with Zuma to ensure that doctors completing their internship this year were not compelled to do an extra year of community service.

Dr Mark Sonderup, vice-chairman of the Junior Doctor's Association, said he was very pleased there had been some direction after months of uncertainty.

"While it is premature to accept the July 1998 date, the minister (Zuma) pulled me aside after the announcement and said she will be contacting us for further discussions. This is very positive for us," Sonderup said.

SOWETAN Tuesday November 25 1997

Volunteer or else, Zuma threatens

(93) Sowetan 25/11/97

Students will not be registered as doctors if they fail to comply

By Rafiq Rohan
Political Correspondent

JUNIOR doctors will be compelled to do community service from the middle of next year despite the furore surrounding the issue.

If they refuse to comply they will not be registered as doctors, said Minister of Health Dr Nkosazana Zuma in Parliament yesterday.

She said the doctors affected had already been informed about the hospitals where they can complete their community service and it is up to them to apply to these hospitals.

However, doctors who qualify this year will not be forced to do community service.

Zuma appealed to them to do voluntary service from the beginning of the year instead.

"We are particularly encouraged by our young doctors' desire to serve communities which are in desperate need of their services. We have therefore decided that community service be voluntary in January 1998 but compulsory in July 1998."

Zuma said she expected the community service programme to be active from the beginning of January but the parliamentary processes took longer than she expected.

It would, she pointed out, only "be fair" to give the new doctors grace for January and appealed to them to come forward and offer their services voluntarily.

"Much as we wanted to make the announcement earlier, we could not do so until the completion of the legislative processes.

"We would like to appeal to young doctors to volunteer for community service at the designated public facilities in January 1998," Zuma said.

On average 1 000 new doctors qualify each year and their service to communities, particularly those in rural areas, will do much to ease the shortage of rural medical staff.

Reprieve for new doctors

JENNY VIALL
HEALTH REPORTER

(93)
ARG 25/11/97

The Junior Doctors' Association has welcomed the news that community service for doctors will be optional in January.

"We are pleased to have clarity on the January issue. The majority of interns will heave a sigh of relief," said the association's Mark Sonderup.

Health Minister Nkosazana Zuma said yesterday that community service would not be compulsory for those completing their internship in December, but would be for those completing their courses in June and December next year. She said the parliamentary process had taken longer than expected, leaving only a short time to "engage meaningfully" with those who would have had to start in January.

Those volunteering for community service from January will be paid the same as medical officers.

Dr Sonderup said: "We would like it to be public service rather than community service. Junior doctors are still needed in urban and peri-urban posts."

About 1 000 interns qualify as doctors in December.

CAPE TIMES
TUESDAY, NOVEMBER 25, 1997

Zuma's final prescription served on junior doctors

CT 25/11/97

JO\ AL RANTAO
POL TICAL BUREAU

(93)

REMUNERATED community service for junior doctors is to be implemented in the new year and those violating the statute requirement will not be registered to practice medicine in South Africa.

Health Minister Dr Nkosazana Zuma announced in Parliament yesterday that community service would be voluntary for the first six months of next year, but would become compulsory from July.

Zuma said although she did not expect non-compliance, non-registration for those who do not do community service would be one of the penalties.

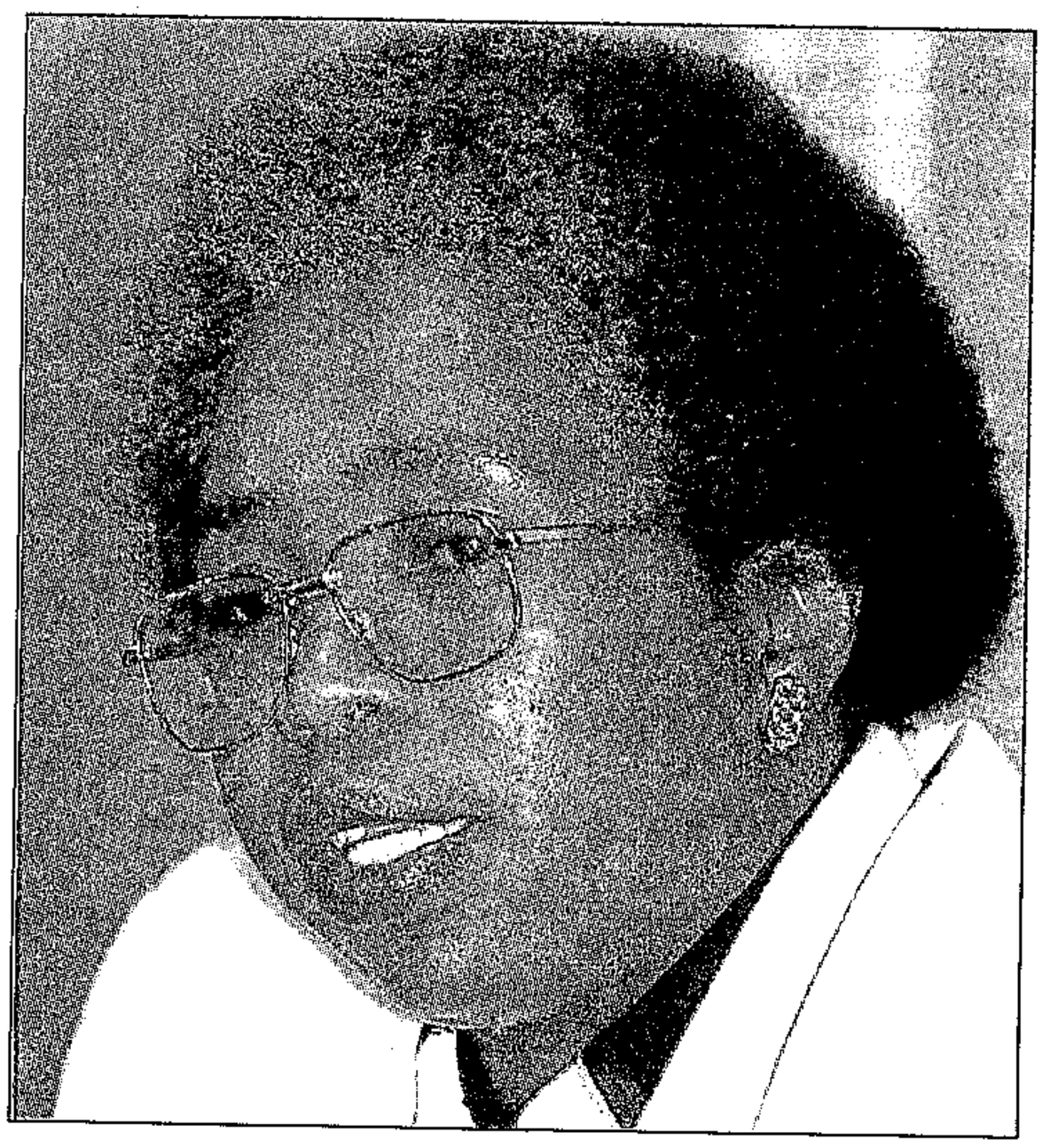
The Medicine, Dental and Supplementary Health Service Profession Amendment Bill, which provides for compulsory community service for newly-qualified doctors, was among the three health bills which have been approved by the National Assembly and the National Council of Provinces and now await President Nelson Mandela's signature to become law.

Zuma said her department was sensitive to concerns expressed by some young doctors regarding the uncertainty around the implementation date for community service, but said those would be addressed "in the process of consultation".

"Much as we had wanted to make the announcement earlier, we could not do so until the completion of the legislative process. It's only fair to let it be voluntary in the beginning of 98 and compulsory as from July," Zuma said.

She said the 217 hospitals designated for community service were ready to receive applicants for the 958 community service posts.

Medical students who complete their internship at the end of this year will not be compelled to do a year of compulsory community service. However, students who begin their internships next year — and students who failed their sixth year exams last year and began their internships in July this year — will have to do a year of community service after their internships.



'HOSPITALS READY': Health Minister Nkosazana Zuma

The Junior Doctors of South Africa (Judasa) welcomed the clarity brought by Zuma's announcement, but expressed disappointment that the implementation of community service was not postponed until 1999.

Judasa vice-chairperson Dr Mark Sonderup said junior doctors had been frustrated by the uncertainty on the implementation of community service.

"I would encourage our members to take up the voluntary community service. We still feel that July 1998 as the implementation date for compulsory community service is not good enough, but we will discuss that with the minister," Sonderup said.

The Democratic Party reiterated its call for community service to be scrapped. DP health spokesperson Mr William Mnisi said the fact that the minister had chosen to delay her announcement until just over a month before the service was due to begin was evidence of her contempt for the young doctors.

"She has alienated some of her most valuable potential allies by treating them as nothing more than pawns in her grand strategy.

"Her excuse that she could not make the announcement 'until the completion of the legislative process' is shabby: were no plans made at all?" Mnisi said.

Harassment rife in medical field

Star 28/11/97

Profession still a man's world, and women doctors are seen to be of no significance, writes Liz Walker

(93) (3659)

While serious attempts are currently under way to redress and counter-balance the effects of apartheid in many sectors of our society, the fact remains that discrimination, be it on the basis of race or sex, continues to hamper and blight the lives of many South Africans.

A survey conducted by Dr Anne Wright for the Faculty of Health Sciences at the University of the Witwatersrand revealed significant evidence of sexual harassment in the medical profession. Having recently conducted research into the South African Society of Medical Women, I was struck by the familiarity of her findings with my own.

She wrote: In my interviews with women doctors they made the following comments:

■ It was a man's world and I think women were seen as of no significance. I was on the British and South African registers and I wanted to go to meetings here. They said: "You can't, they are held at the Durban club and it doesn't admit women." They said they would try and arrange for me to go through the back door – really the back door. I said I would report them. I didn't see why I should be deprived of going to a meeting.

■ Male doctors were pushing us aside, we had to elbow our way through ... we had come to a profession that was closing doors and we had to do something about it.

■ You had to convince the men that you were as well-qualified as they were and you had to work hard if not harder to establish yourself.

■ When it became known to the powers that be, that I was married, I was replaced by a man because, of course, males could work if they were married.

■ I got a job in the surgical section but with the proviso that "if you don't do well we will never take on another woman again". (When she approached the professor of surgery requesting to pursue a specialist qualification, she was told: "I will not accept any woman for this exam. Surgery is not for women."

All of these comments were made by woman doctors practising in South Africa in the 1930s and 1940s. Yet some 60 years later women medical students revealed similar experiences and frustrations. When women students were asked to describe their experiences of sexism and sexual harassment, they identified:

■ Being asked to wipe a surgeon's brow and make tea for him where male students were not asked.

■ Sexist comments by heads of units, for example, "surgery is not for women" and "the boys will know the answer".

■ Being told that women never specialise, all become GPs, wasting our and medical schools' time.

■ (Calling) students "the young doctors and girls".

■ Sexual comments, jokes, staring, running his hands down my chest in a supposed "clinical demonstration".

The "feminisation of medicine" in South Africa has certainly resulted in an increase in the number of women doctors over the last two decades.

In 1984, 14% of registered doctors were women. This figure increased to 20% by 1994. Currently, the number of first-year women medical students at both Wits and UCT is approximately 60%.

It would be incorrect to state that sexism and sexual harassment is unique to the Faculty of Health Sciences at Wits. The fact that a survey was conducted shows that the faculty recognises the existence of the problem and is trying to change it.

If discrimination is so persistent in a profession comprising privileged women who have recourse to challenging such discrimination, how much more difficult must it be to challenge the daily, unrecorded existence of sexism and sexual harassment experienced by the majority of South African women?

Redressing this legacy needs to become a priority – not only for professional bodies and employers – but, importantly, for the Gender Commission. Gender discrimination is one of the legacies of the apartheid past and needs to be accorded equal importance in the current context of redress and transformation.

■ *Liz Walker is a lecturer in the Department of Sociology at Wits University.*

Languages record for Maties

35 students earn their honours degrees

12/12/97
ARG 12/11/98

STAFF REPORTER

A record 35 African language students at the University of Stellenbosch got their honours degrees at graduation ceremonies this week.

The Department of African Languages at the university is the only department in the country that teaches as many as seven of the 11 official languages.

A further seven students got masters degrees in an African language.

The coveted Chancellor's Medal for the most outstanding final-year student went to Christine Steinmann, 23, who got her Bachelor of Science degree cum laude. Miss Steinman's average percentage for her five years of study was 95,15%.

She was also awarded the Deacon's Medal for the most outstanding student in natural sciences and the Dr Meiring Naude Medal for the best honours student in physics.

Throughout her studies, she passed all her subjects with distinction and got merit bursaries from the university between 1993 and 1996.

In 1993, she won the AECI prize for the best first-year student in physics, chemistry and mathematics.

OBED ZILWA

Proud ceremony: students at the University of Stellenbosch line up to get their degrees

It was announced at the ceremony that 12 students had won sought-after prestige bursaries for research next year. They are awarded for extraordinary academic achievement and potential. Artist Gregoire Boonzaaier was awarded an honorary degree for his contribution to South African art, for which he has received many awards.

Happiness is: graduating at the end of years of study. From left are Ntombekhaya Dywili, Magdaleen van Niekerk and Mati Nonkululeko

Made it! making no excuses for celebrating their graduation are, from left, Rick Funnell, Andrew Finlayson, Darren Cooke and Andrew Wylie

Medical graduates told of threats to health care

12/12/97
(93)
ARG 12/11/98

JENNY VIALL
HEALTH REPORTER

Medicine has been assailed from all sides by a materialistic world and it is necessary to deliver it intact into the next millennium as a true profession, not a trade or business.

This was the message Arderne Forder, deputy dean of the University of Cape Town's faculty of medicine, delivered to medical graduates at their graduation this week. Professor Forder retires at the end of the month after almost 45 years at the university. He said the 1990s were crucial in the history of medicine.

"There is no doubt that health systems in countries all over the world are undergoing intensive reforms. Multiple forces are transforming the shape of the world and patterns of disease and health, creating a need for new institutional arrangements and reforms to respond effectively to the emerging challenges," he said.

World health systems had failed to recognise the fundamental change dominating economic and social development in the past decade. This was the "market approach" which posed many challenges to health care, one of which was the notion that health was merely a commodity and had a price.

"At the same time, there is a growing acknowledgement that good health is a prerequisite for human development and for maintaining peace and security without which economies cannot thrive. We in South Africa ... live in a rapidly changing world and as much as we value old professional traditions, these are not fixed in stone."

HEALTH & DISEASE — DOCTORS

1997

New watchdog for medics

(93) ST 5/1/97

Sunday Times Reporter

A NEW ruling body for the medical profession, to be called the Health Professional Council of SA, will take over from the interim National Medical and Dental Council later this year.

The body will include all health professionals except pharmacists and nurses, which have their own organisations.

Professionals to be represented by the new body through 12 separate boards include doctors and dentists, psychologists, radiographers, physiotherapists, podiatrists, remedial gymnasts, masseurs, speech and hearing therapists, dieticians, environmental health and food inspectors, optometrists and opticians, and oral hygienists.

Each board will administer its own budget from funds allocated by the council, and 20 percent of members will have to be community representatives.

Doctors and dentists will have 13 representatives on the council. The other boards will have one each.

SA STUDENTS STUDY MEDICINE IN DOMINICAN REPUBLIC

150 more Cuban doctors on way to work in rural hospitals

(93) CT 14/1/97

DURBAN: The government has been urged to help SA medical students studying in the Dominican Republic, instead of sponsoring students to go and study in Cuba at a cost of R2 million.

SOUTH AFRICA will import at least 150 more Cuban doctors next month to help alleviate the shortage of physicians in the country, Health Ministry spokesman Mr Vincent Hlongwane said yesterday.

This would bring the number of Cuban doctors working in South Africa to 447, he said.

Meanwhile, 200 students who have not qualified for admittance to South African universities are studying for degrees at medical schools on the Caribbean island of the Dominican Republic and at least 40 graduates from the island are already working in South Africa.

The students are paying for themselves and their parents are now asking why Health Minister Dr Nkosazana Zuma is sponsoring 10 "disadvantaged" students to study in Cuba, yet not helping hundreds of others already studying medicine in other foreign countries.

The 10 Mpumalanga students left for Cuba last Thursday and will cost the South African government at least R2 million. The students will have to complete a six-month course in Spanish before beginning their six-year degree course.

A parent, who did not want to be named for fear of jeopardising his son's future, said he had appealed to Zuma, other government departments, health officials and even President Nelson Mandela to help his son in Santo Domingo, but to no avail.

"These are South African students who want to come back home to practise, yet the minister is sending more students overseas to study at the taxpayers' expense."

He said any form of bursary, concession or subsidy would be a great help for the students as their fees and living expenses had to be paid in dollars. The fees and other costs amounted to R60 000 this year, he said.

"These children are prepared to go to any hospital in this country, yet the minister has never bothered to ask them if they want to work here."

An agent for the island's four universities, Mr Ak Peer, said about 30 to 40 students had already graduated and were working in South African hospitals.

He said 200 applications, mostly from KwaZulu-Natal, had been received this year, but only 50 were accepted.

He said the courses were conducted in English and the South African Medical and Dental Council had approved the degrees as being up to South African standards. All those who had returned had passed the SA registration exam with flying colours.

Peer said he wished the government would help the students financially as about 30 potential students from poor backgrounds had to be turned down because they could not afford the fees.

Hlongwane said the students had been sent to Cuba because SA had an inter-governmental arrangement with the country and Cuba had offered to train SA students at a much lower cost.

"If we had been made such an offer by America or any other country, we would have sent our students there."

Hlongwane said Cuba had one of the best health systems in the world.

He said the students, who all matriculated with A and B averages, were chosen because they came from rural areas and would be placed back in their communities to work when they had finished their degrees.

Hlongwane said there was a possibility that Belgium would make an offer for SA students to study there.

He said a team from the Interim Medical and Dental Council had already left for Cuba to screen doctors to be imported.

The process was expected to be under way from today.

It comprised oral and written evaluations, including an assessment of candidates' ability to communicate in English. "We won't expect them to speak English like the British, but they should at least have a working knowledge of the language," Hlongwane said.

The South African screening team would select doctors from a short list compiled by the Cuban medical authorities.

"The selection criteria are quite strict," Hlongwane said. "Only about half of the short list evaluated for service in South Africa last year eventually made the grade."

The new group would be deployed in rural and under-serviced urban areas.

"There is a crying need for doctors in some townships," Hlongwane said.

— Own Correspondent

BRENTON GEACH

Medical dream: Laurel Baldwin-Ragaven and her 12-year-old son, Avi. She is now exempt from a moratorium which prevents foreign nationals from practising medicine in South Africa

Red tape was a bitter pill – but doctor finds the cure

SA spouse allows foreign medics to work

AR 18/1/97 (93)

MXOLISI MGXASHE
STAFF REPORTER

Doctors married to South African nationals are among three categories of people exempt from a moratorium on foreign-trained doctors registering and practising here.

Gonda Perez, director of health promotion and communication in the Department of Health, said the other two exempted categories were returning South African exiles and nationals of Belgium, Northern Ireland, Britain and Cuba.

Dr Perez was reacting to an article in Sunday Argus about the plight of a Canadian-trained doctor who is married to a South African.

Laurel Baldwin-Ragaven – wife of a South African philosopher Chengiah Ragaven – had been sitting at home, frustrated and depressed for almost a year.

She had thought that a September 1995 moratorium by Health Minister Nkosazana Zuma, allowing only doctors and dentists from these four countries to practise in the country, was the reason the Interim Medical and Dental Council's had not given her a licence.

The moratorium was put in place after bilateral agreements had been entered into between the Department of Health and these countries.

After passing the required entrance exam, doctors and dentists from those countries are allowed "restricted" registration to work in public health institutions.

'I hope this kind of red tape is not going to be part of the new South Africa's culture'

Dr Baldwin-Ragaven had left her job as assistant professor in family medicine in Canada to join her husband, who had returned to South Africa after 25 years in exile.

Last February she completed application forms and sent them to the Medical and Dental Council for licensing.

The council responded five months later, acknowledging receipt of her application with a promise that she would hear from them soon.

But up to last week, when Sunday Argus intervened, Dr Baldwin-Ragaven had heard nothing from the council.

The situation changed after Dr Perez read the article about Dr Baldwin-Ragaven in Sunday Argus.

Dr Perez said she regretted that what she said must have been a misunderstanding, because wives of South African nationals were indeed exempt from the restrictions limiting licensing to nationals of Belgium, Cuba, Northern Ireland and Germany.

Dr Perez said she had already asked Dr Baldwin-Ragaven to send her all the relevant documentation to redress the misunderstanding.

She said she was also in contact with the Medical and Dental Council to find out what had happened.

Dr Baldwin-Ragaven was relieved to hear the good news.

But she said she regretted all the time wasted and the suffering the delay had caused her and her family.

"I've been sitting here for a whole year," she said.

"I've been speaking to so many important persons in the government, including Dr Zuma herself, and no one informed me that in fact I was exempted from the restrictions.

"I hope this kind of red tape is not going to be part of the new South Africa's culture.

"I have already received many calls following the article which appeared in Sunday Argus.

"One caller informed me that South Africa and Canada have reciprocal recognition of each other's standards and qualifications in family medicine, my specialisation.

"I didn't know that."

Zuma sticks to her guns on dispensing

(93) Star 22/1/97

BY MONDLI MAKHANYA
Political Reporter

(98)

The Government will this year finalise its health insurance plan and give impetus to the restructuring of medical aid schemes, Health Minister Dr Nkosazana Zuma said yesterday.

She told a media briefing in Johannesburg that her ministry would forge ahead with legislation regulating the dispensing of medicines by doctors.

The proposed bill has met with fierce resistance from doctors and other lobby groups.

But Zuma yesterday stood her ground on the matter, saying this would help prevent abuse and form an integral part of her strategy to curb the exorbitant price of drugs.

The law will allow the Government to license doctors to dispense medicines only when there is no pharmacist nearby.

She said this would discourage doctors from prescribing expensive medicines in order to boost their profit margins.

"There is a perverse incentive to prescribe expensive drugs more when there is a profit motive," said Zuma.

She said her ministry wanted to tighten up medical aid schemes in order to avoid abuse and to "make them more sustainable".

Zuma said other issues agreed to at the four-day ANC indaba were:

- The improvement of welfare payment delivery and ending corruption in the department.
- The introduction of rental stock as part of the Government's housing plan.
- An end to the eviction of squatters and farmworkers without providing them with alternative accommodation.

Only 77 doctors quit

(93)

JOHANNESBURG: Only 77 doctors had been granted severance packages, the Gauteng Health department said yesterday. Many were going into private practice or emigrating. The department said most of the 2 000 staff who had taken packages were administrative employees. CT 30/1/97

TRC now eyeing the medical field

(~~52~~) (93) Sowetan 30/1/97

By Rafiq Rohan
Political Correspondent

IN a dramatic new move the Truth and Reconciliation Commission will be calling up certain doctors and medical professionals to explain their role during the apartheid years.

Yesterday Dr Wendy Orr, the Western and Northern Cape convenor of the TRC, announced that a special hearing will be held in June to explore the role of medics in participating in human rights violations of the past.

"Significant progress has been made in terms of the Health Care Sector's commitment to making submissions about its role during the apartheid years."

Orr pointed out that there will be a special submission on the role of medics in the highly publicised death of black consciousness leader Steve Biko in 1977.

"Both the Medical Association of South Africa (MASA) and the South African Interim Medical and Dental Council have employed researchers to go through their archives and assist in the drawing up of submissions," she said.

A submission will be made by the Department of Health, the Democratic Nursing Organisation of South Africa will submit a paper on the role of nurses at the time, while the Psychiatric Association will make its own submission to the TRC.

Orr said the hearing would be held on June 17 and 18 but submissions from people wanting to do so should be made a month before the hearing.

Submissions will be accepted from individuals and institutions.

Role of medical professionals during abuses under scrutiny

Star 30/11/97 (93) (2nd)

STAFF REPORTER

The role of doctors and other health-care professionals in human rights violations during the apartheid era will fall under the spotlight of the Truth and Reconciliation Commission in June.

At a special hearing to be held in Cape Town, the commission will listen to submissions from various sectors of the profession. One of the special submissions planned for the hearing is on the death in detention in 1977 of Black Consciousness leader Steve Biko.

TRC commissioner Wendy Orr said yesterday the Medical Association of South Africa (Masa) and the South African Interim Medical and Dental Council had employed researchers to go through their archives and assist in the drawing up of submissions.

Dr Melvyn Freeman, the director-general of mental health, had been appointed to co-ordinate the submission from the Department of Health.

The Democratic Nursing Organisation of South Africa and the Psychiatric Association (a subgroup of Masa) would make their own submissions.

The Trauma Centre in Cape Town announced this week it would prepare a submission based on its research project, Human Rights and Medical Accountability in South Africa.

Submissions made to the commission by individuals and institutions would be used for a chapter in the final report of the commission, Orr said.

■ Orr yesterday thanked Masa for recruiting doctors who were willing to provide free medical care and advice to victims who approached the TRC.

She said referrals had been made from the Cape Town office, which had led to "more and more" doctors in the Western Cape and Northern Cape offering their services.

▶ **Relatives shocked after confessions**
... *Page 7*

Truth body to probe medical profession

Stephen Laufer (93)

THE role of doctors, nurses and other medical staff in perpetrating, colluding with or preventing human rights violations under apartheid would be the subject of a special truth commission hearing in mid-June, commissioner Wendy Orr said yesterday.

One of the special submissions planned was on the death in detention of black consciousness activist Steve Biko in 1977. Two doctors called in to examine him were found guilty by the SA Medical and Dental Councilof professional misconduct.

The council and the Medical Association of SA (Masa) had employed researchers to go through their archives and help draw up submissions. BD 30/11/97

The Democratic Nursing Organisation of SA and the Psychiatric Association would make submissions, as would the national department of health. Individuals were also invited to make submissions, Orr said.

The willingness of a wide range of medical organisations to co-ordinate submissions to the truth commission stood in marked contrast to the failure of journalists to agree on how to examine the role of the media under apartheid.

Orr praised Masa for recruiting doctors willing to provide free treatment to victims of violations. Referrals were made by the commission's Cape Town office.

Comment: Page 11

NGOs give support to psychiatric facilities

BD 30/11/97

Kathryn Strachan

IN A cramped Zozo hut adjoining Soweto's Orlando health care clinic, nurse Florence Makobanyane treats almost 900 schizophrenic patients each month. The facility never sees a doctor, and she is the only nurse available to support the overwhelming number of severely disturbed patients.

Orlando is one of the six Soweto clinics with a psychiatric service. Under very similar conditions, the psychiatric facilities treat more than 5 000 schizophrenic patients in the township.

Without adequate staff and faculties, there is no one to follow up and check that patients are taking their medication — which means they very often relapse into psychotic episodes.

As the health department's scarce resources allow for very little in the way of community-based psychiatric services, the task has fallen on the nongovernmental sector to fill the gap. In Soweto clinics, the state has provided the facilities and the medicines, and nongovernmental organisations such as the Talisman Foundation, raise funds to pay nurses' salaries.

Clinical psychologist Alison Newton, who runs the Talisman Foundation's outreach into Soweto, said the focus was moving towards rehabilitation and integrating patients into the community, rather than the situation where patients were locked up and given medication.

She said attempts were now being made to establish daycare workshops to give patients sheltered employment and allow them to become self-sufficient.

Foundation psychiatrist Frans Korb said that while business had accepted physically disabled people, it was still closed to the mentally disabled world, and it was only through raising awareness in the business sector that the stigma attached to mental illness would go.

Truth body to probe medical profession

Stephen Laufer

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Comment: Page 11

Cuba to be paid to train SA students as doctors

(93) Star 5/2/97

BY JANINE SIMON

South Africa is to send students from disadvantaged communities to Cuba for training as medical doctors who will on their return boost the low number of doctors available in rural areas.

Doctors from Cuba are currently in the country to reduce the shortfall.

The first group of 10 students left for Cuba last month and will spend the eight months before the start of the Cuban academic year in September studying Spanish, Health Minister Dr Nkosazana Zuma said on her return from Cuba yesterday.

While in Cuba, Zuma signed an agreement to extend collaboration between the two countries in the field of health. In terms of this, SA will send students from disadvantaged communities to Cuba for undergraduate studies in various health fields every January. According to the agreement, SA will compensate Cuba to the tune of $2 000 (about R9 000) per student for training in Spanish, and $5 000 (about R22 500) for medical training.

In return, Cuba will provide training in Spanish, upgrading in basic science if required, appropriate accommodation and food, and the loan of textbooks.

The students will be selected by the Government from all nine provinces and, on completing their studies, will be expected to return to South Africa to work.

Zuma said the training of doctors to work in rural areas was necessary for the same reasons as the contracting of Cuban doctors for those areas. She did not foresee language as a problem. The agreement is to be evaluated annually.

Students hotfooting to Cuba to study medicine may not get jobs back in SA

OWN CORRESPONDENT (93) ARG 8/2/97

Pretoria – South African students sent to study medicine in Cuba may find themselves unable to work when they return as qualified doctors.

The Interim National Medical and Dental Council of South Africa issued a statement yesterday pointing out there was a moratorium on the registration of doctors and dentists who did not hold qualifications recognised for full registration in South Africa.

But a spokesman for Health Minister Nkosazana Zuma has said the Government would not allow returning students to be denied jobs.

She said when announcing the scheme that it was part of the programme to improve health services in South Africa's rural areas where most South African doctors were unwilling to practise.

The Medical Council said that as far as registration was concerned the position of individual doctors who qualified in Cuba was completely different from the position of doctors who were registered with the council in terms of formalised government-to-government agreements.

The moratorium, imposed in September 1995, would stand until such time as finality was reached on the introduction of a new system of registration for all doctors and dentists holding foreign qualifications.

The council said doctors recruited in terms of such agreements were an exception to the moratorium. They were evaluated in their country of origin by an assessment panel appointed by the medical council and were then contracted to work in South Africa for three years.

Once the moratorium was lifted people who qualified in Cuba or any other foreign country as medical practitioners – irrespective of whether they were South African citizens or not – who wished to register in South Africa outside a government-to-government agreement would be required to comply fully with the proposed new system of registration for practitioners who qualified abroad, the council said.

The new system would be finalised when the necessary legislation was passed by Parliament, expected during the current session. The proposed registration system would provide for a full peer-group assessment in South Africa of all foreign-qualified doctors who sought registration with the council.

If successful, candidates would be registered for a period of vocational training in the public service, after which they would again be examined with a view to obtaining full registration, the council said.

Vincent Hlongwane, Dr Zuma's media spokesman, said there was nothing cast in concrete in the council's statement.

No government would send students abroad to study, then prohibit them from working in their own country, he said. The council could not do things that would obstruct what the Government was doing and the mandate given to the council would have to be reviewed, he added.

UK doctors to work in N Province

(93) Star 14/2/97

By Patrick Phosa

Three British doctors are to be deployed at rural hospitals in Northern Province today by the Voluntary Services Overseas (VSO) to help alleviate the dire shortage of medical personnel in the province.

The doctors are part of a team of 10 highly skilled volunteers who arrived in South Africa recently and will be taking up their duties in various parts of the country today.

The volunteers include water engineers, science teachers and a sports specialist, and most of them will be going to the country's poorest regions.

VSO director Stuart Craig said yesterday that Northern Province had one of the worst shortages of doctors and the deployment of the doctors would come as a relief for rural villages.

"Despite the positive impact of the Cuban doctors, there is still a shortage of more than 1 500 doctors in that province, so VSO is trying to make a small contribution there," he said.

VSO is a development agency based in Johannesburg. It believes skilled volunteers can assist in the reconstruction and development of the new South Africa by training and sharing their skills with their local colleagues over a period of six to 24 months.

The programme has been running for about four years, with an average of 40 volunteers. They are recruited from Britain, Holland and Canada.

Craig said most of the volunteers had been based in underprivileged areas, including townships and historically disadvantaged universities.

The volunteer science teachers will be placed on a maths study centre, a school on wheels, which will be touring disadvantaged areas in the Eastern Cape throughout the year.

(93)

Another 86 doctors arrive from Cuba

Star 20/2/97

By Jameel Chand

Another 86 Cuban doctors arrived in South Africa yesterday, bringing the total number of Cuban doctors working in the country since February 1996 to 281.

Health ministry spokesman Lulu Sebake said 11 of the Cuban doctors are to take up posts in the University of Transkei's faculty of medicine.

The South African National Medical and Dental Council said it was satisfied with the qualifications of the foreign doctors.

The National Party has in the meantime accused the minister of dismissing district surgeons who have been employed by the health department on a part-time basis in order to make these positions available to the Cubans.

More Cuban doctors fly in to relieve rural shortages

ARG 20/2/97 (93)

ARGUS CORRESPONDENT

Johannesburg – Another 86 Cuban doctors have arrived in South Africa, bringing to 281 the total number working in the country as of February 1996.

Health ministry spokeswoman Lulu Sebake said there were plans to recruit more Cubans, and an unspecified number of German doctors are expected to arrive in South Africa soon.

Ms Sebake said 11 of the Cuban doctors who arrived yesterday are to take up posts in the University of Transkei's faculty of medicine in the Eastern Cape.

Included in the group of 75 doctors who are to be deployed in the provinces are nine gynaecologists, seven anaesthetists, eight paediatricians and 15 orthopedic surgeons.

Cuban doctors are in South Africa at the invitation of Health Minister Nkosazana Zuma as part of a programme to relieve the acute shortage of doctors, mainly in rural areas. The SA National Medical and Dental Council said it was satisfied with the level of qualifications of the foreign doctors.

Meanwhile, the National Party has accused the minister of dismissing district surgeons employed by the health department on a part-time basis in order to make these positions available to the Cubans.

PAYMENT OVERHAUL

FM 28/2/97

Consumers could benefit from a hotly debated new payment scheme for pharmacists and dispensing doctors.

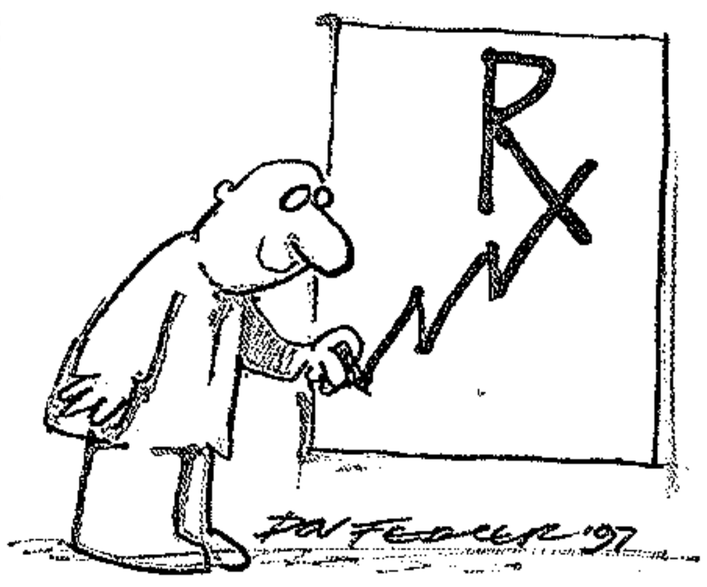
The Representative Association of Medical Schemes (Rams) will launch the scheme on April 1. Its aim is to replace fixed retail price mark-ups of about 50% with a dispensing fee of R15-R20. But it will bring little cost relief to consumers unless it's accompanied by a shift in dispensing habits.

Pharmacists' margins are a percentage of the price of medicine dispensed, which provides a perverse incentive to sell more of the expensive drugs. A dispensing fee bears no relation to the value of medicine dispensed and so should promote the use of cheaper generics.

Medical schemes spent R4,5bn on medicine last year — 28% of total expenditure of R16bn. Rams' goal is to reduce this to "internationally accepted levels" of 8%-12%, though this could take up to three years to achieve.

At current prices, a 10% price cut will save the industry R500m.

The dispensing fee is only one element of the scheme, which involves introducing a scale of benefits for medicine which Rams claims has the support of the Competition Board. Members will be paid benefits according to a formula that determines the factory exit price of a drug plus a 10% wholesale distribution charge and a dispensing fee.



In the absence of transparency in the distribution chain, Rams has assumed the manufacturer's cost of producing a drug is 17,5% below accepted norms. This puts it on a collision course with the Pharmaceutical Manufacturers' Association (PMA).

Association CE Mirryéna Deeb says the scheme amounts to to price fixing and could cause the total medicine bill to rise in the long run.

"A fixed price never represents the actual price and negates the willingness of buyers and purchasers to negotiate the best possible price."

Under the scheme, she says, drugs priced under R37 will become more expensive and those over R37 will be cheaper. As 60%-70% of all drugs dispensed cost less than R37, the overall bill could increase.

The PMA is also wary of Rams' intention to introduce a preferred drugs list. Rams spokesman Aslam Dasoo says comparable drugs will be ranked according to price and members reimbursed for the cost of whichever drug is selected as most efficacious by a medical panel, irrespective of the actual drug purchased. "This should stimulate competition and lower prices."

The notion of a dispensing fee was rejected in 1962 by the Snyman Commission because pharmacies do not monitor the consumption or prescription of medicine. In recent months, this function has been assumed by specialist companies called pharmacy benefit managers which can reap economies of scale.

How then are pharmacies to earn their professional fees? The Interim Pharmacy Council newsletter *Pharmaciae* says community and hospital pharmacies should be able to bill professional fees for evaluating prescriptions for legality, contents, appropriateness and correctness; for providing answers obtained by consulting a reference within the pharmacy, clinic or ward; for the time taken to prepare for meetings of the Pharmacy & Therapeutics Committee; or for the work necessary for the publication of a newsletter.

Rams is only prepared to accept that, in fulfilling a standard prescription, a pharmacist will follow a series of prescribed steps that will entitle him or her to a fee close to existing mark-ups.

The exact fee is still under discussion between Rams and the Pharmaceutical Society but the concept is supported in principle by the Health Department, which is overhauling the Pharmacy Act.

But cutting the cost of medicine may be better achieved by deregulating ownership of pharmacies as suggested repeatedly from the Browne report in 1985 to the 1996 Broomberg-Shisana report.

Restricting pharmacy ownership results in low turnovers and high mark-ups. Letting large retailers sell pharmaceuticals dispensed by qualified pharmacists should improve turnover and reduce mark-ups.

The Interim Pharmacy Council has yielded marginally by recommending to government that private hospitals be allowed to own pharmacies. It says lay ownership should be allowed only in communities that have no access to comprehensive pharmaceutical services.

Claire Bisseker

Medical bodies reject two-year vocational training plan

(93) BD 7/3/97

THE SA Medical Association (Masa) yesterday said it supported the rejection of the SA Junior Doctors' Association (Judasa) of plans for two years of vocational training for medical students.

Masa's board of trustees reiterated its support for appropriate vocational training at a meeting last week, but warned that the plans — proposed to begin next year — were seriously flawed.

Like Judasa, Masa would demand the scrapping of the implementation of the plans, pending planning and negotiation with all parties concerned, Masa said.

Judasa said on Wednesday it would do its utmost in the next few weeks to prevent the introduction of vocational training, after the concept was rejected by junior doctors last month.

"Judasa remains firmly opposed to the current vocational training plans and the singling out of the medical profession for this purpose," Judasa chairman Dr Mangaliso Mahlaba said.

While it supported the principle of community service Judasa maintained that it had to be incentive driven to attract doctors to underserved areas.

It would formally offer the health department and the interim national medical and dental council voluntary service of "one year in the public sector after completion of our internship," he said.

Masa president Dr Jocelyne Kane-Berman said the plans probably constituted an unfair labour practice and Masa science and education committee chairman Dr Edoo Barker said they would cause further deterioration of health services. — Sapa.

Cuban doctor leaves SA

Newtom 13/3/97 (93)

By Khathu Mamaila

A CUBAN doctor based at Pietersburg Hospital has left the country after allegations that he was responsible for the death of four patients who died after he operated on them.

Northern Province health superintendent-general Dr Nicholas Crisp confirmed that the doctor had left the country. He refused to name the doctor.

MEC for health and welfare Dr Joe Phaahla said the doctor was under pressure because of the media coverage and could no longer perform optimally. He was released from his contract.

Early this year the doctor was asked to go on leave after the death of four patients. The deaths were allegedly a result of sloppy anaesthetics performed since October 16 last year. The department undertook to investigate the matter.

Those who died were Mrs Isobel Buys (68), Gracious Kwena Sekhu (7), Mr ND Khan and Mr J Masekwameng.

Asked if the department had established if the doctor was negligent or incompetent, Phaahla said he could not make any judgment on the matter.

He said investigations were still continuing.

Phaahla said several doctors had complained about some of the procedures at the hospital. Some of the doctors questioned the decision to perform operations on some of the patients, while others argued that different techniques should have been used.

Deportation postponed

(93) BD 27/3/97

PRETORIA — The Pretoria High Court postponed the forced repatriation of Cuban doctor Julio Cesar Simono yesterday pending the hearing of an urgent application against his deportation.

Barely an hour before Simono was to be deported to Havana, the court ordered him freed from Pretoria Central on R20 000 bail.

The court ordered Simono's wife Patricia, the applicant in the case, to supplement her founding affidavit by 4pm today. The urgent application against Simono's deportation was postponed to Friday next week. However, his legal representative said it appeared likely he would spend the Easter weekend in custody as it was unlikely his bail could be raised at such short notice.

Simono, a gynaecologist, was arrested at his Welkom home on Monday night for staying in the country illegally after the health department terminated his contract. He came to SA in February last year when the department employed Cubans to make up for a shortage of doctors in rural areas.

His wife said his contract was suspended soon after they married in January because their marriage was "treason to (President Fidel) Castro".

The Free State health department on Tuesday said Simono's contract was suspended because of "irreconcilable differences and mutual unmet expectations". Home affairs spokesman Hennie Meyer said Simono's residence permit expired on February 28.

Simono's wife said yesterday: "All my husband wants is freedom. In Cuba, nobody knows what that means." — Sapa.

Whites are favoured say medics

(93) Sowetan 27/3/97

Foreign-trained black doctors say obstacles are being put in their way

By Josias Charle

A GROUP OF FOREIGN-TRAINED black medical practitioners have accused the South African Medical and Dental Council of racism.

The doctors claim they have been discriminated against on the grounds of race by the SAMDC and they have now asked President Nelson Mandela to intervene.

Spokesman for the group Dr Freddy Chauke said since the democratisation of South Africa in 1994, black medical practitioners arriving in the country from exile have been discriminated against.

"The SAMDC has put various hurdles in our path and this has made it virtually impossible for us to help serve our people – particularly those in underdeveloped areas.

"Most of us are specialists who qualified in foreign countries after fleeing from the apartheid regime, but when we came home we were not allowed to practise in our respective fields," Chauke said.

He said the returned doctors were forced to enrol for courses at universities before they were be recognised as specialists in their fields.

"The same does not apply to Europeans who come to settle in our country. On arrival they are treated as South African doctors in spite of their qualifications and they work in urban clinics and hospitals. Some of them go into private practice and partnerships within months of arrival."

Chauke said these doctors often refused to work in rural areas.

"This situation has now forced us to seek President Nelson Mandela's intervention. We have written him a letter in which we have asked for an investigation into the treatment of former exiled black medical practitioners," Chauke said.

He accused the SAMDC of racism, saying its structures were still rooted in apartheid hence their alleged treatment of black medical professionals.

Chauke said there were "between 40 and 50 black doctors affected by the problem".

Medical Council assistant registrar Mr Daan Naudé denied Chauke's allegations.

He said all foreign-qualified doctors have been registered and their qualifications are now recognised by the Department of Health.

"In terms of medical practitioners who have qualified elsewhere, the Government has its own recruitment drive like the Cuban doctors," Naudé said.

District surgeons win legal challenge in Free State

BD 8/4/97

Bonile Ngqiyaza

DISTRICT surgeons in the Free State have lodged a successful challenge in the Labour Court against the province's decision to terminate their contracts as part of the restructuring of district health services with effect from March 31.

Free State health department spokesman Elke Grobler said yesterday that in accordance with the national policy on universal access to primary health care promulgated last April, the province wanted the doctors to work in primary health institutions.

Judge Ray Zondo said that in terms of their service agreements, part-time district surgeons were state employees, and not contracted workers whose services could summarily be terminated on notice.

The Medical Association of SA (Masa) said the judgment had severe implications for the other eight provinces whose district health services were at various stages of restructuring.

The application in the Labour Court was brought by Masa on behalf of the District Surgeons and Contracted Medical Practitioners Association.

Grobler said the department, in consultation with its law advisers, was studying the verdict and would issue a statement later.

District surgeon's association secretary Sakkie van Zyl said his organisation had in May last year offered its co-operation in the restructuring of district surgeon services. Following the refusal of the Free State health department to review its decision through consultation and mediation, the organisation had appealed to the judiciary for a court order.

The district surgeon's association and Masa legal counsel Prof Hugo Pienaar said the judgement meant the department would have to deal with part time district surgeons in terms of the Labour Relations Act of 1995.

"This will require comprehensive consultation and negotiation with the doctors concerned, as well as with Masa as their recognised trade union, before restructuring can take place," he said.

Van Zyl said pending the outcome of last week's court case, the district surgeons had continued providing services to their state patients as before.

"Community health services are under tremendous pressure and we realised that millions of patients would have been left without care if we summarily refused to see them, despite the fact that our contracts had been terminated," he said.

Suzman blames crime for exodus

'Fear driving out doctors'

AAG 10/4/97

Washington – The problem of crime and violence in South Africa was one of the reasons why young doctors were emigrating, former opposition MP Helen Suzman has told a black-tie gathering here.

She said some were leaving "largely because they are very nervous of the crime and violence, which have reached uncontrollable proportions in South Africa and must be tackled very vigorously if we are to get the necessary capital to provide the jobs which, in return, will reduce the crime and violence."

The veteran anti-apartheid activist was in Washington to receive an award for service presented by Medical Education for South African Blacks Inc (Mesab) at a function which attracted prominent political and business personalities.

Mesab – which sponsors young South Africans at medical schools and technikons– also presented a service award to Arnold Langbo, chairman and chief executive officer of the Kellogg Company, which has made big contributions to social upliftment in South Africa.

Mrs Suzman said South Africa needed doctors but emigration continued – not necessarily because they did not want to live under a black government, but because of fear of crime and violence.

Others left because they were worried about the effects of affirmative action on the future prospects of their children or because they were concerned about declining educational standards during the period that the integration process was taking a proper course.

She thanked Mesab and its supporters for helping the education of young doctors and other health-care professionals.

Reviewing the situation in South Africa, she predicted a surge of constitutional litigation as clauses in the bill of rights came into conflict with demands by sections of the population, such as the return of the death penalty. – Sapa

Cuban doctor lands in cell

93

CUBAN DOCTOR Julio Cesar Simono was arrested by Home Affairs officials near his home in Welkom in the Free State yesterday for being in the country illegally, his wife Patricia said.

He was being held in a Bloemfontein police cell. CP 13/4/97

Simono, who came to South Africa in February last year, was arrested last month for staying illegally after the Health Department had terminated his contract.

The Pretoria high court last week, during an urgent application against his deportation, ruled Simono was an illegal alien and he was told to leave the country.

However, he asked for permission to apply for a visa to go to Germany, his wife's country of origin. A permit was granted for this and his repatriation was postponed.

Free State Home Affairs control immigration officer Naas Kotze said Simono's permit expired at midnight on Friday. It was not known if he had applied for the visa to Germany.

☐ Simono has also asked for political asylum and his lawyer is expected to discuss this with the department tomorrow. – Sapa

Doctors face 9 years' training

Junior medics hit out

ARG 15/4/97 (93)

ARGUS CORRESPONDENT

Johannesburg – New doctors will have to do another two years of vocational training from January next year.

The controversial extension of the medical degree from an effective seven years to nine years was formally accepted by the Interim National and Medical and Dental Council in Pretoria yesterday.

It has only to be rubber-stamped by Parliament before taking effect.

Vocational training has been hotly debated in student and professional circles over the past 18 months.

Many believed it to be an attempt to press-gang young doctors into working in under-staffed rural hospitals

Junior doctors have vowed to take legal action against the move, and are lobbying for support.

It was unfair to extend the period of study at such short notice, the chairman of the Junior Doctors' Association of South Africa, Mangaliso Mhlaba, said today.

But the dean of the University of the Witwatersrand's faculty of health sciences, Max Price, said although he had not seen the final document submitted to the council by its technical task team, previous drafts had been strongly focused on training.

This showed that the team had benefited from the consultation process, he said, although there would have been more support had the process been phased in.

Students would be earning more than double what they had expected to earn two years ago, and most could have stayed in the state sector anyway.

What was still unclear was whether any rural hospitals could create posts that would meet the criteria for the new vocational training posts.

The director-general of health, Olive Shisana, said today she believed vocational training would benefit health services.

"Deans of the medical schools have indicated that the students that they are producing are not very well equipped to practice without the additional experiential training," she said.

Two years added to medical studies

JANINE SIMON
Medical Correspondent

New doctors will have to do an additional two years of vocational training from January 1998.

The controversial extension of the medical degree from an effective seven to nine years was formally accepted by the Interim National Medical and Dental Council at its fifth meeting in Pretoria yesterday. Parliament has only to pass enabling legislation before it takes effect.

Vocational training has been hotly debated in student and professional circles over the last 18 months, as many believed it to be an attempt to press gang young doctors into understaffed rural hospitals.

Junior doctors have vowed to take legal action against the move, and are lobbying for support.

It was unfair to extend the period of study at such short notice, chairman of the Junior Doctors Association of South Africa, Dr Mangaliso Mhlaba said today.

But dean of Wits University's faculty of health sciences, Professor Max Price, said although he had not seen the final document submitted to the council by its technical task team, previous drafts had been strongly focused on training.

Junior doctors to fight move

This showed that the team had benefited greatly from the consultation process, he said, although there would have been more support had the process been phased in.

Students would be earning more than double what they had expected to earn two years ago, and the majority could have stayed in the state sector anyway, said Price.

What was still unclear was whether any rural hospitals could create posts which would meet the criteria for the new vocational training posts.

Director-General of Health Dr Olive Shisana said this morning she believed vocational training would benefit health services.

"Deans of the medical school have indicated that the students they are producing are not very well equipped to practise without the additional experiential training," she said.

Star 15/4/97 (93)

Doctors slate longer training

(93)

Vuyo Myoko

BD 16/4/97

DOCTORS' organisations remain opposed to an SA Interim Medical and Dental Council decision to approve two additional and compulsory years of vocational training for medical students.

This week the council backed recommendations to increase the number of years to qualify as a medical practitioner, from six to nine.

"But is it really necessary?" asked Prof David Morrel of the Medical Association of SA (Masa) yesterday. There was consensus that the current one-year period was sufficient, except perhaps for some more specialised disciplines.

Masa was concerned about a lack of supervisory skills in rural areas, where the scheme would have the most effect.

The Junior Doctors' Association, representing about 2 000 senior medical students, said community service and what was being proposed were two different issues that should be treated separately. Chairman Mangaliso Mahlaba said no one had come to point to the deficiencies in training and "we intend challenging the decision. To be trained for nine years as an undergraduate is grossly unfair."

SA halts Cuban docs ... (93)

ARGUS CORRESPONDENT

Pretoria – Cuba has no more doctors with an adequate command of English and the South African Interim Medical and Dental Council will not recruit any more doctors from that country this year.

A report submitted to the council in Pretoria yesterday noted that many of the candidates could not understand simple English and could not complete a simple form.

"There are Cuban doctors learning English at this time and we will be able to test them in the future," a council representative said.

The council also made recommendations on the registration of foreign doctors in South Africa.

The council had agreed not to register any qualified foreign doctors other than those from countries with which the Government had an agreement, said registrar Nico Prinsloo.

"We are reviewing the current system for full and limited registration. Under this system doctors who have graduated from South African, Irish, Belgian and British institutions are granted full registration," he said.

AAG 16/4/97

... but educators set to forge ties

ARGUS CORRESPONDENT

Durban – A delegation of Cuban educators and officials will visit South Africa in June to investigate possible future co-operation in education between the two countries, the Education Department has announced.

Education Minister Sibusiso Bengu's statement yesterday came after an outcry by a teachers' union recently over the possible employment of Cuban teachers. The outcry came in the wake of a visit by Mr Bengu and union representatives to Cuba and the signing of an education co-operation agreement.

A department spokesman denied that any Cuban teachers would be employed before the teacher unions and the national education portfolio committee had been consulted.

Medical council pledges leniency

(93) (752) ARG 16/4/97

JOHN YELD
ON THE TRUTH COMMISSION

Doctors and health workers who admit human rights abuses during the apartheid era will enjoy mitigation of sentence during disciplinary hearings by the Interim National Medical and Dental Council, as long as the Truth Commission is still in office.

This agreement to co-operate with the TRC, whose term expires on December 14, was reached during the council's two-day meeting this week.

The council also endorsed a decision by its executive to present a submission at the commission's health sector hearings in June. At the TRC's human rights violations hearings during the past year, several victims alleged that doctors – and especially district surgeons – and other health sector workers had been involved in gross human rights abuses.

This included declaring detainees "fit for torture" by police.

The medical council also discussed the issue of "amnesty" for doctors. Commissioner Wendy Orr said amnesty granted in terms of the commission's founding act did not extend to amnesty from professional discipline for health professionals.

"This could deter health professionals ... from approaching the Truth Commission, as they would still have to face Interim National Medical and Dental Council disciplinary action," Dr Orr explained.

The council had therefore concluded that "full and voluntary disclosure" would be taken into account as a strong mitigating factor in sentencing.

CAPE ARGUS, **WEDNESDAY,** APRIL 16, 1997

More SA medics overseas than in poor provinces

Specialists in short supply

ARGUS CORRESPONDENT

Pretoria – There are more medical specialists registered with the Interim National Medical and Dental Council of South Africa living outside the country than in some of the poorest provinces.

The registrar of the council, Nico Prinsloo, presented the registration figures at the fifth and final meeting of the interim council.

They showed there were 585 medical specialists registered with the interim council living abroad.

The council's figures show that in the six poorest provinces, 410 specialists were registered in the Eastern Cape, which had a population of about 6 481 300 in 1995; 400 in the Free State, 113 in Mpumalanga (population estimated at 3 007 040 in 1995); 133 in the North West, 44 in the Northern Cape, and 75 in the Northern Province (with a population of 5 397 200, according to the 1995 estimate).

Mpumalanga, the North West, Northern Cape and Northern Province have only 365 medical specialists among them.

But Gauteng, with a population estimated at 7 048 300 in 1995, has 3 319 specialists. There are 2 009 in the Western Cape and 1 178 in KwaZulu Natal.

Soromini Kallichurum, president of the council, said it was not clear whether the doctors practising overseas had emigrated from South Africa or whether they would return.

The interim council recognises 48 categories of medical specialist.

In eight categories of dental specialists registered at the interim council, 200 were located in Gauteng, 92 in the Western Cape, 30 in KwaZulu Natal, 16 were outside the country's borders, seven each were located in the Free State and Mpumalanga, and none was registered from the Northern Province and Northern Cape.

The interim council has 80 000 medical professionals registered, an increase of 20 000 over the 1990 figure.

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'DUTY TO PROTECT PUBLIC'

Doctors' training to be extended by two years

CT 16/4/97 (93)

PRETORIA: While it is recommended that two years of vocational training be added after internship for new doctors there is a move to reduce the undergraduate programme by one year.

IN an attempt to improve the competence of medical doctors, the Interim Medical and Dental Council of South Africa has accepted a recommendation for an internship of one year followed by two years of compulsory vocational training.

Interim council registrar, Mr Nico Prinsloo, said yesterday that the recommendation was that all newly qualified South African doctors, starting with those who obtained degrees last year, will be required to do a further two years' vocational training.

The internship and vocational training, which would be effective from January 1, 1998, would be completed at hospitals and institutions accredited by the council.

Prinsloo said the training could not be completed in areas where there would be no supervision of the student doctors.

Professor Kerneels Nel, who chaired the technical committee that made the recommendation, said the council's decision had been made in consideration of its duty to protect the public.

"For some time now we have received complaints about the competence of doctors with regard to their professional medical conduct," he said.

"The complaints do not reflect on our universities and medical schools because the medical students who become doctors have an excellent knowledge."

The report states: "(The) council, in terms of its statutory function, (has) to protect the interests of the public by establishing and maintaining standards of education, training, practice, conduct and behaviour.

Nel said the university education of medical students was competent and that the undergraduate curriculum was being reviewed.

"The education committee of the council, on which we have representatives from all the universities, proposed that the undergraduate programme be reduced from six years to five," said Mr Prinsloo.

The universities are making their decisions independently. If the curriculum is shortened by a year the period of training will be eight years, he said.

The report of the technical committee recommends that medical students in their first year of practical training be designated as interns, and those in the second and third years as medical officers.

Students in the first year will be paid as interns, while those in their second and third years will receive the salaries of medical officers in the public service.

The report recommends that students rotate between different institutions and fields of medical practice during the three-year period of post graduate training.

Prinsloo pointed out that the council's recommendations must still be legislated by Parliament.

The Conservative Party said the three-year training period would definitely have a negative effect on prospective medical students.

A spokesman for the party said it would take medical students almost a decade to qualify in the medical profession, and it was unreasonable to present such a rule to students who were already studying, because it would lengthen their course by two years. — Own Correspondent

Medical students reject longer training

ET 16/4/97

(93)

ERIC NTABAZALILA

MEDICAL students were yesterday dismayed at the decision by the Interim National Medical and Dental Council to add two years compulsory vocational training to their seven-year course.

Mr Boshi Mohlala, a sixth-year medical student at the University of Cape Town and president of the SA Medical Students' Association (Samsa) questioned the legitimacy of the council's move in the absence of consultation with his body, whose members were most directly affected.

"They refused the representation of junior doctors and medical students," he charged.

"We sent letters to all the relevant authorities in the government but we have not received any response. We feel the decision was a contentious one."

Mr Fikile Sithole, another sixth-year medical student at UCT, and member of the Samsa general secretariat, called for medical training, in all its aspects, to be reviewed.

"The current process, if one looks at it, provides medical access only for people from the urban areas, where most medical schools are located," he said.

"This (extended training) does not ensure that these students will go to the rural areas.

"Also, the selection of students is mainly from urban areas and we need to include students who come from rural areas, and who will not have problems with doing their training in rural areas," Sithole said.

He added the vocational training decision was a "great disaster" for black students.

"Now, a student with a bad educational background will finish his or her medical degree only after 10 years, as the university already added a year-long bridging course for those students.

Sithole said medical staff should be enticed by way of incentives from government to work in rural areas.

"We cannot rely on forcing people to go to areas against their will," he said.

Recruitment of Cuban doctors to end, says council

South Africa will not recruit any more doctors from Cuba this year, according to the Interim Medical and Dental Council.

A report submitted to the council in Pretoria yesterday noted that the English proficiency of Cuban doctors applying to practise in South Africa was substandard.

Many candidates could not understand very simple English and could not complete a simple form, the report stated.

Registrar Nico Prinsloo said the council had decided not to recruit doctors from Cuba for the rest of this year.

The council also made recommendations on the registration of foreign doctors in South Africa. – Pretoria Correspondent.

(93) Star 16/4/97

Medical students ow to fight 2 years' vocational trainin

(93)

By Janine Simon
Medical Correspondent

Star 16/4/97

The controversial extension of the medical degree course from an effective seven to nine years has been met with strong opposition.

The decision that doctors will have to do an additional two years of vocational training from January 1998 was formally accepted by the Interim National Medical and Dental Council at its fifth meeting in Pretoria this week. It has only to be rubber-stamped by Parliament before taking effect.

Junior doctors, however, have vowed to take legal action against the move, and are lobbying for support.

Reacting to the decision, Conservative Party health spokesman Dr Willie Snyman said it would now take medical students nearly a decade to equip themselves for the career.

He said it was unfair to those already at university to now come with a ruling that their course will last two years longer and added that the step should be regarded as a further move by the Government to eventually socialise health services.

Adding his voice to the furore was Dr Mangaliso Mhlaba, chairman of the Junior Doctors' Association of South Africa, who said it was unfair to extend the period of study at such short notice.

Vocational trai g has been hotly debated in student and professional circles over the last 18 months, because many believe it to be an attempt to press-gang young doctors into understaffed rural hospitals.

But Wits University's faculty of health sciences dean, Professor Max Price, said although he had not seen the final document submitted to the council by its technical task team, previous drafts had been strongly focused on training.

This showed that the team had benefited greatly from the consultation process, he said, although there would have been more support had the process been phased in.

Students would be earning more than double what they had expected to earn two years ago, and the majority could have stayed in the state sector anyway.

What was still unclear was whether any rural hospitals could run posts which would meet the criteria for the new vocational training posts.

Director-general of health Dr Olive Shisana said yesterday she believed vocational training would benefit health services.

"Deans of the medical schools have indicated that the students they are producing are not very well equipped to practise without the additional experiential training," she said.

BD 17/4/97

New deal for foreign doctors

(93)

PRETORIA — A moratorium on the registration of foreign-qualified doctors would probably be lifted towards the end of the year, the Interim Medical and Dental Council said yesterday.

This would happen once a new registration system for foreign practitioners was in place, council president Soromini Kallichurum said.

The moratorium applied to doctors and dentists who obtained medical degrees abroad, with the exception of one or two European states and countries which had government-to-government agreements with SA.

It was introduced in September 1995.

Since then no foreign-qualified doctors, except those already in the process of application, had been registered, Kallichurum said at a conference of the Association of Medical Councils in Southern Africa.

"The moratorium will be lifted once a new and relatively stringent registration system is in place, possibly towards the end of the year."

Kallichurum said the council would support all steps to help practitioners from other African countries obtain postgraduate training at SA universities. — Sapa.

Doctors who confess may still face TRC censure

Star 17/4/97 (93)(92)

Medical council warns errant medics it is legally obliged to punish them for apartheid era wrongdoing

STAFF REPORTER

Doctors who make confessions to the Truth and Reconciliation Commission about their role in apartheid-era human-rights violations will not necessarily escape punishment.

The Interim National Medical and Dental Council says it is legally obliged to discipline health professionals found guilty of professional misconduct or negligence.

In a statement issued by the TRC yesterday, the council was reported as saying health professionals who had information about, colluded with or participated in human-rights abuses might be deterred from approaching the TRC by the prospect of disciplinary action.

But "full and voluntary disclosure" and an appropriate explanation of the context and environment in which the abuse took place would be taken into account as strong mitigating factors.

The council said that for as long as the TRC is in existence, until December 14, its decisions on mitigation and sentencing would be guided by the TRC's amnesty principles.

On Tuesday, the Interim Medical Council agreed to present a submission, on behalf of the former council, at the TRC's health sector hearing sometime in June.

The submission will detail "action taken or the failure to act in specific issues and cases, such as the inequality of facilities available to various sectors of the population".

It will outline "the functioning of the council in relation to human rights" and, "most importantly", it will suggest lessons which can be learnt from past mistakes, and ways that similar errors can be prevented in the future.

In one week a doctor spent only 46 hours at home

STAFF REPORTERS

IN one week as a registrar Dr Tom Ruttmann, an anaesthetist at Groote Schuur Hospital, spent just 46 hours at home — the rest of the time he was at the hospital.

Ruttmann, who has worked 11 050 hours of overtime and is seeking about R2 million in back-dated overtime pay, denied that doctors were challenging the Health Department for the money.

The principle behind the court action was far more important than the money, he said.

"Registrars work through the night and tend to sleep in the hospital — they do not do medicine for personal enrichment.

"I don't mind working overtime, no professional does, but the demands that are placed on us are unreasonable and we believe we should be paid."

Ruttmann said trainee specialists were often expected to work from 7am on a Monday until 7pm on a Tuesday, without a break, only to repeat the cycle again the next day.

"You have no personal life."

While Ruttmann acknowledges that specialists have always been given rigorous training, he says hospitals have fewer doctors now and back-up services are depleted.

"The authorities know a doctor will never walk away from a dying patient and they exploit this."

Some registrars worked more than 100 and 120 hours a week.

CT 18/4/97

"That's what drove this (court action)."

Ruttmann cited the freezing of medical posts as one of the causes of the increased workload. "As people leave, those who are left behind have to work more."

He said he earned about a third of what he could be earning in private practice.

Medical officers are paid a fixed overtime rate of 16 hours a week.

Other medics also expressed unhappiness about the amount of overtime they worked. "We are really quite stressed," said one radiology registrar. "We work about 80 hours a week and still have to study for exams."

(93)

There had been much talk among the interns and junior doctors on the draft bill calling for a maximum 45-hour work week.

A cardiology consultant said: "If we have to work 45 hours a week, I'll just work on Monday and Tuesday and take the rest of the week off."

CLAIMS FOR OVERTIME PAY

Doctors sue for R35m

(93)

CT 18/4/97

A HIGH COURT judgment could have far-reaching consequences for Health and Social Services MECs in other provinces. **RONALD MORRIS** reports.

EIGHT city doctors are set to become overnight millionaires if they win a court case against the MEC for Health and Social Services, Mr Ebrahim Rasool, for thousands of hours' worth of overtime pay.

In the Cape High Court yesterday Mr Justice R Cleaver ruled that 71 doctors, who were registrars at either Groote Schuur or Lentegeur hospitals, were not precluded from claiming overtime pay for working more than the prescribed 40 hours.

The judgment paves the way for Dr S M Mandelstam and 70 others to sue the minister for R34,8 million in overtime pay, backdated in some cases to 1988 and up to June 30, 1994, when the provincial government agreed that they could claim overtime if they worked more than 56 hours a week.

REGISTRAR'S LONG WORKING HOURS IN HOSPITAL — PAGE 3

The doctors worked in various departments, including plastic surgery, cardiothoracic surgery, neurosurgery, paediatrics and obstetrics and gynaecology.

Other respondents are the Director-General: Provincial Administration and the Deputy Director-General: Hospital and Health Services.

A legal observer said the judgment, if upheld, could have far-reaching consequences and could lead to MECs of health and social services in the other eight provinces also being sued for arrear overtime pay.

Before the main trial, the court first heard an application for a question of law to be decided: whether the doctors would be precluded from claiming overtime pay for working more than the prescribed 40 hours a week, if they had in fact worked overtime in excess of 40 hours and if Rasool and his co-respondents were correctly cited as respondents.

In a schedule attached to the court papers, the smallest amount of R20 000 is claimed by Dr K Czech for working 391 hours overtime at Lentegeur Hospital. The largest amount is R2 million claimed by Dr Tom Ruttmann, who worked 11 050 hours overtime in general surgery anaesthetics at Groote Schuur Hospital.

In their particulars of claim the doctors said that in terms of the Public Service Act, read with the Public Service Code, they were entitled to overtime pay for working more than the prescribed hours at the request of their respective heads of department.

With effect from June 30, 1994, the provincial administration of the Western Cape agreed to pay all registrars, including the plaintiffs, overtime if they worked more than 56 hours a week.

Before that they were not paid overtime, the court was told.

Rasool or his co-respondents were obliged by law to pay them overtime but had either failed or refused to do so, and had thereby acted in breach of their statutory duties, the doctors said.

In their special plea, the MEC and his co-respondents said the Public Service Act provided that every officer and employee placed the whole of his or her time at the disposal of the state, and had no right to claim overtime pay in respect of official duty or work he or she performed voluntarily or was required to perform.

The doctors were required to work overtime, which constituted overtime duty performed within reasonable limits, and they were not in law entitled to claim overtime pay.

The MEC said, in addition, that the doctors' claims for overtime had prescribed and that they could no longer bring the claims.

Mr Glyn Williams, representing the doctors, said his clients were willing to negotiate with Rasool and had tried on several occasions to do so.

Should the matter go to trial, it would run for about two weeks at a cost of about R200 000 to taxpayers.

Should the court rule against Rasool, he would be liable for the legal costs.

"Talks would be very productive," Williams said.

Mr Norman Arendse, instructed by Williams of Chennels Albertyn, appeared for the doctors. Mr André Oosthuizen, instructed by the state attorney, appeared for Rasool and his co-respondents.

Minister Zuma in Cuban cover-up

(93) M+G 18-24/4/97

The health authorities fudged the damning findings of an investigation into the deaths of four patients at the hands of one of Zuma's Cuban doctors. Mungo Soggot and Marion Edmunds report

MINISTER of Health Dr Nkosazana Zuma has been implicated in a cover-up of circumstances surrounding the deaths of four patients — including a seven-year-old girl — in the care of a Cuban anaesthetist.

The health authorities cleared the unidentified doctor in March and said he had returned to Cuba after suffering a nervous breakdown caused by sensationalist media coverage.

But the *Mail & Guardian* has established that eight anaesthesiologists who conducted an investigation into the deaths at the Pietersburg Hospital raised serious concerns about the Cuban's performance and were astonished at the way in which he was subsequently "cleared".

The report, which has not been released, was the subject of discussions involving Zuma and the Cuban embassy. It was completed on February 19.

On March 12 the Northern Province MEC for Health and Welfare, Joe Phaahla, was quoted on national TV as saying the report exonerated the doctor.

A press statement issued the same day — under the general heading "The recruitment of foreign doctors" — said of the fatalities: "All in all, because of the sensationalist coverage that this [sic] cases attracted, the affected doctor found himself under such pressure that he could no longer perform optimally and has had to be released from his contract."

The MEC added that "media people picked on these [deaths] and sensationalised them to discredit the whole Cuban volunteer programme".

The statement, which implicitly exonerated the Cuban, said: "They [the society's investigators] were critical of some aspects of the management in the cases.

"But as with all such reports, the reviewers had the benefit of hindsight and it would be next to impossible to have two doctors, especially specialists, agree 100% about the management of any specific case."

Phaahla told the SABC: "They [the peer review committee] felt certain other techniques could have been used ... you know ... and they had some comments about which medicines to use ..."

The president of the South African Society of Anaesthesiologists — the body that conducted the investigation — Professor Leon du Preez, said this week there was "complete variance between the findings of the committee and the comments attributed to Phaahla". He declined to comment further.

It is understood Phaahla has refused to discuss the matter further with the society.

A spokesman for Zuma said on Thursday that she had "delegated" the matter to Phaahla, and had been satisfied with the full briefing he had given. Phaahla was not available at the time of going to press.

But Health Department Director General Olive Shisana told the *M&G* yesterday: "I don't believe he was exonerated. Certainly the Society of Anaesthetists had problems with him."

She added that people also died under anaesthetic while they were being treated by South African doctors. "Let's not focus only on this person's origin being from Cuba, let us look rather at death by anaesthetists in South Africa."

The Northern Province Health and Welfare Department's Director General, Dr Nicholas Crisp, who personally commissioned the report, said he had recommended that the Cuban be sent home after receiving the findings.

He said he did not "feel comfortable" with the anaesthesiologist continuing to practice in South Africa without further training.

"I said [to Phaahla] that we should not renew his contract when it expired and he [Phaahla] accepted ... Even if he [the Cuban] was not negligent, he would have had that stigma wherever he worked in the province," Crisp added.

Questioned about the apparent discrepancy between his and Phaahla's interpretations of the report, he said: "Politicians will generally word their [opinion] in a way that gets across the necessary content without going into too much detail."

Crisp said he had handed the report to Phaahla because the MEC had wanted to discuss it with Zuma. "She [Zuma] signed all the Cuban doctors' employment contracts and wanted to keep in touch ..." He said the Cuban embassy was also consulted before Phaahla appeared on SABC-TV and issued his press statement.

Zuma personally piloted the programme to import Cuban doctors, bringing in a first batch of 450 doctors last year to plug gaps in health resources in some of the poorer provinces.

But serious concerns were raised in the medical fraternity about their experience, following Cuba's prolonged isolation.

The Interim Medical and Dental Council said this week South Africa would not recruit any more Cubans this year as their command of English is inadequate.

Relatives of at least one of the four who died in the Pietersburg hospital are considering civil action against the health authorities.

Court grants doctors right to claim overtime – which could be millions of rands

ADELE BALETA
STAFF REPORTER

In a ground-breaking judgment which could open the floodgates for claims amounting to hundreds of millions of rands in overtime pay, the Cape Town High Court has granted doctors the right to claim overtime pay.

The overtime claims, dating back to 1988, by the group of 71 Cape Town doctors could amount to more than R35-million.

Many believe these claims could be the tip of the iceberg and could lead to other doctors and civil servants using the finding as a basis to institute similar claims, potentially amounting to hundreds of millions of rands.

Some of the doctors who kept records of their overtime pay are claiming between R1-million and R2-million.

In the Cape High Court Mr Justice R Cleaver ruled that the 71 doctors who were working as registrars at Lentegeur and Groote Schuur hospitals at the time of the overtime, were not precluded from claiming pay for working more than the prescribed 40 hours.

The judgment is a Round 1 victory for the doctors and paves the way for them to sue the Minister of Health and Social Services, Ebrahim Rasool, for R34,8-million, backdated in some cases to 1988 and up to June 30 1994, when the government agreed they could claim overtime if they worked more than 56 hours a week.

Western Cape Health Ministry spokesman Logan Wort said: "We have received a copy of the judgment from the head of health, Dr Tom Sutcliffe, but we have not had time to study it.

"But the principle of the matter is that we remain convinced that it is not reasonable for doctors to be making retrospective claims."

The doctors were specialists in training – in paediatrics, plastic surgery, cardiothoracic surgery, neurosurgery and obstetrics and gynaecology – at the time, with some working 72 to 100 hours a week.

The doctors said in their claim that in terms of the Public Service Act, read with the Public Service Code , they were entitled to overtime pay for working more than the prescribed hours at the request of their heads of department.

But in a special plea Mr Rasool and his co-respondents said the Public Service Act provided that every officer and employee was obliged to place the whole of his or her time at the disposal of the state, and had no right to claim overtime pay in respect of any official duty or work performed voluntarily or was required to perform.

Mr Rasool argued that while doctors alleged their overtime was authorised, they had not alleged that they had authorised remuneration.

But the doctors stated that this was not required in terms of the Public Service Code, which prescribed the overtime rate without requiring authorisation for remuneration.

The judge said: "The argument that the failure of the plaintiffs to refer specifically in their particulars of claim to the fact that the authority approving the payment of overtime remuneration for duty in excess of the prescribed hours of attendance had been obtained is fatal to the plaintiffs' case and that I should therefore find that they are not entitled to bring their claims.

"I do not agree."

(93) Star 19/4/97

SA 'scraping the barrel' of Cuban doctors

Evaluators concerned

(93)

ARG 19/4/97

GLYNNIS UNDERHILL
CHIEF REPORTER

South Africa is now "scraping the bottom of the barrel" of Cuban doctors who speak English and who want to work here, according to Daan Naude, assistant registrar of the South African Interim Medical and Dental Council.

A report by a panel of evaluators highlights these concerns, raised after a trip to Cuba earlier this year. It would be forwarded to the Health Department next week, he said.

The panel believed the doctors who were undergoing English-language training courses should complete them and no further evaluations should be done until next year, Mr Naude told Saturday Argus.

"Many of the candidates could not be examined because they could not speak English," he said.

It would have been irresponsible of the panel, which included delegates of the Medical and Dental Council, to have evaluated the clinical skills of the doctors if they had a language problem, said Mr Naude.

Hundreds of Cuban doctors have arrived in South Africa after a fact-finding visit to Cuba by Health Minister Nkosazana Zuma.

Although many local doctors in rural areas claim they have been displaced after their government contracts were cancelled and they were replaced by the Cuban doctors, the Health Department maintains there is a growing need for doctors in these areas.

The furore over the importation of the Cuban doctors died down after 21 cases of alleged malpractice against six Cuban doctors operating in the Northern Cape were filed with the Medical and Dental Council.

Mr Naude said these cases were "sub judice" and were being investigated by the Medical and Dental Council.

Many candidates could not be examined because they could not speak English

Of the Cuban doctors who were examined by the evaluating panel earlier this year, not all had passed the evaluation, said Mr Naude.

Although he was unaware of a new batch of Cuban doctors who are expected to arrive in the country, Mr Naude said all would have had to have been evaluated by the panel.

The Health Department stressed this week there was "no conflict" between it and the Medical and Dental Council over the Cuban recruitment programme.

The Cuban doctors who had already been processed and recruited would still be able to come to this country, said the department.

"No more new recruits are presently being negotiated," said a spokesman.

Star 9/4/97 (93)

Doctors set to score on overtime pay

Cape Town – In a ground-breaking judgment which could open the floodgates for claims amounting to hundreds of millions of rands in overtime pay, the Cape Town High Court this week granted doctors the right to claim for overtime pay.

The overtime claims, dating back to 1988, by the group of 71 Cape Town doctors could amount to more than R35-million. Many believe these claims could be just the tip of the iceberg and could lead to other doctors and civil servants using the finding as a basis to institute similar claims potentially amounting to hundreds of millions of rands. Some of the doctors who kept record of their overtime pay are claiming between R1-million and R2-million.

In a pre-main trial application on a point of law, Cape High Court judge Mr Justice R Cleaver ruled that the 71 doctors, who were working as registrars at Lentegeur and Groote Schuur hospitals at the time of the overtime in question, were not precluded from claiming overtime pay for working more than the prescribed 40 hours.

The judgment is a round-one victory for the doctors and ultimately paves the way for them to sue Health and Social Services. MEC Ebrahim Rasool for R34,8-million backdated, in some cases, to 1988 and up to June 30 1994, when the Government agreed they could claim overtime if they worked more than 56 hours a week.

Before 1988, doctors were unaware that they could claim for overtime in terms of public service legislation.

If the court rules against Rasool, the taxpayer will have to foot the bill for legal costs. – Own Correspondent

Doctor's wife pleads for her husband

(93)

By CHARLES MOGALE

EP 20/4/97

THE WIFE of the Cuban doctor who has been arrested while the authorities decide if he will be deported this week told how he was being held in "terrible" conditions in jail.

Patricia Simono said she had information that Dr Cesar Simono was kept in a cell with an AIDS sufferer who coughed with tuberculosis continuously. Simono, a well-known doctor in Welkom in the Free State, has been detained for being in the country illegally. He has asked for political assylum.

The tearful wife said she drove "through the night" from Welkom to Pretoria as she was promised she could see her husband. When she arrived in Pretoria she was refused permission even to give him a change of clothes.

"When this country was fighting its struggle, many wives cried because their husbands were taken away. The same men whose wives were crying have taken away my husband. Have they forgotten the tears of their wives?" she asked.

She said she had sent an eight-page petition drawn up by staff and patients at the Bongani hospital in Welkom, where she is working as a pharmacist, to Home Affairs minister Dr Mangosuthu Buthelezi, pleading for her husband to be allowed to stay in the country.

"If they want me to take him out of the country, I will, but please bring him back to me," she said.

"He was absolutely delighted. I know that sometime this week two men burst into his cell waving a paper and saying they were taking him back to Cuba. How cruel can people be!"

Simon's application for amnesty was to be finalised by the end of this week. At the time of going to press there had been no word from the ministry of home affairs on the matter.

Cuba to help train doctors

(93)

Sowetan 22/4/97

By Rafiq Rohan
Political Correspondent

TEN black students from Mpumalanga have been selected to train as doctors in Cuba at a cost of R2,1 million, Minister of Health Dr Nkosazana Zuma has told Parliament.

She also revealed that getting blacks to train in Cuba would be a way of balancing the racial disparities in the training of doctors.

"Students will continue to train in South Africa but over and above that, we are going to send more students to train in Cuba in 1998 and beyond," she said.

To date the majority of people qualifying at South African universities as doctors are white, she pointed out.

"The apartheid government discriminated against blacks, especially Africans and coloureds at medical schools.

"For a very long time Natal University was the only one that had a faculty of medicine for blacks until Medunsa and the University of Transkei were added," Zuma said.

The fact that political change came about in 1994 but that in 1997 the majority of medical graduates were white reflected on admission policies six years ago during apartheid rule, Zuma said.

However, she said, what was unacceptable was that the majority of first year medical students were still white and the relief offered by Cuba was welcome.

"Comrade president Fidel Castro offered to train some of our students so that we do not depend on Cuba and other countries for doctors in the rural areas.

"We have accepted the offer," she said.

"But it is time for universities to review their admission policies so that the demography of the country is correctly reflected."

Her department would help deans of medical schools to this end.

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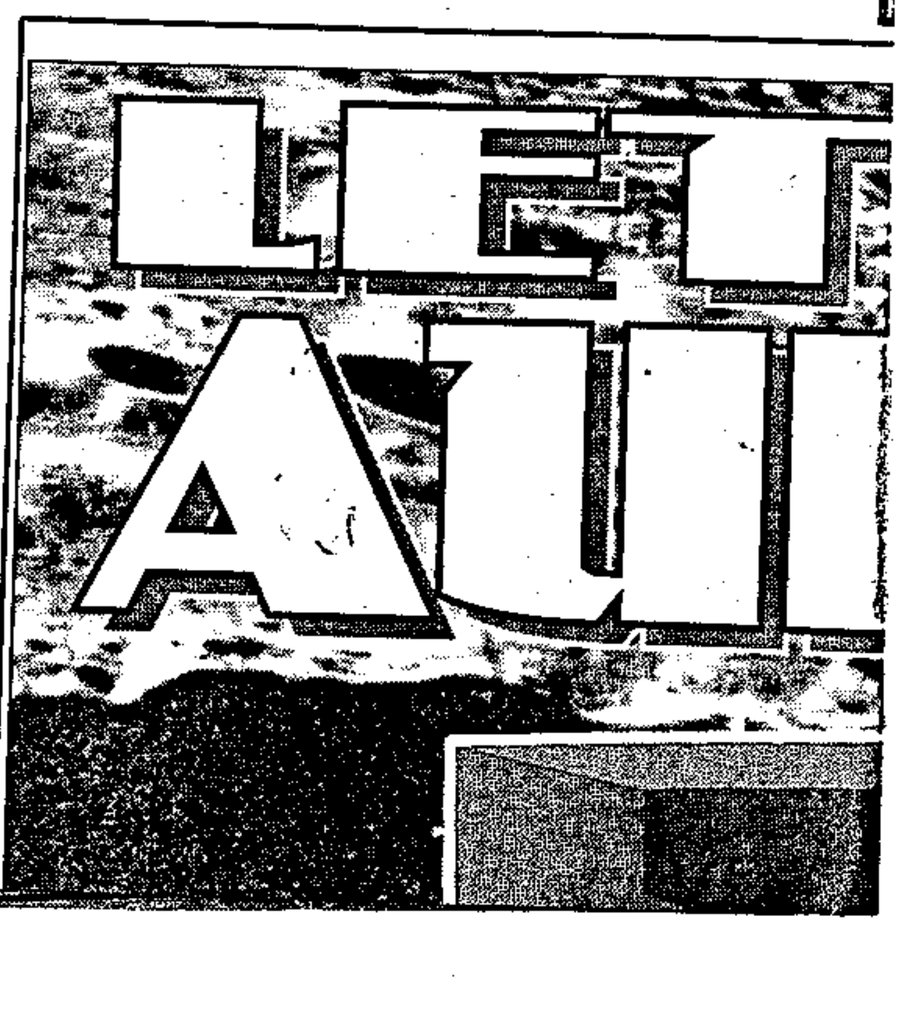


MAIL & GUARDIAN
April 25 to May 1 1997

'Death' hospital to be sued

(93) M+G 26/4 - 1/5/97

The hospital in which patients died in the care of one of Zuma's Cuban doctors is to be sued by Hendrina Fember, daughter of one of the victims, reports **Mungo Soggot**

THE daughter of a patient who died in the care of the Pietersburg Hospital's controversial Cuban anaesthetist is enraged at the cover-up of an investigation into the doctor — and intends suing the hospital.

Hendrina Fember accompanied her 68-year-old mother, Isabel Buys, who went to the hospital late last year for an operation on a blocked vein in her leg. When she telephoned to ask about her mother, Fember was told she had died.

Fember's mother was anaesthetised by one of the Cuban doctors imported by the Health Minister, Dr Nkosazana Zuma. After four patients died in the anaesthetist's care, Northern Province's superintendent general, Nicholas Crisp, asked the South African Society of Anaesthesiologists to conduct an independent investigation.

The investigation by eight anaesthesiologists raised serious concerns about the doctor's performance. But the Northern Province's MEC for Health and Welfare, Joe Phaahla, whitewashed their report — after discussing it with Zuma — and lambasted the media for sensational coverage of the matter.

Phaahla appeared on national television on March 12 and said the investigation had "cleared" the anaesthetist.

Fember says she has not contacted either Zuma or Phaahla because she fears she will "get very cross and say lots of things that I am not supposed to say. They made the cover-up."

Fember, who is in contact with the Society of Anaesthesiologists, says she suspected foul play "from the beginning. When I phoned the hospital I was suspicious ... they said my mother had been critically ill. I knew she was basically in good health.

"I don't know how to express myself. I am very disappointed." Fember is also in contact with the Pietersburg police, who are investigating the case. She says her docket, and those of the three other patients, have been sent to the attorney general. Another of the patients was a seven-year-old girl. As yet, there has been no inquest into the deaths.

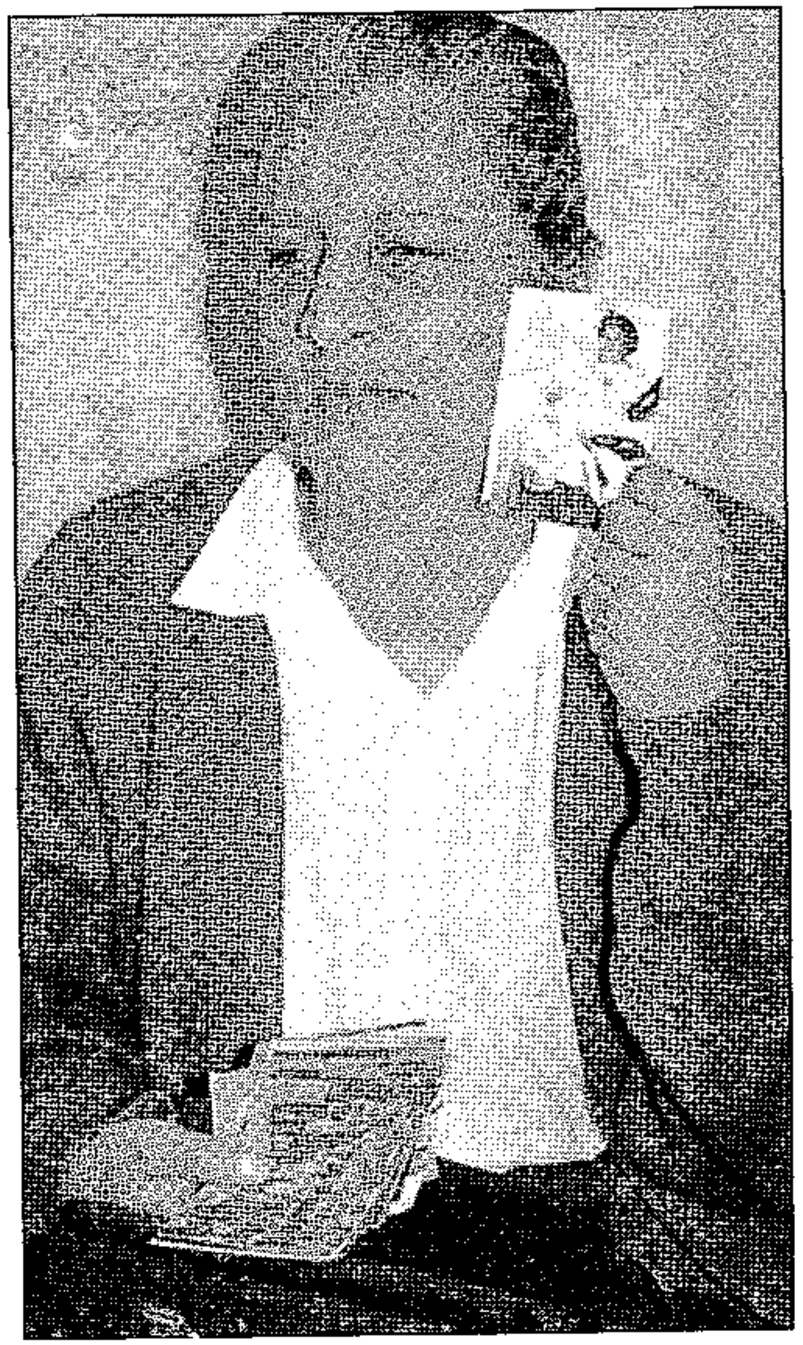
"I want justice," says Fember. "Money will not help. I want them [the health authorities and the hospital] to admit he made a mistake."

Phaahla's statement on the investigation, issued on the same day he appeared on television, read: "We have appointed a team of anaesthetics [sic] to conduct a peer review of the deaths in question. They were critical of some aspects of the management of the cases. But, as with all such reports, the reviewer had the benefit of hindsight and it would be next to impossible to have two doctors, especially specialists, to agree 100% about the management of any specific case.

"All in all, because of the sensationalist coverage that this [sic] cases attracted, the affected doctor found himself under such pressure that he could no longer perform optimally and has had to be released from his contract."

Professor Leon du Preez, president of society, said there was "complete variance between the findings of the committee and the comments attributed to Minister Phaahla."

The doctor involved has returned to Cuba.



Memories of the dead: Hendrina Fember with pictures of her mother

PHOTO: KENNETH MULLER

Sacked SA doctors to be recalled

'Cubans a mistake'

ARG 26/4/97

GLYNNIS UNDERHILL
CHIEF REPORTER

In a major turnabout Health Minister Nkosazana Zuma's department has now entered into confidential negotiations to reinstate hundreds of South African doctors who were "sacked" and replaced by inadequately trained Cuban doctors.

With two multimillion rand malpractice lawsuits involving the Cuban doctors pending against the government, sources have now revealed that the Health Department has admitted during its negotiations with the Medical Doctors Union of South Africa (Medusa) that it made a mistake in recruiting the Cubans.

Saturday Argus has learnt that the Department of Health has indicated that the contracts of hundreds of Cuban doctors, who were recruited to South Africa by Dr Zuma, would not be renewed.

Cuban doctors were recruited to South Africa to apparently fill a need for medical staff in rural hospitals. But in a startling reversal it has been established that the Health Department now wants to relocate Cuban doctors from rural and smaller hospitals to larger hospitals where they can work under the supervision of South African doctors.

'We have nursing staff ... who are better qualified to handle patients than the Cubans'

Some of the Cubans who have lengthy contracts will have to receive English lessons before being sent to work under supervision, it has been disclosed.

The further need for translators to assist the Cuban doctors is being considered.

Numerous attempts to obtain comment from the Department of Health on the issue proved fruitless.

The Department of Health has been thrown into a fresh scandal after it emerged that many Cubans were placed in hospitals to work outside the restricted registration granted to them by the Interim South African Medical and Dental Council.

Daan Naude, assistant registrar of the Medical and Dental Council, said the Cuban doctor importation programme had been a "political decision" and the Council had simply assisted with evaluating the recruits.

"The council cannot comment on the decision to recruit Cuban doctors. The council was not involved in the distribution or placement of the doctors. That was up to the Department of Health," he said.

The crisis escalated after local doctors claimed to have worked side-by-side with Cuban doctors who were operating as specialists and generalists outside of their limited registration.

Mr Naude said no Cuban doctors have been registered to work as medical specialists in South Africa.

Doctors who were considered specialists in Cuba, like cardiologists or paediatricians, were registered in South Africa as medical practitioners, with registration limited to their field of speciality.

There were only a few Cuban doctors registered as generalists to work in the total field of medicine, he said.

Now district surgeons and part-time sessional doctors who had their contracts cancelled and were replaced by Cubans are set to be reinstated following intense negotiations with Medusa which have almost drawn to a close.

Twenty-one cases of malpractice against six Cuban doctors working in the Northern Province have been forwarded to the council, which claims the cases are sub judice. One of the Cubans, who was involved in three cases of alleged malpractice, has now returned "on holiday" to his home country and his colleagues do not expect him to return to South Africa.

A South African doctor who assisted in compiling the allegations against the six Cuban doctors has allegedly been approached by government representatives to withdraw the complaints.

The first medical lawsuit being filed against the government allegedly involves the death of four patients in the care of Cuban doctors in Pietersburg.

The second involves a patient in the Northern Province, but the legal representative who is about to launch the huge civil claim told Saturday Argus that details could be disclosed only when papers had been lodged with the court.

Philip du Toit, legal representative of Medusa, said the situation with the Cuban doctors had reached crisis proportions.

"The situation is so bad with the Cuban doctors, they are doing an injustice to the people out there," he said.

Mr Du Toit said the union had agreed not to disclose details of the ongoing negotiations with the Department of Health.

Medusa was set up by doctors in the Northern Province at the end of last year in an attempt to fight for the rights of doctors, Doctors from the Eastern Cape and Natal have since joined the union in a bid to get their cancelled government contracts renewed.

"According to various doctors, we have nursing staff with years of experience who are far better qualified to handle patients than the Cuban doctors. Many of them are more au fait with South African medicines and diseases," said Mr Du Toit.

Hundreds of foreign doctors wait in the wings

Moratorium on registration

ARG 26/4/97 (93)

ADELE BALETA
STAFF REPORTER

Between 700 to 800 foreign doctors, many of whom are married to South Africans or have been given political asylum in the country, are battling to be allowed to practice medicine here.

Even though there are still posts vacant in the rural areas, their attempts have been thwarted by a moratorium on the registration of foreign doctors.

Several doctors with foreign qualifications, including South African returnees, have left the country in disillusionment after having exhausted all attempts to get registered by the South African Interim National Medical and Dental Council.

Many of the foreign doctors currently in South Africa are from African countries.

One doctor, who does not want to be named, is working as an administrative clerk for a Cape Town company and has been trying for four years to get registered. She attended the same medical school in Europe as her South African-born husband. He is in private practice, while she has had to resort to working outside her profession.

In September 1995 the Council declared a moratorium on the registration of all doctors and dentists with foreign qualifications, until further notice. This was declared just as a government-to-government agreement with Cuba was implemented, resulting in hundreds of Cuban doctors with foreign qualifications being given limited (restricted) registration in South Africa. The same recognition is also given to German doctors.

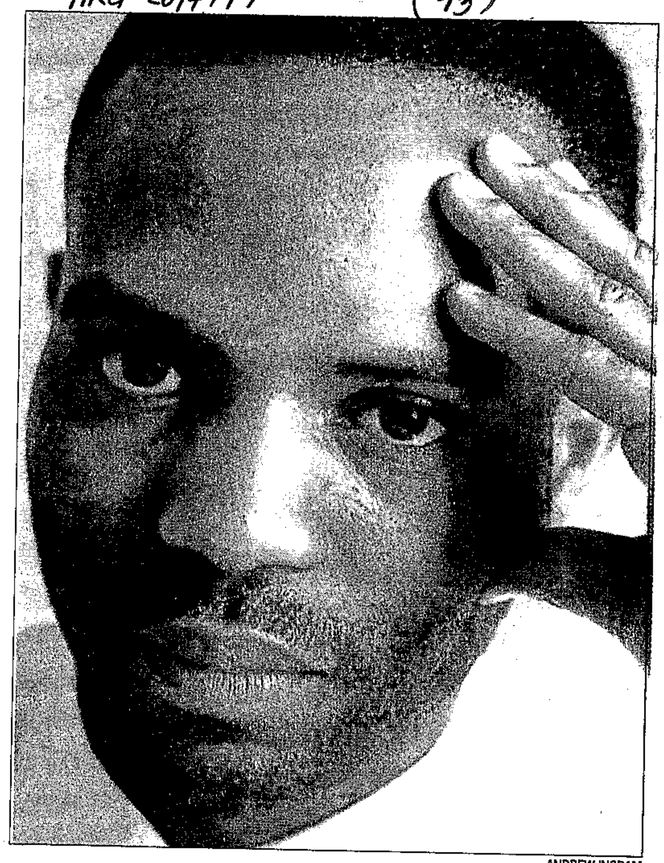
Bilateral agreements with the United Kingdom, Belgium and the Republic of Ireland give doctors from those countries the right to full registration in South Africa, which means they are able to enter into private (independent) practice.

A frustrated Dr Christian Edeani, who has been granted political asylum in South Africa, finds himself in a catch-22 situation. His status is dependent on finding a job.

The Department of Health has offered him one of two internship posts either in Port Elizabeth or the Transkei, but this depends on whether he is given limited registration. This he has been trying to obtain for two years.

Dr Edeani was one of 40 applicants who wrote the council's examinations to qualify for limited registration this week. The moratorium was waived for the 40 doctors, because they are all either spouses of South African citizens or political refugees.

But this has not put an end to Dr Edeani's woes. He was one of several applicants who failed the English competency test, an essential component of the examination. This prevented him from doing the clinical orals, although he had passed the professional component of the exam.



ANDREW INGRAM

Disillusioned: Christian Edeani from Nigeria is prepared to work in the rural areas.

Applicants who sat for the exam told Saturday Argus the English paper was "inadequate" and did not test language competency. Instead questions were ambiguous and misleading.

"There were often two answers for a single question," one doctor said.

The participants felt that they were unfairly discriminated against, especially as questions have been repeatedly raised about the language ability of some Cuban doctors.

Dr Edeani has an Honours degree in bio-chemistry, and a doctors degree from Russia. His 100-page honours thesis was written in English and he is clearly able to converse in the language.

He said all attempts to get a re-write or to appeal against his marks have failed.

"The council has told me I must wait until a new council is in place at the end of the year. What am I to do until then? I have been trying to get limited registration for two years now."

Dr Edeani said he had not finished his internship in the Soviet Union and he would have to work under supervision in any post in South African anyway.

Another doctor, who passed the exam, slated the English test. She said it had "in no way tested language competency". She argued that there were 600 to 700 doctors who were willing to work, many of whom were happy to be retrained or trained further to fit into the South African model.

"They are here now, at their own expense, committed and ready to go wherever necessary, No one has to pay for them to get here," she said.

Spokesman for the South African Interim National Medical and Dental Council, Daan Naude, said that if Dr Edeani had a problem with the English paper, he could write to the council and lodge a formal complaint.

Mr Naude said a task group had been appointed to "re-design" the requirements for limited registration. "This will hopefully come into operation by the end of the year."

He said exams would in future be based more on peer review and would also be more user-friendly.

Leonhard Rode of the council said that the new system of qualifying to work in South Africa would not depend on South African citizenship, but on qualifications and competency.

The bilateral agreements with other countries governing doctor's employment in the country

Now Health Department wants doctors 'sacked' for Cubans back

(93) Star 26/4/97

By GLYNNIS UNDERHILL

Health Minister Nkosazana's Zuma's department has entered into confidential negotiations to reinstate hundreds of South African doctors "sacked" and replaced by Cuban doctors.

Sources have revealed that, with two multi-million-rand malpractice suits having been brought involving Cuban doctors, the department had admitted during talks with the Medical Doctors Union of SA (Medusa) that it was a mistake to recruit the doctors.

The *Saturday Star* has learnt the department had indicated that the contracts of hundreds of Cuban doctors recruited by Zuma would not be renewed.

Initially the doctors were recruited to fill a need in rural hospitals. Now, in a startling reversal, the department apparently wants to move the Cubans from smaller and rural hospitals to larger hospitals where they can work under the supervision of local doctors, the *Saturday Star* has learnt.

It has also been disclosed that some Cuban doctors with lengthy contracts will get English lessons before being sent to work under the supervision of local doctors.

While there are translators in some hospitals to help doctors who are unable to understand their patients, appointing more translators is being considered.

Several attempts to obtain comment from the department were fruitless.

A fresh scandal hit the department this week when it emerged that several Cuban doctors were placed in hospitals to work outside the restricted registration granted to them by the Interim SA Medical and Dental Council.

Daan Naudé, assistant registrar of the council, said the programme had been the result of a political decision. The council had simply assisted in evaluating recruits.

The council could not comment on the decision to recruit Cuban doctors. It was not involved in the distribution or placement of the doctors. That was up to the Department of Health.

The crisis escalated after doctors claimed to have worked side by side with Cuban doctors operating as specialists and generalists outside their limited registration.

Naudé confirmed that no Cuban doctors had been registered to work as medical specialists. Doctors who were considered specialists in Cuba, like cardiologists or paediatricians, were registered in South Africa as medical practitioners, with registration limited to their field of speciality. Only a few Cuban doctors were registered as generalists to work in the total field of medicine.

There will be no place for Cuban doctors if local doctors were to agree to settle for the new dispensation, according to Medusa negotiators.

Twenty-one cases of malpractice against six Cuban doctors working in Northern Province have been sent to the council. One of the Cubans involved in three cases of "malpractice" has returned "on holiday" to Cuba.

A doctor who helped compile the allegations against the Cubans has allegedly been approached by Government representatives to withdraw the complaints.

Foreign doctors battle to register in SA

By ADELE BALETA

Cape Town – Between 700 and 800 foreign doctors, many of whom are married to South Africans and others who have been given political asylum in the country, are battling to be allowed to practise medicine here.

Their attempts have been thwarted because of a moratorium on the registration of foreign doctors even though there are still vacant posts in the rural areas.

Several doctors with foreign qualifications, including South Africans, have already left the country in disillusionment after having exhausted attempts to be registered by the SA Interim Medical and Dental Council.

Many of the foreign doctors currently in South Africa are from African countries.

One doctor is working as an administrative clerk for a Cape Town company and has been trying for four years to be registered. She went to the same medical school in Europe as her South African-born husband. He is in private practice while she has had to resort to working outside her profession.

In September 1995 the council declared a moratorium on the registration of all doctors and dentists with foreign qualifications, until further notice.

This was declared as a government-to-government agreement with Cuba clicked in, resulting in hundreds of Cuban doctors with foreign qualifications coming into the country and being given limited (restricted) registration.

The council's Leonhard Rode said the new system of qualifying to work in SA would not depend on South African citizenship but on qualifications and competency.

Why doctors avoid rural hospitals

BD 29/4/97 (93)

SA doctors are still spurning district hospitals. **Kathryn Strachan** wonders what it would take to attract them to the rural areas

A NEW report indicates that sightings of doctors in rural areas are more infrequent than had been thought.

Government's health department says it is working on a long-term solution, but nearly 18 months after the arrival of the first wave of Cuban doctors there is still no sign of incentives to draw experienced local doctors to these neglected areas.

Health department deputy director Ayanda Ntsaluba says the hiring of foreign doctors is only a short-term measure to tide over embattled rural services until enough local doctors are trained.

However, there is an array of incentives which could be offered to draw existing skilled local doctors to rural areas in the meantime. But proposals in this regard do not appear to be anywhere near coming to fruition.

Ntsaluba says it is not simply a matter of training more local doctors, but rather of coming up with innovative ideas on how to "reorientate" training so that medical students are encouraged to work in rural areas and equipped with appropriate skills for posting to outlying hospitals.

Rural doctors have other ideas. The first step is to look at the specific needs of rural doctors, says Stefan Morell, chairman of the Medical Association of SA's senior hospital doctors' association and deputy superintendent of Ngwelezana Hospital near Empangeni in KwaZulu-Natal.

Financial incentives are only a small part of the equation, he says; and points out that the substantial pay increases given to hospital doctors last year has yielded no change in attitude. "Senior doctors remain a rare species in rural hospitals," he says.

In cities there is one doctor to every 700 people, while in rural areas there is one doctor to every 10 000 to 30 000 people.

In his own analysis of the distribution of doctors, Morell has come up with the following: Of the 5 000 doctor posts in district and provincial hospitals, only 4 000 are filled. Of these, 2 000 are foreign doctors who have limited registration. Another 500 to 1 000 are foreigners with full registration. The remaining 1 000 to 1 500 are South Africans, most of whom are juniors trying to acquire practical experience to equip them for future careers — usually not in the public service.

The issue is not so much the number of doctors, but the quality. The lack of skills and leadership in rural hospitals is the cause for most concern.

"Without clear vision, dedication and commitment, change cannot be sustainable," says Morell. "Continuity is required, and neither contract workers nor junior doctors can fill these gaps."

The health department's postgraduate vocational training programme, due to start next year, will not affect rural hospitals, he says. Medical graduates will have to spend an extra two years at hospitals, yet these are the same academic city hospitals which were used for training under the old system. All this means that SA still desperately needs foreign doctors to provide service and leadership in rural hospitals, and to teach SA graduates the skills required to run these institutions.

Morell looks beyond the existing financial incentives to career opportunities and academic recognition for the solution to attracting doctors to rural areas.

An investigation he has conducted into why experienced doctors are leaving, or not joining, rural hospitals reveals the following:

- ☐ Few senior posts are available in district/provincial hospitals;
- ☐ A sense of academic isolation is experienced in the rural areas — specialising is important in furthering a medical career, and continuing medical education programmes are needed;
- ☐ Poor working conditions are common — a lack of equipment, computers, libraries and scarce opportunities for working with specialists all make a career in a remote area less attractive; and
- ☐ Bureaucratic problems — even if a suitable applicant is found, provincial service commissions frequently delay appointment for so long that even the most dedicated doctors look for better alternatives in the interim.

Other reasons included better opportunities elsewhere for educating children and finding job opportunities for partners.

Ntsaluba says the department, together with the eight medical schools, is looking at a strategy to train more SA graduates who are equipped to take over positions in rural areas. "We need to think more creatively and find ways of giving support to students who would be more likely to work in outlying areas."

They are looking at mechanisms for attracting students from provinces which have a dire shortage of doctors.

One mechanism is for these provinces to give study grants to students, who are then contractually obliged to return and work in that province for a set period.

In the meantime, the department will rely on the skills of foreign doctors through government-to-government contracts. There are no plans to recruit from countries other than those with which government has agreements — Cuba, Germany, the European Union and the United Nations.

The question that remains is, when will government's "long-term" strategy to attract skills to rural medical facilities start taking shape so that reliance on foreign assistance can end?

Shortage of doctors worse than expected

Kathryn Strachan

AN AUDIT by the health department of the distribution of its doctors and nurses shows the balance is far worse than it had estimated.

The results show desperate shortages of staff in the Northern Province and the North West.

The Northern Province has one doctor per 10 000 population, while Gauteng has 9,3 doctors for the same number of people. North West has 21,2 nurses per 10 000 population, while the Western Cape has 47,6.

"Yet these pictures don't show us the real picture of a place as the personnel may be concentrated in the cities, so we need to go to districts to get a more detailed picture," said health department human resource director Stephen Hendricks. This second phase of the audit has begun.

The audit was conducted to provide information on which a human resource strategy could be planned.

Hendricks said creating a workforce in line with the new vision was a pivotal factor in transforming the health services. The department had begun working with the education department on reviewing training and developing new curriculums.

Propelled by the primary health care approach, the new system required all the categories of health professions to work in a team, said Hendricks. Curriculums would be reviewed so that students were equipped with the broader range of skills they would need in a primary health-care setting.

The department was drawing up a strategy which rested on planning a human resource strategy, reviewing education and training, building capacity, changing managerial styles to a more open participatory approach, affirmative action and restoring an ethos of care. "This means that even though the queues are longer with free primary health care, we still need to do our best for patients and create a caring, compassionate ethos."

The breakdown of human resources, including public and private sectors, but excluding medical specialists, is: Eastern Cape: 2,3 doctors per 10 000 people, 29,2 nurses; Mpumalanga: 2,1 doctors, 22,3 nurses; Gauteng: 9,3 doctors, 40,2 nurses; KwaZulu-Natal: 4,5 doctors, 41,2 nurses; Northern Cape: 7,4 doctors, 28,3 nurses; Northern Province: 1 doctor, 30,6 nurses; North West: 1,8 doctors, 21,2 nurses; Free State: 3,4 doctors, 34,4 nurses; Western Cape: 7,7 doctors, 47,6 nurses.

BD 29/4/97

See Page 9

Something out of joint in the medical world

(93) CT 7/5/97

THE MEDICAL profession is too fragmented to treat the whole person, argues **PROFESSOR BEN TUROK.**

IT IS quite strange that the people who develop some of the best ideas are the least equipped to carry them through.

Take the case of Karl Popper: the brilliant author of *The Open Society*, which made such an impact on democratic government, was often condemned by his colleagues for blatant despotism as head of philosophy at the London School of Economics.

Many of us have experienced similar disillusionment in universities that proclaim lofty ideals about the free flow of ideas within a university, the universality of knowledge and the importance of interdisciplinary studies, only to find that narrow departmental interests bring out the worst in colleagues, particularly over budget allocations and the struggle for resources. Then lofty ideals get relegated to graduation day speeches directed at parents and the press.

Indeed, one of the greatest challenges of our time is to bring our practices and institutional performance up to our stated aspirations and proclamations. It is a major concern in our current political arrangements.

These vague thoughts troubled me as I lay in bed in the Wynberg Hospital, a little known, newish place in the middle of Cape Town, having just had a total hip replacement. It has been a long journey and worth telling because of the lessons it reveals about the relation between formal rhetoric and practical application.

I had always understood that the medical profession has in modern times come to accept that the human person is a holistic entity and that medicine should be both preventative and curative. Even more, that post-treatment care is as important as the other two elements.

That is, the medical profession must help prevent disease and illness in the first place, cure it when it happens and ease the patient back to health once the cure is effected. But the actual fragmentation of the medical industry makes this impossible.

In my own case, bursitis was first diagnosed seven years ago, as a result of a tennis injury. The treatment of cortisone injections plus laser physiology and cross-friction massage worked partially but I never shook off the problem.

Some years later an osteo-arthritic hip with a major wear of the cartilage in the joint was diagnosed. I was warned that it was degenerative and incurable. Beyond some physiotherapy, I continued jogging and strenuous mountaineering that probably increased the damage substantially.

Ultimately the pain and the X-ray evidence led to the inevitable conclusion that surgery was needed in the form of a total hip replacement.

Fortunately, a chance encounter with an old medical friend led to the recommendation that I go to Dr Garth Grobler at Wynberg Hospital where he has built an all-round unit for precisely such cases. But even then all was not clear.

On my own initiative, I sought out a highly specialised physiotherapist from the Institute of Sport Science who set about studying carefully how I used my limbs, which muscles had become weak and what needed to be done to prepare me for the shock of heavy surgery.

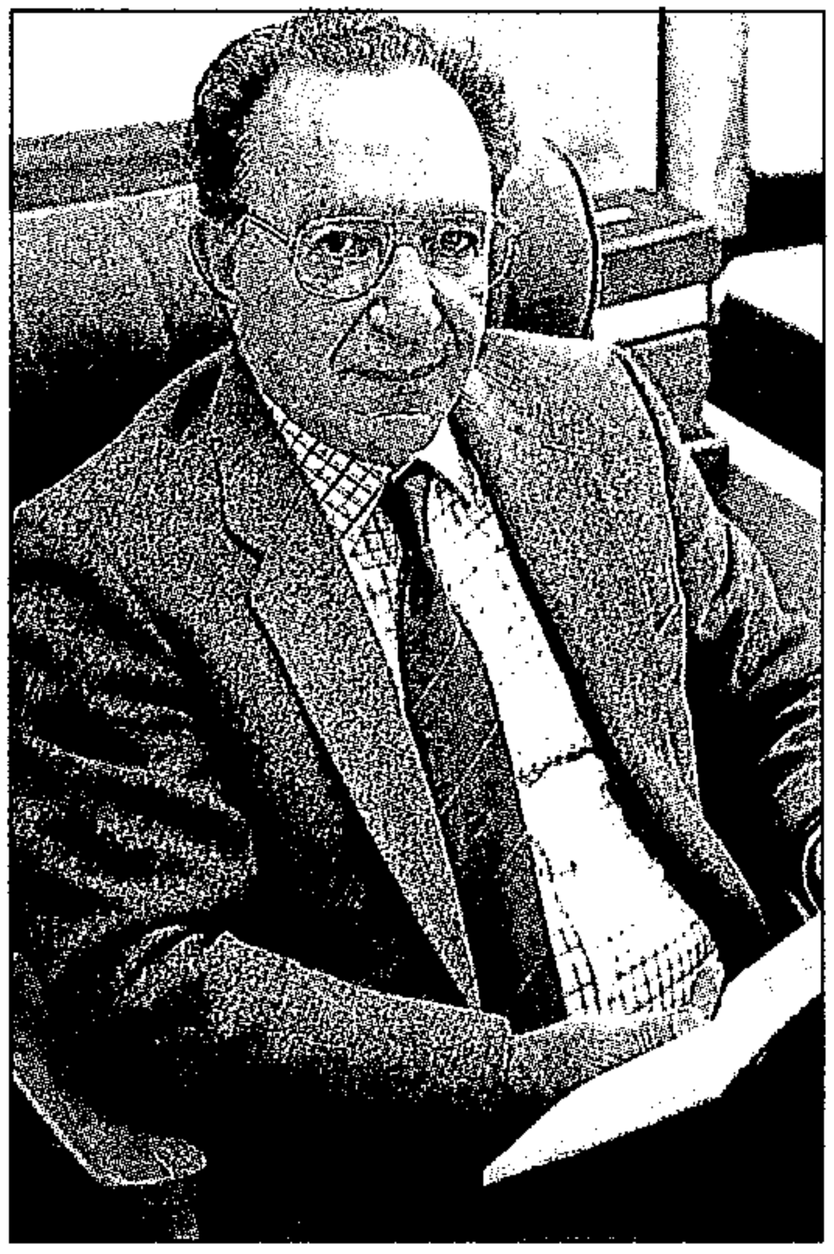
When engineers plan a bridge, they call in builders, architects, environmentalists, sociologists and even art consultants, so what emerges is the result of everyone's knowledge: medical people don't seem to work like that.

He gave me a tough routine of daily exercise to rebuild my lost muscle tone and ensure that once a new joint was inserted in my hip, the muscles would be strong enough to hold it all together.

The first week of muscle training was rather trying, but I soon forced myself into a rhythm and, when I entered hospital, I can truly say that my thighs and hips were in better shape than they had been for several years.

But this was on my own initiative and not a routine part of the operation to come. Dr Grobler told me that most patients with similar degeneration were on crutches while I was walking fairly well, though with some pain.

What Dr Grobler did do, however, was to send me a trained sister with a booklet that explained the operation in detail as well as a short document giving all the necessary practical advice about crutches and other aids needed in the period of recovery. She inspected my home environment and made valuable suggestions to facilitate a speedy recovery.



TALKING BODIES: Professor Ben Turok's recent experience with the medical profession led him to question why we don't practise what we preach.

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When consulting engineers plan a bridge, they first call in the builders, architects, environmentalists, traffic people, sociologists and even art consultants, so that what emerges is the result of the joint knowledge of all.

Medical people do not seem to work like that. There is a kind of hierarchy of communication from the GP, to the physiotherapist, to the physician, then to the surgeon and back down the line, with the odd chat to the sister on duty in the corridor. There seem to be no team consultations around individual cases, costly as these may be.

For instance, I had trouble with the initial medication which had considerable side-effects. Later, I was not consulted about my dietary problems in hospital and so, when I was constipated, I was given a range of "fixes" instead of a chunk of whole-wheat bread or some prunes, which work like magic for me. Overcoming the blockage became a nightmare, adding to my recovery problems.

The post-operative physiotherapy was not quite effective at first, despite the existence of a first-class gym in the hospital. My physiotherapist from before the operation has never been called in and the team effort I have been urging has only been partially implemented.

But, in the end, this has been a most impressive performance. I received an epidural anaesthetic that was highly successful, I have had pain-killers that have removed almost all discomfort, whereas I had been led to believe that this is one of the most painful operations. I feel quite vigorous.

I have now been home for some weeks, assisted by daily visits of a nurse to continue with the injections, advise on medication and help me get on my feet generally. Despite these attentions I feel the lack of continuity in the total treatment before, during and after the operation.

There are many arthritis sufferers out there who need to be informed that suitable intervention at each appropriate stage is available that can make a huge difference to one's quality of life.

Doctors must be more appreciative of the importance of understanding muscle tone which can compensate for weaknesses of the joint. This would surely help many of the older folk one sees hobbling around at the seaside.

Without being over critical, I nevertheless feel that the medical profession as a whole must also show less hierarchy and fragmentation of effort, and give proper recognition to the various support services such as physiotherapy and muscle rehabilitation.

❑ *Professor Ben Turok is an ANC MP.*

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It won't hurt: A cuban doctor performs an examination PHOTO: KENNETH MULLER

Cuban who lives to heal

M+G 9-15/5/97 (93)

Despite criticism, Cuban doctors work in places where South African doctors refuse to go, reports Dawn Blalock

THE child on his mother's lap is breathing in short quick breaths. The mother describes his symptoms in Setswana.

"How many days with the fever?" the doctor asks in English. Although neither English nor Setswana is his native language, he recognises key words.

After examining the drooping child, he turns to his assistant: "Order an ambulance."

The mother, although she doesn't speak English, visibly tenses at the word "ambulance". Tears stream down her face.

"Mama, don't worry," says Dr Nilmido Sosa Díaz, patting her hand. "Tell her it is better for her and her baby to go to the hospital. Tell her it may not be tuberculosis. And it's not going to cost anything," he says to his assistant and translator.

Díaz (32) is the first doctor at the Nelson Mandela Clinic in Bekkersdal on the West Rand since it opened three years ago. He has been there for eight months.

He sets a relentless pace, seeing a patient every 10 minutes from 8.30am until 4pm, emptying the unlit hallway lined on both sides with sick people from the squatter camp across the road.

His cases are typical maladies of squatter camp existence: tuberculosis, sexually transmitted diseases, high blood pressure, and accidents such as the woman who had paraffin thrown into her eye during a fight. Going there this week the clinic resembled a school as it teemed with small children coming for vaccinations in a "beat polio" campaign.

Patients usually leave with a packet of free medicine, a detailed explanation and often a generous handful of condoms with Díaz's encouragement to use them.

Díaz is one of nearly 300 Cuban doctors working in South Africa under Health Minister Nkosazana Zuma's programme to shore up inadequate health resources. The programme has come under fire amid allegations that the doctors lack both skills and language — even the Interim Medical and Dental Council, formerly a staunch ally, has recommended it be put on hold for a year.

Díaz, however, has little time for the controversy. He divides his weekdays between two clinics in Bekkersdal. On alternate weekends he works in the emergency room at Leratong Hospital in Kagiso. In whatever is left of the afternoons he ventures into the community to visit patients at their homes.

He doesn't mind the 40-patient-a-day workload. "I came here for work," he says, leaving his wife, also a doctor, and as yet unseen four-month old daughter in Cuba.

He earns about R7 000 a month, with 30% earmarked for his government. The Health Department says his salary compares with a South African doctor with the same experience.

"Most Cubans don't think about work in terms of money," he says. "I won't leave my country. I cannot change life by money," he says.

Zuma's representative, Vincent Hlongwane, says the programme has been a "resounding success". He brushes off the medical council's concerns. "We need more doctors from Cuba and from other countries," he adds.

But those at the receiving end of the criticisms feel bruised and baffled. Cuban doctors, they note, are deployed all over the world: South Africa is one of 43 recipients.

"They are out there working where South African doctors refuse to go," says Elio Savon, political counsellor at the Cuban Embassy. "In other countries the gratitude is much more than the criticism. But in South Africa it is the opposite."

Back at the clinic, Díaz's assistant barges into his consulting room. The ambulance is here but the mother and child cannot be found. Someone saw them disappearing into the squatter camp.

"That really hurts me," Díaz says. In Cuba, he would have arranged for the child to be treated at home. He knows he'll never find her in the camp. Now he is trying to make home treatment the practice in Bekkersdal.

But he says with a shrug, "I'm only one."

Zuma's training plan under fire

ARG 10/5/97 (93)

Legal action threatened

Johannesburg – Medical students and interns plan to take Health Minister Nkosazana Zuma to court because of her department's scheme proposing they undergo two more years of vocational training.

The students and interns appointed Pretoria attorneys Dyason Incorporated to study the legal implications of the new scheme.

Dyason said yesterday it had been instructed to proceed with a court action against Dr Zuma if replies to questions regarding the nature of the scheme were not answered by May 31.

The students are questioning the rationale behind the decision to extend training by a further two years and want to know how the plan will be implemented.

A copy of their questions was also sent to the Interim National Medical and Dental Council of SA.

Dyason said although it was unclear how the scheme would be implemented, indications pointed to it being operational by next year.

The proposed extension, announced by Dr Zuma and the medical council last year, has met with strong resistance.

Students and interns have voiced their displeasure over the matter, saying they were not properly consulted, and accused Dr Zuma of taking a unilateral decision on the issue.

A report published by the medical council in April indicated that from January 1, 1998, only students who had completed one year internship and two years vocational training would qualify for registration for independent practice.

Although the medical council does not have the power to prescribe the medical syllabus to universities, it has the exclusive authority to register doctors for private and independent practice.

The additional two years vocational training means it will take students nine years to complete their medical course before they qualify to practice privately.

At present, students obtain their medical degree after six years of study and only need to complete one year of internship before before being registered with the council. – Sapa

Overcrowded Johannesburg Hospital is facing a severe crisis

Chronic case in need of resuscitation

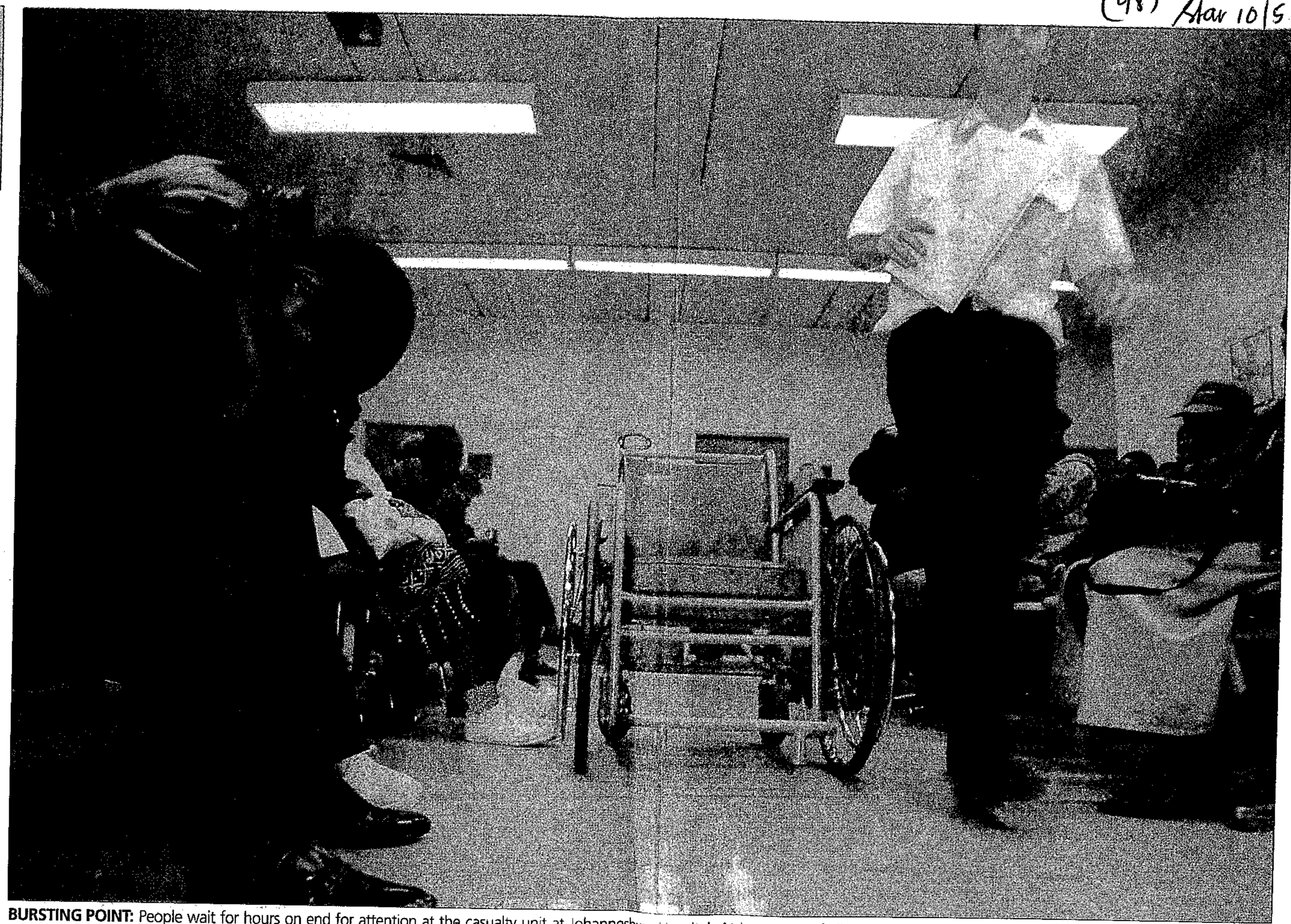
(98) Star 10/5/97

If ever you were looking for a microcosm of the new South Africa, you need go no further than Johannesburg Hospital, one of the biggest and most advanced in Africa and a place that encapsulates, in its unique way, the problems, pain, violence and hope of life in our Rainbow Nation. **DAVID CAPEL** does the rounds

Here you will find the victims of Gauteng's ever-growing crime wave, young mothers-to-be who are the beneficiaries of the new Government's free health care policy for children and pregnant women, and old-age pensioners in dire need of health care.

In sprawling wards and waiting rooms throughout this enormous establishment, you will find young people, old people, black people and white people. You will find the sick and the dying, and those recently cured of often life-threatening diseases. In almost every instance, you will find them waiting in queues ...

It would take a mathematical genius to work out the actual average waiting time for the average patient at Johannesburg Hospital. No one has yet attempted the exercise. But even a cursory visit by a casual observer to this enormously overcrowded institution will leave them in no doubt that the wait can run into days.



BURSTING POINT: People wait for hours on end for attention at the casualty unit at Johannesburg Hospital. At least 75% of all patients treated in the casualty unit are victims of "interpersonal violence" – gunshot wounds, assaults and car hijackings

PHOTOGRAPHS: NAASHON ZALK

parlous. During the 1995/96 financial year, the hospital's budget was R350-million, while expenditure rose to R450-million.

As the crisis – particularly as it pertains to overcrowding – escalates, more and more staff are opting for severance packages, resulting in what Frankish calls a very serious staff shortage, especially in the areas of nursing and administration.

He says public complaints about the cleaning and linen departments of the hospital indicate that these, too, are serious problem areas. A "poor service commitment" and a shortage of management skills and proper training are partly to blame, he believes, although difficulties are also experienced in applying discipline.

Attention is being paid to these areas and he is optimistic that solutions will be found.

The hospital is working at setting up a "participative structure" involving management, unions and other parties in order to address problems relating to the overall management of the institution.

Frankish would like to see Johannesburg Hospital become a referral hospital, which would mean that people would not simply be able to walk in off the street, as is the case at present.

He would also like to see more funded patients coming to the hospital – in other words, private people with medical aids and patients funded by foreign governments.

Meanwhile, however, the situation appears to be deteriorating – fast. Asked if he foresaw a time when patients would actually have to sleep on the floor, as was the case at the Hillbrow and other hospitals several years ago, Frankish admits that "the potential is there" for such a situation to arise.

Already, at the medical intake ward, which is designed for 20 patients but which handles between 35 and 40, patients often have to lie on stretchers. Recently, says Frankish, one patient had to be accommodated on the floor and he fears this is the thin edge of the wedge.

Nevertheless, as Frankish himself observes, one should not jump to the conclusion that standards at the hos-

Waiting rooms, wards, casualty sections and passageways overflow with people, harassed doctors scurry to and fro, and other staff do their best to retain some sort of order. The place is bursting at the seams.

Chief superintendent Dr Trevor Frankish is a man whose approach is, as his name suggests, frank. "Johannesburg Hospital," he says, "is facing a crisis."

The problems besetting him and his staff on a daily basis are, in essence, the same as those facing other state-run hospitals across South Africa. But there is one, crucial difference: Johannesburg Hospital is seen by almost everyone, it seems, as "the last port of call". Patients come here not only from across Gauteng, but from neighbouring states and even further afield, too.

Frankish says the hospital's trauma casualty unit is currently one of his biggest concerns. No less than 75% of the unit's patients are victims of what he calls "interpersonal violence" – in other words, the gunshot, assault and car hijack casualties of Gauteng's crime mania. In 1994 this figure was a relatively low 50%.

Free health care at primary levels has also impacted heavily on the hospital. Bed occupancy levels are at 105%, while in the hospital's birthing unit, the same number of staff deliver a staggering 320% more babies than they did five years ago.

In 1990 the number of births at the hospital was 207 a month. By 1993 this figure had shot up to 400 a month, and by last year had rocketed even further to 660. Yet staff quotas remain at 1983 levels.

Caesarean sections at Johannesburg Hospital rose from a monthly average of 31 in 1990 to an average of 149 a month last year. Again, staff numbers have not increased.

According to reliable documents in the possession of the *Saturday Star*, occupancy of medical wards at the hospital during January this year sometimes rose as high as 112%. For almost the entire month this figure exceeded 100%.

The *Saturday Star*'s information also shows that last year bed occupancy levels throughout the entire hospital sometimes rose to as high as 151%, and seldom dropped beneath 120%. Hospital authorities say the "manageable bed occupancy level" is around 80%.

The documents also indicate that the limit placed on paediatric intensive-care beds at the hospital's birthing unit means that each week between five and 10 babies cannot be accommodated. Making this already alarming situation even worse is the fact that every week up to 10 patients cannot be accommodated on renal dialysis.

While every effort is made to find space for these patients at other hospitals, Johannesburg Hospital is often, as Frankish says, the last port of call. The consequence of not receiving treatment there is often likely to be severe illness or even death.

The hospital's medical casualty section (for sick, "non-trauma" patients) experienced a 23% increase in patients between 1990 and 1996, the latest available figures. In short, the hospital is facing almost unbearable pressures which, according to Frankish, need urgent attention.

According to a discussion document prepared for a visit to the hospital last year by the Gauteng legislature's standing committee on health, Johannesburg Hospital provides a wide range of services in almost all the medical disciplines. These services range from primary care to tertiary/"quaternary" care and, as far as some services are concerned – such as treatment of haemophilia, paediatric cardiothoracic surgery and kidney transplantation – it is the only public service provider for the southern Gauteng region and neighbouring provinces.

There is what Frankish calls "a severe waiting list" at some specialised units, including the cardiothoracic unit, because of a lack of intensive-care beds and operating time. This is due to a serious shortage of specialist staff, particularly nurses, who have left for the private sector.

According to the document, the financial state of the hospital is also pital are dropping.

As a recent report pointed out, for the patient who would have been denied access to the hospital a few years ago (because of race), standards have, in fact, improved dramatically. Put differently, it is not a case of falling standards but, rather, the realities of health-care demands versus resources.

Johannesburg Hospital remains one of the best public-sector hospitals in the country and standards are still relatively high. But for Frankish and the huge staff who fall under him – to say nothing of the hospital's hundreds of patients – it can only be hoped that the light at the end of the tunnel is not the sign of an approaching train.

Interns receive call-up alert (93)

MG 16-22/5/97

Letters warning of two years' medical 'vocational training' have gone out, report **Jim Day** and **Mungo Soggott**

Medical protest: The call-ups come at a time when staff are already taking to the streets to complain about working conditions

HEALTH authorities have told medical interns to expect call-up papers, riding roughshod over the parliamentary health committee's rejection of the scheme.

This week students across the country received letters from the South African Medical and Dental Council telling them to expect call-up papers for two years of "vocational training" starting next January.

The scheme has not yet been approved by the parliamentary health committee, which last September sent Health Minister Nkosazana Zuma back to the drawing board on the proposal.

The Democratic Party's member of the parliamentary committee, Mike Ellis, said the proposal had yet not been vetted by the health committee.

"They certainly have jumped the gun," he said. "It's absolutely appalling. It shows complete disrespect for the entire legislative process. It is absolutely unacceptable."

Ellis said he believed that some interns could take legal action against the Health Department.

He said the proposal was part of an amending Bill currently being thrashed out and the medical and dental council was still weighing up the proposal. He said it was crucial that interns were not forced into it, but should instead be given an incentive to participate.

Zuma's proposal means that medical students who have completed their training and are poised to qualify will have to freeze their plans for two more years before they can be registered as doctors. The proposal will dramatically slow the medical brain drain from South Africa to countries such as Canada, New Zealand and Britain.

Interns canvassed on Thursday said they vigorously opposed the scheme, which would stymie their efforts to enter their fields of interest. It is understood that interns at some hospitals have banded together and told the department they will refuse to comply.

The interns argue that although the scheme is dressed up as "vocational training" it is essentially community service.

"They are saying that we are not adequately trained. That is rubbish as overseas [hospitals] accept us," said one intern at a KwaZulu-Natal hospital.

The Director General of the Health Department, Dr Olive Shisana, confirmed this week she was expecting students to report for duty in January. Shisana said the programme would inject about 1 000 more doctors into the public sector and in many instances they would be working in some of the most underserved regions of the country.

"It will be a benefit for both the medical doctors and for the patients," she said.

Shisana said she did not understand why medical students were so vehemently opposed to the proposal, as they would receive full salaries as public medical officers while receiving further training and would be gaining valuable experience. She said the young doctors would serve their two years in certified hospitals and clinics.

Last September, the ANC-dominated parliamentary health committee rejected Zuma's proposal that doctors serve two years' community service, saying the minister had to conduct further research before it could give her the green light. The chairman of the committee, Abe Nkomo, said the medical and dental council had been asked to investigate the proposal and report back to the committee.

The dean of the medical faculty at Stellenbosch University, Professor J Lochner, said the programme was being forced on his students.

The registrar of the medical and dental council, Nico Prinsloo, said the council had been at pains to say that the scheme was not community service but in fact vocational training. He said the council, which is still discussing the fine print with medical faculties, was drawing up a list of suitable hospitals.

Doctors' unions — the South African Medical Association and the South African Junior Doctors Association — have vigorously opposed the move. The junior doctors' association said early last month it would do its utmost to prevent the introduction of the further training.

Fewer black students, PAGE 13

Fewer blacks studying to be doctors

(93) M+G 16-22/5/97

Jim Day

THE number of black students studying to be doctors declined this year, leading government health officials to question the commitment of university medical schools to change. But medical deans reject this and blame the poor-quality education of many would-be medical students.

South Africa is educating enough doctors for its needs, said the Health Department's Director General, Dr Olive Shisana. But the pattern of emigration — with white graduates more likely to leave than their black classmates — leaves a shortage that must be filled from abroad.

Health Minister Nkosazana Zuma and her lieutenants are therefore demanding greater admission of black medical students next year.

"The universities are not going out of their way to make room for African students," said Shisana. "They say, 'No, we are committed,' but the numbers say differently. Clearly, there hasn't been much of a difference."

In 1996, there were 2 191 blacks among the 7 826 medical students, or 28%. This year there are 2 185, or 28%. The number of coloured medical students is also largely unchanged.

The University of Cape Town medical school's 228 black students this year is the same as 1996; the University of the Witwatersrand has seen a slight decline; the University of Stellenbosch has had a four-fold increase — from three to 12.

Other universities have seen only slight increases in the number of their black medical students. But numbers at the Medical University of South Africa, the only medical programme training large numbers of black students, dropped this year, leaving a national decrease in the total.

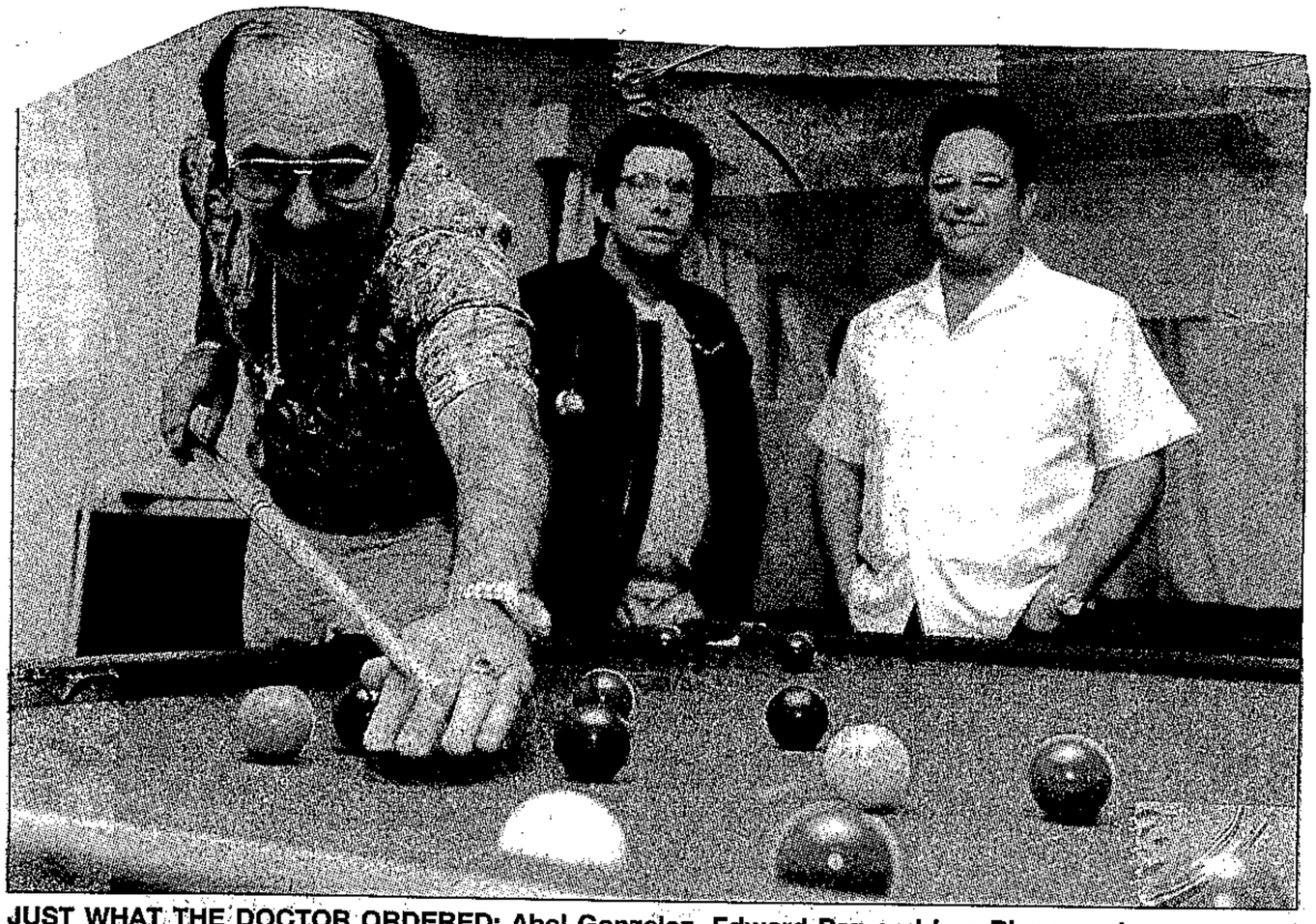
Deans of medical faculties insist they are making progress in attracting students from disadvantaged backgrounds, but that the problems they face are out of the universities' hands.

The schooling provided to blacks, particularly in maths and science, has not prepared the vast majority to be successful in medical school, they say. Some universities have, in the past year, started programmes to prepare disadvantaged students for the demanding medical curriculum. But lack of funding and resources means only a handful are served.

Some universities have different admission criteria for disadvantaged students, but deans say they cannot alter these criteria anymore.

"We don't want to accept students who are just going to fail," said Professor Max Price, dean of the faculty of health sciences at Wits. He added that throughout the 1980s, only 30% of black students admitted at Wits' medical programme completed it.

Health officials said they understand many disadvantaged students have not received proper preparation. But this must be dealt with through expanded bridging programmes, the provision of tutors and other services to help those students. It is a matter of reallocating resources, said Shisana.



JUST WHAT THE DOCTOR ORDERED: Abel Gonzalez, Edward Paz and Leo Blanco enjoy a game of snooker at Blanco's bungalow
Pictures: NICKY DE BLOIS

The Cuban solution

South African doctors may be good, but these people wouldn't know because they have seldom seen one

ST 18/5/97 (93)

CHRIS BARRON

THE matron of Ekombe Hospital in rural Kwazulu Natal has no time for arguments about the demerits of Cuban doctors and their supposed inferiority to South Africans.

Julie Shezi, who has worked at the one-time missionary hospital since 1967, says: "I cannot say how qualified South African doctors are because we've never had a chance to see for ourselves."

What she can say is that since three Cuban doctors arrived at Ekombe less than a year ago, the lives of 100 000 people served by the 200-bed hospital have been transformed. Before they came, she and her nurses, not to speak of the patients, would consider themselves lucky if a doctor visited them one day a week, or a fortnight.

Scores of babies died because of the things mothers and grandmothers did to try and cure them in the absence of anything else.

Even now, says Dr Edward Paz, 47, trying to save the lives of toddlers who have been subjected to bizarre herbal enemas is a battle. Diarrhoea killed hundreds more, as did whooping cough and typhoid.

Adults bled to death after being stabbed or shot in domestic fights. Thousands died from TB and diabetes. Women had deformed babies because there was no ultrasound machine and no doctor to work it if there had been.

Shezi says the arrival of the Cubans was a blessing.

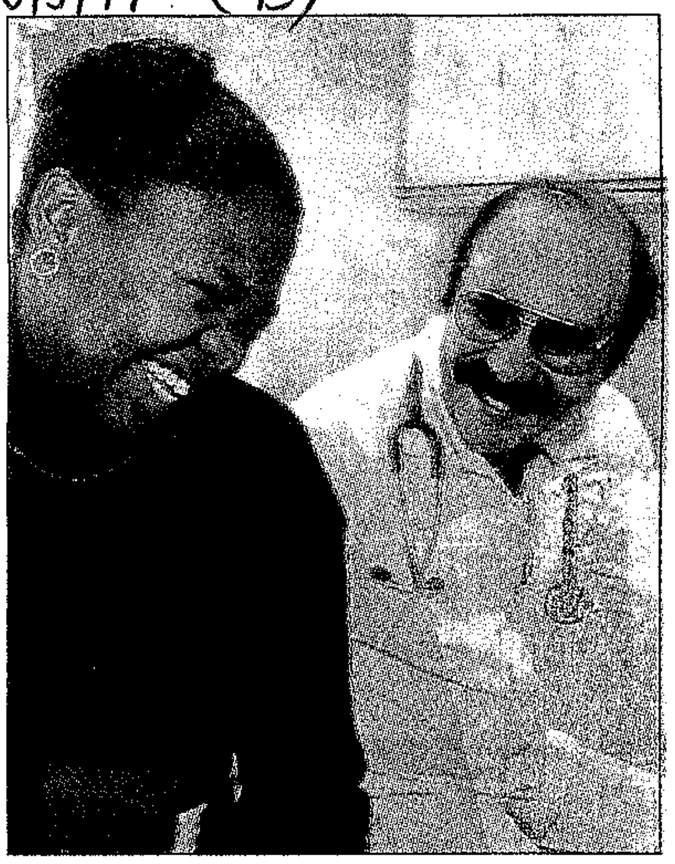
Before, the hospital could treat little more than 40 outpatients a week, if a doctor happened to pass by. Now it offers hope to between 80 and 100 outpatients daily.

Before the Cubans came, desperately needed beds would be clogged with patients waiting for at least eight days for a doctor to see them just once.

Now these beds are vacated for new patients every two or three days. After-care for their previous occupants takes place at one of six clinics in a 50km radius of Ekombe, which the doctors ensure they visit at least twice a week.

Says Shezi: "These Cuban doctors have come here with a commitment we have never had before. We have requested the department to send us more Cuban doctors when these go, or to renew their contracts when they end."

Paz and his colleagues, Dr Leo Blanco, 33, and Dr Abel Gonzalez, 51, chuckle when they hear this. But they agree that they will be gone when their three-year contracts end.



LAUGHTER IS THE BEST MEDICINE: Abel Gonzalez shares a joke with a patient at Ekombe Hospital

They are all family men, but only Blanco has his wife with him. She joined him 11 days ago. She speaks no English and, of course, no Zulu.

While her husband spends 12 hours a day at the hospital, she stays home cooking, listening to music from back home and crying for their two children, who are being cared for by their grandparents.

Paz and Gonzalez talk vaguely and without conviction about the possibility of their wives joining them in South Africa before their contracts expire.

In the meantime, they share lonely meals in a small room adjoining the hospital kitchen while Blanco enjoys his wife's cooking at "home".

Each doctor has a bungalow in the hospital compound, which also houses the nurses and administrative staff.

Blanco's bungalow is less spartan than that of his colleagues.

But even there the thing that comes closest to a homely touch is a bowl of artificial red carnations he bought his wife as a welcoming gift — or an apology for bringing her here — with a card inscribed: "I love you".

After their solitary supper, Paz and Gonzalez, who work as professors at teaching hospitals in Cuba, wander over to Blanco's for a game of snooker or darts and a bit of satellite TV.

It sounds grim, but the doctors are in high spirits. They did not come here for fun, they say. "We came here for work and we are working," says Paz.

During the week they are on 24-hour call and they do not even allow themselves the occasional beer.

"We are doctors, living in the hospital, and cannot be seen to be drinking. Even one beer would leave a smell. The patients would notice."

On weekends two of them go to Maritzburg or Durban, about three and four hours' drive away respectively, leaving the other behind on duty.

Then they let their hair down with fellow Cuban doctors at night clubs.

Twice a month or so, the staff throw a party at which the doctors are popular participants.

Madoda Hlatshwayo, the hospital's administrative superintendent, beams when he recalls the time he invited them to his 50th birthday party at his home in Madadeni, 165km away.

"We were worried about how they would communicate at the party, but they were carrying on as if they had been here for years. People still ask when they'll return. They were jiving like the black people. They are very similar in nature to black people".

This wholehearted acceptance of the Cuban doctors is reflected in the attitude of their patients, who cheer up noticeably when, for instance, Paz strings together enough makeshift Zulu to ask how things are back home.

No white man — certainly no white doctor — has ever taken time off to ask such a thing before.

Hlatshwayo says apartheid put a wall between black and white that, with all the goodwill in the world, continues to hamper communication.

"Patients here feel easier with the Cuban doctors than they would with white South African doctors because there isn't that wall between them."

The Cuban doctors earn salaries of R9 000 — 30 percent goes to the Cuban government and as much of the rest as possible to their families at home.

But whether they are here because the money exceeds what they earn in Cuba or because they are unusually altruistic, they are making a dramatic difference in places like Ekombe.

The people they treat cannot afford the luxury of wondering whether South African doctors would be better or not. That is a debate for the dinner tables of the privileged, not for those whose only alternative is death.

Surgeons form new company to bargain with business

BD 9/5/97 (23)

Kathryn Strachan

IN ORDER to compete in the new environment of managed health care, the Association of Surgeons in SA has set up a company to negotiate on behalf of its members.

The company, Surgico, has met all players in managed health care and recently concluded an agreement with Southern Health Care, said Surgico manager Jaco van der Walt, a partner at Ernst & Young Medical Financial Services.

Talks with other major funders are continuing.

The company is made up of 300 general surgeons, representing more than 90% of SA's general surgeons.

Under the system of managed health care, members of a particular health fund will have their medical fees paid only if they visit a doctor or specialist who is contracted to the fund.

Van der Walt said that under this system it was vital that general surgeons formed a company which could negotiate centrally with the managed care networks on the fees and conditions governing surgeons.

However, the new company would also monitor the quality of health care given to patients, and only those surgeons who had been reviewed by the company would be able to join.

This would ensure that patients would be protected against poor-quality surgeons.

It also meant that surgeons would now be setting the standards for general surgeon services. In the past, the managed health care companies set the standards and conditions.

The company is also looking at introducing guidelines on clinical practices and on how long patients should stay in hospital.

Council rejects ministry's plans for dispensing doctors

Jacob Dlamini BD 20/5/97 (93)

CAPE TOWN — The interim medical and dental council has rejected plans by the health ministry to assume responsibility over the registration of dispensing medical practitioners.

The plans, contained in the Medicines and Related Substances Control Amendment Bill, are designed to boost access to essential drugs by improving the controls system and bringing prices down.

In a submission to the parliamentary health committee, council president Soromini Kallichurun said the dispensing of medicines by practitioners was an aspect of professional medical practice which the council was entitled to regulate as a statutory body.

She said the council supported government actions aimed at improving the regulation of medicines but it was opposed to provisions in the bill which would impinge on the professional training and practice of registered practitioners.

Kallichurun also said the council rejected the proposal intended to grant the pharmacy council greater say in the training of health care professionals. She said the medical and dental council was by law responsible for the standards of education and training for practitioners registered with it and would not relinquish this responsibility.

Meanwhile, the Medical and Dental Council has decided that all dentists will be required to do a year's vocational training after graduating from university, with January 1999 as a tentative implementation date. The scheme is intended to address shortcomings in skills development.

'THEY TAKE PAINS WITH PEOPLE'

The caring doctors from Cuba

CT 20/5/97 (93)

CUBAN DOCTORS do not neglect or discriminate against HIV-positive patients, a ward sister says. Health Writer **CAROL CAMPBELL** and Picture Editor **ANNE LAING** report.

CUBAN paediatrician Dr Duarte Perez hadn't treated a child for malnutrition before she arrived at the Rustenburg Provincial Hospital in North West Province eight months ago.

Malnutrition, like tuberculosis and Aids, was not an issue in Havana, Perez's home city, but she was under no illusion about what would face her in remote hospitals in Africa.

"I came to South Africa because Nelson Mandela told Fidel Castro he needed doctors to help black people in the rural areas."

Perez is one of 301 Cuban doctors who have been assigned to clinics and hospitals in far-flung areas of South Africa. Like her colleagues, she has turned a blind eye to the controversy that erupted when they arrived.

She says she earns a bit less than she did in Cuba, but declines to give the figure.

With little time to talk, Perez agrees to be interviewed between visits to the cots of her tiny patients on her morning ward round.

She gently rubs the stomach of a sore-covered toddler lying alone in a cold hospital room. The child winces, but Perez coos softly and his moans subside.

"You see the sores on him? That is from malnutrition, but we will fix him. He will be fine."

The nurses in the paediatric ward cannot speak highly enough of "their" new doctor.

"We can call on Dr Perez at any time — even when she is off duty she will drop what she is doing and come," said one.

"She has the mother's touch," said another.

"Language is not a problem because we help her if she cannot understand, but she is bright and sees quickly what is going on," said a Setswana nurse.

Perez has a three-year-old daughter, Laura, whom she has left with her family in Cuba while she and her husband, Dr Julio Lopez, make a home in South Africa.

Seeing so many children with conditions that are largely a result of poverty has taken a toll on Perez.

"It's difficult for me and it makes me sad, but I had to come here because in Cuba there are too many doctors. There is one for every 180 people," she said.

Across the passage, in the female medical ward, Dr José Sanchez has his hands full attending to patients who have tuberculosis and Aids.

He pauses for a moment. The best way to handle a heavy workload, he says, is to "pay attention, be careful and do the job slowly. I don't know a single doctor who hasn't made a mistake at some point."

Sanchez has worked in seven African countries and is no stranger to hopeless cases. "We have come here to share expertise and to help the country, certainly not to take the place of South African doctors."

Ward Sister Rebecca Mashishi said she found all the Cuban doctors "professional".

"What I like most is that these doctors don't neglect the HIV-positive patients. Often other doctors just send them away, but the Cubans won't let anyone go until they are fit. They take pains with people.

"Also, some of the other doctors won't give the HIV-positive patients blood, but the Cubans don't discriminate. If a patient needs blood she gets it."

At the Bophelong Clinic on the outskirts of Mafikeng, two of the three Cuban doctors assigned to the clinic were away in Taung. One of their colleagues had died in a car accident a few days before and they were sorting out his belongings and making arrangements for his body to be flown home.

The senior medical superintendent, Dr Kobus Kotzé, said he was more than happy with the Cubans' quality of work.

"Like all doctors, you get good, bad and average. So long as they are average and above, I'm happy."

The third Cuban doctor at Bophelong Clinic, Dr Juan Garcia, was having a quick lunch at home with his wife, Betty, who had been in the country less than a month.

Their son, Juan Enrique, 14, and daughter, Amparo, 17, are in Cuba.

Garcia said he and his wife were adjusting to life in an environment where many locals barely spoke English, let alone Spanish. They missed their grand old Spanish house in Havana.

"I am a surgeon, but I am doing everything now. It's not a problem because I know what to do. What we need here at Bophelong Clinic more than anything are anaesthetists."

In Cuba, a doctor saw no more than 20 patients a day on his ward rounds — which were always done with another doctor.

"Here, I see about 30 patients a day and there are no other doctors with me. In casualty here, you can see 100 patients a day."

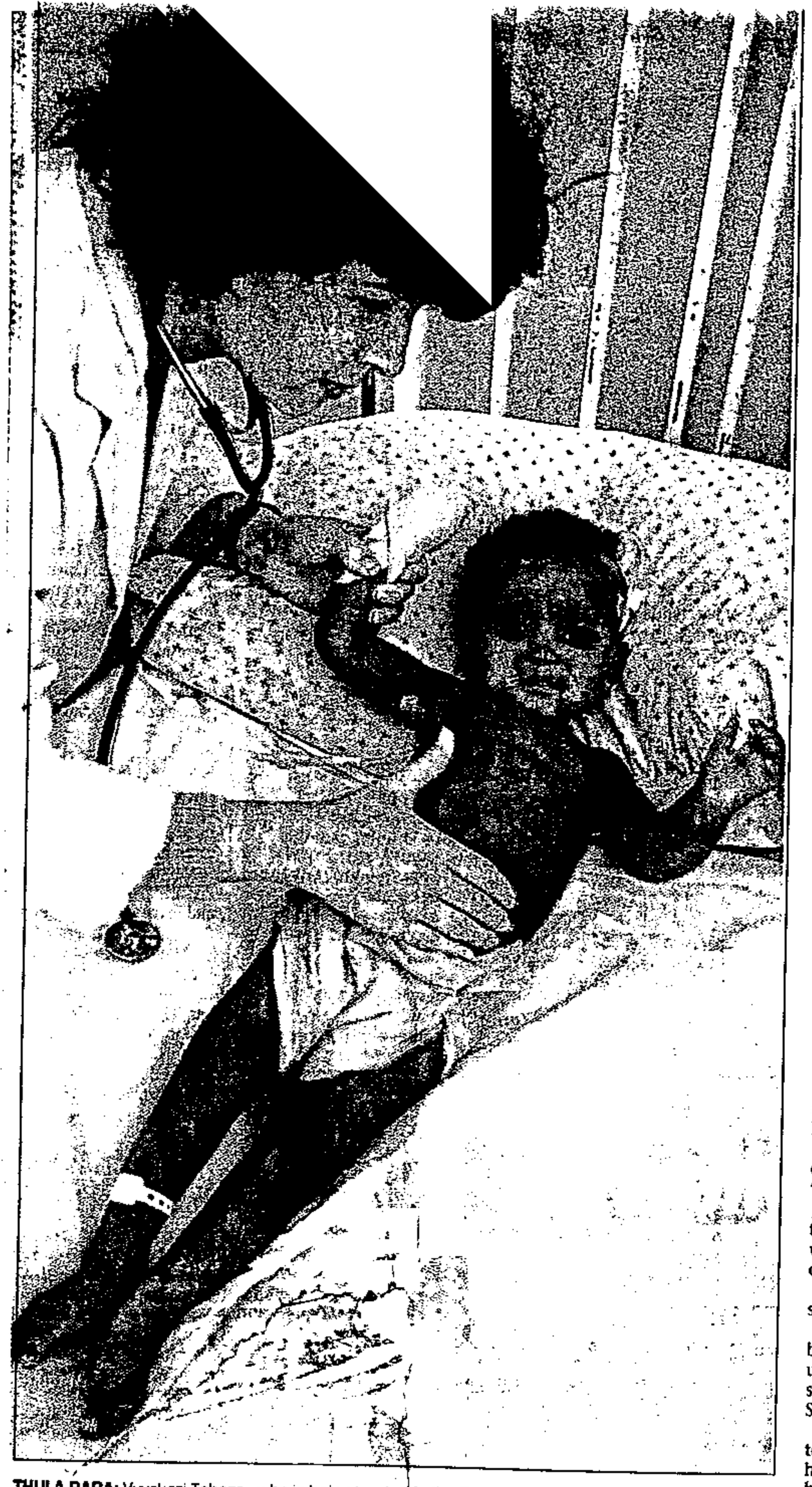
Garcia is proud of the Cuban medical tradition.

"We have many universities and many medical schools in Cuba and each faculty has all the specialities."

The Cuban doctors are in South Africa on three-year contracts. At the end of the three years, the country's needs will be reassessed and, if necessary, the doctors asked to stay on.

"I knew when I would not be in Johannesburg, Pretoria or Cape Town ... I wanted to work in rural areas, which I knew had many problems," Garcia said.

MEETING MANY DEMANDS: Dr Juan Garcia, pictured with his wife Betty, is a surgeon, but does "everything" at the Bophelong Clinic.



THULA BABA: Vuyokazi Tebeze , who is being treated in the Rustenburg Provincial Hospital, is so malnourished she looks far younger than her 17 months. Dr Duarte Perez, of Cuba, whom nurses describe as having "a mother's touch", examines Vuyokazi's bloated stomach.

HEALING HELP: Sophie Rabolela, a patient in the Rustenburg Provincial Hospital, is examined by Dr Jóse Sanchez, who has worked in seven African countries during his 20-year medical career.

The Star ... Tuesday May 20 1997

Bid to regulate medical profession opposed

(93) Star 20/5/97

By Jovial Rantao

Cape Town – The Government's plans to regulate the medical profession have been met by opposition from the Interim National Medical and Dental Council of South Africa, which wants the council to retain the powers of regulating the profession.

The INMDC told Parliament's health committee yesterday that while it supported the general thrust of the Medicines and Related Substances Control Amendment Bill, piloted by Health Minister Dr Nkosazana Zuma, it was opposed to clauses in the legislation relating to the licensing of medical practitioners and dentists registered with the council to dispense medicines.

Dr Mncedisi Jekwa, a member of INMDC, told the committee it was unacceptable that, in accordance with the bill, director-general of health Dr Olivé Shisana would regulate the dispensing of medicines by doctors while the council would only oversee other aspects of professional practice.

He said the council wanted to maintain the regulation of the medical profession and the licensing of dispensing doctors. "At the moment doctors are registered with the council, and through the bill, the Government wants to take that away. We have a register of dispensing doctors," Jekwa said.

He said a decision had been taken to charge dispensing doctors a levy which would be used to fund a monitoring inspectorate which would be established soon.

Zuma has warned that doctors whose primary aim was to dispense for profit were unlikely to be granted a licence.

She said pharmacies must also dispense for a professional fee and not for a profit markup.

"They're professionals and should not be making money from drugs and medicines but from their professional service. We're removing the incentive for dispensing expensive drugs," she said.

Jekwa said the council also objected to proposals that the Pharmacy Council should have an incisive role in the training of health-care professionals falling within the jurisdiction of the council.

"The council is, by law, responsible for the standards of education and training of persons registered with it.

"The council is fully prepared to consult with outside bodies, if necessary, on the nature and extent of any additional training that might be required in certain fields of expertise, but the council is not prepared to abdicate this responsibility," Jekwa said.

Mr A J LEON: Madam Speaker, arising out of the hon the Minister's reply, would he accept that there is a difference between press reports and releases and actually tabling statements in Parliament? Also, will he accept that the purpose of asking a Minister a question in Parliament is actually to get, officially, certain statements and facts on the parliamentary record? The Minister obviously does not agree with that.

In view of his reluctance to table the minutes of the meeting as requested, which he in principle does not seem to object to, but seems to find a procedural problem, I would like to know whether it is true that the hon the Minister stated at the particular meeting, and I quote:

> The gloomy picture at the University of Durban-Westville presents opportunities.

If he did say this during the meeting, what precisely did he mean by that? Did the person appointed by the hon the Minister, Dr Zama, say that Comsa was not a union, as it claimed to be, but a vehicle to achieve certain goals? Did he say that Comsa's agenda was to prevent transformation by appealing to race and that the union held the institution to ransom?

It is alleged – perhaps the Minister could comment on this final point – that the minutes clearly show that the Minister, Dr Zama and certain other members of the council are collaborating and colluding in order to implement a political agenda, and through the vehicle of this commission, are manipulating the contents of reports to be presented to the commission in such a manner so as to support a strategy. It is also alleged – perhaps the Minister could comment on this – that the Minister said during the same meeting – no doubt the tabling of minutes would or would not reflect this – and I quote:

> We will have to focus on the need for an intelligence network.

Could the Minister, in the light hereof, comment on whether these statements form part of the record of that meeting, and if so, what is their implication? [Interjections.]

The MINISTER OF EDUCATION: Madam Speaker, in the first place, I have no sense of what I would give as a statement to the public as being different from what I would give to this Parliament. As I have said, the minutes are there, and they are contained in two or three sentences.

I have the statement which I made on 6 March 1997 here with me. I can give it to the member if he wishes. In that statement I clearly say, and I quote:

> The so-called minutes are thus a disjointed, inaccurate, unsophisticated and feeble attempt to undermine the purpose and spirit of this important meeting.

Those minutes may be known to the hon member; in fact, I hope we knew the agenda of that meeting as well, but those minutes are not known to me.

Mr A J LEON: Madam Speaker, further arising out of the Minister's reply, whether the minutes are, in fact, disjointed, unsophisticated and feeble is really irrelevant. Can I just get the Minister to confirm or deny whether or not he said the following:

> The gloomy picture at the University of Durban-Westville presents opportunities.

Did he or did he not say that? If he did say that, what did he mean by it?

The MINISTER: Madam Speaker, I need to ask the hon member whether he prepared those minutes himself. I have said clearly that I do not know the contents of those minutes. They are his minutes, I suppose. I did not make that statement. [Interjections.]

Mr J H NASH: Your intelligence was wrong! [Laughter.]

Questions standing over from Wednesday, 21 May 1997:

Cuban doctors: individual contracts

*1. Mr M J ELLIS asked the Minister of Health:

(1) Whether the Cuban doctors currently practising in South Africa have concluded individual contracts with the South African Government; if not, why not; if so, what is the salary scale of these doctors;

(2) whether these doctors' salaries are paid in fully directly to them; if not, (a) why not, (b) what percentage of their salaries is paid to them and (c) (i) where and (ii) to whom is the balance paid? N991E

The MINISTER OF HEALTH:

(1) All Cuban doctors currently practising in South Africa have entered into individual contracts with the relevant provincial departments of health where they are deployed.

All Cuban doctors are employed on the same scales as their South African counterparts as either Principal or Senior Medical Officers based on their experience. The salary scales are as follows:

* Principal Medical Officer: R 115413-123468-131523
* Senior Medical Officer: R 98463-102702-106941
* Medical Officer: R 78141-81045-83949-86853-89757

(2) No.

(a) The following deductions are made from their salaries:

* Tax based on the applicable South African rates, exactly the same as any other South. African citizen, is deducted and paid to the Government of South Africa.
* 8% of basic salary for pension – South Africa has agreed to pay this amount over to the Cuban Government on a monthly basis as contribution to the Cuban doctors' provision for pension in Cuba.

(b) and (c)(i) and (ii) In some provinces there are deductions for accommodation and these vary from province to province.

The rest of the salary is paid directly to the doctor.

*5. Mr M J ELLIS – Health.†

The MINISTER OF HEALTH: Madam Speaker, hon members, and specifically hon member Mike Ellis, I would like to apologise because I have not received all the answers from the provinces. Maybe the hon member could request that information directly from the legislatures.

[Question standing over.]

School feeding scheme: crisis

*9. Mrs P W CUPIDO asked the Minister of Health:

(1) Whether she or her Department has ascertained whether any crisis is being experienced in regard to the school feeding scheme; if so,

(2) whether she or her Department has any plans to control the handling of this crisis; if so, what are these plans; if not, why not;

(3) whether it is the intention to draw up such plans; if not, why not; if so, when will such plans be made available.

(4) whether she will make a statement on the matter? N999E

The MINISTER OF HEALTH:

(1) There is no crisis in the feeding scheme but since its inception, it has been affected by general problems in the provinces relating to capacity, lack of logistical and human resources, lack of proper management systems and control procedures, and poor information.

(2) and (3) The Department of Health, in collaboration with the Department of Education, has embarked upon a number of significant initiatives in order to address some of these weaknesses.

Firstly, the Health Systems Trust, an independent NGO, was requested by the Minister of Health to evaluate the programme and to make recommendations to help shape future policies and strategies.

Students reject extended vocational training

PRETORIA — More than 1 000 Gauteng medical students marched in Pretoria yesterday to demand the immediate scrapping of a two-year vocational training period.

They chanted "we will hate you for what you are doing to us", and carried posters reading: "Criminals go free, doctors get two years" and "Don't play Zuma Zuma with our lives" (a colloquialism meaning taken by surprise).

The students, from the Medical University of SA and the universities of the Witwatersrand and Pretoria, marched to the offices of the Interim National Medical and Dental Council to demand to be consulted on policy matters.

In a memorandum presented to council registrar Nico Prinsloo, they said they were not consulted on proposals to introduce a compulsory two-year postgraduate vocational training period. "We reject with contempt the council's claims that relevant parties were consulted in drawing up the proposal," the memorandum said. Students said attempts to initiate consultations with the council were ignored.

This was denied by Prinsloo, who said student representatives attended several meetings at which the matter was discussed. He said the memorandum would go to the council at the earliest possible opportunity, and the students' proposals would be considered.

The protesters said they were not opposed in principle to doing community service. However, they were concerned about a lack of infrastructure and personnel in the public health sector to implement vocational training. "There is no staff to train us," University of the Witwatersrand spokesman Greg Lydall said. "We don't see how they intend to train us, since all peripheral hospitals are understaffed."

Prinsloo said the students would during their vocational training period earn about R80 000 for the first year and R120 000 for the second, but Pretoria University spokesman Schalk Burger said money was not the issue.

The students said they would attend a meeting between the council and Gauteng interns due to be held tomorrow, although they would not regard the meeting as consultative.

The Democratic Party (DP) came out in support of the students yesterday. "These students have every right to challenge this plan," DP Gauteng health spokesman Jack Bloom said. "Any additional years of training should be driven by incentives and related to a clear assessment of personnel needs."

He warned that pressing ahead with the plan could lead to large-scale emigration of student doctors. — Sapa.

Gauteng medical students marching to protest against the proposal for postgraduate vocational training. Picture: LORI WASELCHUK

(93) BD 27/5/97

KENRIDGE MATHABATHE

Healthy opposition ... about 1 000 medical students take to the streets to protest against the new two-year training plan.

Funny bone not forgotten in vocational-training protest

(93) Star 27/5/97

PRETORIA CORRESPONDENT

More than 1 000 medical students marched from the Pretoria city centre to the offices of the Interim Medical and Dental Council yesterday to protest against the new two-year vocational training.

But, in spite of the seriousness of the topic, humour still prevailed as the students took the opportunity to take the mickey out of Health Minister Dr Nkosazana Zuma.

Placards read: "Sarafina III – Return of the Intern", "The only free thing we will give Zuma is a frontal lobotomy", "Criminals go free, doctors get two years", "The top three threats to health: Aids, TB and Zuma (Zero Understanding of Medical Affairs)".

The students came from the Medical University of South Africa, the University of Pretoria and Wits University.

"Don't play Zuma Zuma with our lives," (a colloquialism which means being taken by surprise), they chanted as they marched.

The students said they were not directly consulted about the training period.

The medical council, however, claims they were consulted.

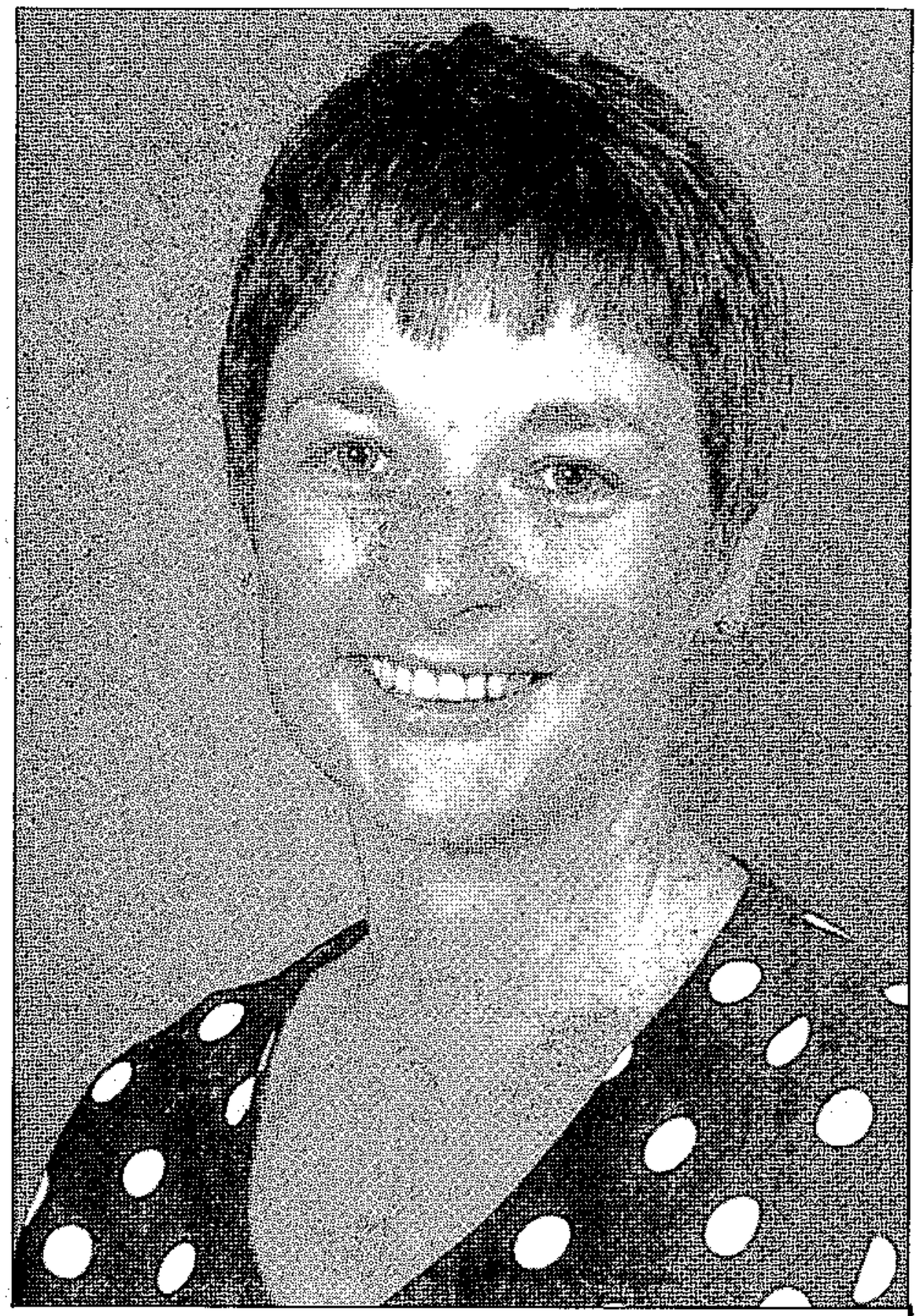
Previous and current attempts at initiating consultation with the South African Medical and Dental Council by medical students had not been acknowledged and had been ignored, students said.

They also questioned the extent of the vocational training they would receive.

SAMDC registrar Dr Nico Prinsloo said first-year vocational training students could expect to be paid R80 000 and second-year students R120 000 a year, but he could not speculate on the chances of the decision being revoked as a result of the outcry.

Gauteng medical students are set to meet the council today to discuss the implementation of the vocational training.

Dental students will also be required to undergo a year's vocational training as of next year, but apparently do not have the same complaints as the trainee doctors.



NON-ALIGNED: Wendy Orr has resigned from the federal council of Masa.

'Impartial' Orr quits Masa council

TRUTH and Reconciliation Commission member Dr Wendy Orr has resigned from the federal council of the Medical Association of South Africa (Masa) — ahead of the commission's health sector hearing next month — to avert any suggestion of partiality.

Orr is deputy chairman of the TRC's reparations and rehabilitation committee.

She is facilitating the health sector's submission, intended to clarify the role of the medical profession in the abuse of human rights during the apartheid era.

In a statement yesterday, the TRC said Orr believed her membership of Masa could create an impression — which she wanted to avoid — of alignment with an interest group.

Orr, widely respected for her role in uncovering the brutal treatment of detainees during the state of emergency in the 1980s, was involved in controversy late last year over the appointment of her husband to the staff of the human rights violations committee.

Dr Bernard Mandell, chairman of Masa's federal council, said Masa fully supported the TRC's objectives and understood the need for the health hearings to be above question.

"Masa looks forward to a continued healthy relationship with Dr Orr," he said.

The hearing is to take place on June 17 and 18 in Cape Town.

Submissions have been received from more than 20 significant role-players, including institutions and individuals.

International health organisations, such as the American Association for the Advancement of Science, Physicians for Human Rights, IRCT in Denmark and the British Medical Association, have expressed interest in attending the hearings.

Mandell said Masa had submitted a preliminary report to the TRC.

It had urged those of its members who might have been involved in human rights violations or knew about such incidents to give evidence to the commission.

(~~25~~) (93) CT 28/5/97

TRC commissioner Orr quits medical body

Star 28/5/97 (93)

By Robert Brand

Truth and Reconciliation Commission member Dr Wendy Orr has resigned from the federal council of the Medical Association of SA (Masa) to avoid any suggestion of partiality ahead of the commission's health sector hearing next month, the commission has announced.

Orr, the deputy chairman of the TRC's reparations and rehabilitation committee, is facilitating the health sector submission, intended to clarify the role of the medical profession in the abuse of human rights during the apartheid era.

In a statement issued yesterday, the TRC said Orr felt her membership of Masa could create an impression of alignment with one particular interest group.

Orr, widely respected for her role in uncovering the brutal treatment of detainees during the state of emergency in the 1980s, was involved in controversy late last year over the appointment of her husband to the staff of the TRC's human rights violations committee.

Dr Bernard Mandell, chairman of Masa's federal council, said Masa had fully supported the objectives of the TRC, and understood the necessity to keep the health-hearing process above question.

"Masa looks forward to a continued healthy relationship with Dr Orr in the future," he said.

The hearing will take place in Cape Town on June 17 and 18. Submissions have been received from more than 20 significant role-players.

International health organisations, such as the American Association for the Advancement of Science, Physicians for Human Rights and the British Medical Association, have expressed interest in attending.

Medics submit report to TRC on Biko and other violations

Star 28/5/97

STAFF REPORTER

The Medical Association of South Africa (Masa) ignored calls from its own members to act on human rights violations and was pacified by the State for years, the organisation said in a preliminary report submitted to the Truth and Reconciliation Commission.

The report was submitted in preparation for TRC hearings involving the health care sector scheduled for June 17 and 18.

According to the report, Masa ignored calls from members to investigate the role of doctors in Steve Biko's death in detention on September 12 1977, a subject which takes up almost a quarter of the lengthy submission.

(93)

In the June edition of the South African Medical Journal (SAMJ), Masa plans to publish all letters written to SAMJ in protest at the time but refused publication, spokesman Marileen van Wyk said today.

According to the submission, Masa again drew back from political confrontation after the 1982 death in detention of Dr Neil Aggett, although it conceded at the time that discussions with authorities were urgently needed.

The report also identifies Masa's failure to act on the discriminatory salary structures of black and Indian doctors, and also tackles the issues of children in detention, the death sentence, hunger strikers and district surgeons.

Chairman of Masa's federal council, Dr Bernard Mandell, said Masa had supported the objectives of the TRC from the outset and repeatedly urged doctors who might have been involved in human rights violations to give evidence.

The Masa submission would seek to assist the TRC in gaining an understanding of past human rights violations, and to make recommendations for the future promotion of human rights within the health care sector.

The submission is being circulated for further input from national Masa structures, and will be released during the hearings.

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CAPE TIMES
THURSDAY, MAY 29, 1997 ★

SUPPLY OF UK DOCTORS MAY DRY UP

Degree proposal could deplete rural hospitals

CT 29/5/97 (93)

DURBAN: Many doctors fear the proposed ending of the reciprocal recognition by South Africa of British, Irish and Belgian medical degrees is meant to halt the exodus of local doctors.

A PROPOSAL that medical degrees from the United Kingdom, Ireland, and Belgium should no longer be recognised in South Africa is expected to have a devastating effect on rural hospitals in South Africa.

Local doctors also fear that this will mean their degrees will no longer be recognised overseas — making it much more difficult to get work in Britain, where there has always been a great demand for South African doctors.

The reciprocal recognition of degrees between Britain and Ireland and South Africa — which allow doctors from those countries to work in South Africa without having to complete an entrance examination, and vice versa — has resulted in a flood of British doctors coming to South Africa to work in rural hospitals.

A moratorium has prevented doctors from other countries from registering here, the only exception being those from Cuba, with which South Africa has an inter-government contract.

The proposal, by the South African Interim Medical Council, would mean that Irish, English and Belgian doctors would only be recognised in South Africa upon completion of a written examination.

The controversial proposal is one of the amendments to the Medical and Dental Bill to be debated in Parliament on June 6.

SAIMC registrar Mr Nico Prinsloo said the proposal did not aim to make it more difficult for South African doctors to work overseas and vice-versa.

He said the object was to create a balance in the registration process so that all foreign doctors were treated equally.

Prinsloo said it would not affect the delivery of medical services as many foreign doctors, such as Cubans and Germans, would be entering the country on government contracts in the future.

However, chairman of the Medical Association of South Africa's full-time practices committee, Profesor David Morrell, warned that the delivery of medical services, particularly in rural areas where about 75% of doctors were foreigners, could be severely hampered.

"Most hospitals in the province (KwaZulu-Natal) are totally dependent on doctors qualified in England. If that supply is cut off there is no guarantee they will be replaced by other doctors."

Doctors have also raised fears that the proposal is just another way of preventing South African doctors from leaving the country.

Dr Randolph Green-Thompson, spokesman for the Junior Doctors Association KwaZulu-Natal, said that while the council claimed it wanted to treat all foreign doctors equally, it was creating huge discrepancies.

While Cuban doctors had to do only an oral examination, other foreign doctors were expected to complete written examinations. — Own Correspondent

Masa admits being silent on violations

Star 30/5/97 (93) (~~52~~)

STAFF REPORTER

On the eve of a special hearing on the role of the health sector during apartheid, the Medical Association of South Africa (Masa) has made a submission to the Truth and Reconciliation Commission admitting that it had often been silent on human rights violations.

Much of the submission deals with Masa's handling of the Steve Biko issue. The association admits that it should have heeded calls from within its own ranks to investigate the conduct of the doctors who treated Biko.

No steps were initially taken against Dr Ivor Lang and Dr Benjamin Tucker, the two doctors who examined Biko before his death. It took until 1985, eight years after Biko's death, for the Medical and Dental Council to conduct a disciplinary hearing. Lang was cautioned and Tucker's name was removed from the roll, a decision which was lifted in 1991.

Masa admits that it had ignored criticism from some of its own members about the handling of the Biko case, and that it had not acted decisively against the two doctors.

Dr Bernard Mandell, chairman of Masa's federal council, said the submission would seek to assist the TRC in gaining an understanding of past human rights violations, and to make recommendations to safeguard the protection of human rights within the health sector.

He said the association had also urged doctors who may have been involved in human rights violations or who had knowledge of them to give evidence to the commission.

The submission is divided into three parts, dealing with the period up to 1981, the period from 1982 to 1988, and 1989 to the present. It also includes a section with recommendations on preventing past abuses from occurring again.

Masa admits that it was "relatively silent" on human rights issues until 1977. It also concedes it had functioned within the apartheid system.

"There was very little focus, both internationally and locally, on human rights issues within the medical profession," Masa says in a summary of the submission.

After 1981, the submission says, Masa began to address its human rights role. While still justifying and defending "apartheid medicine", the association began to respond to opposition from within its own ranks and from without.

"Masa began a series of human rights initiatives surrounding children in detention and the care of prisoners and detainees, but these were not notably successful."

Two distinct camps began to develop within Masa: one defending the status quo, the other opposing it. The opposing camp eventually gained the upper hand, Masa says.

In 1989, Masa finally declared its unqualified opposition to apartheid itself and the practice of medicine within apartheid structures.

Masa began to develop a human rights initiative which led, eventually, to the establishment of a credo, a code of conduct and a charter of rights for doctors and patients, the submission states.

The recommendations section includes proposals for human rights training in medical ethics education, and the establishment of a coordinating body to promote human rights and investigate possible violations in the health sector.

Wits will put accent on ethics

BY JANINE SIMON

Few doctors are prepared for the bedside decisions on which rest the challenge of preserving human and patient rights and taking an ethical stance in the great medical debates of allocating scarce resources and using life preserving technology.

It is to prepare students for this that Wits University's faculty of health sciences will include formal training on medical ethics in its curriculum, probably as early as next year.

The faculty, whose submission to the TRC also suggests ways to train health workers to be more sensitive to human rights, already offers one compulsory and one optional course on ethics in the six-year medical degree.

But these are lecture-based, run jointly with the department of philosophy, and do not have the required emphasis, says dean Professor Max Price.

The new course will be teaching medical ethics and human rights using cases from South African history. A faculty task team has already drawn up a draft undergraduate curriculum and some donor funding has been obtained, though more will be necessary to develop the envisaged small department.

A job description has been drawn up and sent to the Gauteng health department for advertising.

The aim, says Price, is to create a culture of challenging authority.

The faculty will have a full-time ethicist accompany students on ward rounds when they have to make decisions such as who gets dialysis and which baby gets an incubator.

Fullsome praise for 'professional' Cubans

(93) Star 30/5/97

By Carol Campbell

Cuban paediatrician Dr Duarte Perez had never treated a child with malnutrition before she arrived at the Rustenburg provincial hospital, in the North-West Province, eight months ago.

Malnutrition, like tuberculosis and Aids, is not even an issue in Havana, her home city, but she was under no illusions about what was waiting for her in the remote hospitals of Africa.

"I came to South Africa because Nelson Mandela told Fidel Castro he needed doctors to help black people in the rural areas," she said.

Perez is one of 301 Cuban doctors assigned to clinics and hospitals in far-flung areas of South Africa.

With little time to talk, Perez agreed to an interview while visiting her tiny patients on her morning ward rounds.

Gently she rubbed the tiny stomach of a toddler. The baby winced at her touch, but she cooed softly and his moans subsided.

"You see the sores on him? That is from malnutrition, but we will fix him. He will be fine."

The nurses in the paediatric ward cannot speak highly enough of "their" new doctor.

"We can call on Dr Perez at any time. Even when she is off duty she will drop what she is doing and come," said one.

"She has the mother's touch," said another.

"Language is not a problem because we help her if she cannot understand, but she is bright and sees quickly what is going on," said a Setswana nurse.

For Perez, who has a three-year-old daughter, seeing so many children suffering from conditions that are largely a result of poverty has taken its toll.

"It's difficult for me and it makes me sad, but I had to come here because in Cuba there are too many doctors. There is one for every 180 people," she said in broken English.

Across the passage, in the female medical ward, Dr Jos Sanchez's hands are full coping with patients suffering from tuberculosis and Aids.

For a moment he paused. The best way to handle a heavy workload, he said, was to "pay attention, be careful and do the job slowly".

"I don't know a single doctor who hasn't made a mistake at some point," he said.

> **"We are not here to replace local doctors"**

Sanchez has worked in seven African countries, including Burundi, Uganda and Namibia, and is no stranger to the hopeless cases he is faced with every day.

"We have come here to share expertise and to help the country, certainly not to take the place of South African doctors."

Ward sister Rebecca Mashishi said she found all the Cuban doctors "very professional".

"What I like most is that these doctors don't neglect the HIV-positive patients. Often other doctors just send them away but the Cubans won't let anyone go until they are fit. They really take pains with people.

"Also, some of the other doctors won't give the HIV-positive patients blood but the Cubans don't discriminate. If a patient needs blood she gets it."

Dr Kobus Kotz, the senior medical superintendent at Bophelong Clinic, on the outskirts of Mafikeng, said he was more than happy with the quality of work of the Cubans. "Like all doctors you get good, bad and average. So long as they are average and above, I'm happy."

Dr Juan Garcia, one of three Cuban doctors at the clinic, was home (in a small flat on the hospital grounds) having a quick lunch with his wife Betty, who has been in the country less than a month and speaks no English.

Their son Juan Enrique (14) and daughter Amparo (17) have stayed behind in Cuba.

The couple said they were adjusting to life in an environment where many locals barely spoke English, let alone Spanish. What they missed was their grand old Spanish house in Havana.

"I am a surgeon but I am doing everything now. It's not a problem because I know what to do. What we need here more than anything are anaesthetists."

In Cuba a doctor sees no more than 20 patients a day on his ward rounds. "Here I see about 30 patients a day and there are no other doctors with me. In casualty here, you can see 100 patients a day."

The Cuban doctors are in South Africa on a three-year contract. The needs of the country will then be reassessed, and they will either be sent home or asked to stay on.

"I knew when I came to South Africa I would not be in Johannesburg, Pretoria or Cape Town, but I like to help others and I wanted to work in rural areas, which I knew had many problems," Garcia said. – Sapa.

Medics to face music

(93) ( ) M+G 30/5 - 5/6/97

Marion Edmunds

THE government is to be urged to set up a special inquiry into district surgeons and health professionals who betrayed their ethical codes in complicity with apartheid authorities.

The call will be made at health hearings at the Truth and Reconciliation Commission next month and will come from among the 30 organisations making submissions, which include the Medical Association of South Africa (Masa) and the Interim Medical and Dental Council of South Africa.

While Masa has submitted a lengthy document to the truth commission, it has failed to call for further inquiries into the past. It says it is satisfied with an apology made in 1995, in which all health professionals were implicated for not doing enough to challenge the government of the day, but none were singled out for unethical behaviour.

According to Masa's president, Professor Bernard Mandell, the organisation does not have the resources to conduct a deeper investigation. He said that Masa had encouraged doctors to apply for amnesty if they were guilty of violating human rights, and Masa's archives were offered to the TRC.

"I don't know how doctors are going to react to these hearings," he said this week. "At the moment we are working on unity within the profession and those doctors outside Masa, they don't bring up the past. It's a question of clearing the air as far as they are concerned and they will not be working against the association."

However, a number of prominent health workers believe the blanket apology is not sufficient to unlock the past, nor bring about reconciliation within the medical profession.

Dr Lesley London of the University of Cape Town said he expected Masa would have to be pushed.

"It's going to come from outside, from health professionals who knew what it was like to work in an environment where Masa was siding with the oppressors," he said.

"There is an extraordinary inertia to grapple with these issues. I don't think they are frightened by the truth commission, they certainly do care, but their reasons for caring are not entirely disinterested.

"South Africa holds the presidency of the World Medical Association and there is a lot invested in the profession being seen to be clean."

Mandell can feel the animosity felt towards Masa. "We need to build on what happened in the past and make sure that nothing of the sort happens in the future," he said.

"There are certainly those who want to destroy Masa for what happened in the past but that apology was genuine, it was a first step, although some people claimed it was only lip-service."

Possibly the single most divisive instance for which Masa has apologised was its abject role in regard to the doctors who did nothing to save Steve Biko from death after a severe beating by the security police.

A chief director of the Health Department, Dr Tim Wilson, resigned from Masa because of its failure to challenge the way Biko was handled.

Speaking in his personal capacity, he said there is need to probe deeper than is comfortable. "It is important to reveal what happened during those years. If we bury our mistakes, they will come back to haunt us.

"These hearings are not about retribution, or about blame, they are about acknowledging what happened.

"It's not good enough to say we are so sorry about what happened so let us not go into this messy debate. Perhaps there should be a cut-off date, but let us get this stuff out."

Wilson's stance on the increasingly touchy debate is backed by Tom Winslow of the Trauma Centre for Victims of Violence and Torture in Cape Town.

With foreign funds, his organisation is to research cases of complicity within the ranks of the health profession.

Doctors in revolt over medical aids' tardiness

Practitioners threaten to adopt cash-up-front system or contract out, saying viability of medical practices is threatened by delays of up to a year in settling claims

By Janine Simon
Medical Correspondent

Doctors and medical aids are at loggerheads over slow payments, and 300 local practitioners are considering opting out of medical aid contracts to ask for cash up front for treatments.

Clinicross, a company representing doctors from the East Rand, southern Johannesburg and Vaal Triangle, say some medical aids can take five months or longer to process claims.

Medic Credit Control, a Randburg agency dealing with accounts of 350 mostly township doctors, says this can stretch to a year or more.

Isabelle Bourgeois says the agency is still battling to retrieve payments, some from as long as 12 months ago.

Medical aids bounce claims saying they were never received, or were incorrectly submitted, even if they were hand delivered to their offices, she says.

Practices are being threatened by growing debtors books, says Clinicross chief executive officer Dr Martyn Schickerling.

Some medical aids pay within weeks of consultation, but Medscheme, Fedhealth and Sanmed are the worst offenders, taking over four months to reimburse practitioners, he said.

Clinicross management had been instructed to implement measures to rectify the situation.

Contracting out is one option, but doctors are attempting to meet with medical aids before taking harsh action, Schickerling said.

Major medical aids have hit back, saying practitioners' appalling accounting systems and poor business practices – such as not checking benefits or membership and submitting claims by post rather than electronically – cause many of the problems.

Accounting systems blamed for delays

Employers added to the confusion by not informing administrators when members left a fund, and allowing former members to keep their medical aid cards, paving the way for fraud, said Gary Taylor, director of Medscheme, the country's largest administrator.

Few doctors checked details such as membership, registered dependants or remaining benefits, then blamed the medical aid for not being paid.

Many still used handwritten accounts processed and posted at the end of the month, rather than same-day electronic transfer systems.

Other delays were due to poor administration, such as not filling in membership numbers, or treating patients after they had left or been suspended from a scheme or exceeded their limits.

Taylor said Medscheme error accounted for six of the delays in the 22 accounts queried by Medic Credit Control

But Fedsure Health and Sanmed, giant players in the fields of the new-generation medical savings accounts and managed care respectively, admit administration problems have bedevilled payments.

Ivan Clarence, Director of Risk Management at Fedsure Health, said Fedsure's exponential growth last year had adversely affected service levels but the situation had now stabilised.

Sanmed's Senior Operations Manager Roly Buys said the scheme had switched claims-processing systems but would be paying claims within 30 days as from last month.

Solution suggested to practitioners' money woes

Dr Joe Maelane, president of the South African Medical and Dental Practitioners (SAMDP), has the ear of some the country's largest medical-scheme administrators.

Contacted last week, he was waiting for calls from Sakkie Marais, general manager of Medihelp, the country's second-largest medical aid, and was about to call Keith Hollis, chairman of the country's largest administrator, Medscheme, to sort out members' problems.

He is on equally good terms with administrators D and E, Bankmed and "all the others", says Maelane.

"We have a declaration of co-operation," he says.

Medical aids will pay SAMDP members directly, and refer any abuse of the system back to the organisation.

SAMDP members, for their part, undertake to act professionally and practise cost containment.

The reason for this bliss is simple: back in the late 1980s SAMDP members fought a "fierce battle" with Medscheme – and won.

Medscheme wanted practitioners to give a 15% discount on fees, practitioners saw no sense in the request, and refused to accept medical aid cards.

"Patients wanted to know why the medical aids were persecuting their doctors and threatened to resign en masse," recalls Maelane.

His advice to struggling practitioners: "Join the SAMDP". – Medical Correspondent.

CONCERNS SEEN AS 'CONSPIRACY'

Medical body comes clean on Biko furore

CT 9/6/97 (97) (2552)

AT THE time, the SA Medical Association quashed complaint from doctors on its handling of the Biko case. Now it has re-examined its stance. **WILLEM STEENKAMP** reports.

SEVENTEEN years after suppressing a doctors' revolt over the refusal to take disciplinary steps against two practitioners about the death in detention of black consciousness leader Steve Biko, the SA Medical Association (Masa) has decided to come clean.

Masa's new stance is reflected in reports and excerpts from doctors' letters at the time in the June edition of its publication, the SA Medical Journal (SAMJ), and comes barely two weeks before the Truth and Reconciliation Commission (TRC) is to hold hearings on medical complicity in human rights abuses.

The SAMJ articles stem from a Masa decision two years ago to re-examine its role in human rights development, resulting in Masa ethicist Mr Gavin Damster compiling the association's submission to the TRC.

Biko died in detention in September 1977. After the inquest into his death, the SA Medical and Dental Council (SAMDC), the statutory body responsible for investigating professional misconduct, decided in 1980 not to press charges against district surgeon Dr Benjamin Tucker and his colleague, Dr Ivor Lang.

This was despite evidence at the Biko inquest that the doctors had issued a false medical certificate, and that they had subordinated Biko's interests to those of the security police.

The SAMDC decision was unanimously supported by the executive committee of Masa, the non-statutory doctors' society.

This outraged doctors countrywide, and provoked a rash of letters to the SAMJ. But Masa's federal council decided that the letters should not be printed, saying the SAMJ should not be used as a political platform.

> *'The ethical issues raised by Mr Biko's death go much further than the immediate tragedy.' — Stuart Saunders*

Among the most vociferous complainants were Dr Stuart Saunders, then vice-chancellor of the University of Cape Town, and city obstetrician Dr Jack Eisenberg.

In an angry three-page letter to the SAMJ, Saunders said: "Having read the official record of the evidence given at the inquest of the late Mr Biko with great care, I am forced to the conclusion that I can no longer belong to an association which ... came to the conclusions recorded.

"The ethical issues raised by Mr Biko's death go much further than the immediate tragedy — the whole question of society's trust in and regard for our profession is at stake," he wrote.

What had apparently annoyed Saunders most was an anonymous editorial in the SAMJ of August 1980, by Professor J N de Klerk, chairman of Masa's federal council, in which he had supported the SAMDC decision not to act against Tucker and Lang and had said that "much harm can be done to the profession ... in this country if we do not temper our concern regarding (the Biko case) with a modicum of unemotional savvy".

Eisenberg wrote three letters to the SAMJ, one of which he was told had never arrived and the others were returned to him with the excuse that they could not be printed for fear of lawsuits and charges of unethical conduct being brought against both him and the SAMJ.

According to the editorials and articles in the latest issue of the SAMJ, in September 1980 Masa secretary-general Dr C E Marais Viljoen wrote to the SAMJ's assistant editor, a Dr Turner, to say that after Masa's stand on disciplinary steps against Tucker and Lang the matter was considered "provisionally closed".

But doctors carried on writing letters, prompting Turner to ask for advice on what to do. Viljoen replied: "We cannot allow the SAMJ to become a political platform for attacks on the government, the Medical Council or, least of all, Masa — which Prof Saunders and Dr Eisenberg are apparently determined to do."

Doctors and groups of doctors, including Wits Medical School Dean Professor Phillip Tobias and his faculty also wrote to the SAMJ on the Biko case — but none of their letters were ever published.

In a 1982 SAMJ supplement, Viljoen expressed his belief that the protesters were part of a total onslaught-style conspiracy to upset the political situation at the time.

"It would be naive in the extreme to come to any other conclusion than that this is a well-planned and co-ordinated attack aimed not so much at the Medical Association of South Africa or against our health services as against the country itself."

Disciplinary steps were eventually taken against Tucker and Lang, but only in 1985 — and then only after a Supreme Court action brought against the SAMDC by Tobias, Professor Trefor Jenkins of Wits and the SA Institute for Medical Research, Professor Frances Ames of UCT and Durbanites Dr Edward Barker and Dr Leslie Robertson.

Tucker was struck off the roll and Lang was found guilty of improper conduct.

Contacted last night, Eisenberg said that at the time he had felt that the medical treatment given to Biko was "not completely correct", but that he could not recall all the details of his involvement in the matter.

"I can't comment on Masa's latest stand, as I haven't seen (the SAMJ) yet," he said.

Efforts to trace Saunders, Ames and Tobias for comment last night were unsuccessful.

Young doctors in bid to escape forced state duties

Star 6/6/97 (93)

By Janine Simon
Medical Correspondent

Young doctors today stage a last-ditch attempt to stop legislation forcing them into two years of vocational training from next year.

At least seven interest groups will be making submissions to Parliament's portfolio committee on health on the Medical, Dental and Supplementary Health Services Profession Amendment Bill.

Their submissions will be followed by a protest march to Parliament.

Resistance to 'vocational service' idea

If the committee decides against changes to the bill, the Junior Doctors Association of South Africa and the Intern Coalition Action Group, which represents affected interns in Johannesburg, plans to apply for a Supreme Court interdict to stop its implementation, says Judasa vice-chairman Dr Mark Sonderup.

"We could justifiably say that we would have exhausted all other means of lobbying," he said.

The bill contains legislation for an Interim National Medical and Dental Council decision taken this year to extend medical training to nine years.

A council spokesman refused to comment on the junior doctors' threat of legal action.

Although the two years is now officially termed vocational training, Judasa says its aim is not clear as the training proposal is inflexible, unworkable and leaves the length of the medical degree completely out of synchronisation with international standards.

The council was a regulatory body which should not be intervening in educational affairs, he said.

"We want them to consult us and play straight. If they want community service we'll offer one year," Sonderup said.

Judasa and the action group will be joined by the Medical Association of South Africa student representative councils of Pretoria, Wits and Medunsa medical schools and the University of the Western Cape's Education Policy Unit.

The Portfolio Committee will also be hearing submissions on the controversial Medicines and Related Substances Control Amendment Act this afternoon.

The act proposes to license dispensing doctors, allow parallel importation of drugs and limit the use of trade names on drug packaging in an attempt to lower drug prices. At least 10 groups, including the Pharmaceutical Manufacturers' Association, the Pharmaceutical Society of South African and the South African Medical and Dental Practitioners, are expected to make their submissions.

Doctors fingered for abuse of oath

ARG 7/6/97 (93)

The myth that health professionals and institutions will always respect the Hippocratic oath, putting patients first and promoting health, has been shattered in a 300-page document submitted to the Truth and Reconciliation Commission. Adele Baleta reports

Draconian measures that prohibited black medical students from examining white patients, the indiscriminate "harvesting" of organs from black corpses and the implication of medical scientists in allegedly devising chemicals for dirty tricks are some of the issues to be examined at the Truth and Reconciliation Commission's two-day health-sector hearings this month.

The submission to the TRC was released exclusively to the Saturday Argus and is a work in progress by the Health and Human Rights Professional Accountability Project - a joint initiative of the Trauma Centre for the Victims of Violence and Torture and the Department of Community Health at the University of Cape Town.

The project involves a network of health professionals and human rights activists from around South Africa.

The commission's health hearings are being co-ordinated by commissioner Wendy Orr who was a young district surgeon when she successfully won a court interdict to stop the torture of detainees in Port Elizabeth in the 1980s.

The document begins to explore the way in which health professionals complied with apartheid ideology, contrary to the higher tenets of healing.

But research fellow Laurel Baldwin-Ragaven, who co-ordinated work on the document, pointed out that the climate of racism and apartheid ideology facilitated and permitted the abuses.

Individuals and organisations, including the SA Medical and Dental Council (SAMDC), the Medical Association of SA, the SA Military Services and the SA Nursing Association will make submissions.

The aim of the hearing is to search for the truth behind what happened in the health profession under apartheid so that South Africans know where accountability lies. The process is not solely concerned with "digging up" the past, but rather about creating an ethical framework to guide health professionals in the future to actively build a culture that will protect all people in need of health services.

Lang: implicated in the death of Steve Biko

Neethling: headed the Police Forensic Laboratory

Dr Laurel Baldwin-Ragaven: 'the rot permeated every aspect of the profession'

Orr: won an interdict to stop torture of detainees

Tucker: also implicated in Biko's death

apartheid state.

rot permeated every aspect of the profes- startling number of members who were

the individuals and organisations respon-

come clean on the past.

The authors said the document was all the more "disturbing" because the bulk of it was derived from material that was part of the public record at the time.

These sources included newspaper articles, archival material, progressive health publications, inquest findings and court judgments.

"For this reason it will be difficult today for health workers and their professional bodies to use the clichéd defence that they simply did not know what was happening at the time," say the authors.

The document includes:

■ Accounts of how black mothers waiting to be admitted to Red Cross Children's Hospital with their sick children had to lie on cold floors while beds reserved for white patients remained empty.

■ A report in the mid-eighties by an anti-war publication on the involvement of military health personnel in human rights violations, including attempts to reprogramme the sexuality of gay recruits.

■ A report that Wouter Basson (then a Major-General in the SA Defence Force) helped develop chemical weapons.

■ Information which will put forensic services under the spotlight when the case is revisited of Phillip Mutsi, who died in detention from a large subdural haematoma and midbrain haemorrhage compatible with a history of major head trauma. The pathologist accepted the police history that Mr Mutsi "fell off a chair" while having a seizure and died.

■ The report of a State psychiatrist who was invited as an expert witness to assess the risk of Neil Aggett's committing suicide. The psychiatrist had never met Aggett during the latter's lifetime.

A submission appealing to the commission's investigative unit to probe allegations concerning Lothar Neethling, a former head of the Police Forensic Laboratory in Pretoria, who effectively closed down the newspaper, Vrye Weekblad, following a series of civil claims for defamation which he won on appeal. He was alleged to have devised at least two chemicals used for "dirty tricks".

■ Allegations that police intervention in hospitals and clinics included breaches of confidentiality between doctor and patient, interference by security forces in clinical decisions and security forces pressurising health workers into doing or allowing things that were not in the interest of their patients, for example, the early

There is consensus that it's only possible to implement recommendations if everyone understands the system in which these gross violations of human rights were possible, so that they are never allowed to happen again, with the participation of the health profession.

The report reveals shocking details reminiscent of the nazification of medicine in Germany during the 1930s and 1940s.

Health professionals were actively involved as perpetrators, facilitators and enablers and passively as silent bystanders.

But the report also documents instances where individuals and progressive organisations resisted compliance with the

'The rot permeated especially the treatment of detainee patients'

It talks about ordinary health professionals who perceived that they had choices even in repressive situations. A doctor who was working in Baragwanath Hospital always insisted that her patients be unmanacled and that prison staff leave the room during consultations with her detained patients so that confidentiality and dignity were never breached.

The report puts paid to the notion, believed by many in and outside the profession, that there were just a few bad apples like doctors Lang and Tucker, who were implicated in the death of Black Consciousness leader Steve Biko in 1977.

Instead, Dr Baldwin-Ragaven said: "The sion, including training institutions, hospitals, clinics, private practices, state health authorities and district surgeons, particularly in relation to the treatment of their detainee patients or the lack thereof."

She said human rights abuses in the health sector occurred in a specific context.

'It will be difficult for them to use the defence that they didn't know'

An article in 1980 in the Cape Times claimed that the decision not to discipline Dr Lang and Dr Tucker had been an executive one, taken by only five members of the SAMDC who were all Broederbonders.

A brief review of the list of Broederbond membership at the back of *The Super Afrikaners*, published in 1978, revealed a also health professionals.

It also revealed that all sectors of civilian life, including the health and social services, were co-opted by the military's Joint Management Committees, whose brief was to respond to the "total onslaught" by winning the hearts and minds of all South Africans.

From previous hearings before the commission, allegations of abuse by district surgeons and private doctors varied from falsification of records, death certificates, denial of proper medical care during detention and even collusion on how to cover up signs of human rights violations, such as the residual effects of torture.

The document contends that many of

sible for abuses have reaped extensive benefits through their participation.

"There are those who are still working and operating in the health sector, who hold senior positions in professional organisations, the military, universities and in the public health services," Dr Baldwin-Ragaven said.

She said there were at present a number of significant Bills before Parliament that would change the face of health services. But unless the profession was held accountable for the past, true transformation would be impossible.

'When you become a doctor or nurse, you are held to a higher moral code'

The rationale behind the hearing was that it should not be like the Nuremberg Trials and it was expected that it would take a long time for health professionals to discharge of patients into police custody.

■ The history of academic institutions which reinforced the apartheid policy by discrimination against black students at every level. Harsh measures included black students only being allowed to study with ministerial consent at white universities. Also, black students were not allowed to practice on white cadavers.

There have been challenges as to why doctors should be particularly targeted to admit responsibility for collaboration with the apartheid regime, but Dr Baldwin-Ragaven said: "When you become a doctor or nurse, you are held to a higher moral and ethical code, particularly with regard to patients."

Doctor-vigilante treated his own victims – claim

ADELE BALETA
STAFF REPORTER

The bizarre case of a Western Cape rural doctor who donned a balaclava and ran with gun-wielding vigilantes by night, only to slip into a white coat by day to treat the victims of the group's attacks on township residents, is to be exposed to the Truth Commission.

The harrowing story of the Ashton GP who joined the "vetkatte" (fatcats) vigilantes on house-to-house searches to root out "comrades" in Zolani township in the late 1980s will be heard by the Truth and Reconciliation Commission later this month. It will be one of several accounts of how members of the medical profession collaborated with apartheid.

Doctors fingered, page 23

Leslie London of the University of Cape Town's department of community health will tell the story as part of his submission to the commission's health sector hearings on June 17 and 18.

In papers in the possession of Saturday Argus, Dr London said he heard of the Ashton doctor on his monthly visits to the town, 120km from Cape Town, in the '80s.

Dr London, a member of the National Medical and Dental Association, was a primary care physician at the Ray Alexander Clinic in Paarl at the time.

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Doctors hope TRC sessions will prove to be healing

From Page 1

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The case is one of three relating to his experiences in rural areas.

Dr London's submission to the commission includes a statement by Zolani resident Jacob Nel about the night he was viciously beaten up in his home by a group of armed, balaclava-clad men, some of whom were police and others vigilantes.

He said the doctor, who was in police uniform and wearing a handgun, "just stood and watched what was happening". Ironically the injured man said he was told that he could not see a doctor because "everything was closed even the doctors". He identified the doctor, who was wearing an open balaclava at the time.

Dr London says: "It struck me: how can a doctor fulfil the ethical requirements of the Hippocratic Oath and the Declaration of Geneva and still be part of an armed group of vigilantes?"

He said the case was one of many examples of health care having been corrupted by the ideology of the apartheid state, which led to serious compromises in the human rights of ordinary South Africans.

"In the culture of the conservative rural environment in which I worked, the bonds between doctor and security man were stronger than those between doctor and patient.

"Moreover, the ideological dehumanising of black people by apartheid, particularly activists as terrorists, communists and revolutionaries, distorted the doctor relationship beyond recognition and gave rise to opportunities for the abuse of human rights to go unchecked."

Dr London said he believed such cases should be used in the future training of health professionals to prevent the recurrence of situations where they could be drawn directly or indirectly into policies and practices that abused human rights.

The submission is one of about 20 from the health profession, including several case studies of human rights abuses, which will form part of the two-day hearings.

Several international health and human rights organisations will attend the hearings including Amnesty International, the British Medical Association, the American Association for the Advancement of Science and the World Mental Health Federation.

Walkout at health hearings

By JENNY VIALL

Opposition political parties walked out of the portfolio committee on health hearings yesterday in a united protest against the "undemocratic" procedures followed at the hearings.

The IFP, the National Party, the Democratic Party and African Christian Democratic Party, with the Freedom Front and the PAC, want the Medical, Dental and Supplementary Health Service Professions Amendment Bill withdrawn, and the life of the Interim National Medical and Dental Council to be extended by six months.

This would allow the bill to be given appropriate consideration and do away with the need to pass it urgently before the council's legal life expired, the parties said. The bill establishes the council's successor.

The parties left after repeatedly objecting to the short time given for people to make submissions on the bill. They appealed to committee chairman Abe Nkomo to allow more time for questions and discussions on the bill. This was refused.

Each person was given 10 minutes to make submissions, and all the parties objected to the way the hearings were being rushed through.

The bill deals with, among other things, the controversial two-year vocational training programme for newly qualified doctors.

"We've been told the urgency is because the council's term of office expires in August," said Democratic Party spokesman on health Mike Ellis. "If we can extend the IMDC's life, we can deal with the bill properly and with the sensitivity it deserves."

President Mandela is to be approached to investigate the undemocratic procedure which "flies in the face of openness and transparency which were to have been the hallmark of all parliamentary committee work, especially legislation", reads the statement.

"This bill is highly technical in nature and contains complex matters which have the potential to significantly alter the provision of health care in this country.

"As such it will impact on the lives of both providers and users of services."

Opposition parties say they are not necessarily opposed to the content of the bill, but rather the procedures followed.

Other portfolio committees, said Ellis, discussed the process to be followed as to who would make the submissions and for how long. "We have simply not been consulted."

US business calls on Parliament to halt proposed medicines

Jacob Dlamini

CAPE TOWN — The American Chamber of Commerce (AmCham) yesterday called on Parliament to halt the proposed health reforms, and predicted dire consequences if this did not happen.

AmCham called for the changing of the Medicines and Related Substances Control Amendment Bill, saying it was not in SA's international trading interests.

The chamber said the bill, which seeks to improve access to health care by lowering the price of drugs through generic substitution and parallel importation, was a violation of international trading practices.

AmCham spokesman Patrick McLaughlin said the provision for the removal of brand names from products sold to government by pharmaceutical companies was a violation of trademark rights.

The provision would set a dangerous precedent for international property rights and could have serious repercussions from concerned US companies in SA.

The bill would, if it became law, affect 263 US companies with a combined employment of 280 000.

He said it would be up to AmCham's members to withdraw from the country and SA stood to lose millions if this happened.

The bill implied that the health ministry wanted to sanction practices which contravened SA legislation and international norms.

The bill also indicated to international investors that their intellectual property assets would not be protected.

Meanwhile, the Democratic Party's health spokesman Mike Ellis told University of Cape Town medical students and interns yesterday that the Medical, Dental and Supplementary Health Services Bill, seeking to introduce vocational training, was draconian.

Ellis said it was authoritarian for government to ask medical graduates to commit themselves to vocational training. He warned that the bill would fail.

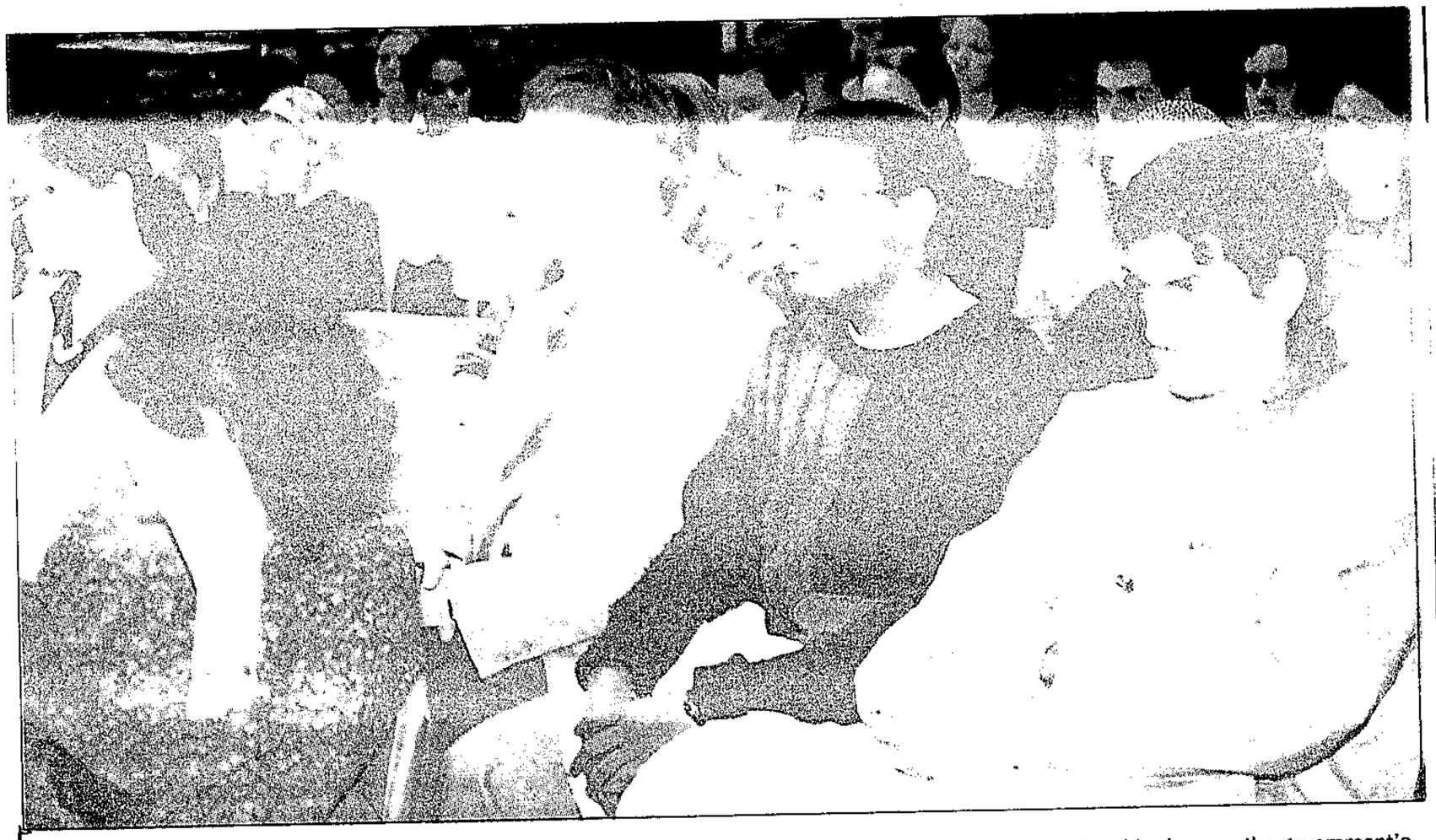
However, Representative Association of Medical Schemes (RAMS) policy director Aslam Dasoo welcomed the health reforms. He said the proposed bills would help reduce RAMS' annual R6bn drug bill.

RAMS was more interested in the rights of South Africans who had been denied, rather than in the intellectual property rights of pharmaceutical manufacturers, Dasoo said.

South Africans had been denied access to affordable health care through high prices for drugs which were protected by trademark laws, he said.

While government is free to procure generic drugs from any source in the world under the existing Medicines Control Act, it is prohibited from buying trademark drugs from another source if they are registered in SA.

legislation



EARS PRICKED: UCT's trainee doctors listen attentively as Mike Ellis, Democratic Party spokesman on health, gives his views on the government's plans to force medical students to do an extra two years of vocational training. *PICTURE: THEMBINKOSI DWAYISA*

Doctors may have to do refresher courses

(93) CT 11/6/97

DURBAN: Qualified doctors may be expected to do refresher courses every two to three years and specialists may also have to do vocational training in addition to their 11-year degrees.

Hundreds of registrars training to be specialists in government hospitals around the province still don't know if the two-year vocational training proposal will affect them.

The vice-chairman of the Registrar Association of Medical Faculties in South Africa, Dr Jacques Viljoen, said the council's interim committee had said the four-year training done by specialists in addition to their seven-year medical degree was sufficient and there was no need for vocational training.

But in the April edition of the Government Gazette the Health Department said specialists would be expected to also perform a maximum of two years' vocational training.

Viljoen said his association was still awaiting a reply on the issue from the Health Department's director of policy and planning, Dr Ayanda Mtsaluba.

But a spokesman for the Medical Council, Mr Nico Prinsloo, said yesterday the vocational training proposal would affect all graduates. Registrars would be expected to do the two years' training before they began their specialist training.

The proposal would not affect registrars who were now completing their specialist training, he added.

The council was also planning for all doctors to do refresher courses, either on a three-year or five-year cycle, to keep doctors up-to-date on medical developments and to protect the public, said Prinsloo.

He said the proposal was still in its initial stages and the council had not decided on the length or content of the courses.

They would probably be held at university medical schools and the cost would probably have to be covered by doctors themselves if they were in private practice. — Own Correspondent

CAPE TIMES
WEDNESDAY, JUNE 11, 1997 ★

EXTRA TWO YEARS PLAN OPPOSED

Medical trainees resent lack of consultation

CT (EDT) 11/6/97 (93)

NOBODY HAS ASKED trainee doctors their opinion on the controversial plan for two years' extra training, says a UCT medical student. Health Writer **CAROL CAMPBELL** reports.

"As a doctor one is never free of responsibility and, because I realise this, I don't mind doing community service in rural areas but, please don't make me write exams at the end of it."

A fourth-year University of Cape Town medical student, Mr Thozama Ndzingi, made this comment in an interview yesterday on the government's proposal to force medical students to do two additional years of vocational training before they qualify.

"It is good to go where people need you. All South African citizens, not just doctors, should make some contribution to building our new country," he said.

Medical students countrywide are opposing the plan, which has been mooted by the Interim Medical and Dental Council with the support of Minister of Health Dr Nkosazana Zuma. They say they have never been consulted about the controversial clause in the Medical, Dental and Supplementary Health Services Bill, to be debated in Parliament in August.

A healthy nation was one with food to eat and homes to live in, which meant there were many professions which could be conscripted to help in rural areas, said Ndzingi.

"Anyone who receives subsidised training should put something into the community — at least until the standard of health among our people is lifted."

Ndzingi is from Sterkspruit in the Eastern Cape. He is the eldest of five children and matriculated top of his class.

"I have always wanted to be a doctor and, if they need me, I will go back to work in Sterkspruit."

His years at medical school had made him focused and methodical and, once he completed a year as an intern, he was confident he could work as a qualified doctor.

"I will be a government doctor for a long time, but one day I want to live in Cape Town, maybe on the Atlantic seaboard."

Fifth-year medical student Ms Julia Ambler, who is also studying at UCT, agreed with Ndzingi that community service was a better option than vocational training.

"We just want to be involved in these decisions — nobody has asked junior and trainee doctors our opinion. I am sure we could reach a compromise if we discussed the idea."

Ambler said she was concerned the government was trying to get out of paying qualified doctors reasonable salaries by making them to do community service before they graduated.

Training plan 'a reintroduction of conscription'

A GOVERNMENT plan to force medical students to do two extra years' vocational training was a reintroduction of conscription, Mr Mike Ellis, Democratic Party spokesman on health, told UCT medical students yesterday.

He was speaking on the controversial "vocational training" clause in the Medical, Dental and Supplementary Health Services Bill, to be debated in Parliament in August.

"It is ridiculous to suggest that doctors have an obligation to do community service just because their studies are subsidised by the state. Everybody's studies are subsidised by the state and it is the state and society generally which benefit from an educated work force," Ellis said. — Health Writer

question of theory in South African historiography,
imperialism and the internationalisation of capitalist

Zuma withdraws controversial bills

BD 12/6/97 (93)

Jacob Dlamini

CAPE TOWN — Health Minister Nkosazana Zuma has backed down on her plans to introduce sweeping health reforms, by withdrawing three controversial bills from Parliament.

Zuma told Parliament yesterday she was withdrawing the legislation so she could study the submissions made to Parliament's health committee.

The legislation is aimed at introducing two years of vocational training for medical students; allowing for the lay ownership of pharmacies; allowing generic substitution where cheaper drugs are available; and allowing the parallel importation of drugs at competitive prices.

The Pharmacy Amendment Bill, the Medicines and Related Substances Control Amendment Bill and the Medical, Dental and Supplementary Health Service Professions Amendment Bill were withdrawn.

The announcement comes after opposition from political parties, the pharmaceutical industry, medical students and foreign companies with interests in the SA health industry.

Zuma said she wanted to make sure genuine concerns and suggestions expressed during the hearings on the bills were taken into account before they were resubmitted to the cabinet next Wednesday. The need to improve access to affordable health care superseded all sectional interests.

Zuma's move also follows mounting pressure from opposition parties for the bills to be withdrawn. They said another round of public hearings would have to be held once the bills had been resubmitted to the cabinet.

The Representative Association of Medical Schemes (Rams) expressed regret that the bills had been withdrawn. Rams policy director Aslam Dasoo said he hoped the bills would still be passed this year. He understood Zuma may have been motivated by fear of possible litigation from opponents of the bills, which could have tied the bills down.

Kathryn Strachan reports that the Pharmaceutical Manufacturers' Association questioned whether one week was enough time to make meaningful changes.

The Medicines Control Council said the council unreservedly supported the principles underpinning the legislation, but had problems with technicalities which would be vital to the ultimate impact of the legislation.

Junior Doctors' Association of SA spokesman Mark Sonderup said the announcement was "very encouraging. It is a sign that they are at least taking note of what we all have submitted."

Doctors on call: pay to be slashed

Cutback 'insulting'

ARG 12/6/97

(93)

JENNY VIALL AND ADELE BALETA
HEALTH REPORTERS

Overtime pay for specialist doctors on call for Western Cape hospitals will be cut to an "insulting" 75 cents an hour in spite of promises to improve salaries and working conditions.

Specialists on call at home will be paid R18 in total for being available for 24 hours from August 1, a substantial cut in their current pay. There are fears that doctors, who said they were "shocked and appalled" by the move, will leave for private practice or be enticed by jobs overseas.

Specialists offer a vital back-up service to registrars – trainee specialists – and often have to give life-saving instructions over the telephone. If needed, they are required to go to the hospital, but if this happens the current rate will apply.

Specialists have until now been paid a third of their hourly overtime pay for being on call at home, and time and a third for overtime done at the hospital. For example, a doctor who earns R90 an hour, will be paid R120 an hour for overtime (time and a third) and R40 an hour for being on call at home. The new on-call rate will mean specialists will be required to give expert advice for a flat rate of 75c an hour.

Jocelyn Kane-Berman, chief director of administrative services in the Western Cape, confirmed that the standby allowance would be R18 for 24 hours if the doctor spent all his or her time at home. If specialists were called to the hospital, time and a third would apply. She said her department "deeply regretted" the situation.

"We have done our best to achieve a better dispensation to reward doctors who are on call. We regret that we have not been successful," she said.

Denise White, chairwoman of the Fulltime Medical Staff Association, said: "This is shocking, particularly since we are being remunerated at a negotiated agreed-upon salary."

She said senior doctors might refuse to be on call at the "insulting" rate of 75c an hour and, without the on-call function, hospitals would collapse.

Dr White predicted that doctors would leave the public service.

"This is the final blow and will damage any goodwill and morale that has improved since the negotiated overtime pay agreement last year.

"This is completely incomprehensible and haphazard. Ultimately the losers are the people we serve," she said. The new overtime rates are already in effect in other provinces and are in accordance with a decision of the national Health Department.

2 850 health posts abolished in W Cape

93
95

ARG 12/6/97

LINDSAY BARNES
STAFF REPORTER

The cash-strapped Western Cape health service is to abolish almost 3 000 frozen posts in an effc cut spending in a "logical ano rational" way.

A task team lead by Western Cape Director-General Niel Barnard is to assess which of the 4 000 vacant posts are critical and should be filled. The remaining 2 850 will be scrapped, provincial Health Minister Ebrahim Rasool said today.

He said 850 crucial positions for nurses, specialists and doctors at primary and secondary health care institutions, and 300 more at academic hospitals, would be filled.

Yesterday the Western Cape Cabinet discussed the danger of scrapping frozen posts indiscriminately, he said.

Almost 5 000 health care workers have applied for voluntary severance packages and 3 500 have left in the past few months.

Almost three-quarters of the province's health budget is spent on its 32 000 health workers.

The majority of those who accepted packages were general assistants such as cleaners, drivers and porters, which meant the province had not saved as much as it hoped, Mr Rasool said.

"If we are going to rationalise, academic health centres have to start losing staff at higher levels," he said.

In the past three years the number of health care workers had dropped from 39 000 to 32 000 through voluntary severance and natural attrition.

Parties force Zuma to back down on Bills

Sowetan 12/6/97

(93)

Health Minister will now take three Bills back to Cabinet following stiff opposition

By Rafiq Rohan
Political Correspondents

HEALTH Minister Dr Nkosazana Zuma has backed down and withdrawn her controversial health Bills with all minority parties declaring her move as a victory for democracy.

Late last week all opposition parties in Parliament walked out of the portfolio committee on health meeting.

They accused the African National Congress of trying to push through new legislation that would restrict doctors' rights to dispense medicines and would introduce a mandatory two-year vocational training period for medical students.

The proposed changes have resulted in countrywide protests by medical students and doctors.

Before making the announcement yesterday, Zuma made an impassioned speech, insisting that her only intention was to ensure that South Africans received "affordable, quality and safe medicines".

However, the Pharmacy Amendment Bill, the Medicines and Related Substances Control Amendment Bill and the Medical, Dental and Supplementary Health Service Professions Amendment Bill have not been scrapped.

Zuma said she would resubmit the Bills to Cabinet next Wednesday.

"I would like to study the submissions and make sure that the genuine concerns and suggestions are taken on board," she said.

The Pan Africanist Congress' Ms Patricia de Lille welcomed Zuma's announcement to look at the Bills again and ascribed it to the "joint mass action" of the opposition parties.

The African Christian Democratic Party's the Reverend Kenneth Meshoe said: "We welcome the minister for doing the right thing by listening to minority voices."

ANC chairman of the portfolio committee Dr Abe Nkomo saluted Zuma for taking the Bills back to Cabinet but described the behaviour of certain parties as "sad and shocking".

The Democratic Party's Mr Mike Ellis thanked Zuma for "finally seeing reason" but slammed her for her "blatant disregard for any viewpoint but her own (which) completely undermined the public participation process and generated intense dissatisfaction in both the public and private sectors".

'RAPPED OVER KNUCKLES'

Zuma withdraws

hdraws three bills

CT 12/6/97

(93)

NKOSAZANA ZUMA appears to have been "rapped over the knuckles" for not following the proper processes in preparing health legislation for Parliament. Health Writer **CAROL CAMPBELL** reports.

HEALTH Minister Dr Nkosazana Zuma has withdrawn three highly controversial health bills — which would have changed the face of South African medicine — from Parliament.

She will resubmit the amended legislation to the cabinet next Wednesday, but the whole process of public consultation over the country's new health laws will begin from scratch.

The withdrawn bills are:

● The Medical, Dental and Supplementary Health Services Professions Bill — this would have forced medical students to do an extra two years of vocational training in rural areas before they finally graduated.

● The Medicines and Related Substances Amendment Bill — this enabled Zuma to import cheap medicine for use in public hospitals and encouraged the sale of generic medicines. It was unpopular with the pharmaceutical industry but welcomed by medical aid companies.

● The Pharmacy Amendment Bill — this would have led to the deregulation of pharmacies so businessmen and not only pharmacists could own a pharmacy. The intention was to get pharmacy services into rural areas and townships.

Last night sources in Parliament said they believed the cabinet had "rapped Zuma over the knuckles" for not following the proper processes while preparing the legislation for Parliament.

"Why else would this have been slowed down at the last minute?"

PRESSURED: Health Minister Nkosazana Zuma

Public hearings on the three bills were held last Friday and Monday but were dismissed as "a farce" by opposition parties who said the legislation was being rushed by the African National Congress government.

They were supported by many of the organisations giving evidence at the hearings who complained that 10 minutes to present their side of the story on such fundamental legislation was inadequate.

Committee members were not given the opportunity to ask questions on two of the bills because of time constraints.

Democratic Party spokesman Mr Mike Ellis, the most vocal opponent of the rushing through of the legislation, said Zuma's surprise move was a "victory" for the Democratic Party and proved that "democracy is not dead" in South Africa.

"We thank the minister for at last seeing reason," he said.

Last night medical students at the University of Cape Town said they were "elated" that the idea of adding two years to their training (pushing it to nine years) was going to be reconsidered.

Dr Mark Sonderup, vice-chairman of the Junior Doctors' Association, said he was "encouraged" but "cautiously optimistic" by the surprise move.

"We are dealing with a minister who has quite a track record. I say let's wait and see."

Undergraduates also tempered their relief with caution, but felt students would be given more of an opportunity to state their views the next time around.

Most said they were, in principle, not against having to perform vocational training — a term some also had a problem with — but were opposed to Zuma forcing it on them.

"I don't think anybody was objecting to the idea behind vocational training — we're all dedicated to health care in this country," said third-year student Mr Michael Huth.

But he added: "(Zuma's) got good ideas but bad methods. The way she wanted to do it would have been detrimental, not beneficial."

He called on Zuma to consult widely with students, saying: "She can't just make unilateral decisions."

Second-year student Mr Tilman Stasch agreed: "Now we hope she is going to look into our arguments."

A "relieved" fifth-year student, who did not want to be named, said the impending vocational training period had "affected people's lives drastically".

❑ Turn to Page 3

Zuma withdraws health bills

❑ From Page 1

(93) (188) (189)

She, and many of her fellow students, would have been "very tempted" to leave the country because of the compulsory training.

CT 12/6/97

"At least now ... they (health authorities) will have to take us more seriously," she said.

However, the student said she "wouldn't be surprised" if vocational training was introduced anyway.

Fellow fifth-year student Mr James Drew said he was "just happy it (the law-making process) will be done in the proper way".

"If they (authorities) go about it the right way, then it can be worked out," he said.

Drew took issue with the term "vocational training", saying it was a "slap in the face" and implied doctors were inadequately trained "when everybody knows it's community service".

Mauritian Mr Mohammad Chumroo, a second-year student, said he had been considering settling in South Africa but had changed his mind over vocational training, which was "like the army".

Now he would reconsider — if the conditions were favourable, he said.

"I'm happy about it," he said, and expressed the hope that students would be consulted.

Mrs Erica Mann, vice president of the Pharmaceutical Association of South Africa, said she was "thankful" and "grateful" that Zuma had stalled the passing of new legislation on medicines.

"My concern is that she has only promised a week for changes to the bill which I don't think is enough time to do everything properly."

Dr Hendrik Hanekom, secretary general of the Medical Association of South Africa (Masa), said he was pleased that Zuma had heeded the concerns and recommendations expressed during three days of public hearings.

"Masa will most certainly make use of the opportunity to submit further input."

Zuma's withdrawal of three bills welcomed

Star 12/6/97 (93)

By Jovial Rantao and Janine Simon

Health Minister Dr Nkosazana Zuma's withdrawal of the three controversial medicines and pharmaceutical bills has elicited a cautious welcome.

Role players said dissatisfaction with the process of the public hearings was so deep, the minister ran the risk of being challenged in the Constitutional Court.

They question how the more than 200 submissions on the Pharmacy Amendment Bill, the Medicines and Related Substances Control Bill and the Medicine, Dental and Supplementary Health Service Profession Amendment Bill can be dealt with in just one month.

Zuma said in the National Assembly yesterday that she was withdrawing the bills to allow her department to go through concerns raised by all stakeholders, and would resubmit them to the Cabinet on July 18.

The new bills, containing the same principles, would then be subjected to public hearings and are expected to be tabled in Parliament in August.

"The bills will enable South Africans to access safe, effective medicines from the global market if local industry cannot give us a reasonable price," Zuma said.

The Junior Doctors Association of South Africa (Judasa), which has threatened legal action if the health services profession bill is pushed through, said they were cautiously optimistic that Zuma had realised the need to consult with all stakeholders. Chairman Dr Mangaliso Mhlaba said Judasa urged the minister to suspend the issue of vocational training for 1998.

Mirryena Deeb, chief executive of the Pharmaceutical Manufacturers Association, questioned whether 200 submissions could be considered, and the medicines bill redrafted within one week.

The Pharmaceutical Society of South Africa's executive director Ivan Kotze said most of the submissions were on technical points, and it was not impossible that decisions on the few important issues could be taken within a week.

NP MP Willie Odendaal said: "The NP would not have accepted the way in which parties were excluded from asking questions."

The DP's Mike Ellis said the withdrawal was a victory for the democratic process.

The SA Communist Party accused some parties of not promoting health care for all.

No major change to health bills — Zuma

(93) (95) (153)

CAPE TOWN — Health Minister Nkosazana Zuma said yesterday that the three contentious health bills she had withdrawn from Parliament would not undergo substantial changes and denied that she was bowing to pressure.

Zuma announced on Wednesday that she was withdrawing the Medicines and Related Substances Control Amendment Bill, which will allow parallel imports of cheaper medicines and regulate generic substitution as well as legislation to set up new pharmacy and health professions councils.

Zuma said she intended to study submissions made to recent parliamentary hearings on the measures and resubmit the bills to the cabinet next week.

She said yesterday the withdrawals were "just a normal democratic process when there's been a hearing.... People must not read anything into the withdrawal other than that I'm looking through the submissions and will incorporate some of the useful suggestions." — Sapa

BD 13/6/97

Tertiary institutions urged to co-operate to weather budget cuts

BD 13/6/97

Kevin O'Grady

CUTS in state funding to tertiary institutions are likely to force them to discontinue certain disciplines, and greater co-operation is needed to ensure that fields of study are not lost to SA altogether, says Committee of University Principals chief director Jos Grobbelaar.

Cost-cutting exercises, such as those announced by University of Natal vice-chancellor Brenda Gourley last week, were likely to become the norm in view of limited prospects for generous state funding for universities in the future.

Gourley announced the university would shed 600 jobs, halve the number of faculties and cut the number of departments by three quarters because of a 5% budget cut for the current financial year. Grobbelaar said most other institutions faced similar financial constraints.

He said it was "a matter of great concern" that if the less well-attended — and thus less financially viable — disciplines were faced with discontinuation, the same courses would be in trouble at most institutions.

"If there is no contact between institutions, we will find the disciplines phased out nationally, resulting in a lack of expertise in fields that are not well attended but not necessarily unimportant," he said.

Courses affected were most likely to be the classics, which "will certainly be in the front line", modern languages and expensive courses such as the performing arts and possibly the fine arts.

It was "a positive move" that, so far, institutions in Western Cape, Eastern Cape, KwaZulu-Natal and Gauteng had already put structures in place at regional level "to facilitate greater co-operation between them".

Grobbelaar said other cost-cutting measures considered by institutions were likely to include retrenchments, early retirements and the freezing of posts and salaries. It was important, however, that academic staff still highly active in their fields were not retrenched.

While most institutions have cost-cutting rationalisation plans in the pipeline — such as retrenchments and early retirements — not all are considering trimming the number of disciplines offered at this stage.

Wits University vice-chancellor Robert Charlton said the university was not considering closing faculties "at this stage" but had well-advanced cost-cutting plans, including the possibility of retrenchments. However, the university was not considering retrenching academic staff.

In a circular sent to university staff last week, Charlton said the university council had agreed to the establishment of a strategic planning team to determine the best way for the institution to restructure itself in order to increase effectiveness and cost-efficiency.

University review subcommittees had also held a series of meetings to assess proposals by deans and heads of divisions on how to achieve their share of the R12,3m target for reducing personnel expenditure or increasing recurrent income.

The institution's central review committee had told the council that in certain areas of the university, financial targets could not be met "without considering measures suc as the possibility of retrenchments Charlton said in the circular.

Areas likely to be affected includ ed the university's art galleries, it performing arts administration, th vice-chancellor's office, branch li braries — such as international af fairs, nuclear sciences, architectur and performing arts — and the uni versity's mobile catering unit.

Meetings had been held with staf members to "state the problem and identify the steps that may be required to resolve it", Charlton said.

Doctors' on call pay cut to 75c an hour

(93)

CAROL CAMPBELL

CT 13/6/97

PUBLIC doctors are to have their "on call" allowance slashed to 75 cents an hour — the same rate paid to all public servants who have to make themselves available in case of an emergency.

The decision by the National Health Department to cut the allowance will be effective in the Western Cape from August 1 and will dramatically reduce doctors' take home pay.

Mr Peter Brewer, head of labour for the Medical Association of South Africa, said doctors were presently paid a third of their hourly overtime rate for being on call.

"This means that if a doctor is paid R120 an hour for working overtime he would receive R40 an hour for being on call." Now he would be paid about 75 cents.

The cut meant some doctors could lose as much as R75 000 a year.

A registrar said the move "represents another nail in the coffin of patient care".

DOCTORS' NATIONAL SERVICE

(93)

FM 13/6/97

Outrage over 'conscription'

Doctors and opposition politicians protest efforts to force through Bills

The medical fraternity has slammed two controversial pieces of legislation before parliament's health portfolio committee, unanimously deploring the Health Department's lack of consultation and insight into the profession.

All opposition parties staged a walkout midway through what some described as the committee's "farcical" public hearings last Friday. They were protesting the "undue haste" of the committee processing the Medical and Dental Supplementary Health Service Professions Amendment Bill and the Medicines and Related Substances Amendment Bill.

Thirty-four submissions were scheduled for that day, allowing the participants 10 minutes each and leaving committee members little time to ask questions. Submissions also had to be made on the outdated Bills because revisions were unavailable.

At the hearing, medical students vowed to use all means to fight the introduction of two years' compulsory vocational training from January 1998, citing the lack of consultation with students, the cost to the fiscus and impracticality of the proposals.

Natal University Medical School SRC president Kagiso Maaroganya said the scheme was doomed to fail for the same reasons as existing internship training.

The committee heard that virtually no training or supervision was provided to interns in overworked central hospitals while vocational training was aimed at peripheral hospitals with fewer resources.

The proposals, from the Interim National Medical and Dental Council (INMDC), would not prevent medical students from leaving SA after six years' study and undertaking their internship overseas.

Medical Association of SA secretary-general Hendrik Hanekom warned the proposals could result in an entire generation of doctors never again making themselves available to the public service.

Practitioners say the proposals spell disaster for underprivileged communities whose hospitals would be staffed by mostly junior doctors; they would be better served by one volunteer than three conscripts.

The Medical and Dental Supplementary Health Service Professions Amendment Bill replaces the INMDC with the Health Professions Council. Medical bodies are dismayed at the proposal that 22 of the 49 new councillors be political appointees.

The threatened ban on dispensing by doctors also drew heated debate. Most medical groups support the INMDC's contention that the licensing of practitioners to dispense is a professional matter which should not reside with the director-general of Health — especially as the Bill fails to establish the criteria on which such licences will be granted.

The Bills "will limit the independence of civil society, consumer choice and market competition, scare off potential foreign investors and could well infringe certain international trade agreements," says IFP health spokesman Ruth Rabinowitz.

The Bills will be discussed in the committee on June 17 and are due to be debated in parliament after the winter recess.

Claire Bisseker

ANC pulls the plug on Zuma's embattled bills

'Goings-on behind scenes'

ARG 14/6/97 (93)

JEAN LE MAY
STAFF REPORTER

Health Minister Nkosazana Zuma has withdrawn three controversial bills under pressure from colleagues, including African National Congress MPs.

"It is common knowledge that Dr Zuma was told bluntly to withdraw the bills," said a source.

In spite of Dr Zuma's repeated statements that she would not budge on the intentions behind the bills, Saturday Argus has established from sources in Parliament that she withdrew the bills after pressure from within the Cabinet, from politicians (including African National Congress MPs) and from people with interests in health and pharmaceutical businesses.

The amended bills will now go to the Cabinet and the whole process of consultation and Parliamentary debate will start all over again.

Mike Ellis, Democratic Party spokesman on health, said yesterday that withdrawing the bills was "a most unusual process".

He said it was a sign that "something very serious was happening behind the scenes".

"Dr Zuma finally overstepped the mark by trying to keep total control, and by behaving in a way which was anything but democratic."

Mr Ellis said that one of the most serious objections to the Medical, Dental and Supplementary Health Service Professions Amendment Bill was that the minister was given the power to override the provisions of the existing act by the proposed amendments.

Nkosazana Zuma: backed down

Mr Ellis said anybody could now be made a health practitioner by the minister.

'It is common knowledge that Dr Zuma was told to withdraw the bills'

In its submission, the Interim National Medical and Dental Council said that if this became law "the act can, in essence, be done away with, since the minister, not Parliament, decides on the registration of practitioners".

The withdrawn bills are: the Medical, Dental and Supplementary Health Service Professions Amendment Bill; the Medicines and Related Substances Amendment Bill and the Pharmacy Amendment Bill.

Dr Zuma told Parliament that she was withdrawing the bills and would resubmit them in a week. In the meantime she would look at submissions to see "if there was anything that can be taken on board".

The bills were referred back to the SA Dental and Medical Council, the Medicines Control Council and the Pharmacy Control Council for comment.

The councils were given a week to respond.

Dr Zuma's autocratic approach to the issue was demonstrated by the manner in which she and her department ignored the formal written submission on the proposed amendments made by the Interim National Medical and Dental Council in July, 1996.

In a submission made on May 19 this year, the council said that it "received no feedback on its submission, nor was it at any stage requested for further input. In April, 1997 the council informally obtained a copy of a draft bill".

"Council noted that in broad terms its proposals had been incorporated. However, it was concerned that it was not approached for any input or comment prior to the publication of the draft bill," the council's submission said.

Zuma 'faced pressure from all sides to back down'

Star 14/6/97 (93)

By JEAN LE MAY

Health Minister Nkosazana Zuma has backed down in the row over three controversial health bills by making substantive changes to them.

In spite of Zuma's repeated statements that she would not budge on the intentions behind the bills, our sister paper, *Saturday Argus*, has established from sources in Parliament that she withdrew the bills after pressure from within the Cabinet, from politicians (including ANC MPs) and from people with interests in the health and pharmaceutical businesses.

"It is common knowledge that Dr Zuma was told bluntly to withdraw the bills," said a source. The amended bills will now go to the Cabinet, and the whole process of consultation and parliamentary debate will start again.

Mike Ellis, Democratic Party spokesman on health, said yesterday that withdrawing the bills was "a most unusual process". It was a sign that "something very serious was happening behind the scenes", he said.

"Dr Zuma finally overstepped the mark by trying to keep total control, and by behaving in a way which was anything but democratic."

Ellis said one of most serious objections to the bill on medical, dental and supplementary health service professions was that the minister would have been given the power to override the registration provisions of the act. The effect of this was that anybody could become a health practitioner if the minister agreed.

In its submission, the Interim National Medical and Dental Council said that if this bill became law, "the act can, in essence, be done away with, since the minister, not Parliament, decides on the registration of practitioners".

The withdrawn bills are the Medical, Dental and Supplementary Health Service Professions Amendment Bill, the Medicines and Related Substances Amendment Bill, and the Pharmacy Amendment Bill. Zuma told Parliament she was withdrawing the bills and would resubmit them in a week's time. In the meantime she would look at submissions to see "if there was anything that can be taken on board".

The bills were referred back to the Interim National Medical and Dental Council, the Medicines Control Council and the Pharmacy Control Council for comment. The councils were given a week to respond.

In a joint statement, the African Christian Democratic Party, the DP, the IFP, the NP and the PAC called for fresh hearings on the amended version of the Pharmacy Amendment Bill.

Zuma's autocratic approach to the issue was demonstrated by the manner in which she and her department ignored the formal written submission on the proposed amendments made by the Interim National Medical and Dental Council in July 1996.

In a submission made on May 19 this year, the council said it had "received no feedback on its submission, nor was it at any stage requested for further input ... in April 1997, council informally obtained a copy of a draft bill ... Council noted that in broad terms its proposals had been incorporated. However, it expressed its concern that it was not approached for any input or comment prior to the publication of the draft bill."

Apart from its objections to the overriding power given to the minister, the council had other criticisms. These included:

- Proposals that regulations may be made by the minister "in consultation with the council" instead of "on the recommendations of the council". This abrogated the concept of the council as an independent body, the council claimed.
- The proposed increase from one to nine of the number of people representing the provinces on the council. This was "totally excessive" and would place a further burden on the professions in funding a 49-member council.

Sunday Times Business Times
June 15 1997

Zuma's retreat is strictly temporary

(93) (94)

THE temporary withdrawal of Health Minister Nkosazana Zuma's controversial trio of health Bills should not be seen as a retreat from restructuring the health care industry.

The Bills are already being redrafted, and they will be placed before the cabinet for approval on Wednesday. The ministry has a good idea of what it wants to amend.

The Bills deal with how medicines reach the market, aiming eventually to make them cheaper. A pharmacy Bill provides that people other than pharmacists will be able to own pharmacies, and another Bill provides for extended vocational training by doctors.

Opposition to the Bills reached a peak this week with threats of investment pull-outs by multinational companies and court action. Zuma has said the philosophy and framework behind the Bills will remain intact, although she will try to take into account the many submissions on the Bills where it seems necessary.

Among the contentious areas likely to be addressed are parallel imports of drugs. The government is not likely to give the multinational drug companies as much ground as they want. However, it will tighten up the section on the circumstances under which imported drugs will be registered by the drug authorities.

This section also worried the Medicines Control Council, which wants to be able to reassure the public that drugs available in South Africa are safe and effective.

The international trade lobby which vigorously opposed the Bills may have found a willing ear in some of Zuma's cabinet colleagues, such as Trade and Industry Minister Alec Irwin or Finance Minister Trevor Manual.

Opposition to vocational training is profound and may in the end cause more trouble than the exercise was worth.

ST (BT) 15/6/97

24 doctors warned of exposure

CT 17/6/97 (93)

AT least 24 doctors have been warned by the Truth and Reconciliation Commission that they may be implicated in gross human rights abuses, at its two-day hearing this week on the medical profession's role during apartheid years.

Some of the doctors are named in a 200-page submission by the Health and Human Rights Project, (HHRP) a joint initiative of the department of community health at the University of Cape Town and Cape Town's trauma centre for victims of violence and torture.

The submission, one of 20 to be presented by various health organisations at the hearing, is a damning indictment of the medical profession's failure to protest against apartheid policies and to provide adequate treatment and protection to patients under their care.

It contradicts the notion that doctors who colluded with security forces in human rights abuses were just "a few bad apples".

"To date the TRC has heard only 28 cases of alleged complicity of medical doctors with the security forces in human rights violations," Dr Leslie London of UCT medical school, and a member of HHRP, told a media briefing yesterday.

"We believe that this is only the tip of the iceberg, and that there are many hundreds of cases of violations that need to be investigated.

"We want to make very clear our position that these abuses were not isolated events involving a few 'bad apples'. Rather, these abuses arose in a context in which the entire fabric of the health sector was permeated by apartheid."

Health professionals had covered up the torture of detainees by security forces, placed security interests above those of patients, issued false medical certificates, failed to record evidence of torture and provided inadequate medical treatment to detainees.

"In almost all the cases, it appears that perpetrators have not been held accountable, and some are still enjoying the benefits of state service," London said.

The HHRP submission also looks at the role of military health personnel in the torture of prisoners, the development of a biological warfare programme and in practices such as aversion therapy for gay soldiers.

It also recommends a focus on district surgeons.

London also called on the Truth Commission to investigate Dr Lothar Neethling, former chief state forensic scientist in Pretoria, and in particular any evidence linking him to the poisoning of political activists.

London singled out the Medical Association of SA (Masa) and the SA Medical and Dental Council (SAMDC) for particular criticism — Masa for its "anti-human rights culture" and the SAMDC for failure to act on human rights abuses in which medical professionals were involved.

The health hearing gets under way in Cape Town today. — Sapa

Role of medical community to be dissected at TRC hearing

Star 16/6/97 (93)

STAFF REPORTER AND SAPA

The medical community will tomorrow make submissions on the role played by doctors during the apartheid era, at a hearing of the Truth and Reconciliation Commission.

Amnesty International, the British Medical Association, Physicians for Human Rights and the World Mental Health Federation will be among those attending the TRC's two-day hearings in Cape Town.

Among the submissions scheduled for the first day are those of a military medic who served on the "border" for 13 months, case studies on detainees by the Health and Human-Rights Project, and evidence by forensic scientist Dr David Klatzow on the manipulation of forensic evidence.

Professor Peter Folb, head of the pharmacology department at the University of Cape Town and also head of the Medicines Control Council, is to make a submission on the death of Steve Biko.

Also to be heard are submissions on the experience of black students at academic institutions; a submission by Dr Leslie London of UCT's department of community health on systemic abuse in institutions; and a submission by Dr Janet Giddy of McCord Hospital in KwaZulu Natal on abuse in rural private practices.

Later, health organisations such as the Interim National Medical and Dental Council, the Medical Association of South Africa and the South African Medical Service will be presenting their submissions.

On the second day, submissions will be heard from various medical schools, the American Association for the Advancement of Science, the Democratic Nursing Organisation of South Africa and two organisations active at the time – the National Medical and Dental Association, and the Organisation for Appropriate Social Services in South Africa.

These are some of the more than 40 submissions from individuals, institutions and organisations which flooded the TRC offices, according to commissioner Dr Wendy Orr.

Orr, who is facilitating the hearings for the TRC, said all submissions would be used to enrich and inform the TRC's final report, even if they were not heard in public.

The hearings are the first in a series on the role of various professions during the apartheid years. Similar hearings on the media, judiciary and prisons are also scheduled.

The aim is to compile as complete a picture as possible of past abuses, and to make recommendations on how they can be avoided in future.

SA army psychiatrist 'shocked, tortured gay men'

BD 17/6/97 (93) (252)

Linda Ensor

CAPE TOWN — A military psychiatrist whose task was to "reprogramme" gay men in the army was one of 35 medical doctors who would be identified during truth commission hearings today and tomorrow on the role of health professionals in human rights violations.

A commission spokesman confirmed that 35 medical doctors had been given advance notice they would be named.

Dr Aubrey Levine and possibly others "were involved in what can only in reality be called the torture of gay men in the military", said a 200-page submission by the Health and Human Rights Project released to the media. The submission contained countless examples of the participation of district surgeons and doctors in the torture of detainees.

It said that in the 1970s homosexuals in the army would be given shock treatment while being shown pictures of naked men. When the pain became unbearable and the treatment stopped, they would be shown pictures of naked women whom Dr Levine would describe in "glowing and positive terms". "This process would be repeated three times in a single session. Sessions were held twice a day for three to four days. The practice of aversion therapy among gay conscripts appeared to stop when Levine left the hospital."

Levine was accused also of devising brutal methods for the treatment of drug users. The project stressed, however, that he and other doctors could not be dismissed simply as a few "bad apples" in an otherwise reputable system. Rather, they were part of an entire health system which devalued human rights.

By limiting itself to examining gross human rights violations, and excluding the context within which they occurred, the commission neglected the countless serious injustices which the system made possible.

Scientific medical discourse under apartheid justified the use of racist terminology, while professional organisations failed to distance themselves from the system. "These organisations covered up abuses, acted as apologists for government policies and actively vilified colleagues who were prepared to stand up for justice and human rights," said the submission.

"We have little doubt that if the organised health professions had sent a stronger message to doctors, the history of complicity by health professionals in human rights violations in SA would be a very different story today."

Even now, professional organisations and individual health workers were suffering from a "selective amnesia" about past human rights abuses. Many of the abusers still held health sector senior positions.

The project, sponsored jointly by the Trauma Centre for Victims of Violence and Torture and the University of Cape Town Medical School's department of community health, called on the commission to hold an independent investigation into the complicity of health professionals in human rights violations.

Investigations should be conducted into the role of district surgeons in facilitating and covering up the torture of detainees; the role of forensic pathologists in covering up deaths in police custody as a result of police action; and the role of military doctors in treating civilians and captured guerrillas during the Namibian and Angolan wars. The submission quoted the example of Amos Dyanti, a Worcestor civil leader tortured by the security police in 1985. Dyanti accused a local doctor of advising police to smear his nose with porridge so that if he died during interrogation, they could say his death was caused by the aspiration of food during an epileptic seizure.

The project recommended that a legally binding code of conduct for health professionals should be adopted which prohibited participation in human rights violations.

The Star ... Tuesday June 17 1997

Health sector's role under apartheid to be examined

star 17/6/97 (93)

Call for independent probe, as submissions to TRC seen as tip of iceberg

Own Correspondent and Sapa
Cape Town

At least 35 doctors and other professional health workers have been officially notified that they will be implicated in, or mentioned in connection with, alleged gross human-rights abuses during testimony to the Truth and Reconciliation Commission.

This figure replaced the earlier figure of 24, commission spokesman Christelle Terblanche said yesterday.

The commission is holding a two-day hearing at its head office in Adderley Street today and tomorrow into the role of the health sector from March 1960 to May 1994, and will hear from at least 20 individuals and professional organisations.

Among those who will be named are Lothar Neethling, the former head of the police forensic laboratory in Pretoria, who was accused by former Vlakplaas commander and convicted murderer Dirk Coetzee of having supplied him with poison.

Sued ... Max du Preez.

Neethling sued the news-paper Vrye Weekblad, edited by Max du Preez, for damages when it reported Coetzee's allegations. The Supreme Court ruled in favour of the newspaper, but Neethling won when he took the case to the Appeal Court.

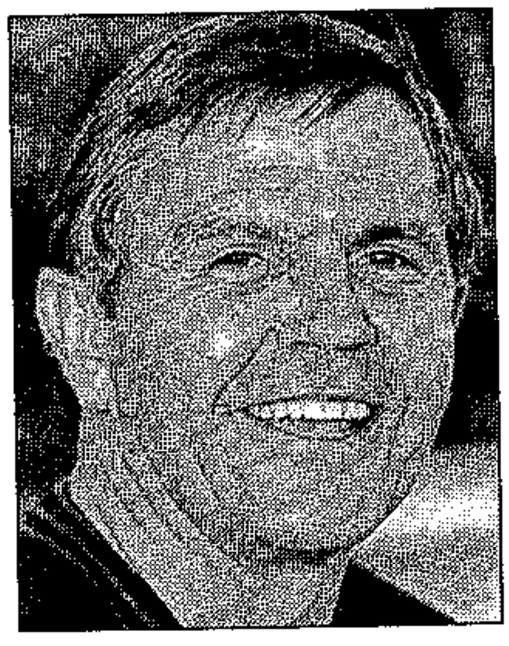
Another doctor who will be named is Aubrey Levine, a military psychiatrist who is alleged to have used aversion therapy and other techniques described as "torture" in trying to "re-programme" gay conscripts.

Both Neethling and Levine are named in a submission by the Health and Human Rights Project.

Spokesman Leslie London of the University of Cape Town's medical school said the role of medical doctors and other health professionals in human-rights abuses during the apartheid era should be the subject of an independent investigation.

"To date, the Truth Commission has heard only about 40 cases of alleged complicity of medical doctors with the security forces in human-rights violations. We believe this is only the tip of the iceberg."

The project believed that abuses were not committed by only a handful of "bad apples", Dr London said.



Accuser... Dirk Coetzee.

The project is calling on the Truth Commission to re-open investigations into among, other issues:

- The role of district surgeons in facilitating the torture of detainees and refusing adequate health care to political prisoners.
- The role of forensic pathologists in covering up deaths in custody.
- The role of military doctors in treating civilians and captured guerrillas during the bush wars.

Health department 'cowed doctors'

BD 18/6/97 (93)

Dianna Games

CAPE TOWN — Members of the Medical Association of SA (Masa) had privately conceded that threats by the national health department influenced their decision not to investigate doctors implicated in the death in detention of activist Steven Biko, Prof Peter Folb, of Cape Town University's pharmacology department, said yesterday.

Folb was giving evidence at the truth commission hearings into the health sector. He said he had heard from several Masa members that they were told not to cast doubt publicly on the competence of district surgeons and the health service.

The hearing into Biko's death was delayed briefly yesterday to allow for the arrival of his brother Khaya and wife Ntsiki. They were warmly greeted by commission chairman Desmond Tutu and commissioner Wendy Orr.

Folb apologised to the Biko family for the behaviour of his colleagues and gave an undertaking that the ethical and human issues the case had raised would be addressed and corrected.

He said the incident had provided a unique insight into what happened to people in detention during the apartheid era. "The story was repeated many times," he said.

His submission chronicled the events surrounding Biko's death in a Pretoria prison cell in September 1977, six hours after he had been driven more than 1 000km from prison in Port Elizabeth handcuffed and naked in the back of a truck. He had suffered brain damage and head trauma, among other things.

Folb said that before his transfer to Pretoria, Biko had been examined repeatedly by district surgeons while he lay on a mat manacled to a metal grill. He said the medical certificate written at the request of the security police and the medical record had been falsified.

Biko had undergone tests at a hospital which found evidence of severe brain injury, but the doctors approved Biko's return to his police cell, where he stayed until his collapse on September 11.

The doctors accepted also the police's refusal to transfer him to hospital and the decision to transfer him to Pretoria, Folb said.

An inquest magistrate found there was a prima facie case of professional misconduct and/or negligence against Ivor Lang and Benjamin Tucker, the district surgeons who examined Biko. The finding was referred to the SA Medical and Dental Council, which took more than two years to respond.

A preliminary probe found the doctors had no case to answer, a decision ratified by the full council. Masa endorsed the council decision and said those who rejected the findings were politically motivated, Folb said.

Finally, in 1985, after a group of doctors had brought a court action, the council launched a proper inquiry into the Biko death. The doctors were found guilty of disgraceful conduct. Tucker was suspended for three months, which was then suspended for two years. Lang was cautioned and reprimanded.

Folb said that at the time, the medical profession had been hostile to attempts to expose discrimination, and had accepted government and police interference.

He asked if the Biko case was an "abberation in an otherwise proud if not excellent profession — or was it inevitable? The truth was that it was the latter."

Sapa reports that community doctor Mark Bletcher described to the commission how health workers at some Cape Town hospitals colluded with police at the height of apartheid.

Bletcher, who worked at the community clinic in Crossroads at the height of state repression in the mid-1980s, described how victims of police shootings often refused to be referred to state hospitals for fear of being arrested. In one hospital, which he did not name, health workers allowed an entire ward of patients to be placed under police guard.

At another unnamed hospital, names of patients referred for treatment for gunshot wounds were underlined in red in the hospital admissions book. Staff at the hospital had said this was to inform police, Bletcher said. In another hospital, he was aware of two patients who were arrested by police.

Medical body admits 'apathy' over Biko

BD 18/6/97 (93)

Dianna Games

CAPE TOWN — The SA Medical and Dental Council, which came under fire for its passive role in the death of activist Steve Biko in detention in 1977, admitted yesterday it could have done more in treating detainees.

In its submission to the truth commission's special hearings into the medical profession, former president Dr Len Becker said the council had set up an ad hoc committee only in 1985 to investigate legislation relating to the medical treatment of detainees.

Explaining the council's "apathy" at the time of the Biko case, when it decided not to act against doctors implicated in the activist's death, he said there had been no state involvement. The situation could probably be attributed to the "milieu in which it (the council) functioned".

A proper council inquiry instituted after a court action brought by six doctors to force the council's hand took place in 1985. At this Dr Ivor Lang was found guilty of improper conduct and Dr Benjamin Tucker guilty of disgraceful conduct. Asked how such contrary findings were possible by the same body, Becker said the second finding was made by a new council, as members served only five-year terms and new evidence had been presented.

Becker said an application for amnesty by a doctor accused of violating human rights would serve only as a mitigating factor in the event of a disciplinary inquiry by the council.

Earlier, Frances Ames, one of the doctors who brought the Biko court application, said that before the Biko case she had abdicated responsibility for ethics to the council. However, the council had done nothing to correct the impression that district surgeons felt their main responsibility was not to their patients but to the security police. She felt action had to be taken to correct the ambiguity of their role.

Bringing the court action also showed her that it seemed more important for the medical profession to close ranks than to protect patients.

See Page 4

Senior doctor apologises to Biko's family

Star 18/6/97 (93)

TRC told that two major organisations ignored professional and medical ethics

By Janine Simon
Cape Town

A leading doctor has apologised before the Truth and Reconciliation Commission to the Biko family on behalf of all doctors for the role of the medical profession during apartheid.

Professor Peter Folb, head of the University of Cape Town's department of pharmacology, told Steve Biko's widow Ntsiki and brother Khaya that he apologised "on behalf of myself and all doctors who would associate with my apology".

Speaking on the first day of the TRC's health-sector hearings, Folb said the record was clear that the doctors responsible for Biko's medical care, and the subsequent response of the South African Medical and Dental Council (SAMDC) and the Medical Association of South Africa (Masa), held scant regard for doctors' clinical independence and fundamental role in alleviating distress.

Biko was detained on August 19 1977 and died on September 12, lying on a mat on a stone floor in Pretoria Central prison after been driven naked in the back of a Land Rover from Port Elizabeth.

Folb said Masa had disregarded prima facie evidence of falsification of a medical certificate and callous medical treatment, and attributed public opposition to its decision as politically motivated.

Doctors were summoned nine times in three days to examine Biko. On one occasion, Dr Ivor Lang examined Biko while he was lying on a mat and manacled to a metal grille in a security police office.

He found evidence of lacerations on the upper lip, bruises, swollen feet and hands, and slurred speech. Yet when asked for a medical certificate, Lang wrote: "I have found no evidence of any abnormality or pathology on the patient."

Folb said the SAMDC twice refused to consider issues pertaining to the medical treatment, and reversed its position only on instruction of the Supreme Court in 1985.

In its submission yesterday the SAMDC said "honest processes" and not undue pressures were behind its contradictory actions.

As the statutory body charged with controlling standards and promoting the health of the population, it first took no action at all against the doctors implicated in Biko's death, and then after the 1985 hearing handed down the most severe sentence possible.

Former SAMDC president Dr Len Bekker said its inability to respond to complaints of deaths of detainees since Biko's death was a "weakness". It had concentrated on training and registration, but should have been more aware, he said.

Nurses told to say nothing as patients 'tortured' by police

University neurologist 'shamed' into testifying

JOHN YELD

ON THE TRUTH COMMISSION

Hospital authorities ordered nursing staff at Livingstone Hospital in Port Elizabeth not to obstruct the security branch and police and not to talk, even if they saw patients being tortured, nurse Betty Ncanywa has told the Truth Commission's health sector hearing.

Testifying on the first day of the two-day hearing at the commission's Adderley Street offices yesterday, Ms Ncanywa said some injured patients had been arrested by police and taken from the casualty section before being treated.

Wiping tears from her eyes, she said her own brother had been brought in with a bullet wound. She had seen some of the doctors who worked at the hospital with guns sitting in police Casspirs.

"One arrived in his boots at work, and he was so rude to the patients, I confronted him, saying: 'Was it you I saw in the Cassspir?', but he didn't answer me," she said.

■ Retired University of Cape Town neurologist Frances Ames, one of six doctors who obtained a Supreme Court order forcing the former South African Medical and Dental Council to take disciplinary action against the doctors called to examine Black Consciousness leader Steve Biko in police custody before his death, said she had been "pushed and shamed into this action" by her students.

She had been surprised by the attitude of some of her senior colleagues, who had argued that it was unethical to "crucify our colleagues".

She believed Mr Biko's death had damaged the South African medical profession "profoundly", and added: "My main memory was of the extent of submissiveness to the authorities."

■ A black woman detainee who was severely mentally stressed after being kept for many months in solitary confinement in the mid 1980s was diagnosed by a senior district surgeon as suffering from "Bantu hysteria", Truth Commissioner Wendy Orr said.

■ And general practitioner Dr Ahmed Moosa said at yesterday's hearing that "non-white" doctors at the University of Cape Town's medical school in the late 1950s and early 1960s were not allowed to work in white maternity wards during obstetrics training, and could do post mortems only on black bodies.

He also said that if there were any interesting pathologies in white bodies that the medical students needed to be shown, these corpses were first viscerated (cut up) by morgue staff and only the affected organs shown the students, so that they did not view the entire corpses.

■ The death of Steve Biko in 1977 was used by police as a form of mental torture, consultant psychiatrist Solly Ratemane said. Like Mr Biko, he had been a medical student at Natal University, then the only black medical faculty in South Africa.

Also like Mr Biko, he had been arrested and held in solitary confinement.

"A colonel came into my very small cell and said: 'Do you know your leader is dead? We killed him'. His death was used to torture us in detention," Dr Ratemane said.

"Some will find it difficult to forgive the University of Natal for its complicity in driving away Africans," he added.

■ State pathologists repeatedly did not give impartial and honest forensic evidence under oath - in the "Guguletu Seven", the Ashley Kriel and other inquests, expert forensic scientist David Klatzow told the hearing.

"They may have acted stupidly, ignorantly or dishonestly, but underlying all these failings there is a dark, evil and malignant thread that runs through all the evidence.

"The state line was always favoured to the exclusion of all other evidence," said Dr Klatzow.

LEON MÜLLER

Painful past: Ntsiki Biko listens to testimony at the TRC's health sector hearings yesterday

AAG 18/6/97 (93)

Masa says it 'stands disgraced' for allowing discriminatory treatment

The Medical Association of South Africa (Masa) has admitted at the Truth Commission health sector hearing that it allowed black and white people to be treated differently and that it stands disgraced for this "human rights violation".

It also acknowledged that its previous leadership probably had close links with the Government and the security police through the Broederbond, although it did not have proof of this.

In its 100-page submission today, described as "forthright, frank and open", Masa said it had not escaped deeply ingrained discrimatory attitudes that had permeated South African society and that it had caused harm, "albeit unintentionally".

"Masa was so wrapped up in its white male, elitist, educated, professional world, as individuals and as a collective organisation, and as part of a broader society from which doctors were drawn, that it failed to see the need to treat all people as equal human beings."

Masa is a voluntary association of about 14 000 doctors. Its submission was presented by Bernard Mandell, chairman of Masa's federal council, and council member Edoo Barker.

Masa was strongly criticised in the 1980s for supporting the initial decision of the statutory South African Medical and Dental Council not to discipline doctors involved in treating Black Consciousness leader Steve Biko, who died in detention in 1977.

Dr Barker said about two-thirds of Masa members had not even qualified at the time of Mr Biko's death, but the association had now taken responsibility for exploring its "darker history".

"The present membership recognises that the history which it has inherited requires full exploration and disclosure," he told the commission.

Nurses told to say nothing as patients 'tortured' by police

University neurologist 'shamed' into testifying

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LEON MÜLLER

Painful past: Ntsiki Biko listens to testimony at the TRC's health sector hearings yesterday

'Diabetic refused treatment, left to die in detention'

(258) (93)

MS ELDA BANI, a 58-year-old diabetic from the Eastern Cape, was refused medical treatment while in detention and left unconscious until her death in 1987, the Truth and Reconciliation Commission heard yesterday.

The Health and Human Rights Project (HHRP) told the commission of 100 cases of detainees ill-treated by doctors, nurses and psychologists while detained in terms of apartheid security legislation.

Two of Bani's cellmates, Eastern Cape MPL Ms Ivy Gcina and housewife Mrs Sheila Lizani, described how they tried in vain to get medical treatment and a special diabetic diet for Bani.

They spoke of Bani's humiliation as she failed to control her bowel movements and how on one occasion she returned to their cell with a bloodied prison gown and bruised back.

Prison officials said she had been taken to hospital, but Gcina said she believed Bani was taken to a single cell and beaten by police instead. When Bani went into a coma she was removed by prison officials. Her cellmates were later informed of her death, Gcina said.

HHRP submission co-ordinator Ms Nomfunda Walaza said the case was remarkable "because of the absolute intransigence of the authorities to provide adequate medical care for Elda Bani ... and because her death was probably preventable".

The HHRP suggested that the TRC propose that statutory councils adopt new, enforceable codes of conduct for health professionals working in prisons and police stations "so that we can ensure that Elda Bani's death in detention was not in vain". — Sapa

CT 18/6/97

Zuma's revised bills before cabinet again

CT 18/6/97

(93)

CAROL CAMPBELL
HEALTH WRITER

THE cabinet meets today to discuss the three controversial health bills that were withdrawn unexpectedly by Health Minister Dr Nkosazana Zuma last week.

Zuma withdrew the legislation after two days of public hearings in Cape Town in which major players in the pharmaceutical industry, pharmacists and medical students vociferously protested that she was "rushing" public input into laws that would change the face of South African medicine.

The amended bills were handed back to the cabinet on Friday prompting speculation that the changes were "purely technical".

But Zuma is believed to have reworded the sections that would have given her power over the Medicines Control Council, the Pharmacy Council and the Interim Medical and Dental Council (soon to be called the Health Professions Council).

The old wording gave the minister the final say in all decisions relating to health, but the new wording should say she will only be able to make decisions "in consultation with" these councils.

Medical students probably still face two years of "community service" before they graduate, but yesterday the director general of health, Dr Olive Shisana, said they would know "very soon" what would be expected of them in future.

"I cannot give you details of the changes until the cabinet has seen the legislation," she said.

Zuma also stressed, when she withdrew the bills, that the principleswould not change.

If the cabinet is happy with the revamped bills they will be tabled in Parliament tomorrow.

But even if the bills are dealt with quickly they will be put on the back-burner until August because Parliament goes into a six-week recess on Friday.

The bills which were withdrawn by Zuma in a surprise move last week are:

- The Medicines and Related Substances Amendment Bill, which will enable Zuma to import cheap medicine for use in public hospitals and encourages the use of generic medicines.
- The Pharmacy Amendment Bill, which will lead to the deregulation of pharmacies so that businessmen can provide pharmacy services into rural areas.
- The Medical, Dental and Supplementary Health Services Professions Bill, which could force medical students to do two years of community service.

WILL CONSULT: Nkosazana Zuma

Zuma plan for medics fails to impress Bengu

Star 19/6/97 (93)

OWN CORRESPONDENT
Cape Town

Education Minister Sibusiso Bengu posed a challenge to his ANC colleague, Health Minister Nkosazana Zuma, yesterday when he spoke out against adding extra years to a student's education for "vocational training".

Extra years on a degree would not improve the quality of a qualification. Instead the course curriculum had to be updated and improved to meet the needs of the new South Africa, he said.

By voicing his disapproval, Bengu undermined a drive by Zuma to extend the training of medical students by two years so that they could work for the state in understaffed clinics and hospitals in rural areas and townships.

"The position of the education department is clear and well known. If there is a problem, and the quality of students needs to be improved, then change the learning methods and programmes. I don't think an extension of the course is a viable option," Bengu said.

He said he would discuss the issue in greater depth in the Cabinet.

Three controversial health bills, withdrawn from Parliament by Zuma last week, were due to be discussed again by the Cabinet, which met yesterday.

One of the bills was the Medical, Dental and Supplementary Health Services Professions Bill, which suggests that medical students do two extra years of community service/vocational training. This means a doctors' training could last as long as nine years.

Zuma withdrew the legislation last week after a public outcry that she was rushing legislation which would fundamentally change health care in South Africa. At the time Zuma said the main principles of the legislation would not change.

Now the question of which of the two ministers' opinion will hold sway is waiting to be answered. Do medical schools report to Zuma, whose department funds academic hospitals, or to Bengu, whose department funds universities?

Bengu's poor opinion of "extended" vocational training is understood to represent a growing feeling in the ANC.

Health department apologises for complicity with security apparatus

(93) BD 19/6/97

Dianna Games

CAPE TOWN — The department of health yesterday delivered a damning submission to the truth commission in which it admitted serious ethical and professional violations and complicity with the security apparatus of the past government.

The submission, delivered by deputy director-general Dr Harm Pretorius, who also served under the old dispensation, was read to the special truth commission sitting on the health sector.

"In terms of human suffering, this department has much to answer for and much to apologise for. Rather than allowing health to be the driving force of its policies, it concentrated most of its efforts and resources on only part of the population in line with the political objectives of the apartheid state.

It apologised:

- To those discriminated against by the lack of health services which resulted from inequitable, racist allocations of resources;
- To detainees and their families who received inadequate health care or who were abused by department officials;
- To activists who were not protected by the department and who might have died or been permanently injured as a result;
- To patients "violated" in psychiatric institutions;
- To people who suffered as a result of emergency services operated on racial lines;
- To practitioners who were discriminated against in terms of training, salaries, facilities and for acting against apartheid; and
- For not supporting those who objected to torture and other abuses of medical ethics, and for not taking actions to ensure such abuses did not occur.

It said as the employer of district surgeons, the department had to bear some responsibility for the fact that many of them became accomplices to actions leading to unnecessary illness and even death.

While it had no evidence that doctors were actively involved in torture, they did not expose torture when it was clear it had occurred. The department had also not ensured that detainees' health was protected.

In some cases, the health department, by not acting, had collaborated with police against the interests of patients and had allowed the professional integrity of its employees to be violated.

It also admitted to using its "so called family planning services" to control the size of the black population and to manipulating information to give distorted or inaccurate perceptions of health care in SA.

Meanwhile, the Medical Association of SA (Masa) said its complacency during the apartheid era had allowed blacks and whites to be treated differently, a form of human rights violation for which it stood disgraced.

In its submission to the truth commission, hearing Masa said it had also tended to close ranks to protect other doctors, choosing professional self-interest over support for human rights development.

"In trying to remain 'neutral' we recognise that Masa actually served to maintain the status quo," it said.

"While we have not yet heard of doctors who actually committed acts of killing, torture or abduction, we have long heard of doctors who helped the perpetrators get away with it by remaining silent or even assisting them," it said.

The organisation printed an unconditional apology for its past wrongs in the SA Medical Journal in 1995.

However, commissioner Dr Wendy Orr said it was too easy to issue a general apology. "Masa should make individual and personal apologies to those who it vilified and failed to support during those years," she said.

Masa federal council member Dr Edoo Barker told the commission: "Masa was always without doubt a part of the white establishment in SA, and for the most part shared with world view and political beliefs of that establishment. Inescapably it also shared the misdeeds and sins for which the white establishment was responsible."

Barker said Steve Biko's death and the circumstances surrounding it, "in which members of the medical profession were so clearly and shockingly involved", rocked its complacency about human rights and forced it to begin examining the ethics and morality of its actions.

Masa had supported the initial finding of the SA Medical and Dental Council that no action be taken against the doctors implicated in Biko's death, mounting a nationwide propaganda campaign to ensure the membership followed its lead in the matter.

Masa had also failed to take a stand against segregated medical facilities, its submission said. and it only ruled in 1994 that it was unethical to segregate waiting rooms on a racial basis. Sapa reports that this was five years after the Separate Amenities Act was scrapped.

Meanwhile, the now defunct SA Nursing Council — the regulatory body for the nursing profession under apartheid — apologised unreservedly for undermining human rights "from time to time", saying it had been influenced by the then government's apartheid policies.

Health Dept accepts blame for deaths

Cape Town – The Department of Health admitted to the Truth and Reconciliation Commission yesterday that its policies under apartheid had had devastating effects on millions of South Africans, causing ill health and many unnecessary deaths.

Presenting the department's submission to the TRC in Cape Town, deputy director-general Dr Harm Pretorius acknowledged it had put political considerations above health care.

"This had devastating effects on the health of millions ... the department acted as part of the apartheid apparatus, leading to much ill health and unnecessary deaths," he said.

"In terms of human suffering this department has much to answer for and much to apologise for."

The department's admission followed two days of testimony from health organisations on the role of medical professionals during the apartheid years.

The TRC heard that doctors accepted interference in their professional duties by the state and turned a blind eye to the torture and ill treatment of political detainees.

In its submission, the Medical Association of South Africa admitted complacency in opposing apartheid, and closing ranks to protect doctors implicated in human-rights abuses.

After the death of Black Consciousness leader Steve Biko in detention in 1977, Masa refused to investigate the two doctors implicated in his death.

Presenting Masa's submission, Dr Edoo Barker described the Biko case as a sad and disgraceful episode in Masa's history.

He said the Masa federal council at the time believed that if the Biko doctors were found guilty it would create a furore for the government and the security police. As a result it had to be damped down as effectively as possible.

Masa acknowledged it had practised racial discrimination by allowing black and white patients to be treated differently, a human rights violation for which it stood disgraced.

In its submission, the Department of Health said its allocation of resources was skewed, with four times more spent on health care for whites (R451 per person) than on blacks (R115 per person).

"The allocation of inequitable resources is probably the single most important factor for which the department can be held responsible for past illness and death."

The department said people wounded in clashes with the police were often arrested when they went to state hospitals for treatment.

"As a result of this many people refused to go to the health services for treatment ... it is highly likely that a number of people may well have died, rather than risking going to hospitals and possible detention."

By not acting against such practices, the department had effectively collaborated with the police, thereby allowing political objectives to override medical ethics.

The department also admitted manipulating data on health care for propaganda reasons and to promote South Africa's standing in the world. – Sapa.

Star 19/6/97

(93) (~~352~~)

MINISTERS DIFFER ON DOCTORS' TRAINING

Bengu's challenge to Zuma

CT

NKOSAZANA Zuma's three controversial health bills are believed to have been given the thumbs up by cabinet yesterday and are scheduled to be tabled in Parliament today before the five-week recess. Health Writer **CAROL CAMPBELL** reports.

EDUCATION Minister Dr Sibusiso Bengu posed a challenge to his ANC colleague, Health Minister Dr Nkosazana Zuma, yesterday when he spoke out against adding extra years to a student's education for "vocational training".

Extra years on a degree would not improve the quality of a qualification, but instead the course curriculum had to be updated and improved to meet the needs of the new South Africa, he said.

By voicing his disapproval Bengu undermined a drive by Zuma to extend the training of medical students by two years so that they could work for the state in understaffed clinics and hospitals in rural areas and townships. Bengu's sentiments are believed to represent a growing feeling in the ANC on the issue.

"The position of the education department is clear and well known. If there is a problem, and the quality of students needs to be improved, then change the learning methods and programmes. I don't think an extension of the course is a viable option," he said.

He said he would discuss the issue in greater depth at yesterday's cabinet meeting. Three controversial health bills, withdrawn from Parliament by Zuma last week, were due to be discussed by the cabinet in the meeting.

One of the three was the Medical, Dental and Supplementary Health Services Professions Bill, which suggests that medical students do two extra years of community service/vocational training. This means a doctors' training could last as long as nine years.

Zuma withdrew the proposed legislation last week after a public outcry that she was rushing fundamental changes to health care.

At the time she said the main principles of the legislation would not change.

Now the question of which ministers' opinion will hold sway is waiting to be answered.

Do medical schools report to Zuma, whose department funds academic hospitals, or Bengu whose department funds universities?

Mr Lincoln Mali, a spokesman for Bengu said it was a "joint effort".

But Bengu's low opinion of "extended" vocational training is understood to represent a growing feeling in the ANC, that adding to a university course to force students into rural areas and the townships, will not resolve the skills shortage in these areas.

Rather the existing higher education courses, for all professions, like law, engineering, accounting, architecture have to be restructured to include vocational training in disadvantaged communities. The length of the courses though would remain unchanged.

The immediate problem facing Zuma, if she pushes ahead with her plan to make doctors "study" for another two years before qualifying, will be the shortage of trainers in far-flung areas.

There is talk that general practitioners living in areas like Eshowe, Queenstown or Mogwase will be asked to spend a certain number of hours every day supervising trainee doctors doing their vocational training in the area.

Also, residential facilities for medical students in many of these towns do not exist and will have to be built or upgraded at great cost to the state.

Medical students will have to be paid — probably on the same salary as a medical officer, which is about R100 000 a year.

Zuma's three controversial bills (one dealing with medicines, another with pharmacies and the third with medical professions) are believed to have been given the thumbs up by cabinet yesterday.

They are scheduled to be tabled in Parliament today before the five-week recess so that public hearings on the new legislation can be held when Parliament is back.

Zuma will announce to the public today exactly what her plans for the legislation entail.

'MEDICAL BODY 'CLOSED RANKS'

State health policy 'devastating'

CT 19/6/97 (93)

THE MEDICAL Association of South Africa yesterday admitted complacency in opposing apartheid, and closing ranks to protect doctors implicated in human rights abuses.

THE Department of Health yesterday admitted to the Truth and Reconciliation Commission that its policies under apartheid had devastating effects on millions of South Africans, causing ill-health and unnecessary deaths.

Presenting the department's submission to the TRC in Cape Town, deputy director-general Dr Harm Pretorius acknowledged it had put political considerations above health care.

"This had devastating effects on the health of millions of South Africans ... The department acted as part of the apartheid apparatus, leading to much ill-health and unnecessary deaths," he said.

"In terms of human suffering this department has much to answer for, and much to apologise for."

The admission followed two days of testimony from health organisations on the role of medical professionals during the apartheid years.

The TRC heard that doctors accepted interference in their professional duties by the state and turned a blind eye to the torture and ill-treatment of political detainees.

In its submission, the Medical Association of South Africa (Masa) yesterday admitted complacency in opposing apartheid, and closing ranks to protect doctors implicated in human rights abuses.

Masa conceded it had practised racial discrimination by allowing black and white patients to be treated differently — a human rights violation for which it stood disgraced.

Presenting Masa's submission to the TRC's health hearings in Cape Town, Dr Edoo Barker said Masa members had been perpetrators and victims of human rights abuses.

"Masa was always part of the white establishment and it shared the political beliefs of that establishment," Barker, a federal council member, said.

"It also shared in the misdeeds and the sins for which the white establishment was responsible. Masa was quite comfortable with the status quo. It reacted to any criticism ... as the work of enemies of the state."

According to Masa's written submission, the association only took a policy decision on the desegregation of doctors' waiting rooms in 1994 — five years after the government scrapped the Separate Amenities Act.

Masa said segregated waiting rooms existed before apartheid became institutionalised.

"They were not forced upon the medical profession by the imposition of legislation, but racial discrimination was always inherent within society and within the medical profession."

The submission said the association chose professional self-interest over and above support for human rights development.

"In trying to remain 'neutral' we recognise that Masa actually served to maintain the status quo. Masa did not adequately pursue human rights violations within the medico-political context."

Masa also closed ranks to protect doctors accused of human rights violations. After the death of black consciousness leader Steve Biko in detention in 1977, Masa refused to investigate the two doctors implicated in his death.

In its submission, the Department of Health said its allocation of resources was skewed, with four times more spent on health care for whites (R451 per person) than for blacks (R115 per person).

"The allocation of inequitable resources is probably the single most important factor for which the department can be held responsible for past illness and death."

However, the department also failed to launch its own investigation into the health care of detainees in spite of numerous reports of torture in the media and in court cases.

Its failure to provide proper protection to patients at state hospitals was also highlighted. It said people wounded in clashes with the police were often arrested when they went to state hospitals for treatment.

"As a result of this many people refused to go to the health services for treatment ... it is highly likely that a number of people may well have died, rather than risking going to hospitals and possible detention."

By not acting against such practices, the department had effectively collaborated with the police services, thereby allowing political objectives to override medical ethics.

It also admitted manipulating data on health care for propaganda reasons and to promote SA's standing in the world. — Sapa

Doctors accused of 'silent complicity' in torture

Blind eye turned to detainees' problems

ARG 19/6/97 (97)

Medical negligence by district surgeons was an important contributing factor in some of the 70-plus deaths of political detainees from 1960 to 1990, the American Association for the Advancement of Science told the Truth Commission.

The association, the world's largest federation of medical, scientific and engineering organisations, with 143 000 members, did two studies on South African health and human rights issues in 1987 and 1989.

It said yesterday that although district surgeons had not generally actively taken part in torture, they had rarely spoken out against inhumane practices.

"The district surgeons' silent complicity worsened the problems toward which they turned blind eyes. By overlooking the medical evidence of torture, district surgeons contributed to the myth that the government cared for those in prison," the association said.

"Fundamentally, district surgeons failed to honour the responsibilities that they had to their detainee patients under international and South African law.

"Despite the fact that these physicians were in a unique position to help their patients, they failed to do so."

■ The Truth Commission should ask the Department of Justice for records of amounts paid to psychiatrists who bragged to their colleagues how much they had earned while testifying for the State in trials against political detainees.

This was a suggestion by Michael Simpson, a psychiatry professor and human rights specialist, during the commission's health sector hearings yesterday.

Professor Simpson said the amounts these psychiatrists had boasted about were "astonishing". "Like Faust, I would like to know what the cost of a doctor's soul is," he said.

He also told the hearing that he had been the medical director at a nonracial Durban hospice when a senior government health official had phoned and accused him of allowing blacks to live in a whites-only area.

"This will have to stop," the official had told him. Professor Simpson said he had choked back his anger and asked, because it was a hospice, what law specified where black people were forbidden to die.

"There was a long silence and a rustling of papers and he eventually grumpily admitted he couldn't think of any."

■ Nurses in rural KwaZulu Natal complained that general practitioners in the area re-used hypodermic needles "until they were blunt", Dr Janet Giddy told the hearing.

Dr Giddy, who worked with her husband at the 250-bed Bethesda hospital in Maputaland, northern KwaZulu Natal, said she had personally not confirmed this allegation.

She said their hospital had been "on the receiving end of a tragic procession of sick people" who returned from the cities, especially TB (tuberculosis) sufferers laid off from the mines because of their illness.

"They were paid out a lump sum and 'discarded' by the employment agency TEBA because they were unfit to work and ended up in our TB wards at Bethesda with their lives barely intact.

"We were aware that the official policy of the mine medical system was changed in order to allow workers with TB to get treatment and continue working on the mines.

"But our experience was that this practice still continued into the 1990s, especially with those who were severely affected by the disease, and has worsened with the increase of the HIV epidemic."

JOHN YELD

ON THE TRUTH COMMISSION

What cost a doctor's soul? Michael Simpson

TRC calls for urgent talks with Nats over De Klerk row

STAFF REPORTER

The Truth and Reconciliation Commission today called for an urgent meeting with the National Party to resolve the difficulties between them after the appearance of party leader F W de Klerk.

The meeting was proposed in a letter from the commission to the NP today after a full meeting of the TRC in Cape Town.

The NP has said it will ask the Supreme Court to enforce TRC impartiality.

The NP has demanded that chairman Desmond Tutu apologise unconditionally for his comments after Mr De Klerk's appearance at a TRC hearing and that deputy chairman Alex Boraine reign.

"The view of the full commission is that the demands cannot be acceded to, and the NP's lawyers were informed of this in this morning's letter," Archbishop Tutu said.

The DEPUTY MINISTER OF FINANCE:

(1) The Gear document projects a 2,9% real growth in GDP and an inflation rate reaching 9,7% for 1997.

(2) Yes.

The latest economic forecasts show an inflation figure of around 9,5% for 1997. At present, there are a number of counter-inflationary tendencies in the economy. These include the recent strengthening of the value of the rand, our commitment to fiscal prudence and a tight monetary policy. It is therefore anticipated that the forecast inflation rate in the Gear document will be realised.

(3) No, except to mention that the inflation project of 9,5% for 1997 is consistent with the budget assumption of 8,5% for the 1997-98 fiscal year. (Inflation is expected to drop to 7,8% in the fourth quarter of 1997 and reduce further in the first quarter of 1998.)

New questions:

*1. Ms S C VOS – Safety and Security.

The DEPUTY MINISTER FOR SAFETY AND SECURITY: Madam Speaker, I believe that this question is being held over until the Minister has returned from abroad.

[Question standing over.]

Easter holidays: deaths due to road accidents

*2. Mr D H M GIBSON asked the Minister of Transport:

(1) (a) What was the total number of deaths due to road accidents during the Easter holiday period in 1997 and (b) what increase or decrease did this figure constitute compared to the number of deaths due to road accidents during the Easter holiday periods in the preceding three years;

(2) whether any specific measures were implemented this year to address the incidence of deaths due to road accidents during the Easter holiday period; if not, what is the position in this regard; if so, what measures?

N1215E

The MINISTER OF TRANSPORT:

(1)(a) The figure we have at our disposal – as reported to the National Traffic Information Centre – only covers the five-day period of the Easter weekend, Thursday, 28 March to Monday, 31 March. The fatalities for that weekend totalled 308. Two points should be made here. Firstly, the Central Statistical Service reports that this figure is still provisional – though the final total is unlikely to be very different. Secondly, since the CSS works on a time-lag of three to four months, finalised figures, both for the Easter weekend and for the holiday period as a whole, will not be available until some time in July.

(b) We are therefore not yet in a position to make comparisons between the fatality figures for 1997 and the figures for the corresponding periods in the previous three years. The finalised figures for 1994, 1995 and 1996 are as follows:

1994: 25 March to 19 April (26 days): 761

1995: 31 March to 19 April (20 days): 638

1996: 27 March to 16 April (21 days): 630

As can be seen from these figures, the fatality rate does appear to be decreasing. However, the figures should be treated with some caution, since the holiday periods vary somewhat in length from year to year.

(2) I have previously made statements on the unacceptable fatality rate on our roads and have suggested methods to overcome the complex underlying problems which have given rise to this unacceptable situation. I have also indicated that my Department is working tirelessly on all these issues, continuously striving to improve co-ordination between the activities of all role-players in government and the private sector at national, provincial and local level.

I would like to bring to the attention of the hon member the published Business Plan Towards Implementation of the Road Traffic Management Strategy (RTMS), which was presented to the Standing Committee on Transport in February this year. I would further recommend, for quick reference, the abridged version of this document, which has just been published. This document can be obtained from my parliamentary office. The RTMS is the result of a Road Traffic Quality Symposium which was held in Pretoria in July 1996, when a target was set to reduce road fatalities by 10% by the year 2000.

Mr M F CASSIM: Madam Speaker, arising out of the hon the Minister's reply, I would like to ask him whether his department has considered a bigger role for civil society and NGOs in helping him to supplement the official Government assistance that he is talking about.

The MINISTER OF TRANSPORT: Madam Speaker, the role of civil society is involved in this, but the expansion of that role first needs proper co-ordination at provincial, local government and national Government levels. The underpinning of our plan depends on ensuring that co-ordination. The capacity that we have within the traffic control offices needs to be properly mobilised, and I would certainly look for ways to expand civil society's involvement.

Mr J A JORDAAN: Madam Speaker, further arising out of the hon the Minister's reply, he will recall that in an interpellation and in the debate on his Budget Vote we referred to the possibility of making it compulsory to fit speed-limiting devices to certain types of vehicles such as public transport vehicles and heavy vehicles. I would like to know whether his department is actually looking into that issue on a serious basis.

The MINISTER: Madam Speaker, the proposal has been noted and is being considered, but it is being considered within the context of our business plan. My particular focus, at this stage, is to take that business plan and mobilise the private and public sectors, at the three levels of government, in terms of a shorter-term plan, embracing traffic legislation, professionalism in traffic control, traffic control technology, which includes the issues that the hon member raised, finance and a special programme for this year.

Business interrupted in terms of Rule 199(3) of the Standing Rules of the National Assembly.

Cuban doctors deported/repatriated

*3. Mr M J ELLIS asked the Minister of Home Affairs:

Whether any of the Cuban doctors brought into the Republic by the Department of Health have been deported or repatriated; if so, in each case, (a) what was the name of the individual concerned, (b) on what grounds was he or she deported and (c) what are the further relevant details? N1216E

The MINISTER OF HOME AFFAIRS:

No Cuban doctors have been deported or repatriated, at this stage. However, I wish to table a statement in connection with the possible deportation of a Dr Simono from Cuba, for the hon member's information.

Statement: Dr Simono

In accordance with an agreement between the governments of South Africa and Cuba regarding the recruitment of Cuban doctors for specific periods in South Africa, Dr Simono arrived in South Africa in February of 1996.

Dr Simono was placed on a one year contract with the Goldfields Hospital by the Province of the Free State. According to the Department of Health, due to complaints received about Dr Simono and his non co-operation with the provincial authorities, the Free State Health Administration refused to renew his contract upon its expiry on 28 February 1997. His work permit also terminated on that date and Dr Simono was legally required to leave the RSA on that date. According to the Aliens Control Act, 1991, a person who remains in the Republic after the expiry of the validity of his or her permit, shall be guilty of an offence and may be dealt with as a prohibited person.

Dr Simono made no attempts to either leave the country or to apply for the extension of the validity of his permit, and he was consequently arrested.

Since then Dr Simono applied –

(a) for a court order to have his deportation order declared invalid, which was turned down with costs; and

(b) for asylum that was rejected by the Standing Committee for refugee affairs.

(b) The Task Team is proceeding satisfactorily with the probe.

(2) Yes.

(a) 1 April 1997.

(b) The Task Team placed advertisements inviting submissions in eight newspapers and the response was overwhelming. Interviews are being conducted with the relevant parties and the submissions are being analysed.

(c) At the end of August 1997 at the earliest.

Mr A J LEON: Madam Speaker, arising out of the hon the Minister's reply, could he advise the House why he decided on appointing a task team, which by definition has more limited and less wide-ranging powers, rather than a commission of inquiry into the widespread allegations concerning Sarfu.

The MINISTER OF SPORT AND RECREATION: Madam Speaker, I decided on this course because I did not want to give the impression that the department or the Ministry was acting in a high-handed manner in so far as Sarfu was concerned. Already there were indications that if we proceeded straight away with a commission of inquiry, that would be a departure from the steps that we followed when we instituted similar probes into the SA Football Association. In that instance we started with a similar arrangement, ie conducting an internal probe so as to establish whether or not there was a *prima facie* case for the institution of a commission of inquiry

We are doing the same thing in this particular instance, and we want to assure the hon Mr Tony Leon and the House that once this team has completed its task of establishing whether or not there is a case for us to institute a judicial commission of inquiry, we shall do so.

Trade union: blockade of border posts between SA/Swaziland

*8. Mr V B NDLOVU asked the Minister for Safety and Security:

(1) Whether a certain trade union, the name of which has been furnished to the South African Police Service for the purpose of his reply, organised a blockade of several border posts between South Africa and Swaziland, in sympathy with trade unions in Swaziland; if so, (a) which borders posts were blockaded and (b) in accordance with what statutory and/or other provisions;

(2) whether any persons were arrested as a result of these blockades; if so, what are the names of these persons;

(3) whether charges were laid against any persons involved in these blockades; if not, why not; if so, what are the relevant details;

(4) whether the South African Government communicated with the said trade union in regard to this issue; if not, why not; if so, what was the trade union's response to this communication? N1324E

The MINISTER FOR SAFETY AND SECURITY:

(1) Yes.

(a) Oshoek and Golela Border posts were involved in the protest action.

(b) Blockades were not carried out in accordance with any statutory and/or other provision.

(2) No.

Not applicable.

(3) No, no charges were laid against any persons, because the demonstrations at both border posts were peaceful. They did not disrupt any of the traffic flow through the port of entry and no intimidation of any nature took place. No offences whatsoever were committed by any of the demonstrators. No physical blockade took place on the South African side of the border.

(4) Unknown.

State doctors running private practices during official hours

*9. Mr M J ELLIS asked the Minister of Health:

(1) Whether she or her Department has been informed of any instances in which State-employed doctors who are also running limited private practices, are running their private practices during hours they are required to devote to their official duties;

if so, what is the extent of this malpractice;

(2) whether any control measures are currently in place to prevent such malpractices; if not, why not; if so, what measures;

(3) whether she or her Department intends taking any action in this regard; if not, why not; if so, what are the relevant details? N1325E

The MINISTER OF HEALTH:

(1) There are many allegations of State-employed doctors running their private practices during hours they are required to devote to their official duties. It is generally accepted that there is widespread abuse of the system of so-called limited private practice. However, documentary proof of specific instances of such abuse is difficult to obtain.

(2) Most provinces have stated that it is not possible for them to prevent such malpractices in most hospitals unless a system of clocking in and out of work is instituted. Such a system would be difficult to implement and would almost certainly be unacceptable to doctors.

(3) The Department of Health at national and provincial levels is considering abolishing the system of limited private practice. The matter has therefore been tabled by the Department for negotiation in the bargaining chamber.

Dr W A ODENDAAL: Madam Speaker, arising out of the Minister's reply, I would like to ask whether Cuban doctors in State service are also allowed limited private practice?

The MINISTER OF HEALTH: Madam Speaker, Cubans doctors work in South Africa under a government-to-government contract which states that Cuban doctors will have a contract with health departments of the province in which they work and will work where they are required. So far, not a single province has required them to work in the private sector. All provinces require them to work in the public sector. There is not a single Cuban doctor that has a limited private practice.

Dr W A ODENDAAL: Madam Speaker, further arising out of the Minister's reply, I would like to point out to her that there is a Cuban doctor in Botshabelo in the Free State who runs a private practice. He asks a fee of R80 per person as a package deal, and all he dishes out are Panado tablets. [Interjections.]

The MINISTER: Madam Speaker, I am not aware of that Cuban doctor. But of course there may be Cuban doctors who were sent to the Free State by Dr Odendaal and the previous regime. [Interjections.] Of the Cubans that we have employed, we are not aware and do not have any evidence or information that they are in private practice. [Interjections.]

Business interrupted in terms of Rule 199(3) of the Standing Rules of the National Assembly.

Polmed: corruption

*10. Mr W A HOFMEYR asked the Minister for Safety and Security:

Whether any evidence of corruption in the South African Police Service's medical aid fund, Polmed, has been uncovered; if so, what are the relevant details? N1326E

The MINISTER FOR SAFETY AND SECURITY:

Yes, evidence of corruption to a certain degree in the South African Police Service Medical Aid Fund, Polmed has been found. The relevant details are as follows:

Some service providers submitted false claims to Polmed without the complicity of Polmed members for services that were not rendered.

Some members of the South African Police Service:

- sold their Polmed cards to non-members to enable them to use them as if they were members or dependants of Polmed;
- used their Polmed cards to get medicine for sale on the "Black Market";
- took a "girlfriend", family member or friend in the name of a dependent to the doctor;
- took prescriptions to certain pharmacists to get loans, toiletries, nappies etc. instead of medicines;
- used their Polmed cards in co-operation with certain doctors to get loans. The service

of the Choice on Termination of Pregnancy Act, 1996 (Act No. 92 of 1996), up to the latest specified date for which information is available and (b) what is the average age of the women whose pregnancy was so terminated;

(2) whether she or her Department is envisaging any action against physicians who refuse to perform abortions; if not, what is the position in this regard; if so, what are the relevant details? C56E

The MINISTER OF HEALTH:

(1)(a) The information requested cannot be released because we do not think it fair to release information about each individual hospital. However, the total number of terminations till the end of April is 5 242.

(b)

Under and up to 18 years:	1 468
Above 18 years:	3 774
Total:	5 242

(2) No.

Doctors/pharmacists/nursing staff/dentists/psychologists registered

*2. Mr R J MOKOTJO asked the Minister of Health:† [Written Question No. 51]

How many (a) doctors, (b) pharmacists, (c) nursing staff, (d) dentists and (e) psychologists were registered with the Interim South African Medical and Dental Council as at 31 January 1997? C57E

The MINISTER OF HEALTH:

(a) 28 381

(b) The Interim South African Medical and Dental Council does not register pharmacists, so the answer is 0*

(c) The Interim South African Medical and Dental Council does not register nurses, so the answer is 0**

(d) 4 235

(e) 4 050

Provinces: shortage of social workers

*3. Mr R J MOKOTJO asked the Minister for Welfare and Population Development:† [Written Question No. 79]

(1) Whether there is a shortage of social workers in any province; if so, what is the extent of the shortage in each province;

(2) whether steps have been or are to be taken in this regard with a view to eliminate this shortage; if not, why not; if so, what steps;

(3) (a) what is the average salary in each category currently being paid to social workers in the service of the State and (b) when last were such workers' salary structures reviewed? C83E

The MINISTER FOR WELFARE AND POPULATION DEVELOPMENT:

(1) In view of the absence of reliable data and the fact that the Department is in the process of developing a new welfare financing strategy, it would be impossible to determine a shortage of social workers in provinces at this point in time. Social workers in the provinces comprise not only those in State service. The projected figure for the Northern Province for 1994 was one social worker to 20 000 people.

(2) The new welfare financing strategy will determine minimum norms and standards for service delivery and personnel, including social workers, needed to implement the envisaged welfare programmes. In view of these developments this question cannot be answered at this stage.

(3) (a) The average salary per rank for social workers in the service of the State is as follows:

– Social Worker	R 43 344
– Chief Social Workers	R53 487
– Assistant Director	R83 949
– Deputy Director	R123 386

(b) The salaries of social workers have been reviewed in July 1996 as part of the personnel structure of the Government.

Mr W F MNISI: Chairperson, arising out of the hon the Minister's reply, seeing that we are experiencing a shortage of social workers in South Africa, is the department in the process of training so-called community workers to assist with problems?

The MINISTER FOR WELFARE AND POPULATION DEVELOPMENT:

Chairperson, this is indeed a new question, and since the hon Mr Mnisi and I have a special relationship, I would appreciate it . . . [Laughter.] - I was talking about our relationship as Minister and member of the NCOP. I would appreciate it if he would put the question in writing.

However, I can just say that auxiliary workers are currently being trained and there are also development workers that are involved in community development work.

However, as I have indicated, we would like to respond in a more holistic manner to this question, because it deals with the human resources component required for welfare and welfare services.

The CHAIRPERSON OF THE NCOP: Order! The Minister does not appear to be here. Mr Makgothi, what is the position? If there has been no communication from the office of any Minister who is supposed to answer questions, I must insist that we get in touch with that Minister's office and get a response. It is a provision that questions must be answered.

The MINISTER FOR WELFARE AND POPULATION DEVELOPMENT: Mr Chairperson, I am sorry, I am actually the acting Minister for Posts, Telecommunications and Broadcasting. Because of all the bantering in the House, I was thrown off course. It seems as though Premier Kriel feels a bit envious that I might want to be an eleventh wife to one of the NCOP members, and not second wife to him! [Laughter.]

With reference to the question, I would just like to ask that this question be allowed to stand over.

The CHAIRPERSON OF THE NCOP: Order! This question will then stand over.

Mr A E VAN NIEKERK: Mr Chairperson, this question was a written question that was not answered. It stood over, according to the Rules, to be answered today. I just want to bring that to your attention. This situation is unsatisfactory.

The MINISTER FOR WELFARE AND POPULATION DEVELOPMENT: Mr Chairperson, the point is taken.

The CHAIRPERSON OF THE NCOP: Order! Other than bringing that situation to my attention, does the hon member have any suggestion to make with regard to this matter?

Mr A E VAN NIEKERK: Mr Chairperson, I do have a suggestion. It would be appreciated, if the answer to the question could be tabled before the winter recess.

The CHAIRPERSON OF THE NCOP: Order! May we be honoured with a written response before the recess, please?

The MINISTER FOR WELFARE AND POPULATION DEVELOPMENT: Mr Chairperson, I will definitely facilitate that.

The CHAIRPERSON OF THE NCOP: Order! It is the only reasonable thing to do.

[*Question replied to as Question No. 84 on 17 June 1997.*]

Provincial/academic hospitals: bed occupancy rate

*5. Mr R J MOKOTJO asked the Minister of Health:† [Written Question No. 96]

(1) What was the average bed occupancy rate in each specified (a) provincial and (b) academic hospital under the control of her Department in (i) the Free State, (ii) the Western Cape and (iii) the Northern Cape during the period 1 March 1996 to 1 March 1997;

(2) whether the bed occupancy rate in respect of any of these hospitals does not correspond with the capacity of such hospitals; if so, why, in each case? C101E

The MINISTER OF HEALTH:

The National Department of Health does not control any hospitals; at the moment they are all controlled by the Provincial Governments. The information should come from the Provinces and I urge the member to table the question in the appropriate Provincial legislatures.

Cuban doctor: contract terminated

*6. Mr R J MOKOTJO asked the Minister of Health:† [Written Question No. 97]

(1) Whether the contract of a certain Cuban doctor in the Northern Province was

terminated; if not, why not; if so, for what reasons was this contract terminated;

(2) whether an investigating team was appointed to investigate alleged negligence on the part of this doctor; if not, why not; if so, what are the relevant details;

(3) whether she will make a statement on the matter? C102E

The MINISTER OF HEALTH:

At the national level, a contract was signed between the South African and Cuban Governments under which Cuban doctors were recruited for service in South Africa. However, individual contacts for each doctor are signed with the Provincial Department's of Health. Therefore, this question is best tabled in the appropriate Provincial Legislature.

Mr L J SWANEPOEL: This is the National Council of Provinces. Why cannot we get a reply?

The MINISTER OF HEALTH: I cannot account for each individual doctor in this country. Doctors have a contract. The question should be put to the provincial legislatures.

The CHAIRPERSON OF THE NCOP: Order! Dr Zuma, you will save yourself a lot of trouble if you respond only through the Chair.

The MINISTER: Mr Chairperson, I was just being helpful to the hon Mr Swanepoel. [Laughter.]

Doctors returning to Cuba

*7. Mr R J MOKOTJO asked the Minister of Health:† [Written Question No. 99]

(1) Whether any doctors who work in State hospitals in South Africa in terms of an agreement between South Africa and Cuba have already returned to Cuba; if so, (a) how many and (b) in each case, (i) for what reasons and (ii) when;

(2) whether she will make a statement on the matter? C104E

The MINISTER OF HEALTH:

With respect, I would urge the hon member to table the question in the appropriate Provinces where the doctors are employed.

1997: Cuban doctors in SA

*8. Mr R J MOKOTJO asked the Minister of Health:† [Written Questions No. 117]

(1) (a) How many Cuban doctors will come to work in South Africa in 1997 in terms of the agreement between South Africa and Cuba and (b) to which province will each such doctor be dispatched;

(2) whether she will make a statement on the matter? C122E

The MINISTER OF HEALTH:

(1)(a) A South African delegation comprising officials of the National Department of Health and members of the Interim National Medical and Dental Council of South Africa will visit Cuba for the 4th peer-review of Cuban doctors towards the end of 1997. The number of Cuban doctors who will be employed in South Africa depends on the number of available funded posts at health institutions in all the provinces at that time and the number of doctors who will be willing to come from Cuba to work in South Africa at that time.

(b) All nine provincial health departments are involved.

(2) No.

Foreign doctors in State hospitals in provinces

*9. Mr R J MOKOTJO asked the Minister of Health:† [Written Question No. 118]

(a) How many foreign doctors are currently working in State hospitals in each of the provinces, (b) how many of these doctors are currently working in State hospitals in each of the provinces in terms of an agreement between South Africa and Cuba and (c) with regard to what date is this information furnished? C123E

The MINISTER OF HEALTH:

Doctors are employed by the Provincial Departments of Health and not at national level. The question therefore is best asked in the Provincial legislatures.

*10. Mr L J SWANEPOEL - Agriculture and Land Affairs.† [Written Question No. 136] [Question standing over.]

Students completed studies at Medunsa

*11. Mr L J SWANEPOEL asked the Minister of Health:† [Written Question No. 137]

(a) How many students completed their studies at the Medical University of Southern Africa (Medunsa) in (i) 1994, (ii) 1995 and (iii) 1996 and (b) how many of these students (i) originally come from (aa) urban and (bb) rural areas and (ii) who completed their studies at Medunsa are currently working (aa) in the (aaa) private and (bbb) public sector and (bb) in rural areas in the (aaa) private and (bbb) public sector? C146E

The MINISTER OF HEALTH:

(a)

Faculty	(i) 1994		(ii) 1995		(iii) 1996	
	Under	Post	Under	Post	Under	Post
Basic Sciences	72	13	78	16	70	19
Dentistry	43	8	63	8	76	1
Medicine	210	58	274	45	312	56
Vet Sciences	4	1	17	1	9	3

Under = Undergraduate
Post = Postgraduate

(b) The databases of the Medical University of Southern Africa and the Interim National Medical and Dental Council of South Africa currently make no provision for the information required to answer this part of the question.

Source: INMDCSA, 1997

Mr L J SWANEPOEL: Mr Chairperson, arising out of the hon the Minister's reply, I would like to ask her to table the statistics so that I can study them.

The MINISTER OF HEALTH: Mr Chairperson, is the member asking for what I have just read out?

The CHAIRPERSON OF THE NCOP: Yes, if it can be made available in writing.

The MINISTER: Mr Chairperson, yes, the hon member can have the copy. Here it is.

The CHAIRPERSON: Order! It will be made available to you, Mr Swanepoel.

Questions standing over from Tuesday, 13 May 1997:

The CHIEF WHIP OF THE MAJORITY PARTY: Mr Chairperson, with your permission, I did ask that question 9 on the list of questions standing over from Tuesday, 13 May 1997, should stand down. However, I now have information that arrangements were made for it to be answered by the hon the Minister of Home Affairs.

Northern Province: State of administration

*9. Dr G W KOORNHOF asked the Minister for the Public Service and Administration:†

(1) Whether the Government has investigated the state of the administration of the Northern Province; if not, what is the position in this regard; if so,

(2) whether the Government has compiled a report in this regard; if so,

(3) whether this report will be made public; if so, (a) when and (b) why has it not yet been made public;

(4) whether the Government intends taking any steps in consequence of this report; if not, why not; if so, what steps? C147E

The MINISTER OF HOME AFFAIRS (for the Minister for the Public Service and Administration):

(1) Yes.

(2) Yes.

(3) Yes.

(a) Once the composite report comprising all provincial administrations has been finalised.

(b) As the intention is to release a composite report comprising all the provincial administrations, the Northern Province report will be part of the composite report and therefore will be released as part of the said report after Cabinet has gone through the composite report.

Wits faculty 'took risks, but too few'

(93) Star 20/6/97

The University of Witwatersrand's faculty of medicine provided room for individuals to challenge the system, but did little to put itself at risk and seriously oppose segregated health care during apartheid, the Truth and Reconciliation Commission was told in Cape Town this week.

The university had been criticised, for example, for taking a soft line on discrimination against staff and enthusiastically embracing the Johannesburg Hospital instead of protesting that the money should have been spent on improving facilities at Baragwanath or Coronation Hospitals, Professor Max Price, dean of Wits's faculty of health sciences, told the TRC's special health sector hearings.

Yet the faculty was not monolithic, Price said. It condemned the South African Medical and Dental Council for not investigating the Biko doctors. The group of doctors who went to the Supreme Court to force the SAMDC to open the hearing was drawn largely from the faculty.

The university protested against police attempts to seize medical records from Alexandra Clinic, and turned a blind eye to activities that might have angered the health authorities, such as allowing facilities to be used to train community activists in first aid.

It also drew attention to the 800 detainees who began a hunger strike early in 1989 to protest against indefinite detention, and its faculty members made important contributions to discussions of care of detainees at the time.

Professor W J Kalk and Professor Y Veriava published an account of treating these patients. The doctors' refusal to allow patients to leave hospital to return to prison, in the belief that indefinite remand in custody without trial was torture, became known as "Kalk's refusal".

But the faculty had limited control over the appointment and promotion of staff as nearly all doctors received their full salaries from the provincial health department, Price said.

Examples of interference by the health department included Baragwanath doctors, who protested at conditions, being forced to apologise in writing or lose their jobs, and a provincial representative vetoing the appointment of a man of colour as professor and head of department.

There was still an enormous amount of anger and bitterness on the part of staff and students who were victims of discrimination in the faculty and health services, Price said.

This needed to be addressed by an internal "mini truth commission" that acknowledged the hurt to black health professionals, he said.

TRC breaks the silence of the doctors' club

Star 20/6/97 (93)

The failure of many district surgeons to give adequate treatment to prisoners in their care was frequently raised at the hearings for the medical profession this week

By Janine Simon
Medical Correspondent

The taboos about the medical fraternity in South Africa – that closed club of doctors who stand up for each other rather than their patients – were at the heart of the Truth and Reconciliation Commission hearings in Cape Town this week.

The need to break the silence and mystique around a revered profession was clear from the 50 or more submissions for the special health sector hearings, Commissioner Wendy Orr said at the start.

The agenda was packed and ambitious in its efforts to give voice to those who had suffered or witnessed the complicity of health professionals and institutions in human-rights abuses, to the regulatory bodies that failed to stop the abuses, and to the activists who had fought against them.

Steve Biko's death in detention, as chairman Archbishop Desmond Tutu pointed out, was an example of collaboration between the healers and the security forces. The death of the Black Consciousness leader was a focus of the hearings.

Professor Peter Folb, head of the Medicines Control Council, offered a formal apology to Biko's widow Ntsiki and brother Khaya.

The Medical Association of South Africa admitted it had closed ranks around colleagues. It said it had been part of the white establishment, driven by a "total onslaught" mentality and was led by members of the South African Medical and Dental Council (SAMDC) and the Health Department, suspected to be, and, in some cases, known to be Broederbond members.

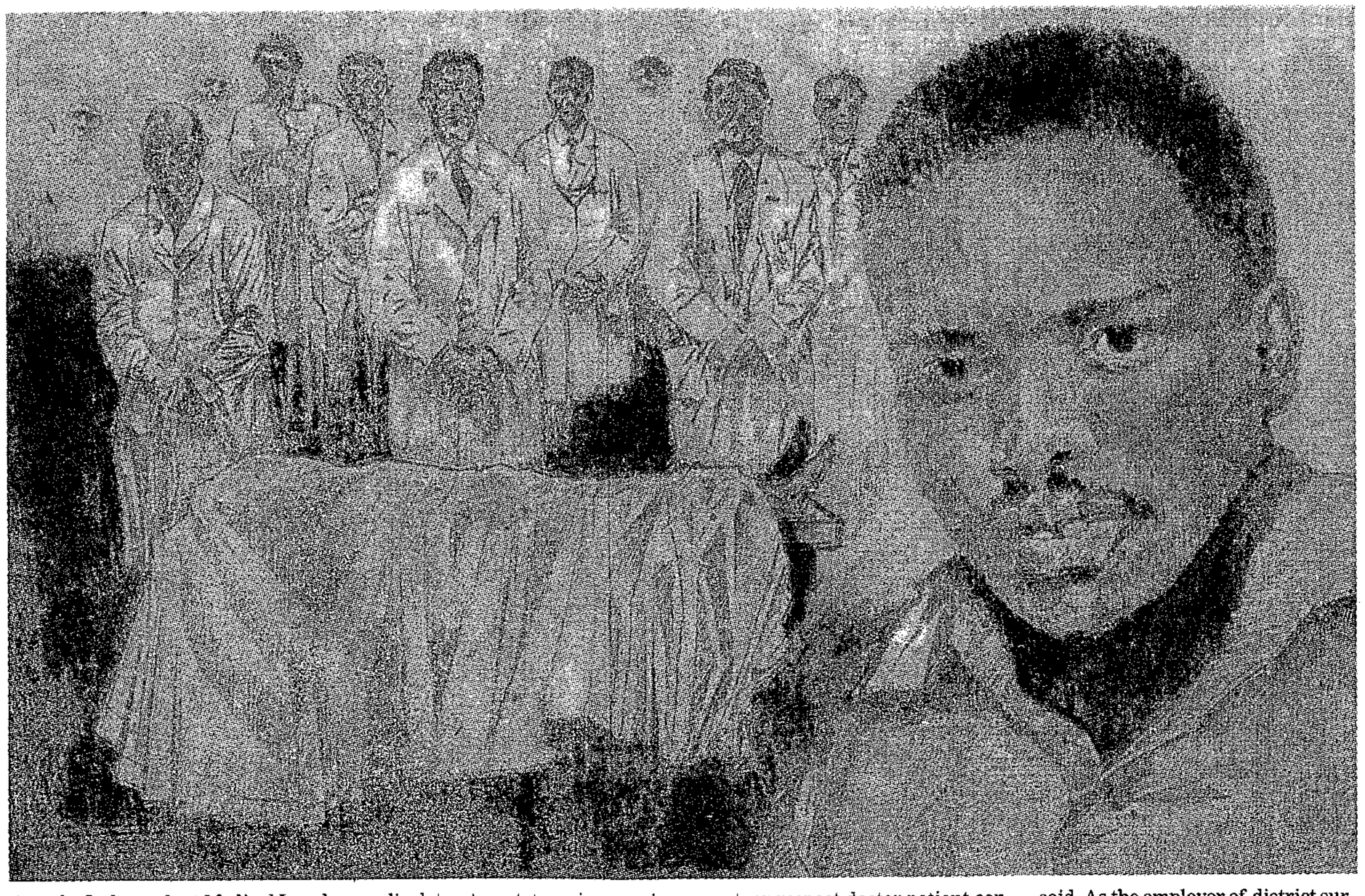
The SAMDC admitted it had been too mired in registration and training to act, and waited for a formal complaint to be laid before tackling ethical questions.

The council had functioned in a society in which virtually every member of the politically-dominant group was steeped in doctrine and propaganda, its submission said.

Nomfunda Walaza of the Trauma Centre for Victims of Violence and Torture said although Biko's death was a critical moment in South Africa's history, it failed to prevent further deaths in detention or torture for the next 20 years.

The Health and Human Rights Project had recorded 100 cases of people being ill-treated by doctors, nurses and psychologists while they were detained under security legislation.

The role of district surgeons and intrusions by security police in hospitals – where they seized records, arrested people injured in security force action on the presumption that they were guilty, shackled detainees to beds and interfered with clinical care – were repeatedly brought up, by the American Association for the Advancement of Science, the Health and Human Rights Project, the National Medical and Dental Association, the Independent Medical Legal Unit at the University of Natal, to name a few.



JASON ASKEW

The failure of many district surgeons, the only legal health-care givers to detainees, to give adequate medical treatment to prisoners in their care was repeatedly raised.

Doctors may not have taken part in abuses, but they failed to record and investigate apparent signs of abuse, insist on appropriate treatment, or respect doctor-patient confidentiality. More than 70 political detainees died in detention between 1960 and 1990 and, in some cases, medical negligence was an important contributing factor, the AAAS said. As the employer of district surgeons, the Department of Health apologised for failing to intervene,

Some health administrators also chose to play a role supporting security forces: Betty Ncanywa, a nurse at Livingstone Hospital in the Eastern Cape, testified that at early morning meetings hospital management instructed nurses not to obstruct security police.

But complicity was not uniform: in the Eastern Cape, where diabetic Elda Bani (58) died a year after being detained because of lack of medical care, abuses were plentiful. In Natal, the Chief District Surgeon of Durban submitted that staff need feel no guilt about their behaviour.

Submissions described a health-care system so corrupted by ideology that the human rights of South Africans were devalued and often seriously violated. The Department of Health accepted liability, and apologised.

The racist distribution of health resources and the indignity of racially based services were the most important factors in past illness and death for which the department could be held responsible, it said in its submission.

The SA Medical Services drew sharp criticism for not tackling its role in regional conflict, with the TRC saying details in writing were needed on its involvement in psychological operations, the treatment of prisoners of war, its intelligence wing and the use of shock treatment on patients.

The hearings ended with a closed plenary session for delegates to consider how to avoid a repetition and uphold the World Medical Association's demand that the primary obligation of a doctor is his or her professional duty, and conscience the supreme guide.

Horrific tales of medical neglect emerge

Star 20/6/97 (93) (252)

Vivid examples of the health sector's collusion and complicity with security police, and the neglect or violation of patient's rights were laid before the health sector hearings this week.

■ Military medic Sean Callaghan served with Koevert – "the guys who grew their hair and didn't strap in to Casspirs" – in Angola for seven months. He told the commission how an injured Swapo political commissar was shot in the head while he was treating him.

The commissar had hidden in a hut to escape a pursuing Casspir. But the hut was cleared of people, demolished by the Casspir, and the ruins fired at by Koevert members. "He'd been shot in the arms and legs, and run over by a Casspir. I was trying to put up a drip and apply it when an interrogator shot him through the head," said Callaghan.

■ Jacob Nel told how police wearing balaclavas entered his home in 1986 and beat him. He said one of the balaclavas slipped and he recognised a doctor who practised in the area. However, he could not say if the doctor had taken part in the beatings

■ "Elda would wet herself and I would wash her," testified housewife Sheila Lizani, a cellmate of diabetic Elda Bani (58), who died a year after being detained in August 1986.

Lizani and fellow cellmate Ivy Gcina, now an Eastern Cape MPL, tried repeatedly to get medical treatment and a special diabetic diet for Bani. Bani had been admitted with insulin supplies, but was later given only aspirin.

Gcina said she believed Bani was beaten by prison officials. When Bani slipped into a coma she was removed from the cell. Her cellmates were later told: "We tried everything we could but she has passed away."

Health and Human Rights Project submission co-ordinator Nomfunda Walaza said the case was remarkable because Bani's death was probably preventable.

■ Forensic pathologist Dr David Klatzow said in the shooting of the Guguletu seven, police in a second inquest into one of the deaths used an expert witness to prove that the bullet wound was not caused by a shotgun at close range, but by an R1 rifle. "This was an instance of state experts attempting to bail out police when they were in trouble."

■ Dr Janet Giddy, who did locums for private practitioners near McCord hospital in KwaZulu Natal, described the widespread practice of giving black patients an intra-muscular injection, called the *jova*, for an all-inclusive fee.

When she asked one practitioner what to give a baby with diarrhoea she was told: "Oh, just give them anything – penicillin, streptomycin, gentamycin, sterile water, vitamin B, anything you like. But they must get the *jova*."

Putting you in the picture

Every Friday, The Star will produce a news feature to keep you up to date with the Truth and Reconciliation Commission. The feature, produced by our team of specialist TRC reporters, will provide all the background, the news and the insights you need to keep you in the picture as the dramatic story of our past unfolds.

DOCTORS [illegible] TRAINING TO [illegible] WORKED OUT

No registration for interns this year

CT(ER) 20/6/97 (93)

THE GOVERNMENT plans to press ahead with the parallel importation of cheaper medicines for the public sector. Health Writer **CAROL CAMPBELL** reports.

NO INTERNS will be registered as doctors at the end of this year — that's the message from Health Minister Dr Nkosazana Zuma.

Instead, these junior doctors, who are now completing their training in academic hospitals around the country, will have to do more time in public hospitals and clinics before they are recognised by the Interim Medical and Dental Council.

About 1 000 interns are affected countrywide.

Zuma said the details of the extended vocational training/community service would be worked out with the medical profession in the coming weeks, but she was "pleased" to learn they did not all oppose community service.

The idea of withholding the interns' registration is spelled out in the Medical, Dental and Supplementary Health Services Professions Bill which Zuma withdrew from Parliament with the medicines and pharmacy bills last week. The updated bills were accepted by the cabinet on Wednesday.

One of the changes to the Medical Professions Bill is the addition of an "enabling" clause on community service, but the existing clause on vocational training has not been scrapped.

Whether or not the interns will be asked to do community service or vocational training next year, and how long it will last is a debate they will have with the minister in the coming months.

Zuma is withholding the registration of these doctors to keep them in the public service so that they can work in rural and township hospitals which have a severe shortage of doctors.

The Interim Medical and Dental Council wrote to all interns a month ago saying their registration was being withheld because they were not adequately trained to work independently.

Yesterday, the director of ministerial services, Dr Chris Hugo-Hamman, said it was common practice internationally for doctors to gain substantial work experience in the public sector before they registered as "general practitioners" and went into the private sector.

Because interns are already qualified doctors, the danger the health service now faces is that many will emigrate, write a new set of medical examinations in other countries and be registered straight away. Britain, especially, welcomes South African doctors with open arms.

Dr Karen Iloni, spokesman for the Western Cape Interns' Association, said doctors were concerned Zuma was calling for consultation, but the date for implementing her plan and the withholding of registration appeared to be non-negotiable.

"There are six months to go and this is very rushed. The dangers of introducing the plan inadequately and prematurely far exceed the cost of delaying its implementation."

Iloni said she was concerned the minister wanted "quick consultation" when doctors wanted to give meaningful input.

Zuma's bills were not tabled in Parliament yesterday because of a technical problem with the Medicines and Related Substances Amendment Bill, but they should be tabled soon after Parliament reconvenes in August.

On the Medicines and Related Substances Amendment Bill, Zuma confirmed she would press ahead with parallel imports. This means she will obtain cheap medicines for the public sector overseas if she is not offered reasonable prices in SA.

Mrs Precious Matsoso, medicines director for the national health department, said the Medicines Control Council would be encouraged to keep a close eye on the quality of drugs the state imported — allaying fears that it could unknowingly bring in counterfeit drugs.

BITTER PILL: Health Minister Nkosazana Zuma yesterday after announcing that no interns would be registered at the end of this year. ***PICTURE: BENNY GOOL***

Changes in medical education

CT 23/6/97 (93)

PROFESSOR S R BENATAR

MEDICAL education and vocational training have received much attention recently and there is a need for clarity on some of the issues under discussion. There are several points worth making. The first is that medical education is in a state of continuous evolution, with ongoing changes to the curriculum in attempt to improve the educational process, to remain abreast of developing knowledge and to adapt to the primary healthcare approach.

As these changes cannot be predicted, students entering the first year can be assured neither of the precise content of their course nor of the competence or examination requirements at the exit point.

Secondly, it should be recognised and acknowledged that for many years medical schools in South Africa have considered that six years of study and a year of internship are insufficient to qualify a doctor to practice independently in private practice. UCT, other universities and general practitioners themselves have therefore endeavoured to make vocational training compulsory for all aspirant general practitioners. Regrettably, these recommendations have not been heeded in the past.

Third, medical practice and the requirements for competent practice also change continuously — not only because of changes in medical knowledge, but also because of demographic shifts and changes to the structure and function of healthcare systems. These changes also occur in other countries, including the most highly-developed and well-resourced.

Fourth, in order to begin to reverse the legacy of apartheid, great social change will be inevitable in South Africa following our much-admired political transition. This will be a difficult and slow process and will require many sacrifices. Patients who have expected and received medical services at academic hospitals are having to pay the painful price (in terms of their own lives and health) of having services withdrawn as resources are reallocated towards the development of primary healthcare.

Academics who have devoted their lives to developing medical skills and building sophisticated medical services are accepting having their life's commitment and work modified by the shift towards equity and the primary health care approach. Nursing and the other professions allied to medicine are also adapting to profound changes. Pharmaceutical companies face reduced profits as essential drug lists are developed and generic drugs promoted.

These are tough changes that offer advantages for some and disadvantages for others. Success in achieving them will require open, democratic consultation so that plans can be debated frankly and made as constructive as possible with minimum damage to training and service facilities and to the goodwill necessary for implementing change.

Fifth, it is fair to say that, despite the above points, current objections being voiced against the proposed two-year vocational training are justified. Although changes to certification requirements are acceptable, it seems unjust to undermine people's reasonable expectations by making

CHANGE: Dr Nkosazana Zuma has pushed for vocational training for medical students.

DIALOGUE: Professor S R Benatar of UCT argues for a change in medical curriculum.

radical and inadequately planned changes, including a major shifting of the goal posts. The sudden addition of two years, especially without adequate information regarding how the vocational-training programme will be funded and structured and precisely where the positions will be created, arguably constitutes such a shift.

A more appropriate approach would be to introduce well-planned, educationally-valid changes incrementally over a reasonable period. It should also be made clear that full vocational training for general practice should not be made a requirement for those wishing to train in other disciplines, for example paediatrics, obstetrics and gynaecology or surgery.

Sixth, the major problem with the current vocational-training proposal is that it is widely perceived to be a community service introduced under the guise of vocational training. This perception has been enhanced (i) by failure to discuss the complex logistic and implementation implications with medical schools and hospitals whose involvement and co-operation are necessary for guiding appropriate training and support, and (ii) by implying that all graduates would have to participate including those who do not plan to enter general practice.

The changes hastily being made are thus not the best that could be achieved. Regrettably, similar concerns apply to many other necessary changes being made to the provision of health care in the public sector. Such services cannot be optimised without adequate consultation with those who will be affected and who could be constructively involved in the process of change.

Finally, while the motives for introducing changes need to be seen in the context of the major challenges facing South Africa, such changes should, nevertheless, be made with accountability. I have sympathy for the government which has the task of reshaping our society under very difficult circumstances. I also have sympathy for medical students who feel discriminated against by being singled out to have their training radically changed while the training of other professionals, which will also need to be changed, is ignored.

Legitimate motives must be supported by legitimate processes within democracies. There is too much to lose if change is implemented by the government through strong-arm tactics. But the same applies if excessive self-interest characterises professional responses. Alternatively, there is much to be gained from dialogue and humility (by professionals and the government) in the process of reshaping medical education and healthcare in South Africa.

The decision to withdraw the Medical, Dental and Supplementary Health Services Professional Bill is a wise one and provides the space needed for constructive planning.

❑ *Professor Benatar is head of the Department of Medicine at the University of Cape Town and Groote Schuur Hospital.*

Health department 'told lies for

Officials admit failure to investigate maltreatment of detainees

apartheid

Aug 20/6/97

JOHN YELD
ON THE TRUTH COMMISSION

The apartheid government's department of health often deliberately gave distorted or inaccurate descriptions of health and health care in South Africa for propaganda purposes.

This was one of the points in a remarkably frank submission by the department to the Truth Commission's health sector hearing. Such propaganda was done to promote South Africa's standing in the world, it said.

The submission, read by deputy director-general Harm Pretorius, also stated that the American Psychiatric Association (APA) had visited South Africa in 1978 to investigate alleged human rights violations in mental institutions.

The association had reported finding an unduly high death rate, sub-standard care, some abusive practices, grossly inadequate professional staff, possible exploitation of patient labour, and that the policy of apartheid had "destructive implications for the mental health of black South Africans".

It also found treatment for black psychiatric patients substantially worse than for whites.

At the time, the department responded that the APA report was "completely unacceptable, prejudiced, biased and a masterpiece of malicious misrepresentation of facts".

But its TRC submission said the American association had, "in all likelihood", been correct. "The APA deserves an apology from the department for, in essence, calling them liars."

The department also admitted it had taken insufficient action to ensure the health of political detainees.

While it had no evidence that district surgeons – its employees – had actively taken part in torture, these doctors had not exposed torture by police.

"The fact that so few district surgeons failed to act decisively and report on physical and psychological abuse and torture is an indictment of those district surgeons who, given current knowledge of the extent of torture, must have seen victims of such torture."

But the department added it was also to blame, as it should have conducted its own investigations into the many complaints about the health care of detainees.

The department acknowledged condoning abuses in hospitals, such as patients – including those sent for psychiatric care – being handcuffed to their beds.

"The now premier of the North West, Popo Molefe, is reported to have been kept in leg-irons while being treated for a lung infection.

"Though such practices were prejudicial to the recovery of the patient, the department ... in effect condoned this behaviour."

The department said that, in terms of human suffering, it had "much to answer for and much to apologise for".

Biko doctor still working in PE

Star 21/6/97 (93)

By ADELE BALETA

District surgeon Ivor Lang, who gained notoriety for his involvement in the death of Black Consciousness leader Steve Biko in 1977, is still working for the Eastern Cape Health Department and in 1994 published a medical paper on necklace murders.

Lang currently assesses township patients for disability grants and conducts postmortems for the health department.

His continued employment has caused an outcry among health workers countrywide and the Port Elizabeth community.

In addition, the Truth and Reconciliation Commission, during this week's health sector hearings, hauled the national Health Department over the coals for re-employing Lang.

After his reprimand by the SA Medical and Dental Council in the 1980s, Lang was later promoted to chief district surgeon in Port Elizabeth, and when he retired in 1994 he was rehired to work on a part-time basis in the district surgeon's office.

Rehabilitation

Commissioner Mapule Ramashala lambasted the Health Department's submission to the commission and demanded to know why Lang "has been returned to work by the department".

"Dr Lang should not be allowed to continue to practise, unless he has gone through a rehabilitation process," she said.

The issue of health professionals, guilty of past human-rights abuses either by omission or active participation, continuing to hold privileged and high-ranking positions was raised during the two-day hearings.

Eastern Cape regional health director Dr T M Sibeko confirmed that Lang was working on a part-time basis (25 hours a week) and was in that position when he (Sibeko) took up his post. He said Lang did not deal with patients but instead conducted postmortems.

Eastern Cape health services were under pressure and had no one else to perform the job Lang was doing, he said. But Dr Mangaliso Maqina, chairman of the ANC health desk in Port Elizabeth, said it was "disgusting" that Lang was still part of the health system.

"It's nonsense. The Health Department must advertise the post. They could easily fill it. There are Nigerians or Kenyans who could do the job."

REHIRED: Dr Ivor Lang (left).

There is currently an SA Medical and Dental Council moratorium on the employment of foreign doctors from these and other African countries.

Maqina said: "I saw him (Lang) last week in the Dorangiza Hospital in Zwide township where he was assessing patients for disability grants. His name is on the door. It's well known that he is doing this. It's shocking. I thought I was seeing a ghost."

He explained that people who applied for grants from the Health Department first had to be seen by a doctor. "People here (Port Elizabeth) are upset that he is still working because he was found guilty of improper conduct."

Lang's paper, published in the medical journal *Medicine and Law* in 1994 and entitled "Necklace Murders: A Review of a Series of Cases Examined in a Port Elizabeth Mortuary", has also come under fire. The article reviews a series of 135 necklace murders from January 1 1985 to December 31 1987.

Disgruntled health professionals have raised questions as to why Lang chose to review black-on-black violence while at the same time showing a lack of interest in documenting cases of torture at the hands of security police and deaths in detention. They have accused him of masquerading as an expert.

Commissioner Wendy Orr, who co-ordinated the health sector hearings and who worked under Lang as a district surgeon in 1985, said she "would welcome further articles from Dr Lang with his vast experience as a district surgeon, particularly around the issue of torture and maltreatment of detainees".

In September 1985 Orr obtained a Supreme Court interdict preventing further torture of detainees by security police in Port Elizabeth.

Maqina said Lang was "no authority on the socio-political and historical factors behind necklacing. He is perpetuating the myth that black people are brutal."

He met Lang when Lang was promoted to chief district surgeon in Port Elizabeth. He was in charge of postmortems at New Brighton's police mortuary. "A colleague of mine was murdered during the state of emergency in Motherwell and Lang showed me the body. I was deeply angry."

Lang's superior (the chief district surgeon) at the time of Biko's death, Dr Benjamin Tucker, was found guilty of disgraceful conduct by the SAMDC. For his implication in Biko's death Tucker was suspended from the medical register for three months, but the sentence was suspended for two years. He was struck off the roll and has not been allowed to practise as a doctor since 1985.

In his submission to the commission, Dr Peter Folb, head of the University of Cape Town's pharmacology department, said the "Biko doctors" (Lang and Tucker) and the subsequent response of the SAMDC and the Medical Association of SA held scant regard for doctors' clinical independence and fundamental role in alleviating distress.

Lacerations

Biko was detained in August 1977 and moved from Port Elizabeth's Walmer police station to security headquarters on September 6. Six days later he died unattended on a stone floor in Pretoria Central prison.

Folb said doctors were summoned nine times in three days to examine him. On one occasion, at 9.30am on September 7, Lang (his first visit) examined Biko while he was lying on a mat and manacled to a metal grille in a security police headquarters office. He found evidence of lacerations on the upper lip, bruises, swollen feet and hands, and slurred speech. Yet, when asked for a medical certificate by security police, Lang wrote: "I have found no evidence of any abnormality or pathology on the patient."

An inquest magistrate later concluded that the fatal injury to Biko was probably inflicted on him shortly before Lang's first visit. Hospital tests had found Biko had severe brain injury – yet doctors had approved his return to his police cell where he stayed until his collapse early on September 11.

Biko was " hyperventilating, and frothing at the mouth".

Biko died on September 12 – six hours after his arrival in Pretoria.

Doctors seething at Zuma's 'abuse of goodwill'

(93) ARG 21/6/97

OWN CORRESPONDENT

Pretoria – "Shocking" and "abuse of goodwill" is how the Junior Doctors Association of South Africa (Judasa) describes Nkosazana Zuma's statement that Judasa approved the imminent introduction of compulsory community service.

"We received a mandate from membership at an annual general meeting earlier this year to agree to one year of voluntary public service at a hospital of choice," said Judasa vice-chairman Mark Sonderup.

"And there should be incentives to direct doctors to the rural areas," he added.

He was speaking at the Medical Association's annual congress in Pretoria yesterday, when Judasa made a submission on the issue.

"But we totally reject any form of compulsory vocational training like the enabling legislation for two-year compulsory community service passed through the Cabinet on Thursday," said Dr Sonderup.

He said the organisation had to date rejected the proposal of compulsory service but not the principal of community service to address problems of healthcare in under-served areas.

"The minister has abused our goodwill and misrepresented our position," he said.

"She has also chosen to ignore our submission to the parliamentary portfolio committee on health which stated that implementation for 1998 must be suspended and that no proposals can be introduced before meaningful consultation and negotiation has taken place with junior doctors."

The body will meet Dr Zuma on Tuesday to discuss the issue.

Dr Sonderup said there was an urgent need for the 2 500 members of Judasa to meet at a national summit and discuss the issue.

ANALYSIS

Health plan in conflict with constitution

(93) BD 26/6/97

The health minister's plan to 'conscript' new doctors is likely to be self-defeating in the long run, says MP Mike Ellis

THE health department's vocational training scheme for doctors — a thinly veiled new form of conscription — will benefit neither patients nor doctors.

It is hard to know whether to be grateful for the lack of precision and forethought in the scheme — in the hope that this will lead it to fail — or to be appalled that the department is determined to implement the plan despite its woolliness and the complete failure to consult. The plan is a vague and awkward combination of vocational training and community service, combining the worst elements of both: all South Africans will be the losers.

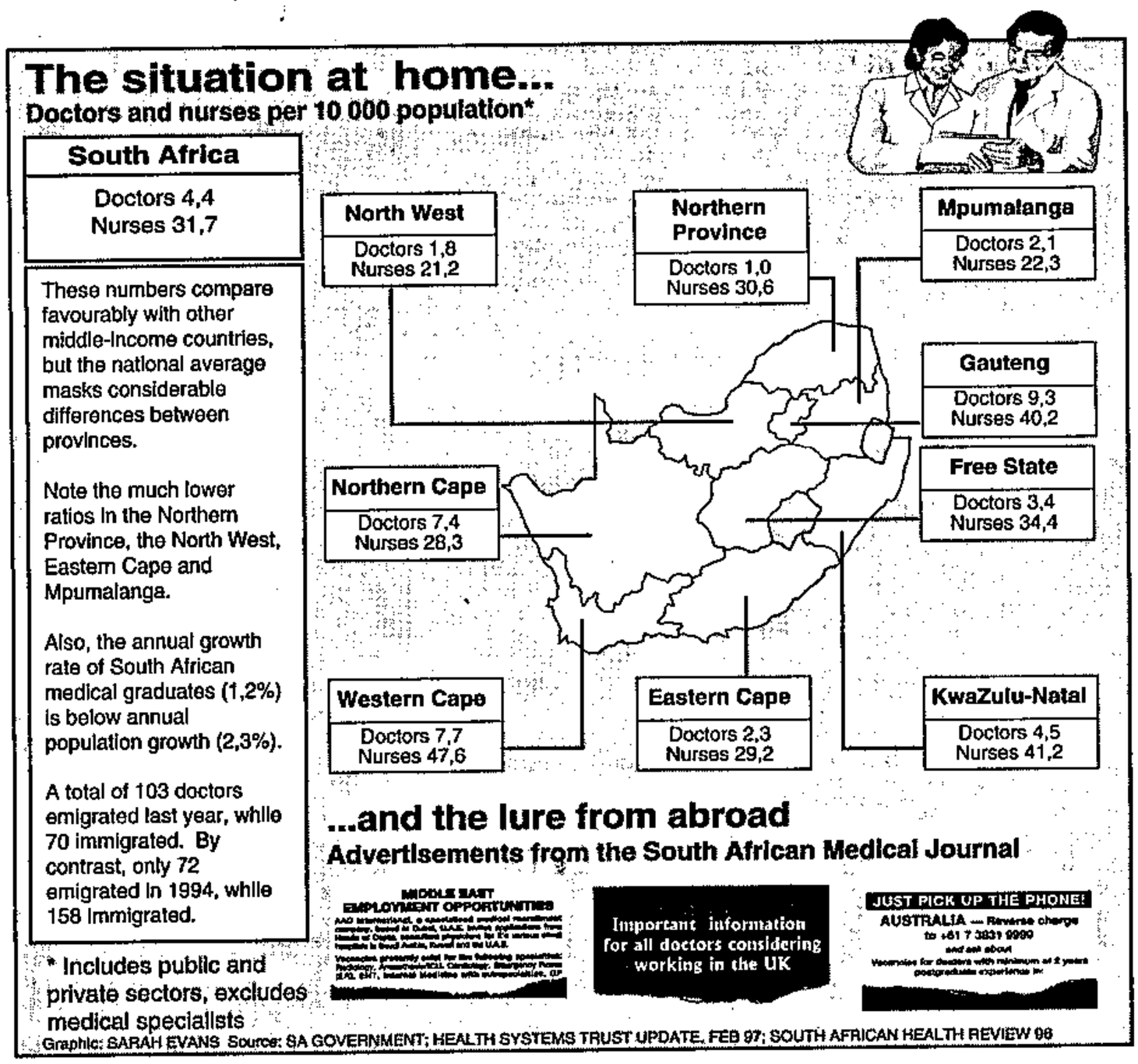
When Health Minister Dr Nkosazana Zuma first mooted the scheme, she said it was a form of community service aimed at improving access to health care in poor rural areas. It was only when public outrage erupted that her emphasis changed towards a perceived need for more vocational training for supposedly undertrained SA doctors. But the evidence does not support this assertion.

Opinion in SA (including the health department at one point) has been that a nine-year training programme for doctors would be unnecessarily long and far in excess of the international norm. SA medical qualifications are recognised worldwide, suggesting that present training levels are not seen as inadequate internationally. One only needs to examine the pages and pages of advertisements for employment in Britain, the US, Canada, New Zealand and the Persian Gulf contained in the SA Medical Journal to confirm this.

In the last three years not a single junior doctor has been convicted of unprofessional conduct, suggesting that standards of medical training are improving. However, in her haste to implement the plan by next year, the minister has abandoned these considerations.

In light of the lack of evidence backing the minister's claim about training needs, it is hard to conclude anything but that this new justification is a weak attempt to couch her initial viewpoint in less ideological and discriminatory terms. This is patently dishonest.

The ease with which she distorts her views according to the dictates of the day are demonstrated clearly by her claim, when she introduced her scheme to import Cuban doctors into the country, that SA doctors were "overtrained".



Being as it is a hastily thrown together mixture of community service and training, the plan will result in a situation which might conceivably fill one objective or the other but not both. A system of vocational training requires supervision and a proper infrastructure, which might be available in urban areas but not in the areas where Zuma believes the doctors should go.

If doctors are allocated according to their training needs, they will be far away from underserviced rural communities. If they are allocated according to the needs of rural hospitals, they will be placed in conditions where they cannot possibly obtain the breadth of skills and experience that will add to the skills they already possess.

The most immediate consideration is the disruptive impact on interns, who have only a few months in which to reschedule their lives. With a promptness which has tolerated no room for consultation or planning, notices have already been sent out to interns. Many have spouses and children and have already, in good faith, made plans for next year. But aside from the abruptness with which the plan was implemented and the arrogance of the minister in refusing to listen to concerns of the students, the substance of the scheme is likely to be in conflict with a number of constitutional provisions.

The state has a constitutional duty to realise a wide range of socio-economic rights, including health care. But it cannot carry out this right by limiting other rights. The Junior Doctors' Association is proceeding with legal action against the department in the constitutional Court.

The constitution protects the right to equality and non-discrimination. Yet only medical personnel have been identified, although doctors are by no means the only profession whose training is subsidised by the state and who might therefore conceivably owe a contribution to the country.

All university, technikon and college students benefit from state subsidies and it seems unfair that lawyers, architects and dress designers, for instance, should not likewise make a community service contribution. Furthermore, doctors already have a year of public hospital service incorporated into their training period, and so already perform some community service.

The European Convention on Human Rights has suggested that more than one year of compulsory community service would probably constitute a violation of the freedom from compulsory labour — a right guaranteed in the SA constitution. Three years of postgraduate training would be far in excess of this standard.

The scheme also potentially violates the right to freedom of choice of residence and movement, and the right to free choice of profession.

All these rights can be limited, if necessary, to advance a legitimate cause. But given the complete failure to consult with the parties who would be affected most directly and the failure to consider other options, it is hard to see how the health department would be able to claim that it is not placing unnecessary restrictions on these rights.

The minister had a number of less dictatorial options. A small inducement, such as reducing loans in return for two years of work in rural areas, would not have met with resistance en masse from doctors.

A willingness to negotiate and compromise would have made a resolution of the health crisis in rural areas that much easier. Instead, she has isolated and angered a group which plays the pivotal role in her plans for public health care renewal.

In many cases foreign countries will be the principal beneficiaries if this scheme comes to fruition and graduates find themselves pressganged into involuntary labour.

Should emigration take place on a large scale, it will be the rural poor, without access to medical aid and private health care, who will suffer the most.

The minister must urgently reconsider: at the very least, she needs to show that her glib assurances about the capacity of the current system to handle the plan have a sound basis. So far there is no evidence that there has been anything other than a cursory investigation. Before this, however, she needs to institute a more rigorous consultation process.

□ *Mike Ellis is the Democratic Party's spokesman on health.*

Report slates Cuban doctor

M+G 27/6-3/7/97 (93)

A report on the deaths of four patients treated by a Cuban doctor finds that the families have grounds to sue, reports **Justin Arenstein**

THE recent exoneration of a Cuban anaesthetist from responsiblity for the death of four patients at Pietersburg Hospital by the Northern Province health MEC, Joe Phaahla, flies in the face of an expert report he commissioned from the South African Society of Anaesthetists (Sasa).

The confidential report, extracts of which were leaked to the *Mail & Guardian* this week, expressed "alarm" at the attitude to the deaths by the Cuban doctor — identified for the first time as L de la Parte. It found that his degree of competence was far below the level where he could work without constant expert supervision.

The programme to bring Cuban doctors into the country was initiated by the Minister of Health, Dr Nkosazana Zuma, to plug gaps in health resources in some of the poorer provinces.

Phaahla claimed during television and press interviews that the Sasa report exonerated De La Parte. He accused the media of "picking on the deaths and sensationalising them to discredit the whole Cuban volunteer programme". He refused to release the report for public debate.

The department insisted this week that the report was being kept confidential to protect the families of the deceased — so confidential that relatives have not been told that the report finds that any civil action by them would "probably be successful".

The provincial health department director general, Dr Nicholas Crisp, was blunt: he said that "we don't make a practice of telling people they can sue us. We definitely don't see that as our obligation at all."

Stressing that the leaked portions of the report dealing with the medical background of the patients were "severely paraphrased", Crisp confirmed that the section dealing with Sasa's peer review committee findings was accurate.

Referring to De La Parte, the report reads: "We were alarmed at his attitude. We found him to be arrogant, especially while making comments such as 'I am not worried [about the deaths] as they were sick enough' and 'the surgeons were not well qualified'."

The report says that all alternative treatment suggestions were "fobbed off as being our British training whereas in Cuba things are done differently". A Medical and Dental Council disciplinary hearing would probably find De La Parte guilty of misconduct in all four cases, it says.

Nkosazana Zuma: Used Cuban doctors to plug holes in health resources

The report's four core recommendations expressly state that De La Parte cannot be permitted to continue practising in South Africa without retraining and "complete supervision" at all times.

Acting on the recommendations, Crisp declined to renew De La Parte's contract with the department and told the anaesthetist not to bother returning to South Africa from a holiday in Cuba.

Phaahla, however, told the media that De La Parte had returned to Cuba because of the stress created by sensationalistic press coverage and a subsequent nervous breakdown.

Phaahla's representative, Tshepo Moshima, consistently refused to give the *M&G* access to the MEC on Wednesday to explain the discrepancies between his public comments and the report's findings, but insisted that Phaahla stood by his previous public statements.

"Why would his views have changed? If you look carefully, there are actually no discrepancies between the statements and the report. The MEC is not available on this issue and I speak for him," said Moshima.

He did, however, concede that there were "things that we need to still clarify on some points".

Stressing that the department had commissioned the report to ascertain whether "the department is really taking care of lives", Moshima said that it had never been intended for public debate or for the families of the deceased.

"That is just not the nature of the report — it is not meant for the families. It is true that we haven't advised them that the report says any civil action would probably be successful but the document is confidential," he added.

"And in any case, we don't know whose duty it would have been to tell the families. Must administration or the MEC do this?"

Sasa's president, Dr Leon du Preez, agreed that the report had been confidential to protect the families' identities but stressed on Wednesday that they had to be informed that they had grounds for civil action.

"The whole case is now being investigated by the police to determine whether there are grounds for an inquest, as recommended in our report, but it is essential for the families to at least know that they could sue for damages," he said.

Both Du Preez and Crisp repeatedly stressed that the issue that De La Parte was Cuban had focused undue attention on the incident and that it was "unfortunately discrediting the very good work being done here by brilliant Cuban surgeons and doctors".

Confirming that there had been at least 12 anaesthestic deaths at Pietersburg Hospital during the same period as the four cases involving De La Parte, Crisp said that the department had instituted new strict monitoring procedures to review all future deaths immediately.

"If you saw the number of patients who are classified as dying 'anaesthetic deaths' in South Africa, you'd be surprised. It's masses of people but there are often other factors involved. We all recognise that this is not a well-managed service but the new measures we have instituted and a new national study to determine exact figures and causes will give us a better handle on the situation," he explained.

'I am not worried [about the deaths] as they were sick enough' — Cuban doctor

Police investigating the deaths of those at Pietersburg Hospital are still collecting affidavits for the attorney general but feel that there is sufficient evidence to justify a full Inquest.

According to Crisp, an agreement between Cuba and South Africa ensures that De La Parte will be brought back should he be required to "answer questions". It is unclear whether this would also apply for a civil case by relatives. — *African Eye News Service*

The Star ... Wednesday July 2 1997

Medical chief Mokgokong puts his trust in common sense

(93) Star 2/7/97

Masa president aims to unite doctors who left in disgust during apartheid era

By Janine Simon
Medical Correspondent

Professor Ephraim Mokgokong waves the hands that will lead South Africa's conservative white medical association into the African future and says: "The only gift God gave me is in my fingers, to be a gynaecologist. The rest is common sense."

Mokgokong (63) was inaugurated as president of the Medical Association of South Africa (Masa) last month, just days after the organisation admitted to the truth commission the errors of its past ways.

He is Masa's first black president, his one-year term following that of the first women president, Dr Jocelyne Kane-Berman.

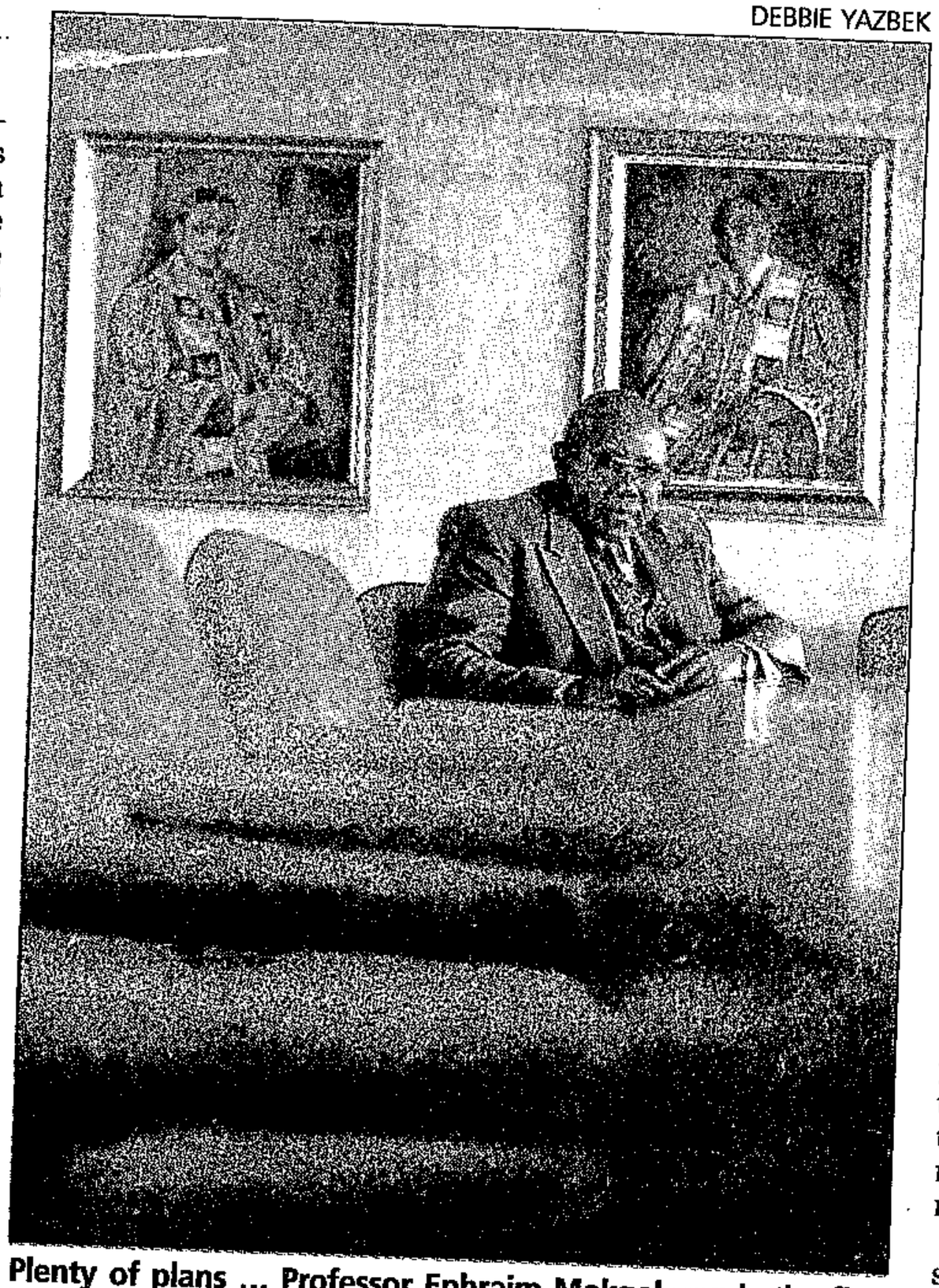
His aim is to unite the doctors who left in disgust over Masa's performance during apartheid, and create a professional body to which the majority of the population can relate.

"Masa is potentially too good an organisation to be left with its current image," says Mokgokong, who is no stranger to leadership in the medical profession, or to controversy.

He was part of Masa's coastal branch, which disassociated itself from the organisation over the Biko affair, and had just joined the South African Medical and Dental Council when it was forced by the Supreme Court to re-open the Biko enquiry.

Currently principal and vice-chancellor of Medunsa, Mokgokong is now also vice-president and the longest serving member of the council.

DEBBIE YAZBEK



Plenty of plans ... Professor Ephraim Mokgokong is the first black president of the Medical Association of South Africa.

Even his entry into the profession was fiery. Armed with a matric from the then Johannesburg Bantu High School, and a degree from Fort Hare, he was given a place at both Natal and Wits medical schools. He opted for the former, to the anger of his family, who regarded it as a "bush university", he recalls.

He graduated in 1961 and lectured and worked until he obtained his fellowship in obstetrics and gynaecology in April 1967.

At Natal he was inspired by then head of obstetrics, Dirk Crighton.

"You never know what's going to happen in pregnancy and labour; that's when people need that wisdom in your fingers and brain," says Mokgokong, who besides his academic demands still practises at private clinics in Mabopane and Soweto, and once-monthly in his home territory of Venda.

He ranks his major early achievements as increasing black clientele for Natal Blood Transfusion Services from 10% to 75% (though it has dropped now because of Aids) and creating the world's first mobile cervical cancer detection clinic.

In 1975, he became head of department at Natal University, with a special research interest in diabetes.

His future seemed secure, yet when Medunsa opened he took the decision to leave Natal to head the obstetrics and gynaecology department at the new medical school.

Mokgokong describes himself as a staunch ANC supporter. As a Masa member for 35 years, he is deeply familiar with the medical organisation.

Despite calls to the contrary at the truth commission's health hearings, Mokgokong believes firmly in the autonomy and independence of the medical profession, buttressed by a strong system of peer review.

What the various role-players say

Star 4/7/97 (93)

■ The National Intern Alliance says the 1 200 doctors who graduated last year and were expecting to register in December want to work, but are being used as "cannon fodder" for the 1999 elections.

Spokesman Anna Sporaco says the NIA wants a national summit on the issue. The alliance will fight community service (compulsory state service) or vocational training (supervised postgraduate training) for 1998.

■ The Junior Doctors' Association of South Africa believes a compromise can still be reached but will take legal action against vocational training or community service, on grounds of late notification and violation of constitutional rights.

It has always supported incentive-driven, voluntary community service. Members have offered to spend a year of voluntary community service in a hospital of their choice, says chairman Dr Mangaliso Mahlaba.

■ Until now, the Interim National Medical and Dental Council has said vocational training will start next year but it has to decide whether structures will be in place by January. Thirty inspectors are assessing 57 hospitals, and must report back next month.

Community service is outside the council's brief, says president Professor Soromini Kallichurum, who denies that the council acts as an arm of the Government.

■ The council's technical committee on vocational training has made no recommendation on final implementation, says member Professor Johan de Vries. Its recommendation – that vocational training be one year, and be combined with a reassessment of the entire training system – was ignored.

"In the many months I've been involved I've never got the feeling that the minister was pressuring," De Vries says.

■ Wits University's dean of health sciences, Professor Max Price, recommends that vocational training be suspended for a year.

It is not clear who will assess students, and where resources will come from, he says. Community service is acceptable in supervised posts but should not be introduced at short notice.

■ The Health Department will be ready to implement vocational training in January, says Dr Tim Wilson, chief director, academic health centres and hospital development.

Compulsory community service has been policy since 1991. It was put on the backburner when the council proposed vocational training but was included in the legislation after five groups at the portfolio committee hearings said they would prefer community service to vocational training, Wilson says. Debate is needed and the final decision will come from Parliament. The department believes that doctors in community service should be supervised, he says.

Interns grope their way around new health legislation

(93) Star 4/7/97

1 200 newly qualified doctors shelve plans as they await final word on extra training recommended by Interim National Medical and Dental Council

REPORTS BY JANINE SIMON
Medical Correspondent

It's noon on the first day of surgical block for 11 interns at Hillbrow Hospital. Dr Michelle Owens (24) gingerly lifts a sheet off the foot of a patient lying in the cramped resuscitation room.

"The ankle's very swollen," she tells registrar Dr Henry Wanjala Wasilwa.

In previous years, Owens and South Africa's 1 200 other medical interns would have had only one thing on their minds as they entered the second half of pre-registration apprenticeship – learning, under the watchful eyes of a registrar, exactly what to do when a blood-spattered person is wheeled into the room.

In six months' time they were expecting to register as fully fledged doctors. But, not only are Hillbrow interns working in a beloved old flatland teaching hospital about to be scaled down by a provincial restructuring plan, they cannot make personal plans for next year.

Scheme 'not properly thought out'

The Interim National Medical and Dental Council says training has been too specialised. Interns now do six months of surgery and medicine – they need another two years of supervised learning in different institutions and in areas such as obstetrics and paediatrics.

This will also develop skills to help them build up district health services, says the Health Department.

Medical faculties and professional bodies say the courses won't be ready in time.

Today, the council will debate pressing ahead with vocational training, but even if it is suspended for 1998, interns may have to comply with health policy and do community service for two years, according to a new clause in health-profession legislation now with the state's legal advisers.

"It just hasn't been properly thought out," says Owens, who was planning to work in the public system towards specialising in anaesthetics.

Training without supervision is community service, says Dr Tessa Kotze (26). After seven years of study she has never seen a paediatric or obstetric patient on her own, and says she would be scared to do a full resuscitation alone.

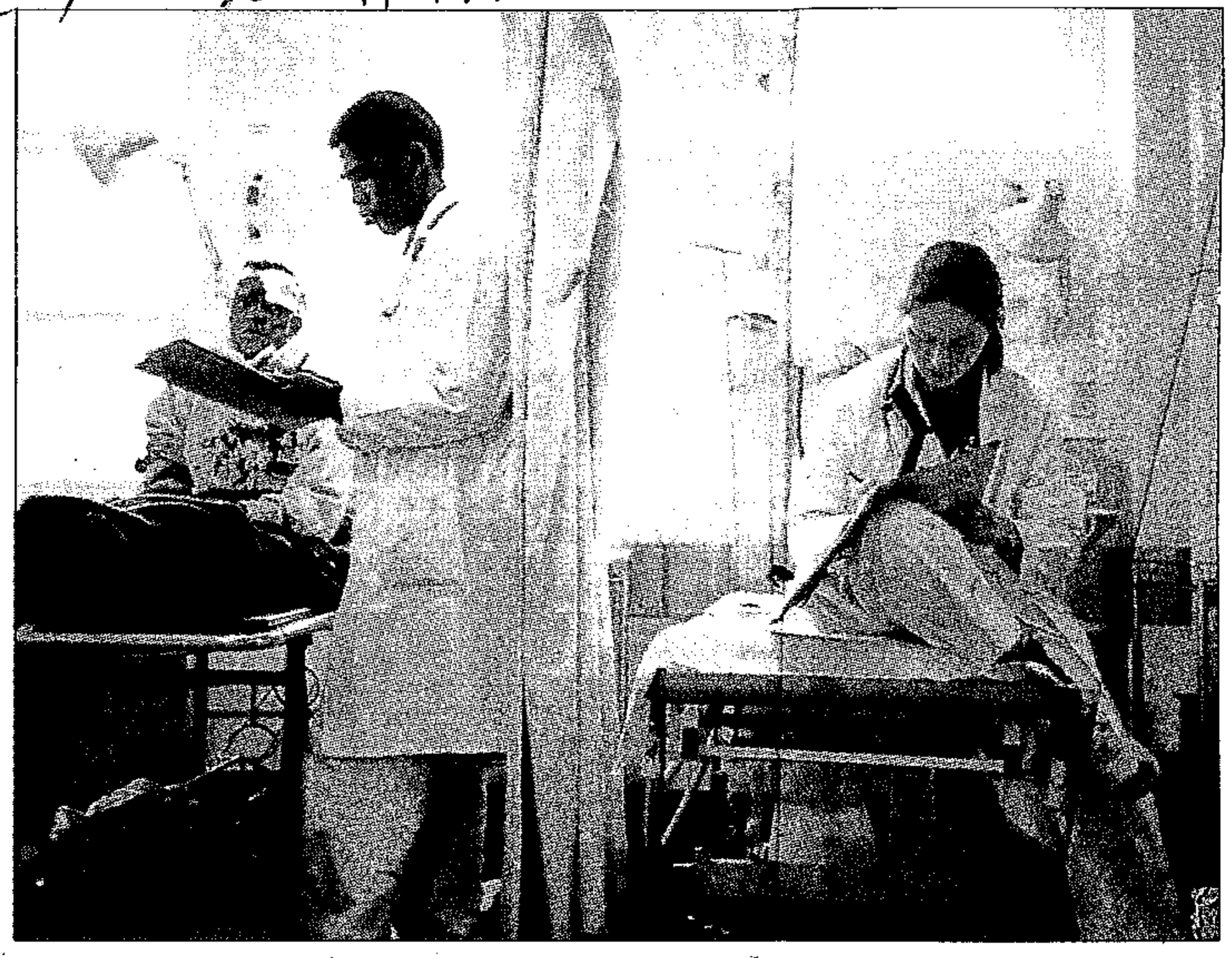
It is a case of "watch one, do one, teach one", says Dr Nasreen Coovadia (24).

Dr Mxolisi Nkosi (30) believes he would be a safe doctor for common illnesses, "as long as I can refer anything I can't handle", he says, turning away from a wound he is tending.

'Watch one, do one, teach one'

The patient is Rejoice Shabangu of Hillbrow. She is quiet as the debate rages over her head.

ANDREAS VLACHAKIS



We want to serve ... interns Michelle Owens and Mxolisi Nkosi – seen with patient Rejoice Shabangu – are among the 1 200 interns countrywide whose futures are to be decided soon.

Controversial plans cause strife

Controversial plans to start postgraduate vocational training (PVT) for doctors in 1998 come under the spotlight again today, as doctors threaten legal action against any form of forced state employ next year.

There have been repeated calls to suspend PVT for 1998 on grounds of inadequate consultation and planning. Professional bodies that met with the Interim National Medical and Dental Council's technical committee on vocational training last week reiterated the call.

A clause allowing compulsory community service (CCS) has been inserted into the Medical, Dental and Supplementary Health Service Professions Amendment Bill because at least five parties at the portfolio committee hearings said they would prefer CCS to vocational training, says chief director, academic health centres, Dr Tim Wilson.

The bill was withdrawn last month after heated opposition. The revised version was accepted by the Cabinet. It is with the state's law advisers and has still to be debated.

The Star ... Wednesday July 9 1997

Decision on training for student doctors delayed

(93)

Uncertainty on proposal to suspend vocational programme until structures are in place

Star 9/7/97

By Janine Simon
Medical Correspondent

Medical interns face another two weeks of uncertainty over vocational training for next year.

In theory the controversial two years' in-service training gives new doctors more supervised, hands-on experience with patients before they register.

The executive committee of the Interim National Medical and Dental Council was to have decided on Friday whether to press ahead with vocational training next year, in spite of calls to suspend it as no course structure or posts are in place.

Council spokesman Louise Emerton said the issue would now be finalised as a "joint decision" after a meeting with Health Minister Dr Nkosazana Zuma on Tuesday.

"Council decides on vocational training, but the minister will be providing background information and also give us an idea of her intentions," Emerton said.

The council was investigating whether training structures would be set up for next year.

Dr Anna Sporaco, spokesman for the National Intern Alliance, said the council's vacillation was unacceptable.

The alliance, which made a representation to the council on Friday on behalf of the 1 200 interns who would be affected next year, believed the executive council had the power to act.

Sporaco questioned what problems the council had coming to a decision.

Zuma is due to meet the alliance, the Medical Association of SA and the Junior Doctors' Association next week, after a meeting last month. Emerton said she asked the council to also be present.

The minister raised the question of community service for medical graduates again. It has been included in health policy since 1991, but was put on the back burner when the council raised the issue of vocational training.

A clause enabling community service is included in new legislation in line with requests by doctor and other bodies, Dr Tim Wilson of the National Department of Health has said.

Tighter control for high-earning surgeons

(93) BS 9/7/97

Kathryn Strachan

TWO district surgeons in the Boksburg-Benoni area each made more than R480 000 last year, Gauteng health MEC Amos Masondo said yesterday.

In response to questions by the Democratic Party (DP), Masondo said tighter controls were now being placed on the high earnings of district surgeons.

These controls were instituted after problems were identified by the auditor-general in the district surgeon management system.

In Boksburg and Benoni, for example, there was only one district surgeon who worked 129 hours a week (which would mean he worked more than 18 hours every day of the week).

The system has been deeply flawed with district surgeons — private doctors who are contracted to do sessional work for the state — given numerous loopholes to claim for work which they have not done.

Masondo said more district surgeons had now been appointed in the province, with all existing contracts terminated and re-appointment limited to 40 hours per week per district surgeon.

DP spokesman Jack Bloom said proper control was long overdue in a system that was designed for the truly indigent.

"The top-earning district surgeons last year ... made close to R500 000, partly accounted for by the use of assistants, which has now been prohibited, but is still grossly excessive," Bloom said.

Zuma looks to Australia for help now

(93)

ARGUS CORRESPONDENT

ARG 10/7/97

Pretoria – Health Minister Nkosazana Zuma has again set her sights elsewhere in her search for doctors to work in the rural areas – this time she is eyeing Australia.

Dr Zuma said negotiations with the Australian government to provide South Africa with eye specialists were under way.

She received 2 000 intra-ocular lenses, microscopes and surgical equipment yesterday from Tim Fischer, Australia's Deputy Prime Minister and Minister of Trade, at the CSIR conference centre.

The gift, she said, would restore the vision of thousands of cataract-blind South Africans almost free of charge.

The lenses, which would be distributed among associations for the blind, were donated on behalf of the Australian-based Fred Hollows Foundation – known for its efforts to improve opthalmology throughout the world.

This gift formed part of the health department's drive to ensure a better life for every South African, she said.

Competition Board to the rescue as doctors close ranks on fees

(93) ST(BT)13/7/97

The board's entry into the health care war is good news for the general public, writes PAT SIDLEY

THE Competition Board is looking at doctors and other suppliers of health care services with its eye on whether or not their behaviour in fixing tariffs is anti-competitive or not. This scrutiny means patients' interests will at last be looked at while health care suppliers battle to keep their pockets full.

Doctors, specialists and other health care providers have been getting together in various groups to face the effects of managed care.

The advent of managed care in SA means that medical aids, insurance companies and dedicated managed care companies will ensure that prices of health care cannot continue to rise as steeply as in the past. In some areas, prices may fall.

This is done by imposing limits to how doctors and other health care suppliers can charge patients and on what basis. In many cases this means that medical practitioners are given an upper limit on what they can charge. Hospitals, pharmacists and other suppliers are also limited by negotiations with managed care companies in what they can earn and how they can earn it.

In order to fight the pressure from managed care companies and medical schemes, doctors are forming preferred provider networks. Surgeons have formed a group which represents around 80% of surgeons. They have simply laid down the gauntlet: "These are the prices — take it or leave it."

These moves are seen by some as price-fixing or collusion. And where this works against competition it might be regarded as contrary to public interest. Doctors have generally been exempt from this type of scrutiny — the Medical Association of SA has been able to recommend tariffs to its members without interference from the Competition Board.

Reg Magennis, managing director of Medmanage, says the medical schemes law was designed for a central pricing mechanism which would set "scales of benefits" paid to doctors and "blue book" prices for pharmaceuticals.

Managed care has spurned groups of "preferred providers", and there are now groups of doctors tendering against other groups, says Magennis. Following the doctors, hospitals have formed networks and pharmacists have also banded into groups. The groupings are engaged in what Magennis describes as a "battle" in health care.

In this scenario, the Competition Board is defending competition on behalf of the public. The board will be meeting with doctors later this month, and has asked for a submission by the Representative Association of Medical Schemes to answer charges from other health care suppliers that it imposes and fixes rates when then cannot be varied.

For the public, the scrutiny of the Competition Board should be welcome. In a real sense, the board represents the interests of the public at large.

"The public can't shop around for a different price," says board chairman Dr Pierre Brooks, referring to the effect of doctors fixing non-negotiable rates for care.

Brooks says: "A collective getting together could constitute horizontal collusion — which is outlawed — in the provision of services."

What it means for the public is that there may eventually be no flexibility or room to shop around for health care — and health care is a necessity for everyone.

So if medical schemes and their organisation, RAMS, leave no room to shop around, they may well land up on the wrong side of competition policy.

Brooks points to a recent appeal court case in which agreements between suppliers and consumers in which there is no flexibility, and in which rights and obligations are forced on the parties, were ruled to be against the law.

As things stand, the public has not been included in the debate as doctors, pharmacists, hospitals and others jostle to keep their incomes as high as possible in the face of managed care companies' attempts to cut prices down.

The entry of the Competition Board, with its longstanding tradition of fairness, into the debate will ensure that the needs of the public are incorporated into the eventual outcome of the war being waged in heatlh care.

AZT generic may become available

GLAXO-WELLCOME, manufacturers of AZT, one of the more frequently used drugs for the treatment of AIDS, may face a challenge to its patent in this country from Canadian generic drug manufacturer Apotex Inc.

Apotex is awaiting the outcome of a court challenge to Glaxo-Wellcome's patent in Canada.

Apotex president Jack Kay says the basis of Apotex's challenge to the patent lies in the company's contention that the drug was not invented by Glaxo-Wellcome, but by the National Institute for Health in the US. It therefore does not merit the protection of a patent.

It has lost a similar challenge in the US, but has already been selling its generic equivalent, Apozidovudine, on the Canadian market and in other countries where the patent system does not protect Glaxo-Wellcome's patent efficiently.

AIDS patients currently relying on the state for treatment are unlikely to get AZT because of the cost. The state called for tenders for a mere 1 090 packages of the drug and Glaxo-Wellcome won the tender at R526 per 100 tablets. There are some 2.5-million AIDS patients in SA who rely on the state for their treatment.

Apotex SA chief executive officer Gerald Peter says his company can supply the drug to the state for R263 per 100 and still make a large profit. Peter says the Department of Health has taken an interest in this drug and the Medicines Control Council has approved the company's application to have the drug registered on the new fast-track registration process. This means that the process for registration can be speeded up — although the registration itself is by no means automatic.

Kay said Apotex SA would be willing to challenge Glaxo-Wellcome's patent in SA if it succeeded in the Canadian courts. It would be helpful to the country's AIDS patients if the government saw the need to help ensure that the cheaper generic equivalent drug was available.

Staff shortage of 13 500 in health services 'no crisis'

BD14/7/97 (96) (93)

BISHO — The advertisement of more than a thousand jobs in government health services does not indicate a staff crisis, say health service officials.

Nursing posts alone, ranging from enrolled nursing assistants to chief professional nurses, accounted for 850 of the recently advertised posts.

Meanwhile health department spokesman Khulekile Bata said the department was short of 13 500 staff but this was no crisis.

"The services have problems but they are not insurmountable".

"The health facilities are there, but not with 100% of their staff, maybe 60%."

The Eastern Cape health and welfare departments have never hidden their staff shortage.

In MEC Dr Trudy Thomas' 1996/1997 annual report, presented in April, she said of the 52 100 posts in the sector, only 38 640 were filled.

Thomas said some backlogs were "critical" and in some cases there was "not a single doctor in an isolated rural hospital, no pharmacist in big ones, no social worker to visit an abused child".

The Eastern Cape has one doctor for every 4 000 residents. Other provinces have a ratio of 1 doctor for every 700 residents.

Bata said the long term solution was for the province to produce its own doctors and nurses and a limited number of bursaries were available for this. — ECN.

'Labour law powerless against globalisation'

BD 14/7/97

Reneé Grawitzky

INTERNATIONAL experience had shown labour law was becoming almost irrelevant in the face of globalisation, Harry Arthurs, professor and president emeritus at York University in Canada, said at the weekend.

He told the 10th annual Labour Law Conference in Durban the capacity of law to transform society was close to zero. Globalisation, he said, was shaping the relationships and culture of societies.

As the world came to terms with the negative effects of globalisation, there was a growing realisation, even among "its enthusiasts", that their interests would be best served by growth of democracy and decent working conditions in the Third World.

Investors, he said, were "disquieted by repeated scandals in unregulated international financial markets", while governments were "defeated because they have presided over a period of declining salaries, employment benefits, job security and workers' rights".

Ultimately, Arthurs said, strategies to achieve a "more benign version of global capitalism" could well depend more on self-interest than on idealism.

It was the responsibility of states to ensure globalisation was more humane, responsible and worker-friendly. Governments had "some margin of choice" not to be locked into regressive labour market policies, and to try to carefully manage and "marginally diminish the potential harm wrought by globalisation".

This margin could be achieved by building social partnerships and consensus-seeking. But people should not deceive themselves. "The margins for choice are not very great ... and there will probably be more sharing of pain than of gain."

SA was in a unique position in relation to other developing countries in that its economy was largely dominated by major SA companies and had not yet experienced the deep penetration of global capital. This provided the country with a small window of opportunity for the social partners to negotiate the terms of its entry to the global economy.

This had to be achieved within a corporatist structure, but it appeared that the parties were not yet able to take that leap of faith required to enter such a process. Government, he said, could only pay a limited price to preserve social partnership.

Arthur said the social partners in SA had to make an internal deal, giving the country a sense of solidarity, before SA entered the global economy fully. SA, he said, was acting correctly by approaching globalisation with a commitment to minimum standards.

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BD 14/7/97 (93)

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"The health facilities are there, but not with 100% of their staff, maybe 60%."

The Eastern Cape health and welfare departments have never hidden their staff shortage.

In MEC Dr Trudy Thomas' 1996/1997 annual report, presented in April, she said of the 52 100 posts in the sector, only 38 640 were filled.

Thomas said some backlogs were "critical" and in some cases there was "not a single doctor in an isolated rural hospital, no pharmacist in big ones, no social worker to visit an abused child".

The Eastern Cape has one doctor for every 4 000 residents. Other provinces have a ratio of 1 doctor for every 700 residents.

Bata said the long term solution was for the province to produce its own doctors and nurses and a limited number of bursaries were available for this. — ECN.

ZUMA

Zuma shelves 2-year training for doctors

(93) BD 16/7/97

PRETORIA — A compulsory two-year postgraduate vocational training period for medical students would not come into effect in January as planned, the SA Interim Medical and Dental Council announced yesterday.

A spokesman for Health Minister Nkosazana Zuma, Vincent Hlongwane, said the council had announced it would suspend implementation of the plan indefinitely due to a number of obstacles. These included complaints from medical students that they were not consulted on the matter. Also, there was not enough trainers available for in-service training.

"The council decided it first needed to address the question of changing the medical curriculum so that this could include vocational training," he said.

"Vocational training has been shelved temporarily, but is still firmly on the agenda."

Hlongwane said Zuma announced that medical students would from next year still be obliged to do a year's community service. This could be done at any hospital where a need existed.

According to Hlongwane, Zuma said medical students completing their studies this year would next year be placed in a public hospital where they would work as part of a team. "They will be fully fledged medical officers and will be paid accordingly."—Sapa.

Young doctors want talks to thrash out Zuma's new proposals

(93)

ARGUS CORRESPONDENT ARG 16/7/97

Pretoria – The Junior Doctors' Association of South Africa (Judasa) has called for a national summit of all healthcare professionals to resolve differences with Health Minister Nkosazana Zuma over her proposal for additional periods of vocational training and public service for newly-qualified doctors.

A Judasa delegation met Dr Zuma in Pretoria yesterday during which she agreed to shelve her proposal of an extra two years vocational training. Instead she proposed young doctors undertake one extra year of public service, from January.

The two-year training was intended to give graduate doctors supervised, hands-on experience with patients before they were registered as fully fledged doctors. Judasa, which has about 2 500 members, said it wanted Dr Zuma to convene a national summit involving all the health sector professionals.

Dr Zuma's spokesman, Vincent Hlongwane, said the minister accepted the complaints that students were not properly consulted and that the INMDC could not get enough trainers to supervise the interns.

Zuma digs in on year's service for interns

(93)

ET 16/9/97

OWN CORRESPONDENT

PRETORIA: Vocational training for medical students has been temporarily shelved — instead, students will be forced to complete an additional year of public service.

The proposal, which still has to go before Parliament, has outraged medical students, particularly those just six months from qualifying and who are now slapped with another year.

They have labelled the proposal as unconstitutional, poorly thought out and discriminatory — and several bodies have called for the establishment of a consultative forum before the matter was steam-rollered through.

Health Minister Dr Nkosazana Zuma yesterday announced that medical students completing their studies this year would next year be placed in a public hospital where they would work as part of a team.

South African Dental And Medical Student Association (SADAMSA) representative Dr Yacoob Carrim welcomed the shelving of vocational training, but lashed out at public service, saying it was unilateral, had not followed proper procedures, and was also discriminatory to select only the medical professional.

It was detrimental to both health givers and receivers as it stood, he said.

He called for the suspension of public service until a consultative forum had been established.

National Intern Alliance (NIA) representative Dr Anna Sparaco said there were discrepancies in the proposal, as the Interim National Medical and Dental Council, with which doctors have to register, is propagating clashing ideas.

The council deemed interns unfit to practice privately, yet they would be subjected to public work, she said.

The NIA, which represents the majority of interns in the country, also called for a consultative forum.

The alliance questioned Zuma's claim that all provincial health MECs were ready to implement the proposal.

NIA representative Dr Mohammed Nagdee said the cost of implementing an ill-thought out and poorly-prepared proposal far exceeded those of delaying until adequate and bona-fide consultation had taken place.

Zuma's new proposal hits a raw nerve

(93)

By Priscilla Singh
and Pretoria Correspondent

Star 16/7/97

Vocational training for medical students has been temporarily shelved. Instead, students will be forced to complete an additional year of public service.

The proposal, which still has to go before Parliament, has outraged medical students.

They have labelled the proposal as unconstitutional, poorly thought out, discriminatory, and several bodies have called for a consultative forum to avoid the matter being steam-rollered through.

Health Minister Dr Nkosazana Zuma announced yesterday that medical students completing their studies this year would have to serve in public hospitals next year.

The announcement was made in Pretoria after a meeting between Zuma, Interim National Medical and Dental Council president Soromini Kallichurum and a Junior Doctors' Association of South Africa delegation.

South African Dental and Medical Student Association representative Dr Yacoob Carrim welcomed the shelving of the proposal, adding that it was discriminatory to select only the medical profession.

National Intern Alliance representative Anna Sparaco said there were discrepancies in the proposal, as the Interim National Medical and Dental Council, with which doctors have to register, was propagating opposing ideas. The council deemed interns unfit to practise privately, yet they would be subjected to public work if the proposal was ratified.

Medunsa representatives added that only students were being targeted, instead of senior members in the medical profession.

DOCTORS' RATES VARY GREATLY

Illness can be the death of you — financially

CT 17/7/97 (93)

A RECENT Cape Times survey shows that the prices charged by private medical practitioners can vary by as much as 60%. Health Writer **CAROL CAMPBELL** reports.

DOUBLE-CHECK whether your doctor charges Medical Association of South Africa (Masa) rates or medical aid rates before you go to hospital for treatment — or you could end up paying at least twice as much.

This was found in a Cape Times survey of what it would cost you to have a heart attack.

The substantial difference in the cost of treatment could also be applicable to other maladies, as South Africa's health care system is revamped to incorporate a much larger private care sector.

The survey found that a hospital bed in a private clinic is about 20% more than a bed in a state hospital — but the biggest price difference is in the rates charged by private doctors, which could substantially increase your bill.

So if you are lying in a private clinic, use your options to choose your doctor. Prices vary between practitioners by as much as 60%, and in this new era of medicine it is for you to choose who attends to your needs — and at what price.

In the survey, we compared the basic costs carried by three patients, at different ends of the income scale, after a heart attack.

The final figures were: R54 for an indigent patient (whom the state supports), R5 000 for a private patient at a state hospital, and R18 500 for a private patient at a private clinic. (See table for details)

Medical tariff consultant Mrs Dalena Coetzee (formerly the manager of Masa's tariff department) said Masa increased its rates annually to keep pace with inflation.

"Annual increases are based on cost inflation in medical practice. Imported medical equipment and the rand-dollar exchange rate contribute considerably to medical cost inflation," said Coetzee.

But Dr Aslam Dasoo, spokesman for the Representative Association for Medical Schemes (Rams), said it was the lower Rams rates that were keeping pace with inflation and the Masa rates that were "overinflated".

"If medical aids were to pay Masa's rates they would be bankrupt in two years. The only way we could balance our books would be to increase our members' fees.

"I'd like Masa to explain to a labourer why his salary increases at 8% but his medical aid contribution increases at 15%, which would happen if we paid Masa rates."

Not all private doctors charge the full Masa rate, which is the "maximum" they may charge.

A Cape Town specialist said he charged a "half-way" amount. "If a medical aid will pay R100 and Masa says we can charge R200, I charge R150," he said.

Doctors who charged more generally saw fewer patients and spent more time with them, he said.

"I see a patient on average every 20 minutes, but other doctors can see a patient every seven minutes."

Dr Pete Malan, head of Constantiaberg Medi Clinic's 24-hour emergency unit, said patients on medical aid or who were "financially able" paid a set tariff irrespective of whether they used a private or state hospital.

For example, a day in the ICU at Constantiaberg would cost R1 823,60, and at Groote Schuur a patient would pay R1 481.

"Constantiaberg Medi-Clinic charges medical aid rates but this is not necessarily the case at all private hospitals, and patients should determine this before admission," Malan stressed.

A patient could ask for a doctor who charged a rate he could afford, but this could mean a change of hospital.

THE COST OF A HEART ATTACK

This table shows how much patients at different ends of the income scale will pay to be treated for a heart attack plus a stay in hospital of five days.

- **Patient A is indigent and lives below the bread line.**
- **Patient B is poor but has an income and is covered by medical aid *(for the purposes of this graphic he is taken to Groote Schuur Hospital).***
- **Patient C earns R10 000 a month and is fully covered by medical aid. He is taken to Constantiaberg Medi-Clinic.**

	A Patient earns LESS than R2 000 a month	B Patient earns MORE than R2 000 a month	C Patient earns R10 000 a month
AMBULANCE	R17 for provincial ambulance	R136 for provincial ambulance	R702 for advanced life support private ambulance with a sister
ADMISSION	R37 for 30-day stay in hospital	—	—
ICU	—	R1 481 a night at Groote Schuur Hospital	R1 823,60 a night at Constantiaberg
GENERAL WARD	—	R373 a night at Groote Schuur Hospital	R459,10 a night at Constantiaberg
DOCTORS	—	Patient pays R104 for treatment by Cardiologist *estimate* If the patient cannot afford the specialist rates a 30% surcharge is added to the bill	Cardiologists charge (Masa rate) R104 per half-hour for a routine hospital visit Cardiologists charge R500 per half-hour for emergency resuscitation (Masa rate)
HIDDEN COSTS	—	Patient will be expected to pay for large disposable items and medicine. This will come to ±R500	Itemised billing. Patient is billed for all disposable items.
TOTAL	Patient's total R54 State's total 5 days x R945 *average* per day R4 725	This is for two nights in ICU and three nights in the general ward TOTAL COST = R5 000 *estimate*	Hospital costs = R12 500 *estimate* Cardiologist bill = R5 000 *estimate* Ambulance bill = R1 000 *estimate* TOTAL COST = R18 500 *estimate*

- **There are hidden costs which might not have been included in this graphic.**
- **Figures have been rounded off.**
- **Medical aid schemes have 'ceilings' *(they will only meet a patient's costs up to a point).* It is important to know how much money you can spend on your medical aid.**
- **Most specialist doctors (like a cardiologist) charge Masa rates which are about 50% to 60% more than medical aid rates. The patient has to pay the difference.**
- **The average cost of care per day for any patient in a state hospital is R945.**

Graphic: Mugamad Jacobs

CAPE TIMES
THURSDAY, JULY 17, 1997 ★

FORCING INTERN ISSUE 'COULD RUIN GOODWILL'

Zuma 'jeopardising vision'

THE HEALTH MINISTER should not force the issue of vocational training and community service if she seeks long-term support, doctors say. Health Writer **CAROL CAMPBELL** reports.

HEALTH Minister Dr Nkosazana Zuma's plan to take health care to impoverished communities is "revolutionary" and "brilliant", but she is jeopardising her vision for long-term change by prematurely making new doctors do a year of community service, doctors say.

A medical superintendent at Groote Schuur Hospital, who asked not to be named, said Zuma had failed to win the full support of the medical establishment on vocational training and community service.

"By forcing the issue she could ruin the goodwill doctors feel for their profession and this would have an impact on her long-term vision for health in South Africa."

Zuma announced on Tuesday that all interns to be registered at the end of the year (there are about 1 200) would be forced to do a year of community service for the state before being registered to practise independently.

The medical superintendent said it was common internationally for new doctors to continue training after graduating before practising independently.

These training programmes were usually not controlled or designed by the ministries of health but by independent colleges or faculties of medicine.

What was needed in South Africa was a rethink of the way doctors were taught and a reassessment of the type of student accepted at medical school.

"We train our students to treat the individual rather than to see him in his social context. Training is curative rather than preventative."

The students accepted at medical schools were often academically brilliant but did not always have the "common touch".

"It's not the colour of the students that is the issue but the sort of people they are," he said.

Yesterday most medical students at Stellenbosch University and the University of Cape Town had resigned themselves to working an additional year for the state.

Ms Julia Ambler, a fifth-year student at UCT, said she would be spending two weeks at a rural hospital near Nqutu in KwaZulu-Natal at the end of the year.

"If I like it there I will ask to go back for my year of community service, but if I can stay in Cape Town I will opt for Somerset Hospital."

Mr Steyn Smit, a sixth-year student at Stellenbosch University, who grew up in Worcester, said he would prefer to go back to his home town for community service.

"I want to know from Dr Zuma when exactly we will be registered, what salaries we will earn during this year, if we will be able to choose where we can work and if we will be able to choose which department we can work in."

Medical students also wanted to know why they were being singled out for community service and other professions like engineering, architecture and law left alone.

Dr Karen Iloni, spokesperson for the National Interns' Alliance, said interns wanted to be involved in formulating a health-care plan.

"We are calling for a suspension of Dr Zuma's plans until a summit involving all stakeholders has been called to discuss the issue. The proposal is ill thought out and inadequately planned."

Dr Mark Sonderup vice-chairperson of the Junior Doctors' Association of South Africa (Judasa) said to allow people to go into a programme next year without clarity was unacceptable.

"The negotiations are happening now, but in terms of consultation and getting consensus, nothing has happened.

"Our position for 1998 is that there should be no programmes for the medical interns until proper structures are in place."

The Medical Association of South Africa and Judasa are pushing for a national summit with all concerned and will consult their attorneys this week.

● See Page 8

Hold back, doctors told

(93)

JOHANNESBURG: Labour experts have advised the Medical Association of SA and the Junior Doctors' Association of SA to hold back on any action against the Department of Health until Parliament decides on the Medical Dental and Supplementary Health Service Professions Amendment Bill.

Masa and Judasa said yesterday they would take their dispute to the public service's central bargaining chamber next week because it had now become a "labour issue".

The bill will stipulate if medical interns have to fulfil the compulsory one-year community service stint from January next year at state hospitals.

Masa and Judasa lashed out against Health Minister Dr Nkosazana Zuma and the Interim National Medical and Dental Council after the announcement on Tuesday. The suspension of the two-year vocational training programme, which was welcomed by all parties, was also announced on that day.

Until it was law Zuma could not impose community service without its "in a sense being slave labour", said a labour expert.

CT 17/7/97

Zuma's battle of the bill may turn into a 'labour issue'

(93)

By Priscilla Singh
Health Reporter

Star 17/7/97

As the Medical Association of South Africa and the Junior Doctors' Association of South Africa square up to the Department of Health over the proposed Medical, Dental and Supplementary Health Service Professions Amendment Bill, labour experts have thrown some light on the battle of the bill.

Masa and Judasa said yesterday they would take their dispute to the public service's central bargaining chamber next week because it had now become a "labour issue".

The bill will stipulate whether medical interns, at least 1 200, have to fulfil a compulsory one-year community service stint at state hospitals from January.

Masa and Judasa lashed out at Health Minister Dr Nkosazana Zuma and the Interim National Medical and Dental Council after the announcement was made in Pretoria on Tuesday.

The suspension of the two-year vocational training programme, which was welcomed by all parties, was also announced.

Industrial relations expert Andrew Levy said if the proposal was not law as yet, then Zuma could not impose the community service on the interns without it being "in a sense, slave labour".

Labour law expert Brett Hearn said the central bargaining chamber would determine whether the interns had jurisdiction for a labour dispute with Zuma and the interim council. He also said Zuma's proposed legislation for interns was comparable to legislation for national service.

Temperatures soar over service plan

(93)

'No legal backing for Zuma'

ARG 19/7/97

ADELE BALETA

Compulsory community service for doctors, first mooted in 1983, came full circle this week when Health Minister Nkosazana Zuma announced a proposal that doctors who are doing their internship this year be forced to do a year's community service from January.

Despite praise for Dr Zuma's willingness to move on original proposals governing community service, the new proposal, which still has to go before Parliament, has sent the temperatures of junior doctors soaring – especially those who are only a few months short of qualifying and who now face another year.

Until now doctors were given full registration on completion of their internship, allowing them to either stay in public health or move on to private practice.

Those doctors who worked in the community did so voluntarily.

But while Dr Zuma has been the target of vitriolic attack for her handling of the compulsory community service issue, medical interns and students have remained divided on the issue. They say at least 70 percent of interns choose to stay in public health for at least a year, anyway, in order to get more experience.

Most healthcare workers have underscored the need for community service in principle, but many have taken exception to Dr Zuma's "bombastic" style and her department's unwillingness to consult with stakeholders.

They accuse Dr Zuma of alienating those who are integral to the success of the community service plan, which is meant to get doctors where they are needed most – in the rural areas.

'Dr Zuma could have had everyone on board if she had gone about it in a consultative way'

As one commentator put it: "Dr Zuma and her department could have had everyone on board if she had gone about it in a consultative way. The idea should be to have a system that healthcare workers feel part of and want to support. There is no other way that it can work."

By fighting the plan, interns have, on the other hand, been accused, mainly in letters to the press, of being racists and bent on protecting their white privileges.

Meanwhile concern is growing that, while the entire medical profession remains at loggerheads, albeit it over an important issue, patients out there are still not receiving healthcare.

The thorny issue of compulsory service was resurrected by the ANC in its health policy document in 1991.

Under the apartheid regime, the proposal had died a sudden death, mainly due to military conscription.

But in 1994, a committee of inquiry into health insurance headed by director-general of health Olive Shisana recommended two years' compulsory community service in under-serviced areas.

Met with strong opposition, the plan infuriated the medical fraternity, including students and interns. They quoted their constitutional rights and maintained it was unfair that doctors were singled out when other professions, that could make a contribution, were not being called upon.

In 1996 the proposal was again shelved, this time in favour of two years' vocational training – with the emphasis on training.

The principle was then approved by the Interim National Medical and Dental Council, who would also become responsible for organising the training.

The idea of the training was that young doctors should not be sent into rural or underserviced areas without supervision.

The vocational training would, however, mean that instead of qualifying as a doctor within seven years, it would now take nine years. Students on bridging programmes would take even longer.

Again the proposal was rejected – this time as "community service in disguise".

Many students and interns said they were adamant the only way to address the maldistribution of doctors, was to make any move into the rural or underserviced areas an incentive-driven one.

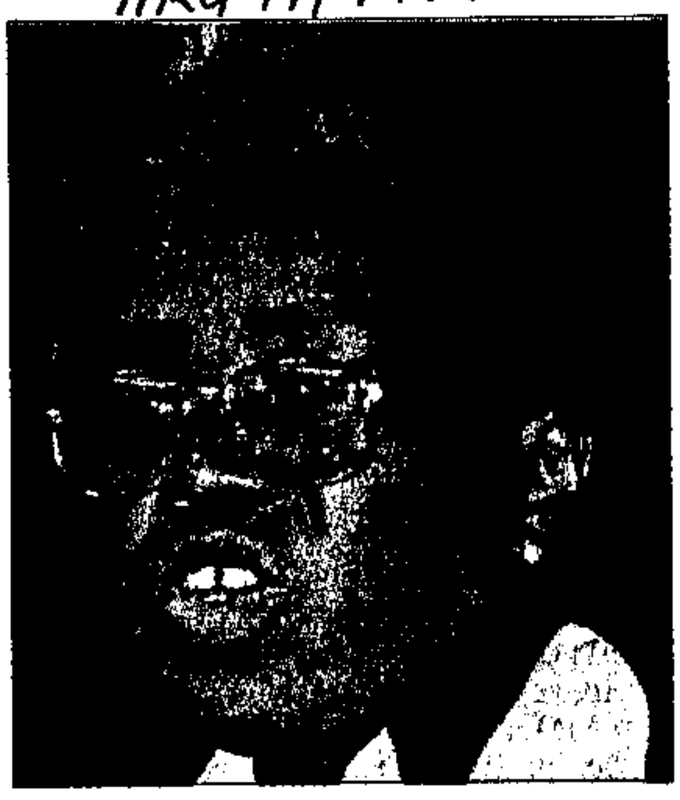
Parliamentary hearings were held on the matter this year, but once again Dr Zuma received flak for trying "to steamroll" the Medical and Dental Supplementary Health Service Professions Amendment Bill that dealt with vocational training through Parliament.

In the face of vociferous opposition, she was forced to withdraw the bill. This week Dr Zuma temporarily suspended vocational training and reverted to the community service option – albeit a more tailored one.

Despite applause for her proposal that doctors do only one year community service, the main gripes remain.

Junior doctors, who admit they are divided on the issue, are still unhappy with the health department's "prescriptive" approach and the "quick-fix" method of dealing with long-term health issues.

The students still resent the notion of being forced into an extra year of service at



Health Minister Nkosazana Zuma

short notice, although they say they do support community service in principle. They say they have also not been given any details as to how the plan would work.

Several students and medical intern organisations have called for a consultative forum with stakeholders before the matter is "again pushed" through Parliament. They want meetings with the health department to find out exactly what is intended for interns after 1998.

Until then the Junior Doctors Association of South Africa (Judasa) and the SA Doctors and Medical Student Association are meeting with their attorneys to ascertain their legal position.

In his comment, Judasa vice-chairman Mark Sonderup said public hearings on the Bill were scheduled for August, but the legislation would only likely be promulgated in September. This would give the 1997 interns barely two months to reorganise their lives and apply for posts.

"It is unlikely that the bureaucracy will be able to handle the applications of about 1 000 interns before January 1998. In the meantime confusion reigns and lives are turned upside down," he said.

Another problem, he said, was that the issue of vocational training was still "very much in the wings".

He said: "Compulsory community service is a labour issue that will be discussed at a meeting of the Central Bargaining Chamber next week.

"The Minister of Health cannot legally implement compulsory community service until negotiations with the Medical Association of SA have been finalised within the chamber."

The battle lines are drawn, but whatever plan is finalised, the priority should be putting the needs of patients first.

Zuma's latest proposal gives new doctors a headache

(93) Star 19/7/97

Doctors doing their medical internship this year will only be given full registration after they complete one year of compulsory community service as proposed by Health Minister Nkosazana Zuma this week.

Once they finish their internship they will only be partially registered. This effectively means that they will only be able to work in the public service.

If they want to work in private practice they will have to do the extra proposed year. This was spelt out by the Health Department's Chief Director of Hospitals and Academic Health Service Complexes, Dr Tim Wilson, who is in charge of the allocation of interns.

This week the controversial plan for two years of vocational training was shelved temporarily and instead junior doctors were told they may be required to do one year community service.

The proposal, if passed by Parliament, will come into affect in January 1998. Wilson stressed that 1997 interns would be the first batch of doctors to be sent into the communities as part of the plan, but he stressed that no doctor would be sent to any area without proper "support" or "supervision" no matter how dire the need for services is in any particular area.

Health Department Deputy Director, General Ayanda Ntsaluba, confirmed that the department would support the notion of full registration only on completion of the year's service in the community.

But he said that registration would depend on the "wording of the clause" relating to community service in the Medical and Dental Supplementary Health Service Professions Amendment Bill. The nature of the registration of interns would depend on the phrasing of the enabling act.

Louise Emerton, spokesman for the Interim National Medical and Dental Council – the registration body – said: "We are waiting for the department of health's regulations regarding community service. Until we have these, we cannot say whether doctors will get partial or full registration when they complete their internship at the end of this year."

Laws of the land

She said the regulations would first have to be promulgated. Although the INMDC was independent, it was subject to the laws of the land. Several doctors associations and the National Interns Alliance, the largest group representing doctors, have rejected Dr Zuma's latest proposal on community service saying the proposal is "unconstitutional", a "quick fix solution and doomed to failure".

Recruiting agencies for doctors for the United Kingdom have reported a big increase in queries on last year by medical students and junior doctors for internship posts – Own Correspondent.

Registration after service deal for interns (93)

ARLT 19/7/97

Extra year fuels anger

ADELE BALETA

Doctors doing their medical internship this year will be given full registration only after they complete one year of compulsory community service, according to a proposal this week by Health Minister Nkosazana Zuma.

Once they finish their internship at the end of this year they will be partially registered only. This means they will be able to work only in the public service. If they want to work in private practice, they will have to do the proposed extra year.

This was spelt out by the health department's chief director of Hospitals and Academic Health Service Complexes, Tim Wilson, who controls the allocation of interns.

This week, the controversial plan for two years of vocational training was shelved temporarily and instead junior doctors were told they may be required to do one year community service. The proposal, if passed by Parliament, will come into effect in January 1998.

Dr Wilson emphasised that 1997 interns would be the first batch of doctors to be sent into communities as part of the plan, but he said no doctor would be sent to any area without "support" or "supervision", no matter how dire the need for services in any particular area.

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She said the regulations would first have to be promulgated.

Although the INMDC was independent, she said, it was subject to the law.

Several doctors' associations and the National Interns' Alliance, the largest group representing junior doctors, have rejected Dr Zuma's latest proposal on community service, saying the proposal is "unconstitutional", a quick-fix solution and doomed to failure.

Recruiting agencies for internship posts for the United Kingdom have reported a marked increase in queries since last year from medical students and junior doctors.

O' Grady Peyton recruitment agency managing director Petrus Lombard said he was inundated with calls from "angry" interns who said they were "sick and tired of being messed around".

While 98 percent of doctors returned to South Africa after temporary posts overseas, the danger with medical students was that if they did their internship overseas, they would be registered there and were likely to settle there, he said.

No legal backing for Zuma, see page 10

Uncertainty piles on stress for medical students

(93) Star 22/7/97

Recent findings by Roche Consumer Health, prior to the postponement of the plan for vocational training by Health Minister Dr Nkosazana Zuma last week, indicated that medical students were not bearing up to the strain of the issue.

The findings showed that the uncertainty of the vocational training issue had pushed students' stress levels to unhealthy proportions.

The Berocca stress barometer found the sample of medical students to be highly stressed, with levels way above the 40 mark. An alarming 48% of students fell into the 50 to 70+ category.

According to the barometer, once the score reached 50, negative symptoms dominated and performance levelled off and even declined in some cases. Respondents lost their ability to relax and their performance deteriorated quickly.

The barometer found that 23% of the students suffered from stress levels higher than 70%, which indicated an individual who was abnormally stressed and close to breaking point.

– Health Reporter.

We won't be blackmailed into doing service – interns

(93) Sowetan 23/7/97

By Priscilla Singh
Health Reporter

The National Interns Alliance says it is not prepared to allow its members to be blackmailed into doing the one-year community service which, according to Health Minister Dr Nkosazana Zuma, will be introduced next year.

The NIA on Monday issued a memorandum to Zuma in which it expressed its unhappiness with the announcement last week that the medical interns would have to start a one-year community service stint at state hospitals from January.

NIA spokesman and medical intern Anne Biccard said Zuma should not rush to make the community service law. She said interns felt that Zuma had also "committed a unilateral breach of faith" by forging ahead with the community service without proper consultation.

Biccard said, according to the old system students studied for six years, did one year of internship and then received their certificate to practice.

During the year of internship, they were required to work at least 58 hours overtime without pay on good faith, but often found that they were working a minimum of 80 hours a week overtime without pay.

"We were also informed at the meeting last week, by the Department of Health, that they will not issue the registration certificate to interns if they do not fulfil the community service," said Biccard.

Zuma's spokesman Vincent Hlongwane said it was unfortunate that the interns were complaining so vehemently about the lack of consultation when it was agreed last week, during the meeting in Pretoria with the minister and all present, that consultation will be intensified with all the provinces.

Zuma had said, even if it meant her sitting in on the consultative meetings, she would make the time.

"If consultation means agreement to the interns, then we are looking at the situation in different ways. Consultation should continue, to realise the common vision which is universal access to medical services in the country," said Hlongwane.

He said on the one hand, the interns were committed to providing health services while, on the other, they wanted to selectively choose how they went about it.

"The department was criticised by everyone when the Cuban doctors were brought in. How else can we provide health care if we can't utilise our local doctors?" said Hlongwane.

He said it was critical for the interns to take advantage of the community service because it would be invaluable experience towards being fully qualified practitioners.