HEALTH & DISEASE _ DOCTORS

1998

Pay up or you won't get your grant, doctors tell disabled

(93) (2002)

PHYLICIA OPPELT

ST 11/1/98

UNSCRUPULOUS doctors in Kwazulu Natal are blackmailing the disabled, forcing them to pay bribes in order to get their welfare grants.

Not only do the doctors demand money from the disabled for the certificates that make them eligible for the grants, they also want them to pay up each time they collect their monthly welfare cheques from the doctors.

If the disabled do not comply, the doctors ensure their grants are not renewed.

The practice is so widespread that the province has set up a special investigative team.

Eric Mhlongo, the deputy director general of Kwazulu Natal's social welfare department, said the team — consisting of officials from his department, the police and the attorney general's office — had already made headway in the scams.

Two district surgeons face charges of bribery and fraud, and four social workers have been arrested for making fictitious reports to claim grants.

"These doctors are paid by the department to review the grants, and the disabled should not be paying them," he said.

"We've received many reports of unlawful payments, but these people are in a difficult position. "If they don't pay, they don't get assistance."

Louis Nzimande, of the province's Council for the Disabled, said it was easy for doctors in some rural areas to prey on handicapped people as many were illiterate, and did not know their rights.

"In a small town outside Maritzburg, more than 250 disabled people have been forced to bribe the local district surgeon for the past five years.

"The day after they receive their disability grants, the disabled have to visit the doctor's surgery, where they have to hand over R25 of their R470 welfare cheques."

Nzimande said the doctor claimed he prescribed medication worth R25 each month.

"But if these people do not visit the doctor, their grants are not renewed.

"He keeps a record of those who don't pay, and when their grants come up for review, he ensures they are not extended."

Mhlongo said: "Government officials are also creating fictitious children or using their neighbours' children to claim maintenance grants."

Gauteng moves after-hours doctors to district hospitals

BD 13/11/98 GB GB

Josey Ballenger

SOME doctors at central Gauteng public hospitals would be asked to work overtime at understaffed regional or district hospitals from next month in an effort to distribute after-hours staff equitably, the provincial health department announced yesterday.

The province was not planning to cut overtime payments in the medium term. This had been "misunderstood" in media reports, the department said.

"We are not cutting overtime. Any doctor willing to utilise overtime at a hospital within a reasonable geographical distance (of their home or "base" hospital) will be able to do so," said Dr Norman Kernes, Gauteng director of hospital management.

Department spokesman Popo Maja said many hospitals did not have enough doctors to run an effective after-hours service. "On the other side of the spectrum, some hospitals have more staff on their establishments, due to the range of services run during normal hours, than are required to staff their after-hours needs."

The system will mean some doctors will not be able to work all their overtime at their "base" hospital, but could spend some or all of it at other hospitals. Specialists in short supply, such as neurosurgeons, will stay at central hospitals and will be paid more than 16 hours overtime if need be.

Kernes said these were the latest in a string of measures to "refine" the public health sector's "commuted overtime" scheme introduced in July 1996 to improve efficiency. It was in line with government's policy to build its regional and district hospitals' capacities and to "decrease (the) load of inappropriate patients flooding the central hospitals".

The plan, as outlined in a document called "Overtime equivalents" which was modified following public comment from August to November last year, asserts that individual hospitals will be given a "logic-based" allocation of medical staff for overtime duty. The institution will then decide on the mix of doctors that best suits its patients.

Hospitals have been asked to indicate their needs and excesses by the fifth of each month to their regional director, who will co-ordinate the next month's placements by the 20th. Kernes said he would not be able to estimate how many centrally located doctors would be asked to work some of their overtime hours in other hospitals until later this month.

He said that in the long term, the department hoped to reduce its overtime bill. It has spent about R200m a year on overtime payments.

Doctors plan to quit if overtime is cut

Squeeze is on at Gauteng Health Department, and Jo'burg Hospital staff say they've had enough

Star 12/11/98

By Priscilla Singh
Health Reporter

Doctors at Johannesburg Hospital are threatening to go into private practice unless the Gauteng Health Department changes its decision to cut overtime pay from February 1.

In a meeting with The Star, several senior doctors spoke of the difficulties they have endured at the hospital after financial constraints forced the management into cutbacks.

The latest, which affects all state hospitals in the province, allows overtime to be worked in shifts according to the volume of work. It also says that if doctors insisted on working overtime, it would have to be at regional hospitals after hours.

At Johannesburg Hospital, only 196 doctors are allowed to do overtime of 16 hours a week. The hospital pays 6 296 hours a week overtime to 409 doctors, and has at least 68 doctors on duty after hours.

According to the health department, it is prepared to pay overtime to only 43 doctors per shift (excluding interns). The maximum number of doctors who can access this at 16 hours a week is 196.

Dr Eric Buch, acting superintendent-general of the department, said: "We are prepared to pay for a few more doctors if a department motivates for it."

Chief medical superintendent Dr Trevor Frankish appealed to heads of department to make a substantial reduction in overtime hours and to rationalise after-hour services.

But one doctor said his overtime pay formed a major portion of his salary, and without it he was "finished". Currently he is acting in a senior post, for which he is not being paid.

"I earn about R14 000 before deductions, which includes the R5 400 I get from overtime work. So take away my overtime pay, and I am left with about R9 000 before tax and other deductions. How am I going to feed my family?" He agreed that some doctors were paid even if they did not work the extra hours, "but this is because the normal pay is so poor".

Another said: "Many doctors have private practices which they have been ignoring because of their dedication to the hospital. But now many of them are going to go into it full-time. Also the young doctors have already begun inquiring after posts in Canada and Australia," the doctor said.

Buch said: "Many doctors worked for more hours than they were paid for, and we decided to replace the old system with a new agreement where doctors would get an hourly rate for work done. We will pay for the number of doctors we think should be on duty."

In regional hospitals, more claims for overtime were necessary, while in the academic ones, many doctors were "padding" the overtime systems and being paid for being available and not really working, he said.

SHIFTS AT THE JOHANNEBURG HOSPITAL

Number of clinical staff working 16 hours' overtime per week

Number		Hours	Rank	Hourly rate	Per month
31	Interns	(496)	Interns	R35,44	R2 438,47
98	Medical officers	(1 568)	Rgst 1st leg MedOfficer	R53,96	R3 712,44
			Rgst 2nd leg SenMedOfficer	R68,00	R4 678,40
144	Registrars	(2 304)	Spec/Principal Med Officer	R79,71	R5 484,05
83	Specialists	(1 328)	Senior Specialist	R96,40	R6 632,32

Number of clinical staff working 12 hours' overtime per week

Number		Hours	Rank	Rate	Per month
23	Principal specialists	(276)	Principal specialists	R109,59	R5 654,84
16	Chief specialist	(192)	Chief specialist	R126,24	R6 513,98

CAPE ARGUS, **TUESDAY**, JANUARY 13, 1998

Doctors threaten to quit as health cuts bite

(93) ARG 13/1/98

ARGUS CORRESPONDENT

Durban – Operations are being cancelled at a leading Durban hospital and doctors are threatening to quit the public health service because of cutbacks in the Department of Health.

Overtime has already been cut in several hospital departments, including pathology, dentistry and community health, but overtime for other doctors was also under review, said the secretary for health in KwaZulu Natal, Ronald Green-Thompson.

The cutbacks are part of the department's attempt to reduce its deficit, which could amount to R800-million this year.

At King Edward VIII Hospital, a number of operations have been cancelled because there are not enough nurses to work in the theatres.

Nurses have also had their overtime cut.

"This is causing a lot of dissatisfaction among doctors who are unable to treat their patients," said a hospital source.

"The cutbacks are very unsettling. A lot of doctors are unsure whether there is any future in the state service. Some have already resigned and others are talking about leaving."

Professor Green-Thompson said the department had employed forensic auditors to review all hospital departments to see where further cutbacks could be made.

Stefan Morell, chairman of the professional Hospital Doctors' Association, said: "We understand that the department is in financial trouble but there is a need to establish a package deal, on a national level, for doctors which will include their overtime service."

Professor Morell said many doctors worked 20 to30 hours overtime a week and 40% of their salaries were made up of overtime.

Only one province has paid health dues to Gauteng — Masondo

BD 14/1/98

LITTLE progress had been made in getting other provinces to pay for medical services rendered by his department to nonGauteng residents, Gauteng health MEC Amos Masondo said yesterday.

Sapa reports he said: "Only one of the eight provinces has made an attempt to pay off its debt." These outstanding monies made up a substantial amount of the Gauteng health department's budget shortfall, he said in Johannesburg.

Northern Province had paid about R31m of its debt, but other provinces had not made any payments. The department's budget shortfall was estimated at R450m.

Masondo said other provinces had agreed in principle that they should pay what they owed, but no monies had been forthcoming. His department would increase efforts to recover monies owed for services rendered.

Meanwhile, **Josey Ballenger** reports the Medical Association of SA (Masa) has put doctors' overtime pay on the agenda of the January 22 provincial bargaining council meeting following "unilateral" decisions by the Gauteng health department to modify the overtime system from next month.

Masa industrial relations head Peter Brewer said the organisation was raising the issue on the grounds of "a unilateral decision on a matter of mutual interest", which legally required negotiation in the provincial bargaining council.

The council, which replaces the former bargaining "chamber" under the new Labour Relations Act, aims to settle disputes between public servants and their employers.

The health department announced on Monday that it would ask doctors at central hospitals who were willing to put in overtime hours, from February 1, to spend some or all of those hours at regional or district hospitals which were "geographically convenient". This is intended to distribute resources equitably between central and outlying areas.

Specialists in short supply, such as neurosurgeons, would remain in urban centres and would be paid for more than 16 hours' overtime if necessary.

Brewer said that Masa, which represented 14 000 doctors, two-thirds of the profession in SA, had not been consulted.

He said government was required to negotiate with Masa and other unions such as the National Education, Health and Allied Workers' Union and the Hospital Personnel Association of SA in the bargaining council before implementing changes.

Brewer said Masa objected not only to the alleged breach of procedure, but also to the proposed policy. "If you were working at Johannesburg Hospital and you were told to make the same amount of money by going to another hospital 30km away, I'm sure you'd be concerned about it," he said.

The was also lack of clarity on the extent of proposed changes. Some hospital administrators sent letters to their staff, apparently in response to a government instruction, that after-hours duty would have to be reduced by as much as 50%.

Despite government's assurances on Monday that it was not proposing cutting overtime compensation in the near future, Brewer said: "We are waiting to hear more at the provincial bargaining council. There is so much speculation."

National health department spokesman Vincent Hlongwane said Gauteng was the only province to have proposed significant changes to its overtime system.

Dairy prices set to rise

More Cuban doctors to ease plight of rural areas

(93)

CP 18/11/98

By JIMMY SEEPE

ABOUT 150 Cuban doctors will arrive in the country next month to help ease the shortages of doctors in rural areas, a Department of Health spokesperson told City Press this week.

The Cuban doctors, with another 80 doctors from the European Union and the United Nations Volunteer Corps, come at a time when rural communities continue to struggle to get proper health care – as a result of local doctors preferring not to work outside urban centres.

The 150 Cubans will join about 300 of their colleagues already in the country under a bilateral exchange agreement signed by the Cuban and South African governments.

The doctors are employed by the state on the same salary and benefit scale as local practitioners.

Health spokesperson Vincent Hlongwane said the department expected 80 doctors to arrive in the next two weeks – while the rest were expected in March.

Details of which provinces the doctors will be assigned to are expected to be announced next week.

Hlongwane said the health department also planned to continue to recruit Cuban doctors to alleviatet the acute shortage of practitioners in the rural areas.

"This government has committed itself to providing quality health care to all South Africans – and if we cannot find local doctors to work in the rural areas, we will continue to rely on outside practitioners," said Hlongwane. However, he said the health department hoped the new scheme in which medical interns would have to do a period of compulsory community service – once it comes into effect in July – would eventually alleviate the shortage of personnel in rural areas.

Doctors have long been rendering fr community servic

Workshop Manager: Mathilda Klaasen

Social Worker: Elmien Brink

DIVISIONS WITHIN WORKSHOP STRUCTURE

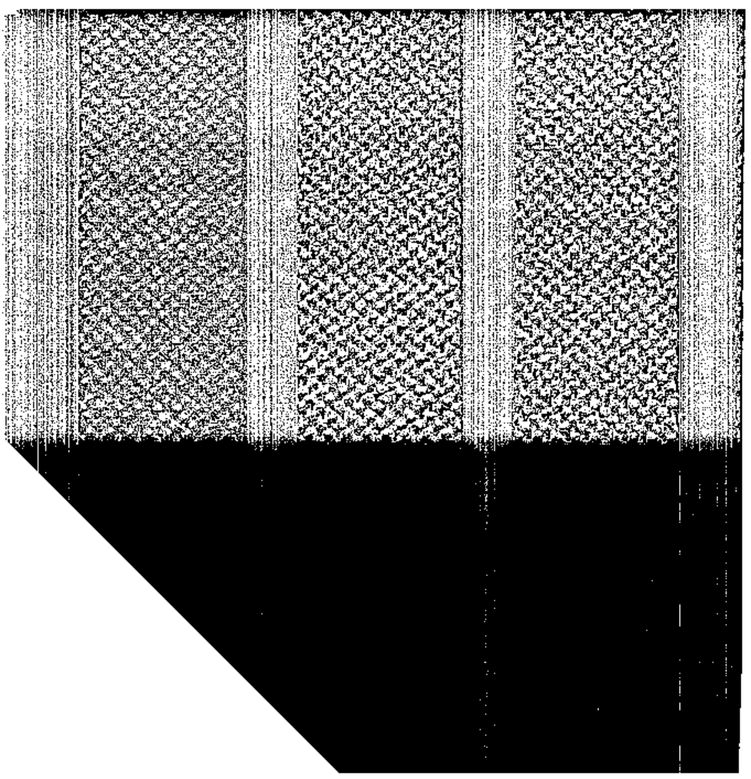
DIVISION	CONTACT PERSON	TEL.NO
Social Welfare	Elmien Brink	(0201) 2613
Admissons	Elmien Brink	
Sales/Distribution	Mathilda Klaasen	(0201) 3013

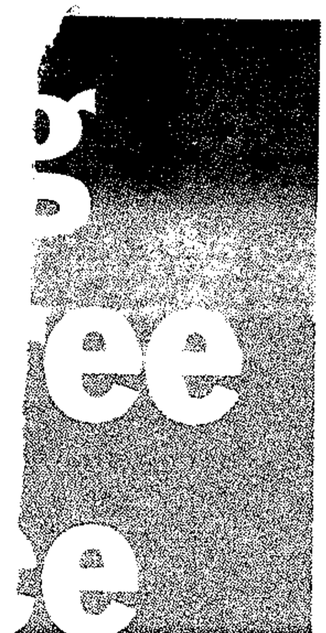
STAFF

STATUS	MALE	FEMALE	TOTAL
FULL-TIME	1	2	3
PART-TIME			

SUPERVISORS

WORKSHOP	MALE	FEMALE	TOTAL





HELP OUT! ... *Dr Nthato Motlana supports voluntary community work.*

COMMUNITY HELPER ... *The late Dr Joe Jivhuho.*

THUMBS UP ... *For Dr Nkosazana Zuma's new Bill.*

CP 18/1/98 (93)

CP REPORTER

New Bill only enforces what some docs have already been doing voluntarily

DR NKOSAZANA Zuma's Health Department has received unexpected support for the Bill on compulsory community service for medical interns, which comes into effect in July this year.

The community service, embodied in the Medical, Dental and Supplementary Health Professions Amendment Act promulgated late last year, was given the thumbs-up by a group of practising doctors who, during the dark years of apartheid, did community work for free in rural areas. Some of them are still doing so.

The doctors are Professor Ephraim Mokgokong, Dr John Mosendane, Dr Tom Rambau, Dr Peter Maelane and Dr Eric Neluheni.

Their community service was inspired in the 1970s by Medunsa physician, Professor Pat Makhobo, who was part of Anglo-American's "Harry's Angels". He travelled to Swaziland to treat patients, as there was a lack of primary health care in the tiny kingdom.

Another catalyst was a nun, Sister Matthews, who received a doctorate from Medunsa in recognition of her tireless work for the underprivileged. While operating at the Alexandra Clinic, she frequently travelled to Venda, where she established a community centre at Levubu. She organised free medicine from pharmaceutical companies for her patients in Venda.

"In 1977, she approached the late Dr Joe Jivhuho about the project and he roped in the late Dr Toto Dinalane and myself," said Dr Mosendane. "After doing community work for free on alternate weekends, we realised there was a dire need for more doctors to help communities on the fringe – so we recruited Dr Tom Rambau, Dr Peter Maelane, Dr Eric Neluheni and Professor Ephraim Mokgokong.

"Other doctors volunteered. So we approached Michael O'Dowd of Anglo-American, who agreed to rent a 12-seater kombi for us from the Chairman's Fund."

When the project enjoyed success, Sister Matthews charged patients a nominal fee, which she used to fund the clinic and needy students.

"The local hospitals, like Elim and Silioane, were not adequate," said Dr Mosendane. "The problem was that the homeland leaders took their cue from Pretoria and never attempted to address health care needs."

Mosendane called on Dr Zuma to heed the example of the late Chairman Mao who, during the Green Revolution, trained ordinary people to be field doctors and to teach peasants the importance of primary health care.

"This cuts down the unnecessary overloading of hospital services. We need something like that," he said.

During the township turbulence of the 1970s and 80s, the Johannesburg City Council had problems in the health department as white doctors were not prepared to enter the townships. They, together with the likes of Dr Nthato Motlana, Dr Archie Rathebe, Dr Sipho Nyembezi, Dr Themba S Shabangu, Dr Ambrose L Kgomo and Dr David Bengani, worked for no charge at Baragwanath hospital and clinics in Soweto.

Dr Motlana initiated the formation of a disaster committee which offered free services to deal with train disasters and disasters like the Kliptown floods.

"All black doctors understand that there is a crisis in the delivery of health care services in the country, which is compounded by unemployment and mushrooming squatters. Clearly, there is a need for doctors to do community service, given the fact that health care delivery during the apartheid years concerned itself with urban areas only. Considering all this, it would be nice for doctors to do community work voluntarily," he said.

Dr Peter Maelane, while acknowledging the need for community service, criticised the manner in which the Department of Health had approached it.

"Many feel there was no consultation. The minister, Dr Zuma, should have visited medical schools to brief students about the bill. Some of us have been doing free community service since 1977 and are still doing so," he said.

Dr Tom Rambau agreed that there was a need to provide medical treatment in outlying areas of the country. He said the problem was that young interns had not been consulted and had already made tentative plans. "But I believe many who completed their studies at the end of last year would have volunteered if they had been consulted," he said.

Another Bisho bungle leaves doctors unpaid

(93) CP 1/2/98

PORT ELIZABETH medical interns and other newly-appointed hospital staff were the latest victims of Bisho payment bungles when the Eastern Cape health department failed to pay their salaries this month.

The 60 junior doctors, pharmacists and medical officers – most of them from Livingstone Hospital – will now only be paid next Friday.

This is the third big payment crisis to hit the Eastern Cape government this month, and comes days after the Welfare and Education MECs were sacked because of poor performance.

According to the regional health department, there was a delay in newly appointed staff receiving their South African Medical and Dental Council registration forms.

This resulted in their names being omitted from the January payroll.

Officials stressed that the problem was an administrative one and not due to lack of funds.

It was said that the doctors and pharmacists were not happy, but accepted the explanation. – Sapa

Doctors set to declare dispute over overtime

BD 21/11/98 (93)

Pearl Sebolao

THE Hospital Personnel Trade Union of SA (Hospersa) is set to declare a dispute with the Gauteng health department tomorrow over the overtime policy for doctors, due to be implemented on March 1.

Hospersa spokesman Manifred Rothballer said yesterday that Hospersa, which represents about 800 doctors in Gauteng, would ask the province's bargaining council to postpone implementation of the policy until it had been discussed further.

Rothballer said the policy had been developed by the department without consultation with unions or employee organisations. It contained serious flaws that needed to be renegotiated.

"The department, however, has not indicated any willingness to renegotiate the policy, as they believe it is a national policy on which there has been sufficient consultation, but this is not true," Rothballer said.

He said the new overtime policy required doctors to work a 16-hour overtime shift a week, in addition to the normal 40-hour week, to qualify for the commuted overtime remuneration.

Doctors would be required also to work overtime at different hospitals, if the hospital at which they were employed did not require overtime.

Hospersa was concerned that this would cause administrative difficulties, as the department had not stated the criteria which would be used to determine how the doctors would be chosen for work at different hospitals.

It would place an additional burden on doctors, who now had to travel extra distances to reach hospitals in outlying areas.

Rothballer said no industrial action was planned for the near future and that patient care at hospitals would not be affected by the dispute with the department.

Botha's case could 'drag on for years'

BD 27/11/98

CAPE TOWN — Legal sources say the court case against former state president PW Botha, who has refused to appear before the truth commission, could drag on for years.

Lawyers raised the possibility that his legal team could drag out proceedings by pointing to the refusal by some judges last year to appear before the commission to testify about the legal system under apartheid.

His team could also hand in medical certificates and appeal to the high court, the Appeal Court and the Constitutional Court, sources said.

Botha is to appear in the George Regional Court on Friday on a charge that he disobeyed a subpoena from the commission to appear before it.

Another source said there was a chance the prosecution against Botha would not be completed by the time the commission's life expired in June.

Cape Town Regional Court president Victor Lugaju, who will preside in Friday's hearing, has indicated he will postpone the case to give himself time to study the court documents. — Sapa.

Row over Caribbean medical training

(93 Star 2/2/94

OWN CORRESPONDENT

Durban — The government will spend more than R1-million this year to train South African doctors in Cuba, yet 300 KwaZulu Natal medical students, studying in the Dominican Republic at their own cost, will not be allowed to practise in South Africa.

The health department said last week it had sent another 42 previously disadvantaged students, including 10 from KwaZulu Natal, to Cuba to study towards a medical degree over the next six years. The cost per student is estimated to be less than R25 000 a year, health ministry spokesman Vincent Shongwane said.

Just off the coast of Cuba, on an island called the Dominican Republic, about 200 South Africans who have been studying medicine at their own cost are anxious about their future.

They have been told by the Interim Medical and Dental Council they will not be able to do their internship in SA because they do not meet local standards, yet their degrees are recognised in Britain.

Shongwane said the students in Cuba had been selected from rural and under-served areas to which they would be required to return and work for six years. He said there was a need to train doctors who would be prepared to work in rural areas, but most had difficulty in gaining entry to SA medical schools.

"The eight medical schools in South Africa are admitting 90% of their students from urban areas," Shongwane said.

A spokesman for the medical students in the Dominican Republic, Dr Raakesh Samsunder, said he could not understand why they were not allowed to register in SA, considering there is a shortage of 8 000 doctors.

"The council has never even been to the Dominican Republic to assess the degrees," he said.

The SA council said the Dominican Republic's medical qualifications did not comply with the council's standards. Dr Samsunder said that 17 Dominican Republic-qualified doctors had registered in SA prior to 1995.

Foreign degrees no remedy for SA docs

(9B)

LT 2/2/98

THE government is to pay more than R1 million this year for South Africans to study medicine in Cuba, but medical students studying in the Dominican Republic will not be allowed to practise here.

The Health Department said last week that it had sent another 42 previously disadvantaged students to Cuba to study medicine. The first group of 10 students who had been unable to gain entry to South African medical schools were sent by the government to study in Cuba last year.

The cost for each student was estimated to be less than R25 000 a year, a Health Ministry spokesperson said.

Meanwhile, about 200 South Africans who are studying medicine at their own expense in the Dominican Republic, close to Cuba, are anxious about their futures.

In a statement, the Interim Medical and Dental Council said the Dominican Republic's medical qualifications did not comply with its standards for registration. However, the degree is recognised in Britain.

A spokesperson for the medical students, Dr Raakesh Samsunder, said 17 doctors who had qualified in the Dominican Republic had been permitted to register in SA before 1995. — Own Correspondent

Dominican medical degrees fall short in SA

(93)

Josey Ballenger

SD 2/2/98

MEDICAL qualifications in the Dominican Republic do not measure up to SA's standards, and students wanting to return to SA are therefore not eligible for registration without further training, the Interim National Medical and Dental Council has ruled.

Council spokesman Louise Emerton said it was not countries to which the council objected, but individual institutions. None of the Dominican Republic's medical universities, however, met SA's standards.

Emerton said there was no other country whose medical institutions were unrecognised as a whole, but that did not preclude such a ruling in future. "We haven't received applications for accreditation from everywhere in the world," Emerton said.

Earlier this month the council's executive committee met a group called Concerned Parents of SA Medical Students Abroad, after inquiries by "a number" of aspiring doctors who were thinking of studying in the Dominican Republic or who had completed their studies there.

"Advertisements have appeared in certain newspapers inviting applications for study at universities abroad," the council said. "Prospective students should be fully aware that not all such qualifications will be certified by the council for admission to the council's examination, which is the requirement to register in SA."

At least one Dominican institution offered a four-year medical degree if a student entered immediately after graduating from high school.

In SA, six years of medical schooling, plus an intern year, is required of doctors before they qualify to sit for the council's examination.

Students with unrecognised qualifications obtained abroad would have to upgrade their training at an SA medical university, Emerton said.

'No money for Cuban doctors'

(93)

NELSPRUIT — Mpumalanga would not employ any new Cuban doctors until the next financial year as the province did not have money to pay them, health department spokesman Dina Pulé said yesterday.

Pule told African Eye News Service the province was facing severe budgetary constraints.

Mpumalanga needs at least 45 doctors for its government hospitals and clinics.

"We simply can't get local doctors to come and work in the rural areas where most of our clinics are and so we are forced to rely on programmes such as the Cuban one.

"The budget pinch has prevented us from using even those doctors.

"We are feeling the shortage, but will be able to cope until the new financial year begins in April," Pule said.

A number of departments in Mpumalanga have cut back their operations during the past four months because of an estimated R1bn deficit. — Sapa.

BD 4/2/98

Private medical school causes uproar

(93) Star 6/2/98

The Edendale College of Medical Sciences promises training to those 'deprived' by affimative action

OWN CORRESPONDENT
Durban

The national Health Ministry has described as "divisive" the setting up of a private medical college for "victims of affirmative action" by former House of Delegates (HoD) Education chief Dr Kisten Rajoo.

Rajoo, now an IFP MP in KwaZulu Natal, is the brain and one of the financiers behind the Edendale College of Medical Sciences in Pietermaritzburg, which began operating two weeks ago.

The college has sparked a storm of controversy and the Health Ministry is adamant it will not support or recognise the institution.

The college is being billed as an alternative for those medical students who are allegedly being sidelined by the affirmative action policies of universities. A campus for Durban is also on the cards shortly. At this stage there are no plans to open a Johannesburg branch, although recruitment is being conducted countrywide.

Yesterday Dr Ayanda Ntsaluba, deputy director-general of national health, said his ministry had taken a clear policy decision not to support private colleges, adding that it would have a negative impact on existing institutions.

He said established medical institutions were already strained and resources and staff would be further depleted if private colleges were set up.

Minister of Health Dr Nkosazana Zuma's spokesperson, Vincent Hlongwane, was also strongly critical of the new college, saying it was "divisive and did not address the broader problems in South Africa". He said it was imperative that educational institutions reflected the demographics of the country.

Rajoo's former right-hand man, HoD's ex director-general of education, Vic Pillay, is the dean of the new medical college. Defending the college, Rajoo said: "Many Indian A-students are walking the streets because they can't get into higher education institutions as a result of affirmative action."

Graduates might not be able to work here

Hlongwane, however, believed that financial gain rather than concern about affirmative action, had sparked the move to set up the college. Ntsaluba also said the affirmative action argument would not hold water, adding that Indian doctors far outnumbered African doctors in South Africa. With the help of his family, Rajoo has invested a large sum of money to get the college off the ground.

However, with admission fees set at $11 000 (about R55 000) for two semesters, the profits are expected to be equally generous. Only 15 students have enrolled and paid so far, according to Rajoo.

Operating as a pre-medical school with six lecturers, the college will offer a two-year training stint. Students would then have to enrol at St George's University in the US.

Rajoo said practical work would be conducted at any of the 50 hospitals affiliated to St George's University around the world. But graduates could end up being unable to practise in their home country because the college has not been accredited by the interim South African Medical and Dental Council.

Lyn Emerton, spokesperson for the council, said graduates would not be allowed to practise if the college did not apply for, and have granted, accreditation. With graduates also being offered overseas opportunities, there was concern that the college was contributing to the so-called "brain-drain" of professionals from South Africa.

Said Ntsaluba: "We cannot dictate to parents where they should send their children for education, but this department will not guarantee that the graduates of such colleges will be eligible for employment in South Africa."

Long hours lead to 'bad medicine'

M+G 6-12/2/98 (93)

Michael Nurok

It is 3am on Sunday and "Dr Davis", an intern at a Western Cape hospital, has not stopped working since 8am the previous day. He is trying to resuscitate a child who has lost so much blood from an open fracture he is unconscious.

Save the overburdened nursing staff, there is no one available to help revive the child on the brink of death. This is Davis's first unsupervised resuscitation. The more senior registrar is attending to another critically ill child.

When this child has been seen to, Davis must go back to the paediatrics ward to see another child the nursing staff is concerned about. His shift will end sometime on Sunday afternoon when all the patients in the ward have been checked.

Work starts again at 8am on Monday. Davis has worked like this, spending between one in three and one in four nights at the hospital, since his internship began at 7.30am on New Year's day.

What he has to look forward to is a full year of between 70-hour and 90-hour weeks.

If he wants to register to practise in South Africa, he will have to perform an additional year of community service, working similar hours, with much less supervision.

This, in addition to six years' studying (which included unpaid student work in the hospital), would bring the total number of years spent before being able to practise medicine to eight. He is one of hundreds of other interns working under similar conditions.

"You can't function like this," states an intern at Davis's hospital. "With this workload I am learning and practising bad medicine."

Through a peculiar inversion, the most inexperienced doctors in the hospital system are being given the largest burden.

Internship has traditionally been the year that doctors fresh from medical school learn to apply the theory and skills they were taught.

It is easy to spot interns at the beginning of the year. They are the doctors with their white coat pockets overfilled with books. Inside are drug dosages, problem-oriented management plans, emergency phone numbers — effectively a DIY doctor kit.

As the year progresses and the new doctors cruise up the learning curve, the white coats become lighter and lighter. Unfortunately, the hours do not.

'With this workload I am learning and practising bad medicine'

Even more alarming is that the fatigue of the gruelling year often leads to complacency about the inability to practise good medicine under such stressed conditions.

Why is this? The Western Cape health budget is under immense constraints. This translates into staff posts being cut. Problematically, the same does not happen to patient numbers.

The only solution is for the existing staff to work harder.

Given the regimented hierarchy of medical practice, the interns, as low persons on the totem pole, end up shouldering much of the workload.

Granted, salaries have gone up substantially in comparison to wages previous generations of starting doctors earned, but the salaries being paid are calculated for a 40-hour week and 16 hours of commuted overtime.

Fifty-six hours does not begin to compare with the 70-hour to 90-hour weeks actually worked.

At the beginning of this year interns were informed they would not be able to claim for any more than the 16 hours of commuted overtime, even though they will be working far beyond hours claimed.

"I worked out my salary for the number of hours I put in," says an intern. "I could easily be making more money waitering, and not have any of the responsibility."

"I'm happy with my salary, I just think it is crazy to be working these hours," adds his colleague.

Many senior staff reject such complaints, recalling how hard they worked during their training as junior doctors. They also point out that other doctors in state hospitals put in many more hours than they are paid for.

This, however, misses the interns' point. The fact that a previous generation worked in a ridiculous system is no justification for the perpetuation of the process.

More posts are out of the question, and decreasing the patient load seems similarly unfeasible. "If the hours keep going up, there will come a point where I am not prepared to work," says an intern. "I can't be held personally responsible for a system that isn't functioning. I am committed to patient care, but I also have my own life."

"I'm not thinking and I am making mistakes," complains his colleague.

A doctor who just completed his internship put the situation more bluntly: "I was worried I was going to kill someone."

Partnership between doctors, hospitals may become a reality

(93) (96) BD 11/2/98

Josey Ballenger

PUBLIC and private partnerships which could help bale out underfunded public hospitals and encourage doctors to practise "ubuntu" — humaneness — could become a national reality if one Eastern Cape hospital sets a trend.

Tim Wilson, the national health department's chief director of facility planning and hospital management, said the department was looking into the possibility of private practitioners using unused wards in public hospitals in exchange for making capital improvements.

Public and private sector health experts said the arrangement would inject cash into embattled public health services and, at the same time, allow private doctors to tap into public facilities' infrastructure, equipment and client base.

The model was the Uitenhage Provincial Hospital, where a group of general practitioners had formed the Uitenhage Independent Practitioners' Association.

About 50 doctors consult and treat patients for general ailments off hospital premises, but use a ward when hospitalisation is necessary.

Siva Pillay, association founder and chairman, said the association's doctors did not reap big profits compared with those running a nearby private clinic, but that their sense of ubuntu had led them into the venture.

The doctors do not pay rent to government, nor do they pay for capital improvements or hold shares in the association. Instead, the venture helps the hospital generate income by charging 30% more than the "ridiculously low" public tariff — but still only two thirds what the private sector charges — and putting the difference into a reconstruction and development fund to upgrade district health facilities.

Pillay said about R1m had been used so far to upgrade the hospital and nearby clinics and implement health education programmes such as AIDS awareness.

Eastern Cape health MEC Trudy Thomas said: "It is a model we are exploring which seems to be useful for both sides. In some of our areas, we do have extra space, and we are looking at expanding (this arrangement) into other, bigger hospitals".

The Star ... Monday February 16 1998

Wits medical students move to private care

Public hospital teaching stays, but can't cover all needs anymore, says dean

Star 16/2/98 (93)

By Janine Simon
Medical Correspondent

Wits medical school plans to end uncertainty and guarantee staff their future in academic medicine by opening up academic beds in private hospitals before the end of this year, breaking a tradition of teaching only at public hospitals.

University staff and students will remain based in the five academic hospitals in the city, but will also spend a limited amount of time working with private patients in one or more outside academic units.

Teaching currently happens at Johannesburg Hospital, Chris Hani Baragwanath, Helen Joseph, Coronation Hospital and Tara.

The move, which has been under discussion for some time, is likely to ease the remuneration uncertainty among doctors working in academic hospitals.

But, says the dean, Professor Max Price, it should benefit all parties.

The private facilities will be used for the teaching of specialist and sub-specialist staff and will make up between 10

'Changes will benefit all'

and 15% of the university's total 4 500 teaching beds.

Price said the plan is seen as a means for the health faculty to take control of its own destiny and hedge its bets against the continuing uncertainties and overcrowding in the state sector.

State hospitals were being overwhelmed by trauma cases, and there was not enough elective surgery, such as gall bladder surgery, for postgraduate students to be trained in those procedures.

Students were already being sent to the private sector for training in general practice, magnetic resonance imaging scans and some orthopaedics.

According to Price, medical staff will be guaranteed equitable incomes, and students will be able to access training on specialised equipment and elective surgery now under pressure in the state sector; state patients will benefit because top academics will remain in the system; and private patients will now also be able to access their expertise at a fair rate.

Gauteng Health Department director of policy and planning Dr Ahmed Valli said Wits had been discussing the concept of accessing paying private patients by opening a private ward in Johannesburg Hospital for the past two years.

Its proposal is being adjudicated and a decision should be made by the end of March.

Wits started new discussions with private hospital groups over a plan to open one or more units in the private sector in December last year.

They were precipitated by a string of problems within the public health system, Price said.

The Government had been vacillating for two years over the issues of overtime pay, limited private practice for academic staff and downsizing of tertiary hospitals, and there was a real need to end the uncertainty.

Overtime pay made up 30% of staff income, and many academics would desert the state if they could no longer work in an acceptable overtime system.

Doctors were allowed to earn extra income by spending 11 hours a week doing limited private practice, but while this kept them in the system, it diverted their energies away from teaching, Price said.

He stressed that the move was also a way for the university to create a teaching environment in which it could control overcrowding and patient mix.

The university hopes to have a proposal regarding private academic beds on the table by April.

A decision should be taken by the faculty board at its meeting in May, Price said.

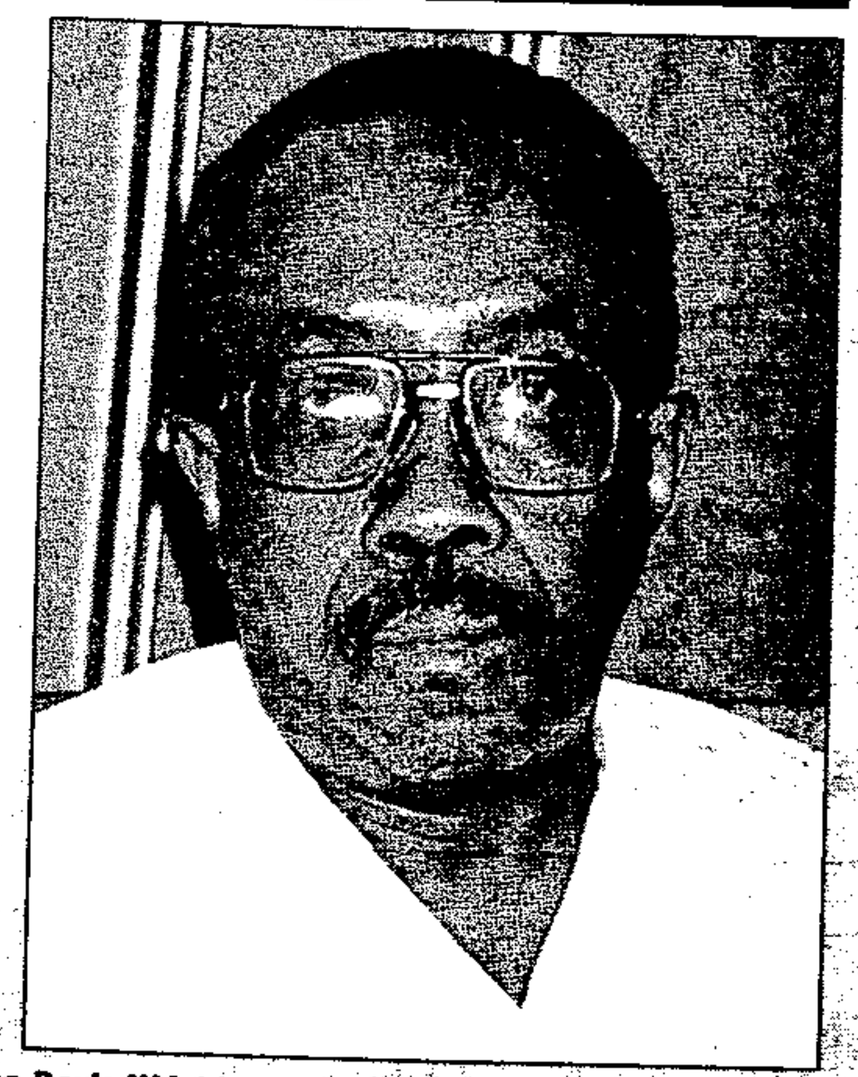
It is not yet clear whether the plan would involve individual wards in several private hospitals, private wards in state hospitals, or even an entire quasi-public hospital, where profits generated would be ploughed back into the university.

Cubans make their mark in SA

(93) Soweton 17/2/98

Doctors have made a difference to SA's health system

By Sharon Chetty



Doctors willing to serve ... Maideline Santana and Jaime Davis Wright. PICS: SHARON CHETTY

AROUND noon on Thursday Dr Maideline Santana had to treat a 70-year-old patient who was brought into Soweto's Meadowlands Clinic in a coma.

She "interviewed" the elderly woman's daughter and discovered that the woman had high blood pressure, although the previous night she had been fine.

Santana quickly diagnosed that the patient was diabetic and once she started the appropriate treatment, the grandmother regained consciousness and was soon able to move her limbs.

Such frenetic administration of medicine is a far cry from what the young Cuban doctor is used to. But a year and a half into her job, she has rapidly taken to dealing with sometimes up to 100 patients a day who suffer from a range of afflictions.

Santana is among the 296 Cuban doctors in South Africa on three-year contracts to help ease the severe shortage of doctors working in townships and rural areas.

At the Meadowlands Clinic, the four doctors are all foreign: two Cubans, an Ethiopian and a Pakistani.

Now 30, Santana qualified at the age of 24 and worked as a family doctor before coming here – her first trip out of Cuba.

Developing world

The Cuban policy of sending doctors and other professionals to work in the developing world has endured since 1963. For doctors like Santana, "there is no question about coming to Africa and working among the poor".

Despite at first having to be alone – her pharmacist husband joined her only at the end of last year and her daughter has had to stay behind with grandparents – there was no family opposition to her move.

She works in Soweto and lives in Hillbrow, areas regarded by many South Africans and even doctors as out of bounds. "Yes, we were told that there are dangers, but if you learn to be careful, there is no problem."

In Cuba the free health and education systems have promoted a largely healthy population and doctors merely have to deal with chronic illnesses.

Santana, however, is grateful for the experience of treating a wide range of illnesses here and says that the local way of dealing with the termination of pregnancies has been a particularly new experience.

Since it is possible to have an abortion at up to 12 weeks, Santana says the system by which women are counselled and then treated with painkillers after a simple procedure cuts out the complications usually experienced when the abortion is performed under general anaesthetic in theatre.

She has also had to deal with a regular stream of gunshot and stabbing casualties for the first time. However, the large number of sexually transmitted diseases (STDs) is most disconcerting, she says.

Back home, she would be responsible for the wellbeing of about only 125 families and health education is therefore easy. In STD cases, for example, the patient and all his or her partners are easily traced and treated.

The large numbers and high turnover at the Meadowlands Clinic makes this almost impossible. But most "surprising" has been the large number of sexual abuse and domestic violence cases she has had to deal with.

> **"It is painful to see babies of one and two years mistreated"**

"It is very painful to see babies of one and two years mistreated," she says. In Cuba she did not deal with even one such case in five years.

Her worst experience was when a week-old child died at the Lilian Ngoyi Clinic because his mother had waited in a queue for most of the day before being attended to.

"I was so depressed ... I could not accept that a child could die like that."

Infant mortality in Cuba is seven per 1 000; here it is 50 per 1 000 for African children and eight per 1 000 for whites.

High blood pressure, asthma, tuberculosis, epilepsy and diabetes are some of the commonly recurring conditions that could be "better managed" if people were taught how to do so, she says.

A pilot primary health care project, similar to that used in Cuba decades ago, was recently launched in Zone 7, Meadowlands.

Health workers visit families in their homes, take their blood pressure, weigh and measure them and check the immunisation records of children. Women are told about contraception.

Through regular visits, people suffering chronic illness will be detected and those who would otherwise have no access to healthcare will be treated.

There is also education in Aids and STDs. Similar projects have been started on the East Rand, KwaZulu-Natal and the Free State.

Before coming here, the Cuban doctors were warned that they might not be well received.

Contrary to these fears, they have been warmly welcomed by the people they serve, says Dr Jaime Davis Wright, a chief director in the Department of Health who acts as the link between the South African and Cuban governments and oversees the Cubans' work here.

Scepticism

There had been much scepticism about the doctors' qualifications since there had been little contact between South Africans and Cubans in the past.

Those who raised objections, especially in the media, ignored the fact that Cuba's health system has been described as one of the best in the world by the World Health Organisation and that Cuban doctors serve on numerous international bodies like the United Nations Children's Fund.

Manpower is one of the Health Department's greatest needs, says Davis Wright, and he maintains that there are rapid improvements since there is a political will and commitment to providing healthcare for all.

The reluctance of interns and junior doctors to work in rural areas is not a uniquely South African problem, he says. "All over the world, health is losing sensitivity and becoming a commercial issue."

At the time of its revolution, Cuba had similar problems to South Africa. In 1959 Cuba had 6 000 doctors, but in a year about half had left for the United States and elsewhere.

They also had to use the help of doctors from other countries, especially Latin America and Russia.

Fundamental changes will only come in time, he cautions. "Most importantly, there is a programme and there is a will. Health is not only the problem of the Department of Health. It is the concern of every member of society."

Acclaim for Cape liver transplant team

Supercare: Ade Ajayi, Alastair Millar, Essam Elhalaby, Ghassan Alkouder and Dani Yardeni with Nathan April after a liver transplant

Surgeons 'among world's best'

NATALIE KAMMIES
STAFF REPORTER

(93) ARG 18/2/98

Six foreign doctors are full of praise for a team of South African surgeons who did an 11-hour liver transplant operation on a small boy at the Red Cross Children's Hospital.

They described the South African team as "one of the best in the world".

The operation performed on Nathan April, 4, earlier this month was witnessed by paediatric surgeons from Hungary, Syria, Egypt, Nigeria, Israel and Turkey – two of whom assisted in the operation.

Three of the doctors, those from Hungary, Egypt and Syria, were among 500 delegates from 50 countries who attended a four-day congress on paediatric surgery at the University of Cape Town. Those from Nigeria, Israel and Turkey are trainees at the hospital.

All were at the hospital to see how it functioned as a children's facility. "All six doctors have come to learn and observe from us," said Alastair Millar, head of the paediatric liver transplant team at Red Cross.

The quality of work impressed Essam Elhalaby, senior lecturer in paediatrics at the University of Cairo in Taita, Egypt.

"I had the honour of assisting in this operation and I would say they are doing a very good job of a very high technical standard. I'm impressed."

Said Dani Yardeni of Israel, who observed the operation: "It was very interesting and they are one of the best teams in the world, in my opinion."

Ade Ajayi, a paediatric surgeon trainee from Nigeria who has been at Red Cross for the past 18 months, said: "There was good teamwork between all the various surgeons, anaesthetists and nursing staff. I'm certainly learning a great deal and hopefully contributing something to the hospital as well."

Professor Millar said that of the 33 children who had had liver transplants since the start of the hospital's liver transplant programme in 1991, 25 had recovered fully.

"Our expectation is that 85% to 90% of children should recover from a liver transplant, though it does depend on the child's condition before the operation. Our main problem is getting donors in time before patients die – or their chances of coming through are small."

Last year three children died before livers could be found for them and at present five of the 15 waiting for donors are urgent cases.

Nathan is in a stable condition in the intensive care unit. Though the case was still at an early stage, he was doing well, said Professor Miller.

Late overtime pay for state doctors

(93)

CT 23/3/98

JUDITH SOAL
HEALTH WRITER

STATE doctors and dentists are going to help the provincial administration reduce its debt this year — whether they like it or not.

Provincial administration spokesperson Mr Mark Hill has confirmed that Western Cape doctors and dentists will not receive their March overtime pay with their March salaries, but will receive back pay in the first week of April.

This will transfer the expense to the next financial year and reduce this year's debt by about R8,1 million.

By implementing measures like these, the NP in the Western Cape is trying to avoid a situation whereby the ANC government will be able to take over the running of the province in return for paying the province's outstanding debts.

According to Section 100 of the Constitution, provinces that require a more than two percent advance from the national executive need to agree to stringent conditions and austerity measures set by the government, in much the same way as the International Monetary Fund bails out a country in financial crisis.

Hill said the overtime transfers would provide "breathing space" to the administration, which was facing a R50m cash-flow problem.

"Because overtime payments are variable we're not sure exactly how much we will save, but it will be about R8,1m. Depending on what it is, we don't know if we will need to cut somewhere else as well," he said.

The decision has received a mixed reaction from doctors. A Tygerberg Hospital doctor, who asked not to be named, phoned the *Cape Times* to say that he and his colleagues were angry about the late payments.

"For some people overtime is 30% of their salary and they depend on it. We have stop-orders and bonds ... how are we supposed to pay them? We will have to borrow money to cover our commitments, and that will cost us in interest."

But a Red Cross Children's Hospital doctor said that although she and her colleagues were "not delighted" by the prospect of being paid late, there hadn't been significant complaints.

"We've been assured that we'll get handwritten cheques on the first of April, so it's not that bad. People with really tight budgets are worried about the delay, but it's only two weeks."

Brake on private doctors' referrals

By Ido Lekota

PRIVATE doctors working in prisons are costing the Government thousands of rands by deliberately referring patients to their own practices, the parliamentary committee on correctional services heard yesterday.

According to a Ministry of Correctional Services report on medical services for prisoners, there is abuse by private doctors who work on contract in prisons. This includes unnecessary referrals to private hospitals for ailments that can be treated at prison or provincial hospitals.

It costs the Government R880 a day to keep a prisoner in a private hospital and only R550 at a provincial hospital, the report revealed.

The Government spent R56,4 million in the 1997-98 financial year on medical services – including R16,3 million for admissions at private hospitals and R6,3 million at provincial hospitals.

Committee chairwoman Mrs Limpho Hani said while it was understood that private hospitals were used for security reasons, there was concern about so much money being spent on private medical services.

Meanwhile, a Bill which could see community members having a say in the granting of parole to prisoners, was discussed by the committee.

The draft Correctional Services Bill makes provision for the establishment of the independent Community Corrections Board which will make decisions on paroles and community service.

Penalties mooted for low output of black doctors

CT 17/3/98 (99) (100)

JOVIAL RANTAO

MEDICAL schools with a low or non-existent intake of black students could face penalties which might include the reduction of state subsidies, the Department of Health has warned.

Dr Ayanda Ntsaluba, the deputy director-general in the department, told Parliament's health committee that the government was unhappy with the number of black medical graduates produced by South Africa's eight medical schools.

"The pace (of admission) is not fast enough. When you look at the admissions, instead of improving they're getting worse," Ntsaluba said.

Of the 22 000 medical doctors in South Africa, only 3 000 are black.

Ntsaluba said discussions were being held with the Department of Education, which issues the subsidies, to ensure that institutions received subsidies congruent with the way their results matched the national policy and priority.

"There will be very clear and coherent link between a subsidy given to the institution and their output in terms of the national objective.

"There must be some recognition and commitment to national priorities," he said.

Ntsaluba said a task team had been established to attend to the problem.

He did not respond to questions on whether the government would consider introducing a quota system as a way of forcing medical schools to increase their intake of black students.

ANC MP Dr Essop Jassat suggested that in the light of reports that 50% of students who qualified at Wits University left the country after graduation, the government should consider shifting more resources to fund students who remained in South Africa.

Institutions such as the Medical University of South Africa should be given special consideration, he added. He said Wits' subsidy had been increased from R274 million to R319 million.

Probe will help to strengthen Medunsa

JOVIAL RANTAO

THE Government has no intention of closing any of SA's eight medical schools and was in particular looking at ways of strengthening the position of Medunsa (Medical University of South Africa), whose subsidy has been cut by R13-million.

At the same time University of Transkei's, subsidy was reduced by 8,4%, from R113m to R100m.

In a response to a query from ANC MP Adelaide Tambo, Dr Ayanda Ntsaluba, the deputy director-general in the Department of Health told Parliament's Health Committee that efforts were being made to strengthen Medunsa, which has single-handedly produced the highest number of black doctors. Ntsaluba said a task team has been set up look at the state of affairs at Medunsa with a view to strengthening the institution.

It will look at how Medunsa's outreach programme, which is currently focused in the Pietersburg, Mankweng region can be strengthened. These are genuine attempts to respond to Medunsa's problems. There's no intention to downgrade Medunsa," Ntsaluba said.

ANC MP Dr Essop Jassat suggested that in the light of reports that 50% of students who qualified at Wits University left the country after graduation, the Government should consider shifting more resources to fund students who remained in South Africa.

Institutions such as the Medunsa should be considered, he added.

The Star ... Tuesday March 17 1998

Medunsa seen as a priority medical school

Pledge that none of eight institutions will be closed, and call for Wits to be penalised over emigration

Star 17/3/98 (9)

By Jovial Rantao
Cape Town

The Government has no intention of closing any of South Africa's eight medical schools and was in particular looking at ways of strengthening the position of the Medical University of South Africa (Medunsa), whose subsidy has been cut by R13-million.

Medunsa's subsidy was cut along with that of the University of Transkei, which was reduced by 8,4%, from R113-million to R100-million.

In a response to a query from ANC MP Adelaide Tambo, Dr Ayanda Ntsaluba, the deputy director-general in the Department of Health, told Parliament's health committee that efforts were being made to strengthen Medunsa, which had produced the highest number of black doctors in South Africa.

Ntsaluba said a task team had been set up, with the Gauteng health department, the Department of Education and the Northern Province health department, to find ways of helping the institution.

"As a starting point, the minister (of Health Dr Nkosazana Zuma) has committed herself to supporting Medunsa to enable it to continue making its invaluable contribution. The task team will look at the state of affairs at Medunsa with a view to strengthening the institution. It will look at how Medunsa's outreach programme, which is currently focused in the Pietersburg/Mankweng region, can be strengthened. These are genuine attempts to respond to Medunsa's problems.

"There is no intention to downgrade Medunsa," Ntsaluba stressed.

ANC MP Dr Essop Jassat suggested that in the light of

Only 3 000 of 22 000 SA doctors are black

reports that half the students who qualified at Wits University left the country after graduation, the Government should consider shifting more resources to fund students who remained in South Africa. Institutions such as Medunsa should be considered, he said.

Wits' subsidy had been increased from R274-million to R319-million, Jassat said.

Medical schools with a low or non-existent intake of black students could face penalties which might include the reduction of state subsidies, the Department of Health has warned.

Ntsaluba told the health committee that the Government was unhappy about the number of black medical graduates produced by South Africa's eight medical schools.

"The pace (of admission) is not fast enough. When you look at the admissions, instead of improving they're getting worse," Ntsaluba said.

Of the 22 000 medical doctors in South Africa, only 3 000 were black, he added.

Responding to questions from ANC MP Francinah Baloyi and Jassat, Ntsaluba said discussions were being held with the Department of Education, which issues the subsidies, to ensure institutions received subsidies congruent with their outcomes in terms of national policy and priority.

"There will be very clear and coherent links between a subsidy given to the institution and their output in terms of the national objective.

"There must be recognition and commitment to national priorities," he said.

Ntsaluba did not respond to questions on whether the Government would consider introducing a quota system as a way of forcing medical schools to increase their intake of black pupils.

Govt willing to give support to medical varsity

Sowetan 17/3/98

By Ido Lekota

THE Government could allow the Medical University of Southern Africa – currently in financial difficulties – to close because the institution had a major role to play in redressing the shortage of black doctors in the country, Parliament was told yesterday.

Deputy director-general of health Dr Ayanda Ntsaluba told the health portfolio committee that the Government had no intention of "downgrading or closing Medunsa".

He said, instead, his department "would do everything to support the institution".

A task team comprising health and education officials had been established to look at ways of supporting the institution.

This was because Medunsa had made an important contribution towards producing more black medical graduates needed in the country than any other institution.

Ntsaluba's assurance came in the wake of reports that Medunsa was in dire financial difficulties and could probably close. The situation was further compounded by subsidy c-/99 Budget. He said his department had confidence in the future role of Medunsa.

He also told the portfolio committee that while quotas for admissions of black students at medical schools appeared not to be in the pipeline, institutions which did not admit enough students to redress the current shortage of black doctors would face penalties in the form of subsidy cuts.

"There definitely needs to be a correlation between the subsidies given to the institution and their output in this regard. It is clear that within the context of national objectives the institutions should be admitting more students," said Ntsaluba.

Ndebele said yesterday. "It was agreed that the restructuring of the SABC should highlight public broadcasting and establish fair trading conditions between the SABC and other broadcasters." Ndebele said it was also agreed that the corporation should be split into two divisions — public and commercial services.

CT 18/3/98

New doctors' body to be launched: The launch of a new, unified doctors' professional body has been set for June this year, co-ordinator of unity talks Dr Percy Mahlati said yesterday. The new body — to be called the South African Medical Association — will bring together seven professional associations which have been divided largely on racial lines.

(93)

Shooting accident: Four pensioners were injured when a security guard's shotgun accidentally fired at the KwaZulu-Natal provincial administration offices in Maritzburg yesterday. A security officer accidentally dropped his shotgun, resulting in a shot being discharged, police said. Four people collecting their pensions were wounded. They are in a satisfactory condition.

Sabadia judgment: Judgment in the case of Pretoria psychiatrist Omar Sabadia, 44, and three Atteridgeville men accused of the kidnapping and murder of final-year medical student Zahida Sabadia, will be made tomorrow.

Thabisile Khoza (in blue dress) attends to her pharmacist husband, Jabulani, who was shot dead when three gunmen walked into his chemist at Crossroads in White City Jabavu, Soweto, yesterday morning. She is being helped by her sister-in-law, Sizani Khoza. One of the suspects was later apprehended by the community. He was assaulted and set alight by the mob. The community and doctors in Soweto have been shocked by Khoza's senseless killing.

PIC: PAT SEBOKO

Pharmacist gunned down

By Noxolo Nxusani

THE mindless murder of pharmacist Jabulani Dennis Khoza, who was gunned down inside his chemist in Soweto yesterday morning, has sent shockwaves through the medical profession in the area.

Several doctors have since threatened to relocate to safer areas in and around Gauteng.

The doctors' threats were sparked by the senseless killing of Khoza (52), who was gunned down by three men who walked into his chemist in Crossroads at about 7.35am.

"They ordered everyone inside the pharmacy to lie down. However, before anyone could make a move, one of the suspects shot Khoza through the mouth," said an eye-witness who asked to remain anonymous for fear of being harmed by the assailants who are still at large. Khoza died on the scene.

Residents who heard gunshots and saw the commotion rushed to the pharmacy to investigate. The suspects fled.

However, one of the suspects was caught as he ran towards the getaway car which was parked outside the shopping centre.

The residents were particularly angry about what had just happened because Khoza was close to them through his commitment to the community.

Incensed residents caught the suspect, beat him up, stoned him and then set him alight. Police arrived a few minutes later, dispersed the crowd and extinguished the fire.

The suspect was then taken to Chris Hani-Baragwanath Hospital where he is in a critical condition.

Among those who spoke to *Sowetan* was Khoza's business partner, Mr Simon Mogafe.

A tearful Mogafe, who was attending a meeting at Wits University at the time, was shocked by the senseless killing of his partner. He described Khoza as a "community-minded, dedicated and hard working individual".

Khoza is one in a long line of medics who have been victims of attacks and robberies in the area. Another recent victim of these brutal robberies was Dr Kenosi Mosalakae who was robbed at his Orlando surgery last month.

"Six armed men walked into my surgery and demanded money. They took my cellphone, about R300 in cash and a necklace and earrings from my receptionist before fleeing," Mosalakae said.

It was the second time robbers broke into Mosalakae's surgery. The first time they took a computer, a fax machine and a printer. Both incidents were reported at Orlando police station. However, no one has been arrested.

Surgeon robbed

Dr Thami Bomvana, a district surgeon in Soweto, was also robbed. Two armed men took his day's earnings before pistol-whipping him in his surgery.

"At the time, I was so angry and all I wanted to do was to leave Soweto and go somewhere safer. But later I changed my mind because both suspects were later arrested by the community.

"They were badly assaulted that I felt obliged to treat the suspects when they were brought to Chris Hani-Baragwanath Hospital in a critical condition," Bomvana said.

Another victim, Dr KG Mokgatle of Dobsonville, said he had since employed security guards after several robberies.

"During all the robberies the suspects were looking for money and when you give them the little of what you have they demand more.

"They accuse you of lying and threaten to kill you if you don't give them what they want," he said.

Police spokesman Inspector John Shiburi said there were no special precautions they were taking to protect medical practitioners in Soweto following the killing of Khoza.

Shiburi said it was difficult for police to concentrate their attention on doctors as the community could complain.

"Whenever there is an incident like this, all we do is patrol the area and try by all means to catch the suspects," he said.

A case of murder and attempted robbery will be investigated by police.

Shiburi said it could not yet be established whether there was anything stolen from Khoza's pharmacy.

Medics want the killings to stop

Sowetan 24/3/98

By Mbulelo Baloyi

INCIDENTS of violence against doctors have increased in KwaZulu-Natal. As a result, the province is failing to attract doctors from other provinces.

Dr Andy Sewlal, national chairman of the Senior Hospital Doctors Association (SHDA), confirmed yesterday that several of their members had become victims of crime.

Sewlal cited the murder of Zululand surgeon Dr Spencer Alexander last August in Esikhawini, outside Empangeni on the North Coast.

Alexander was shot dead near a service station in the township after his car was hijacked while he was on call to a private hospital in Richards Bay.

At the time Alexander was also working at the Ngwelazana Hospital.

Subsequently two youths were arrested for Alexander's murder but one has since been acquitted because of insufficient evidence.

SHDA said Alexander's widow left for England earlier this month after she was "heavily traumatised by the death of her husband".

> **"Its time that doctors joined the war against crime. We do not need Rambos, just those willing to help"**

Sewlal said the association had also asked its members to step up security at their surgeries.

Other practitioners who have died while on duty in the last three years were Dr Henry Luthuli, Dr Mogammat Dharsey and Dr Aadil Moeral.

Earlier this month the Medical Association of South Africa (Masa) launched an organisation called Medics Against Crime (MAC).

"It is time that doctors joined the war against crime. We do not need Rambos, just people who are willing to help," said Dr Franco Piani, founder of MAC.

Masa general secretary Dr Hendrik Hanekom said the association believed that it was possible to stem the epidemic of violence in society by community involvement.

"There is no doubt about the Government's commitment at all levels to end violence. But they cannot achieve this if we as a community do not strengthen their hand," said Hanekom.

As one of Masa's over 50 affiliated special interest groups, MAC plans to involve a multi-disciplinary team of health professionals providing voluntary medical, psychological and other support services to members of the police service.

Doctors under fire from truth commission

MHG 27/3-2/4/98 (252)(93)

Lynda Gledhill

South African doctors were warned this week that the Truth and Reconciliation Commission intends naming 35 of them found to have been involved in gross violations of human rights during the apartheid era.

The warning came as members of the health care profession appealed to their colleagues to confront the complicity of many of its members during apartheid.

Hand in hand with facing the past is the challenge to take on human rights as an important issue today, says Dr Leslie London, administrator of the Health and Human Rights Project and a professor at the University of Cape Town.

"It is important we do this now, in a substantial way," he says.

London says the truth commission explored some of the actions of health workers at a hearing in June 1997, but this was not enough.

He is also critical of the Medical Association of South Africa (Masa) for not wanting to delve further into the complicity of health workers during apartheid.

"Masa needs to be proactive and not wait for complaints to come in. There are doctors who have been named before the commission who are still working."

London would like to see Masa establish a standing committee on human rights, which would help to carry on the tradition of doctors who worked against the human rights abuses in the 1980s.

medicine. There needs to be a focus on the protection of human rights."

At the project's launch on Human Rights Day, two fellowships were named, in honour of Elda Bani and Dr Mangaliso Meqina.

Bani was a 56-year-old diabetic detainee who died after 333 days in detention in 1988 because her insulin was withheld.

Meqina was vice-president of the National Medical and Dental Association, and he worked in the townships to help survivors of repression during the apartheid era. He died in a car accident last year.

The project plans to continue investigating and documenting health professionals' involvement in apartheid-era abuses of human rights.

It is also training health care teachers and students about the importance of advocating patients' human rights.

Soweto medics unite to discuss safety fears

Star 25/3/98 (93)

By Mike Masipa

Concerned doctors in Soweto will meet with civic organisations and the police tomorrow to discuss security measures following several attacks on health workers in the township.

Prominent pharmacist Jabulani Khoza was shot after opening his chemist in White City Jabavu, Soweto, on Monday. Khoza was shot in the mouth and died soon after. He is believed to have been attacked by three men.

The doctor's family said the weekend's takings from the chemist were missing and could have been stolen by the killers. But police said nothing appeared to have been tampered with during the attack, so motive was unclear.

A suspect assaulted by an angry crowd immediately after the doctor's death died at Garden City Clinic on Monday before he could make a statement. Two other suspects are still at large.

Convener Dr Joe Maelane said tomorrow's meeting would be attended by representatives from the Soweto Business Development Forum, community policing forums, various political youth groups, members of South African Medical and Dental Practitioners (SAMDP) and the police.

He said the SAMDP wanted to convince Soweto police of the severity of the situation and express their fears. "Things are getting scary. I know of many doctors who were robbed in Soweto and sometimes threatened with death, but this is the first time that one has been killed in a robbery," Maelane said.

Jabulani Khoza ... motive for killing is still unclear.

Police, however, said there would be no special measures "just because it was doctors who were getting killed".

"We give every case priority irrespective of who was killed and what they do for a living," police spokesman Inspector John Shiburi said.

Despite the outcry after Khoza's murder, there has been little public help, he added.

He appealed to anyone with information to contact the police on (011) 986 9272.

Khoza will be buried in Newcastle, KwaZulu Natal, on Saturday. He is survived by his wife Thabile, daughter Thembisile (29) and 26-year-old son Sifiso, and two grandchildren.

DOUG PITHEY

and out the man caused a stir among passing motorists, who at first thought he was preparing to launch himself out of the window of the parked bus. But the driver was just taking a break and making himself comfortable

A case of rough treatment

Will rigid rules on doctors wreck bid for health equality?

INSIDE STORY

Cuban doctors are accorded royal treatment in South Africa, while those from such countries as Russia, Greece and other parts of Europe are treated like third-class citizens, writes IFP MP Dr RUTH RABINOWITZ in Frontiers of Freedom, quarterly journal of the SA Institute of Race Relations

ARG 30/3/98 (93)

The African National Congress government has committed itself to equalising health services by 2005. To this end, health policy will restrict private practice in cities and move doctors into rural areas.

No doctor, primary health nurse or occupational health nurse will be licensed to practise unless politicians and bureaucrats, accountable to the director-general, deem that they are needed.

Numbers of practitioners in rural areas will be increased by shunting newly qualified interns and foreign doctors, mainly Cubans, into and around the country, again according to need as determined by agents of the minister or director-general.

The constitution entitles ministers to regulate the private sector and the professions for the sake of equality. To this end, the minister of health will control private and public health services, by regulating, licensing and engineering to cater to perceived needs.

The ideal is noble, but it is questionable whether any group of individuals knows what's best for everyone.

Beneath the dreamy surface lie such thorny issues as unfair discrimination, lack of choice, administrative bungling and impractical solutions.

The alternative is a regulating policy that ensures that minimum standards are adhered to in the public and private sectors.

It provides incentives to draw practitioners to under-served areas. Satellite communications, study grants and tax breaks related to the inhospitable conditions of the location would respect freedom of choice and draw willing doctors.

Local graduates have expressed their willingness to do community service. Understandably, they want it implemented with a change to the undergraduate curriculum, better preparation for rural practice and a year of supervised vocational training in place of one theoretical year in medical school.

Foreign-qualified doctors (FQDs) already perform a useful service in many rural areas. There are at least 2 000, drawn here by interest, philanthropy, a desire to immigrate or to seek practical experience.

Well-managed, they could provide an even better service in rural areas. But their registration in recent years has been haphazard and discriminatory, virtually at the whim of the Interim Medical and Dental Council, a loyal ally of the minister.

Unlike Cubans, who receive royal treatment, many doctors from Russia, Greece and other parts of Europe are treated like third-class citizens.

Over the past five years a variety of criteria have been used to register FQDs. They were entitled either to full registration (permitting private and public practice) or to limited registration (specific public institutions only).

Fortunate doctors received full registration after a written council exam or an oral. Some received it on the basis of SA citizenship by birth, or by naturalisation acquired before 1991; others when homelands were incorporated or as immigrants from eastern Europe.

Cuban-trained South Africans will also acquire full registration to practise in the public or private sectors.

A special category of doctors trained in England and Belgium were until recently granted reciprocal registration, as will be granted to South Africans trained in Cuba. But while the Government has expanded agreements with Cuba, the arrangements with England and Belgium are expected to cease, although these doctors have served rural KwaZulu Natal well in the past.

Doctors of less favoured status are dangled at the end of a string.

Some are naturalised South African citizens with specialist degrees recognised abroad. After 10 years working as specialists in South African hospitals, they are denied full registration.

Some have worked in public hospitals for 15 years, advanced through the ranks from junior to senior and then principal medical officer, in charge of wards and student training.

They may not become registrars to train as specialists, they must obtain certificates of competence every two years, must be attached to a single institution and must reapply every six months for a temporary work permit (at a fee).

Should they be retrenched in rationalisation, they are without pension, job or the right to do private work.

Future regulations will provide for three categories of registration for FQDs.

- Those who write a final-year South African university exam will be registered for private or public practice.
- Those who write a special council exam will be registered for public service only and not allowed to become registrars to train as specialists.
- A third group (mainly Cubans), will receive contracts on the basis of government-to-government agreements to practice in public institutions for a period of time and then return to jobs back home.

The minister will choose, the council implement. Arbitrariness will be replaced by uniformity. Subjected to inflexible regulations, provinces, local governments and hospitals will struggle to find innovative solutions to their problems.

For quality of care to improve in the rural areas while funds for development are limited, hospitals or local regions require greater management and spending autonomy.

They should decide whether to have mobile clinics or R1,5-million new buildings that are difficult to staff; whether to use gas or diesel turbines in the absence of electricity. They should, as in rural KwaZulu Natal, attract doctors from whichever accredited, technically advanced country they are willing to come.

'Hospitals or local regions require greater management and spending autonomy'

All doctors should be subjected to a period of vocational training community service and supervised practice. But after proving themselves in a prescribed way and serving the public sector for a fixed period, Cuban, South African, foreign, public and private should be treated alike.

The proposed discrimination between private and public registration by a government committed to equality is bizarre.

The intention to move medical personnel about the country like figures on a chessboard will deprive us of innovative solutions and freedom of choice. Yet these are the characteristics, within the framework of minimum standards, which would improve quality and access.

CAPE ARGUS, **MONDAY**, APRIL 20, 199

'Militant' doctors get pledge on overtime pay

JENNY VIALL
HEALTH REPORTER

(93)
ARG 20/4/98

Doctors in the provincial health service have been told not to panic about their overtime pay, as it will not be cut.

A circular sent to doctors at the end of March by the provincial Health Department warned that in the light of its R284-million projected deficit it would be re-evaluating overtime worked at hospitals.

Doctors were concerned this could mean their overtime pay would be cut and were very upset, said a doctor. Overtime pay makes up about a third of their remuneration.

Peter Brewer, head of labour relations for the Medical Association of South Africa, said after a meeting with the department that doctors should not panic.

The head of health in the province, Tom Sutcliffe, had assured him the department had no intention of unilaterally cutting overtime.

"The department is legally compelled to negotiate any change in overtime," he said. Doctors were quite "militant" about overtime being cut. The number of people seen by the health service was not decreasing and doctors were needed to work overtime.

Johan Walters, deputy director of personnel administration, said the circular was an annual reminder to doctors that their contracts could be revised in the light of the restructuring of the service. But if doctors worked overtime that was authorised by the heads of their institutions, they would be paid for it.

Coercion is disguised as appeal to conscience

Conscription fever grips government, writes **Colin Douglas**

HEALTH Minister Nkosazana Zuma was reported recently as saying that her compulsory "community service" scheme for medical graduates impressed her cabinet colleagues so much that they wanted to introduce it in their departments.

Justice Minister Dullah Omar must have been impressed: he is considering the introduction of a compulsory year's "internship" in public defenders' offices for law graduates, a proposal made by Constitutional Court president Arthur Chaskalson. The Youth Commission has proposed compulsory community service for all graduates.

Debate about these ideas has focused mainly on their practicality. It is important to consider their underlying principles and their implications for SA's future. Whatever the differences between these proposals, they would all use the coercive power of the state to make graduates do good unto others. The term for this is conscription.

People cannot be moral beings in the absence of choice. The conscription proposals would deprive graduates of a key part of their choice of whether or not to do good.

The conscriptionists try to hide this coercion by framing their proposals as appeals to conscience. Chaskalson says: "We must be willing to make the commitment that is necessary ... in reconstructing our society and in establishing a just order in our country." His proposal would render irrelevant the conscripts' willingness to make a commitment to the country, and is the opposite of an appeal to conscience.

Some conscriptionists argue that the state is justified in conscripting graduates because it pays for part of their education. In being obliged to perform community service, a graduate would be made to do no more than repay this financial debt. If mere repayment was the conscriptionists' true justification, they would require graduates to repay the state for its subsidies to their education, or pay the full cost of their education as they learn.

Everyone has the right to learn in whichever field they choose and the right to freely seek a living. Nobody has the right to expect the state to pay for their higher education. If the state offers to do so, it is entitled to demand repayment. However, it can never be entitled to tell students they are barred from studying a particular field unless they perform "national service".

SA's system of higher education subsidies mirrors Britain's in key respects. It is no accident that that country does not, as a rule, conscript its graduates in return for subsidising their education. The British philosophy is that the state or "society" has an interest in helping greater numbers of its citizens get degrees and diplomas, but that does not extend to telling them what to do with those qualifications.

In a free society, people decide for themselves what to do with their knowledge, which invariably makes free societies more prosperous than centrally planned ones. In the British conception, graduates "repay" their education subsidies by paying tax for the rest of their working lives.

The conscriptionists would take the benign idea of education subsidisation and give it a totalitarian tinge, arguing that the fact of the subsidy entitled the state to take one or two years of each graduate's life and apply these years to government's policy objectives.

A further objection to conscription is practical: the state would run it badly and waste money and human potential, just as it did when white men were conscripted into the military.

People under coercion perform less well than people acting freely. Chaskalson bases his proposal on "my experience of the way in which young lawyers perform in law clinics ... young lawyers in such an environment are idealistic and energetic". These young lawyers were working in law clinics of their own free will — which freedom the good judge would remove.

What is the solution to the problems which motivate the conscription proposals? If the state has the money to pay graduates to work in rural clinics and public defenders' offices, it should hire them on contracts — just let them choose whether to take the job or not.

If the state wants to encourage virtue, it should lower taxes, giving people more space to use their productive time in the service of others, and to give money to good causes. When Margaret Thatcher sharply reduced income tax in Britain in the early 1980s, private charitable giving rose exponentially within months.

In 30 years, the rural clinics and public defenders offices would have become just as bureaucratised and impersonal as any other part of government — and the positive relationship which so often exists between volunteers and their clients would have ebbed away.

The youth commissioners might identify others whose services were needed by the community and who had a state subsidy debt to repay. Matriculants? Pensioners? Whites who "benefited from apartheid"? Who is next?

□ *Douglas is a political consultant.*

Supply of doctors (93) under threat

ARG 2714/98

Cape Town – The constant supply of foreign doctors from England, Ireland and Belgium working in rural areas in northern KwaZulu Natal could be under threat after the health ministry said it would review all registration procedures for foreign doctors.

Four hospitals – Mengizi, Mseleni, Bethesda and Mosvold – depend on reciprocal registration agreements between South Africa and the three countries to fill medical posts. This agreement has been in existence since before the present Government,

In these agreements, the doctors can work in South Africa on the basis of their qualifications in these countries.

Dr Ruth Rabinowitz, an Inkatha Freedom Party MP, said the health ministry did not have an effective policy to allow foreign doctors, except Cubans, to work in South Africa.

"The entire regulation of foreign qualified doctors has been very arbitrary, subject to the whims of the Health Minister (Dr Nkosazana Zuma) and the Medical and Dental Council.

It should be left to the provinces to decide what their needs are and to enter into reciprocal registration agreements," said Dr Rabinowitz.

age points below its present level of 18;25% by year-end, with another half

Stals said. "If the repo rate comes down

Continued on Page 2

through the provision of a substantially larger proportion of exceptional val-

Continued on Page 2

Cuban scheme 'robbing SA of doctors'

BD 6/5/98

93

Vuyo Mvoko

CAPE TOWN — Government's decision to send 52 students at a cost of R500 000 to Cuba to study medicine on a six-year programme had robbed SA of 156 potential doctors, Parliament heard yesterday.

Deans of SA universities' medical faculties addressed the parliamentary health portfolio committee on the state of training of medical practitioners in SA, chronicling reasons why medical schools were running below capacity.

Natal University's dean, Prof James van Dellen, said government's decision to send 10 students to Cuba last year and 42 last month flew in the face of universities' attempts to increase the number of medical students in SA. About 208 students could have been afforded full bursaries at local universities with the money used to send students to Cuba.

Natal, which admitted only black students to its medical schools, was now struggling to enrol students. The problem was being exacerbated by a decrease in the number of bursaries from provincial governments.

Van Dellen said medical education in Cuba was different to SA's. One characteristic of Cuba's training was that it prepared its students to work as a team, while in SA students were trained "holistically" and to be able function in a variety of circumstances.

Committee members said historically white institutions excluded black students by insisting on higher grades even though the system of education blacks had been exposed to was inferior. Others, such as Stellenbosch, indirectly excluded students by insisting on Afrikaans as a medium of instruction. Committee chairman Dr Abe Nkomo said some universities had a "hostile academic environment".

University of Cape Town acting dean Prof David Beatty said he accepted the criticism and admitted that "transformation had not taken place". However, he said, "we are working at it. We have to move forward."

Stellenbosch's Prof Jan Lochner defended his university, saying it "caters for the academic needs of Afrikaans-speaking lecturers and students" and "works to preserve and extend Afrikaans medical terminology and phraseology". This did not imply ... an unwillingness to accommodate the needs of non-Afrikaans speakers".

CAPE TIMES
★WEDNESDAY, MAY 6, 1998

SOUTH AFRICA focus

Black medical students in demand

(93) CT 6/5/98

THERE was strong competition among medical schools for the very small group of black students from disadvantaged backgrounds who were eligible for, and interested in, studying medicine, vice-dean of medicine at the University of the Witwatersrand Professor Graham Mitchell said yesterday.

Mitchell was one of eight representatives of medical faculties who made presentations to the portfolio committee on health at a public hearing on human resource policy. The hearing was held amid mounting criticism of the low number of black medical graduates.

Mitchell told the committee that his faculty was concerned about the difficulty of graduating the coloured and black students it did admit. Seventy percent of the white, Indian and Chinese students admitted graduated, while the figure for coloureds was 46% and blacks 30%.

Med-schools fail to train disadvantaged

JOVIAL RANTAO (93) CT 6/15/98

MEDICAL schools with a low or non-existent intake of black students could face penalties that may include reduced state subsidies, the Department of Health has warned.

Dr Ayanda Ntsaluba, the deputy director-general in the department, told Parliament's Health Committee that the government was unhappy about the number of black medical graduates produced by South Africa's eight medical schools.

"The pace (of admission) is not fast enough. When you look at the admissions, instead of improving they're getting worse," Ntsaluba said.

Of the 22 000 medical doctors in South Africa, only 3 000 are black.

Responding to questions from ANC MPs Francinah Baloyi and Essop Jassat, Ntsaluba said discussions were being held with the Department of Education, which issues the subsidies, to ensure that institutions received subsidies that would be congruent with their outcomes in terms of national policy and priority.

"There will be very clear and coherent links between a subsidy given to the institution and their output in terms of the national objective. There must be some recognition and commitment to national priorities," he said.

Ntsaluba said a task team had been established to deal with the problem.

He did not respond to questions on whether the government would consider introducing a quota system as a way of forcing medical schools to increase their intake of black pupils.

Jassat suggested that in the light of reports that 50% of students who qualified at Wits University left the country after graduation, the government should consider shifting more resources to fund students who remained in South Africa. Institutions such as the Medunsa should be considered, he added. Wits' subsidy was increased from R274-million to R319m.

Medical schools' low black intake under fire

Star 6/5/98 (93)

The Government may reduce subsidies if situation continues, but is itself criticised for Cuban training scheme

By Jovial Rantao
Cape Town

Medical schools with a low or non-existent intake of black students could face penalties which may include the reduction of state subsidies, the Department of Health has warned.

Dr Ayanda Ntsaluba, deputy director-general in the department, told Parliament's health committee yesterday that the Government was unhappy with the number of black medical graduates produced by South Africa's eight medical schools.

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Jassat suggested that in the light of reports that half the students who qualified at Wits University left the country after graduation, the Government should consider shifting more resources to fund students who remained in South Africa. Institutions such as Medunsa should be considered, he said.

Meanwhile, the Government has rejected calls from a top medical academic that money used to pay for the training of South African medical students in Cuba should instead be used to finance students at local universities.

Professor James van Dellen, dean of the University of Natal's medical school, told the health committee that the money could be better used in local institutions.

Van Dellen said that for every student sent to Cuba, four students could be enrolled at local medical schools.

However, Ntsaluba dismissed Van Dellen's statement as "nonsense" and said the Cuban government charged South Africans R25 000 per student and shouldered the remainder of the costs.

"The R1-million referred to by Professor Van Dellen was paid for 40 students," he added.

MEDICAL SCHOOLS (93)

In search of a cure for old ills

FM 8/5/98

Medical school deans are outraged by the Health Department's suggestion that government consider cutting funds to universities that are not recruiting enough black medical students.

This move would spell the death of medicine in SA, says the dean of Pretoria University's medical faculty, Prof Dion du Plessis. Other deans have also reacted angrily, saying it would hit poor black students the hardest as they rely more heavily on financial aid and academic support programmes. Even under present allocations, these are generally under-funded.

Their comments followed a grilling by parliament's portfolio health committee earlier this week in which SA's eight medical school deans were called to explain their admission policies.

In a provocative briefing to the committee, Health director-general Olive Shisana tore strips off the deans from historically white institutions, accusing them of lacking the will to enrol more black medical students.

She said the department was disappointed in the slow pace of transformation at these institutions and questioned whether government should continue to fund them.

The money could possibly be directed at those medical schools that are successfully implementing affirmative action. This would make Medunsa and the University of the Transkei, whose medical schools cater almost exclusively for black students, the main beneficiaries of government support.

Shisana singled out the medical schools of Pretoria and the Free State for the "glacial pace" at which they are enrolling black students and accused Wits and Stellenbosch of regressing for failing to increase their black intake.

Pretoria and Stellenbosch have yet to produce a single black medical graduate. The University of the Orange Free State has produced only one since 1994.

Shisana found it unacceptable that out of a total intake of 949 medical students at UCT between 1994 and 1998, only 258 (27%) were black. Over the same period, black students accounted for 9,6% (57) of medical students in the Free State, 11,5% or 116 students at Pretoria University and 1,3% or 12 students at Stellenbosch University.

Even Natal University, which achieved a black enrolment figure of 51%, has a long way to go in a country where black people account for 75% of the population.

By the same token Shisana criticised Medunsa and Transkei University for failing to increase their white intake.

The deans hit back. Some, like Stellenbosch University's Prof Jan Lochner, trotted out the usual excuse — poor black matric results. Others blamed the fact that many eligible black candidates cannot afford to study at university.

Medical schools are fighting over a small crop of black applicants. Wits medical school deputy dean Prof Graham Mitchell told the committee that the brightest students choose engineering and commerce ahead of medicine because they can earn R300 000/year after only four years of study.

"The solution is for government to make medicine a more attractive career," he says. "It's difficult for someone from a disadvantaged background to commit themselves to 10 years of study — including internship, vocational training and community service — for relatively low financial rewards."

The deans pointed out that medical schools have instituted alternative admission criteria for black students, giving weight to factors other than academic merit and aiming to assess a student's potential. Most have instituted bridging programmes to assist these students, but all are strapped for cash.

At Wits the pass rate among white final-year medical students is 70% compared with 46% for coloured and 30% for black students. To improve the latter figure the university needs to invest more in its academic support programmes, says Mitchell.

Du Plessis agrees. With less financial support "there is no future for medicine in SA or for our medical faculty." **Claire Bisseker**

Dean warns race ratios for doctors 'counter-productive'

(93)

ARG 11/5/98

Penalising medical schools that do not admit enough black students will be counter-productive and lead to deterioration of the schools, says Jan Lochner, dean of medicine at Stellenbosch University.

JENNY VIALL

HEALTH REPORTER

Responding to a warning from the Department of Health that universities could face penalties, including reduced state subsidies, Professor Lochner said the Government should rather contribute funding to bridging programmes for disadvantaged students, and make more bursaries available for their integration.

He said: "The routine response to such a proposal is usually that there are no funds available, yet 52 medical students were sent to train in Cuba at four times the cost of a student trained in South Africa.

"There are funds available, but it's a question of channelling them."

Deans of all eight medical schools were last week invited by Parliament's health committee to discuss the apparent fall in the number of black medical students.

Committee chairman Abe Nkomo said he was "deeply concerned" about the ratio of black to non-black health professionals in South Africa. Of the 22 000 doctors, only 3 000 were black.

Dr Nkomo said black students faced problems, including financing their studies and meeting academic entry requirements.

Language policy at some medical schools discriminated against entry, whether wilfully or not.

The health committee would study the deans' submissions and make recommendations. These could include linking funding to admission ratios and providing bridging courses for black students.

Professor Lochner said Stellenbosch University made every effort to admit black students to the medical school, but their standard of education was the major stumbling block, not the universities' selection criteria.

"All deans want to train more black students. South Africa needs doctors, and we have to select from the large, eligible pool of qualified applicants, of whom we choose one out of 10.

"The school system cannot be changed within a year or two, or a culture of learning built overnight."

Professor Lochner said he had a problem with the definition of "black students" as it did not seem to include coloureds and Indians, who were equally valuable citizens.

Cape Town and Stellenbosch medical schools trained more than 80% of the coloured doctors in South Africa, reflecting the demography of the Western and Northern Cape.

"This is a major contribution on our part, but it would seem that the politicians do not recognise geographic realities.

"These are important, because students need the support systems of family and cultural ties. For this reason, the University of Transkei has trained black students almost exclusively and Natal has trained Indians and blacks. The politicians would seem to want a quota system, which is a total contravention of recognised national and international principles – and the constitution, which guarantees universities academic freedom."

He said that while Stellenbosch's training was mainly in Afrikaans, nobody was excluded by language.

"Proof of this is that about 30% to 40% of our students use English as a first language."

Special language courses were offered and tutorial support, practicals and examinations were available in English. Pretoria and Free State universities ran courses in English and Afrikaans, for which they got no credit, said Professor Lochner.

"It would seem some politicians are targeting Afrikaans *per se*.

"While they claim that Afrikaans is used to keep students out of some medical schools, they have no qualms about sending students to Cuba, where they have to first spend a large part of a year studying Spanish.

"It seems politicians are using language as an excuse for putting pressure on medical schools," he said.

Putting SA on road to health: page 8

Medical schools, Zuma at odds on admissions

(93) ARG 11/5/98

HEALTH REPORTER

Health Minister Nkosazana Zuma says admission requirements at medical schools need to be changed to accommodate black students, but the standard of training must not be lowered.

"Universities say they do not get properly qualified applicants," she said. "But, to be honest, you don't need three 'A's to be a doctor. You need to be of average intelligence, work hard and have the right attitude. They need to change admission requirements."

Dean of Stellenbosch Medical School Jan Lochner disagreed.

The professor said statistics showed it was undesirable to go below a D average on higher grade, even with an academic support programme in place, because most of these students would not pass.

"We owe it to the state and the taxpayer to admit students who are most likely to pass. Secondly, we owe it to the university, which doesn't get the subsidy if students fail. We also owe it to future patients to select the best candidates to be their doctors."

Dr Zuma said doctors had to be trained for South Africa, not Europe. "Every country looks at its national priorities and trains people accordingly. You can't train people in the centre of Cape Town and not expose them to the surrounding townships, and yet say you are training them for South Africa," she said.

"We don't want inferior doctors; medical schools must not drop their standards."

Professor Lochner said medical deans agreed with this and students at Stellenbosch were increasingly being exposed to primary health care in all settings.

Medical schools have differing admission criteria, many with a strong academic emphasis.

Abe Nkomo, chairman of Parliament's health committee, said entrance requirements tended to be "elitist".

Deans of medical schools were last week asked to explain to the committee why there had been a drop in the number of black students in medical schools.

"Why should medical students require the same entrance requirements as nuclear physicists? The medical council has waived the requirement for maths, but most deans haven't," said Dr Nkomo.

All medical schools are trying their utmost to get more black students to enroll at medical schools, but are faced with a small pool of eligible students from which to select, say deans of medicine.

David Beatty, acting dean of medicine at the University of Cape Town, said it was not admission criteria that were the problem, as his school got 12 applicants for every place.

But many people who were selected did not register, a problem common to many medical schools.

Cuba training not expensive, says minister

HEALTH REPORTER

Health Minister Nkosazana Zuma says sending 52 students for medical training in Cuba is not as expensive as university deans say it is.

The dean of the Natal University medical school, James van Dellen, told Parliament's health committee last week that four doctors could be trained in South Africa for every one sent to Cuba.

But Dr Zuma said: "The universities are looking at the subsidy they would have got. They don't take into account that there is a portion that has to be paid by the students."

Dr Zuma said most of the students sent to Cuba had passed matric a while back and wanted to do medicine.

"They either didn't apply because of a lack of money or the majority who applied didn't get in. This is an opportunity they would never otherwise have had.

"But we also have a contract with them we don't have with other medical students.

"They will work in their provinces or wherever the government wants them to for as many years as they have been studying, not just one year community service like the others."

Dr Zuma said the real problem was that white students were more likely to leave South Africa once trained.

Sarafina row: Shisana's future in doubt

CLIVE SAWYER
POLITICAL CORRESPONDENT

ARG 11/5/98

The Health Ministry was tight-lipped today about the future of director-general Olive Shisana, reported to be in hot water for declining to take full responsibility for the *Sarafina 2* affair.

A ministry spokesman said any announcement on her future would have to made by the Cabinet. (93)

Health Minister Nkosazana Zuma and Dr Shisana are to spend the week at a World Health Organisation conference in Switzerland. Reports today said Dr Zuma would inform Dr Shisana of her axeing during the visit.

The reports also said Dr Zuma had blamed Dr Shisana for the disappearance of a file which was supposed to have been sent to President Mandela for him to sign and promulgate the regulations of the Medicines and Related Substance Act, which allows for parallel importation.

The missing file is said to have delayed the promulgation of the law , allowing pharmaceutical companies to obtain an high court interdict preventing the law from being implemented.

SA needs a new skilled and innovative breed of doctor, says Motshekga

Josey Ballenger (93) BD 18/5/98

A NEW breed of medical practitioner was needed in SA to promote socioeconomic development, Gauteng premier Mathole Motshekga told the graduates of the Medical University of SA last week.

"The demands of our country require a new breed of medical practitioner who is creative, innovative and skilled," Motshekga said. "Working conditions in SA, like any developing country, are far from ideal. Our country is undergoing socioeconomic transformation, with the health sector prioritised on the government's agenda."

Delivering the graduation ceremony's keynote address, Motshekga told the graduates Health Minister Nkosazana Zuma needed insights from students, practitioners, lecturers and administrators in order to revamp health policies.

The premier also emphasised the need for institutions to co-operate in implementing "dynamic and innovative curricula which are well grounded in the realities and social needs of our country". This would make SA a "viable part of the global network", but did not mean that SA had to tailor its programmes along the lines of those of other countries.

Technological developments such as "teleconferences" in which distant doctors assisted in patient consultations and operations via satellite, would play a significant role in improving service delivery in SA, he said.

residents of the hostel, which was extensively damaged, escaped.

...bodies had washed ashore... His body was washed ashore later in the afternoon. – Sapa

Delay: Allan Boesak and his wife Elna outside the

100 docs face axe in W Cape hospitals

Budget may cut 2 148 staff

(93) (88)

ARG 13/5/98

JENNY VIALL
HEALTH REPORTER

The Western Cape Health Department will have to shed 2 148 staff, most of them by September, if it is to keep within budget.

This is set out in the department's revised business plan, which was discussed with labour organisations last week. It has yet to be approved by the provincial cabinet.

Although staff cuts will affect all employees, doctors will be hit particularly hard by the proposals on how many employees in each category should leave.

More than 100 doctors at Somerset, Princess Alice, Groote Schuur, Red Cross and Tygerberg hospitals have been described as "supernumerary", which means they will not be needed.

This number includes 58 registrars (doctors training to be specialists) and more than 30 specialists.

But doctors also will be affected by plans to defer their overtime pay from March 1998 to April 1999, and reduce the overtime worked.

About a third of doctors' pay is overtime pay, and this will save money in this financial year. Payments to district surgeons also will be limited.

Employees declared supernumerary will be given the option of taking voluntary severance packages or of being deployed in other posts.

The draft business plan released in March required 3 800 staff to leave the service. Of the 2 148 required to leave in the revised plan, 1 200 are expected to leave through natural attrition (resignation, death, ill-health).

The rest will be encouraged to take voluntary severance packages.

The department says it can save R22-million on personnel and R90-million in other areas.

But Michael Makwayiba, of the National Education, Health and Allied Workers' Union, which represents about a third of health workers in the province, said the department could not afford to lose more staff.

He said: "It does not make sense to say we want to retrench more staff when there is a shortage of staff. We will not support a loss of jobs or a plan based on rands rather than the health needs of people."

Race quotas for medical schools urged

(93)

BD 21/5/98

Farouk Chothia

CAPE TOWN — Medical schools will have to ensure from next year that the racial mix of their first-year student intake is representative of the population as a whole.

Welfare Minister Geraldine Fraser-Moleketi, speaking on behalf of Health Minister Nkosazana Zuma, also suggested in Parliament yesterday that state funding would be linked to the racial make-up of medical schools. She was responding to a question by the Democratic Party's Mike Ellis.

"It is envisaged by the department of health that university funding must be measured and based on its production and input," Fraser-Moleketi said. The national health department, in collaboration with its provincial counterparts and other stakeholders, was drawing up an acceptable quota system, she said.

Asked whether a sufficient number of suitably qualified black applicants was available to fill such quotas, Fraser-Molekti said this depended on the interpretation of the term "suitably qualified". The health department was holding discussions with medical schools to work out a mutually agreed definition, she said.

Government respected the autonomy of universities, but it had an obligation to ensure that all sectors of society had access to medical education.

Health department director-general Olive Shisana said that student intake would have to reflect SA's demographics, not the province in which universities were based. Universities were a "national asset".

ZUMA

A task team consisting of health department officials and the deans of medical schools was working out the exact criteria for admission.

Shisana said no legislation would be passed to enforce a quota system, but the new funding system was likely to be an "incentive" for universities to meet quotas. Subsidies would be in proportion to the number of black medical students enrolled. The health department was discussing the issue with the education department, which funded tertiary institutions.

Shisana dismissed suggestions that this amounted to blackmail, saying government wanted a return on its investments. Some universities were "backsliding", she said. "If we wait for them to change on their own, change will never come."

Medical schools against quotas

Primarashni Pillay

SA's medical universities yesterday made an impassioned appeal to government to fund bridging programmes that could boost the intake of black students and so make the student population racially representative instead of penalising the institutions.

The health department has told Parliament it plans to draw up a racial quota system for the intake of first year medical students at SA universities.

Health department director-general Olive Shisana said no legislation would be passed to enforce a quota system but state subsidies to the universities would be in proportion to the number of black medical students enrolled.

Jan Lochner, the dean of the Medical Faculty at Stellenbosch University, said that while the health department was insinuating there was something wrong with the university selection process, the problem lay in the school system.

"Politicians should spend money to get the level of schooling up instead of promoting the lowering of standards. Universities have to admit students most likely to succeed. They owe this to the taxpayer and to the government."

Lochner said that bridging courses would allow more black students to be admitted to medical universities and to achieve results in line with the standards of the medical and dental council.

ET Mokgokong, the principal of the Medical University of Southern Africa said yesterday that if government wanted to introduce quota systems, it should fund bridging programmes so that the universities could tap into the potential of black students who showed signs of being academically gifted.

"Bringing in numbers of black students could end up destroying young people," Mokgokong said.

He said that government had to provide the money for these programmes. Only then could government force universities that did not want to increase their black student intake to do so.

University of Cape Town communication officer Helen Zille said: "We accept that it is important to train a significant number of black doctors and that increasingly the student body should reflect the demographic profile of SA."

Instead of a quota system, there should be a commitment to broaden access to universities by identifying students who were capable of succeeding and not relying entirely on matric results, she said.

William Saunderson-Meyer, the spokesman for the University of Natal, said there was no point in pulling in a "huge" number of black students who could end up failing their first year.

"The government has not been forthcoming in funding bridging programmes. If funds were allocated, universities could do more," he said.

He said that quota systems would be counter productive and that while the university was trying to redress racial imbalances, "there are only so many students who are suitable and other universities are chasing the same students".

Mike Ellis, the Democratic Party's spokesman on health, yesterday expressed concern that students who were less likely to succeed could be admitted to universities to meet racial targets.

"It will not benefit the students who may find themselves admitted as quota fodder but who may never really cope with the demands of their course. It will not benefit medical education in SA if we create confusion about what our qualifications mean," Ellis said.

Comment: Page 15

Zuma's medical school racial quotas slammed

Star 22/5/98 (93)

By Jovial Rantao
Political Correspondent

Cape Town – The Democratic Party has strongly opposed the Government's plans to introduce quotas to force the intake of first-year students at medical schools to be racially representative.

DP health spokesman Mike Ellis said Minister of Health Dr Nkosazana Zuma's plans "in pursuit of the ill-defined but increasingly overwhelming goal of transformation" betrayed a greater concern for ideology than for the practicalities of healthcare in South Africa.

Ellis said Zuma's emphasis on "representative selection" rather than selection of those likely to succeed raised the frightening spectre that people who were less likely to succeed would be admitted just to meet racial targets.

"This would probably entail redefining 'suitably qualified' so that race was in itself a qualification.

"Who will this benefit? It will not benefit the students, who may find themselves admitted as quota fodder but who may never really cope with the demands of their course.

"It will not benefit medical education in South Africa if we create confusion about what our qualifications mean, and it will certainly not benefit the people ... who will be expected to place their health and sometimes their lives in the hands of 'qualified depending on which definition you use' doctors," Ellis said.

Zuma said the Health Department, in collaboration with provincial departments and relevant stakeholders, was identifying an acceptable quota system.

Zuma said a workshop was held in September with the deans of medical and dental schools, as well as student representatives, to discuss admission to medical schools and the need for targets.

She emphasised that medical schools must place more emphasis on transformation to ensure that a more acceptable policy on student intake was reached.

TRC

Pale, male and ruling in practice

Medical doctors show their preferred colours by voting in mostly white men to run their professional board

(93) ST 24/6/98

ANDREW TRENCH

DOCTORS have turned their backs on change by electing an almost completely white, male board to control their profession.

The elections for 19 of the 20 elected seats on the new South African Medical and Dental Professional Board ended on Tuesday. Seventeen of the new members are white men, one is a white woman and one is Indian.

And Dr Yackoob Kassim Seedat got onto the council only by knocking off another white male at the bottom of the list who was removed because the new voting regulations require that each province be represented by at least one member. Seedat had the highest vote of the Kwazulu Natal nominees.

A 20th seat is being kept open for Mpumalanga, from which there were no nominations.

In February, when the elections were announced as part of a broader transformation of the Interim South African Medical and Dental Council into the Health Professions Council of South Africa, the council predicted the changes would be the most "radical" since the old council was formed in 1928.

Today they are looking, at least when it comes to the faces on the board, at a body that echoes the past.

But the outcome of the vote has not surprised the medical fraternity. They say it was predictable because most of the more than 27 000 doctors who voted are white men.

Dan Naude, the council's assistant registrar, said: "It is fairly obvious that the majority of medical practitioners are white males, although we do not have a register of gender or ethnicity.

"People have taken us to task for this but we have never been interested in race," he said, adding: "I cannot see that the council can be attacked for the composition of the board."

The 20 seats, he said, were elected from a list of 123 nominations which represented the broad spectrum of the South African population.

The election result comes in the same week that Health Minister Nkosazana Zuma called for racial quotas to be introduced in medical schools to increase the number of black medical professionals being trained.

But her spokesman, Vincent Hlongwane, declined to criticise the board's composition. "As long as the election was a democratic process we do not see why the question of colour should be an issue. There are a lot of white males who have embraced the vision of the government as part of transformation."

He said Zuma's call for quotas was a "separate issue".

Professor Ephraim Thibedi Mokgokong, principal of the Medical University of South Africa, agreed that the vote was probably due to the dominance of whites in the profession.

But he added: "I am really disappointed. You would have thought people that are so highly educated would have voted across the colour line but that did not play a part this time."

He said the outcome showed how long the profession would have to wait for change — "probably another 20 years".

"If it had been females at least it would have been a change."

Professor James van Dellen, dean of the University of Durban-Westville's medical school, said the outcome of the elections did not reflect on the ability of black medical practitioners, but added: "It would be very sad if the council was not effective in terms of its statutory role because that expertise is unavailable to it."

He felt the large number of nominations had diluted the process and that many of his colleagues had been unfamiliar with the names and experience of their black colleagues.

He anticipated that Zuma could redress the racial and gender imbalance in the board with the nine appointments she is empowered to make from people representing the health authorities and the community.

Another six appointments will be made by universities with medical and dental faculties, and by medical scientists. Four more seats are elected by dentists.

The doctors' vote, in order, was: Cornelius Nel (Free State), Matheus van Staden (Northern Cape), Christian Kruger (Northern Province), Andries Venter (Free State), Johannes Hugo (North West), Andries Stulting (Free State), David Morrell (Gauteng), Adam Snyman (Eastern Cape), Jan Becker (Gauteng), Pieter Swart (North West), Bart Diedericks (Free State), Truter de Villiers and Vivian McCusker (Western Cape), Daniel Knobel (Gauteng), Petrus du Toit (Western Cape), Johannes Pretorius (Gauteng), Petrus Barnard (Gauteng), Marietjie de Villiers (Western Cape) and Yackoob Seedat (Kwazulu Natal).

Free vote but white doctors run council

(93) Star 27/5/98

By Anso Thom
Health Reporter

Fewer than a quarter of the estimated 28 000 doctors registered at the new South African Medical and Dental Council Professional Board (SAMDC) voted in recent elections in which 19 of the 20 posts were filled by white physicians.

Weekend newspaper reports accused doctors of turning their backs on change by electing 17 white men, one white woman and an Indian man to the board.

The president of the South African Medical Association (Sama), Professor Ephraim Mokgokong, said Sama represented about 14 000 doctors.

It was disappointing that more black doctors had not been elected to the board.

SAMDC spokesman Louise Emerton pointed out that the elections had been run by the Independent Electoral Institute which had declared the elections free and fair.

Mokgokong said Sama acknowledged the democratic processes and accepted the outcome.

Emerton said letters had been sent to doctors on January 20, informing them of the upcoming elections and inviting them to get nomination forms from the SAMDC's Pretoria offices.

The SAMDC had done everything in its power to encourage doctors to vote.

Nominations closed a month later and on April 9, election ballots were sent out after 123 doctors had been nominated. Further advertisements were placed in newspapers.

"We handled the administration, but it was the responsibility of the doctors to vote," Emerton added.

No record was being kept on the race of their members, but he added that there were more white doctors. "To us it doesn't matter if the doctor is pink, white or black."

One seat would remain vacant while Mpumalanga elected a representative.

Health Minister Nkosazana Zuma was responsible for the appointment of eight community representatives and a representative of the health authorities. All these posts still had to filled.

The SAMDC, a professional board, mainly occupied itself with the standards of professional conduct which included disciplinary action against a doctor who overstepped the professional code of conduct as well as the establishment of training standards. This was done in conjunction with the universities.

'No plan of action' for doctors' compulsory work

(93)

BD 28/5/98

Josey Ballenger

THE implementation of compulsory community service for medical doctors in July is still unclear, and it does not look as if interns' concerns will be considered, representatives of medical student and junior doctors' organisations said.

"The implementation of community service is a reality. The question is how effective it will be," Mark Creswell, an executive member of the Junior Doctors' Association of SA (Judasa), told Wits University medical students earlier this week.

The first group of doctors to undergo the controversial service — which was passed into law last year — will be those completing their internships mid-year. They apparently number under 30 nationwide, as most interns will finish in December.

There was "no plan of action" as of two weeks ago, when a number of stakeholders from across the country met with members of the national health department in Pretoria, said Gail Ashford, chairman of the Wits medical student council's policy and training committee. The department had not distributed application forms nor outlined the allocation process.

Ashford criticised Prof Rachel Gumbi, the department's chief director of health resource development, for "simultaneously chairing the meeting and representing the department. This gave her the sole right to accept or defer questions as she chose. On one occasion, Prof Gumbi actually laughed at one of (University of Cape Town's) proposals and subsequently ignored it."

Gumbi was not available for comment.

Ashford said that at the Pretoria meeting, Judasa had objected to the July starting date because government had not made it clear where posts, equipment, facilities and staff were available. Judasa said doctors needed to know the likelihood of their getting a specific post before making a decision regarding the five choices available to them.

Ashford said that the department had indicated it could not guarantee doctors getting posts in their preferred areas.

Judasa, the Medical Association of SA , the National Interns Alliance and others at the meeting had also sought "clarification of the function of the community service medical officer".

Creswell said that despite "all the objections and counter-proposals" made earlier this year, the regulations gazetted last week had hardly changed from their draft version.

Students take medical skills out

Serving in remote rural clinics is changing career

Waterborne: Sophie MacKenzie Main lends a hand during her stint at Mount Frere hospital

DI CAELERS

SPECIAL WRITER

While battles around compulsory community service for graduating doctors have been raging, University of Cape Town medical students have quietly been making their own inroads into rural areas.

The students, all concerned at the lack of health care professionals outside big cities, have since 1996 been spending their university holidays at hospitals and clinics in some of the remotest areas.

The project, called the Rural Support Network, was launched by the South African Medical Students' Association and recently students from the University of the Western Cape have also become involved.

From July, graduating doctors will be required to do a year of compulsory service in poor communities and national Health Minister Nkosazana Zuma has said the service is likely to be extended to pharmacists and dentists.

Ntsiki Funani, chairperson of the UCT branch of the medical students' association', said the response to the UCT project had been phenomenal. So far, 37 students had been placed at rural health care facilities but last year they had nearly 100 students applying to join the programme.

However, funding is a problem since the Health Systems Trust withdrew its financial support, although Mr Funani said they had now managed to independently negotiate places at hospitals and clinics in the Eastern Cape and Free State.

"Students stay for about three weeks and we used to be able to pay for their transport, accommodation and give them a subsistence allowance. Now they may have to pay their own costs."

Students are not paid during the three weeks.

Mr Ntsiki said the programme was enormously effective because it gave students the chance to see places, and then make well-informed choices about where they would like to finally work.

Fourth-year medical student Wezile Chita said many medical curricula did not touch on rural health care and the opportunity for students to work in rural areas could influence them to consider a career in this area.

"International studies identify two key factors that influence students to choose a career in rural health care: growing up in a rural community and undergraduate exposure to rural health care," he said.

Langa Nqwena, a third-year medical student who worked at

Point guard: Zanele Ntuli, Sophie MacKenzie M:

Mount Frere hospital in the Eastern Cape last year, bears this out: "Once I saw the need, it was impossible not to realise this was where I was needed."

Fellow students Sophie MacKenzie Main (second year) and Zanele Ntuli (third-year nursing student) said the 150-bed Mount Frere hospital was seriously understaffed, nurses were performing duties for which they were underqualified, and there were no paramedics, pharmacists or occupational therapists at all.

There were no South African doctors at the hospital; two were Cuban and the other was from Ghana.

Ms MacKenzie Main said the bad state of medical care in rural areas was something South African medical students had to "take on". "If everyone keeps shirking responsibility we won't solve any problems."

But they all agreed that while it would be essential to work in areas such as these, it would not be easy.

Samela Mniki, a third-year medical student who grew up in Idutywa in the former Transkei, said the work meant a lot of compromise. Three weeks at Rietvlei Hospital in the Eastern Cape felt like much longer that that.

"There is nothing at all to do once you finish work. There will need to be some improvements if we want to encourage young people to stay there."

Mr Funani said the students' experiences provided much-

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ARG 1/6/98 (9)

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"There is nothing at all to do once you finish work. There will need to be some improvements if we want to encourage young people to stay there."

Mr Funani said the students' experiences provided much-needed data and information that could be useful to the government in terms of future planning, and that the regional director of the World Health Organisation, Welile Shasha, was trying to set up a meeting for them with Dr Zuma.

The scheme had also allowed them to send two students to Norway and another five would go to Norway, Austria and Japan this year.

"But we really would prefer the students to be going to under-developed countries so they can see projects particularly relevant to the South African situation," he said.

HANNES THIART

Point guard: Zanele Ntuli, Sophie MacKenzie Main and Langa Nqwena. 'It was impoosible not to realise that this was where I was needed'

Thumbs up: Langa Nqwena and Sophie MacKenzie Main, right, hitch a ride to a rural clinic

Ruckus erupts over medical body's constitution

Josey Ballenger (93)

THE SA Medical and Dental Practitioners' organisation (SAMDP) is considering applying for an urgent court interdict to block the meeting next weekend of the newly established SA Medical Association's (Sama's) interim council.

This was because of a dispute regarding its constitution, SAMDP executive member Dr Gwen Ramokgopa said yesterday.

Ramokgopa said there was a three-month conflict between the mostly white Medical Association of SA and the Masa-aligned Progressive Doctors' Group, and five other professional medical organisations, regarding amendments to Sama's interim constitution, which is intended to unify seven medical organisations in the post-apartheid era.

Ramokgopa claimed that the drafters failed to incorporate three principles agreed to earlier in the year, and Masa members had ratified the constitution without the other groups' approval.

Masa has 20 000 members, while the oth[illegible] — SAMDP, Eastern Cape Me[illegible]al Group, Society for Dispensing Family Practitioners, Dispensing Family Practitioners' Association and the Natal-based Family Practitioners' Association — have only 7 000 members combined.

BD 12/6/98

Interns may battle conscription in court

(93)

BD 22/6/98

Josey Ballenger

MEDICAL interns are considering legal action against the national health department in a last-ditch attempt to block their community service next January.

A letter distributed to interns last week by the National Interns Alliance cited "dissatisfaction" with the consultation process leading up to the new requirement for young doctors to complete a post-intern year of community service before they may be fully registered.

About 1 200 interns are eligible for the January intake, following the first 24-strong batch to assume junior medical officer posts next month.

The letter urged interns to forward their application forms for community service posts to their intern representative.

"(By) submitting your application form (to the department), you are becoming a part of the process and as such may jeopardise a legal case," the letter said. However, if the majority of interns did not support the plan all forms would be submitted to the department by the June 26 deadline.

Law firm Webber Wentzel Bowens has drawn up a legal opinion on the implications of withholding or submitting the forms. The firm said the interns could launch a case on the grounds of discrimination because the application asked for race and gender status.

"Where forms refer to race and gender, it must be in order to give effect to the constitution — in other words, employment equity and affirmative action — that is legal. But if it is for other reasons, it would be discriminatory and unfair," Webber Wentzel Bowens labour lawyer Rod Harper said. "Those forms are not qualified by saying these details are for employment equity reasons."

The department has said the race and gender information is for statistical purposes only, an explanation Harper said "reminds one of the previous government".

He suggested interns willing to do community service "give a conscientious objection to furnishing such information".

Appropriate health department spokesmen could not be reached for comment.

Meanwhile, the Junior Doctors' Association of SA (Judasa), which "fully supports the concept of community service", said yesterday it could "not exclude the possibility of legal action" if another round of negotiations this week were fruitless.

Judasa and the department will meet in the public service bargaining chamber today and tomorrow regarding specific conditions of service for community service.

Judasa won the support yesterdayof the newly formed SA Medical Association council in, among other issues, rejecting the department's assertion that service conditions would be ruled by the "inadequate" Public Services Act. Judasa chairman Malikah van der Schyff said community service doctors were "in a unique situation and needed unique protection".

Judasa is also distributing a letter to interns this week, urging them to hold onto their applications pending the outcome of the talks.

Stayaway mars launch of new medical body (93)

Josey Ballenger 20 22/6/98

THE attempt to launch a medical association uniting doctors of all races was compromised at the weekend with the stayaway of five professional groups, but the two participating associations kept the door open for a late entry.

Only the traditionally white, 12 000-strong Medical Association of SA and the largely black and Indian Progressive Doctors' Group (PDG) took part in a three-day meeting in Pretoria to launch the SA Medical Association (Sama), intended to bring together seven professional bodies in the post-apartheid era.

Sama members and leaders said the absence of the five groups was a disappointment following a gruelling three-year unification process.

At a gala function on Saturday night, the new organisation's chairman, Zolile Mlisana, and others made indirect reference to their "brothers left behind", and dubbed the unification only a "partial success" at this time.

The council passed a resolution yesterday to "make every effort to get absentee partners on board as a matter of urgency," councillor Dave Morrell said. It had reserved about one-quarter of 200 council seats for the other organisations to fill.

SAMDP member Dr Gwen Ramokgopa said the alliance had sent a proposal last Thursday to Masa "for mediation", but had not received a response. She said the organisations would meet in the coming week to figure out their next move.

The conflict revolves around three "principles" the alliance says Masa omitted from Sama's interim constitution.

The principles concern "redressing" the negative effects of apartheid in the health profession; Sama's adoption of English exclusively; and the inclusion of two documents relating to the organisation's "vision".

But Masa and the PDG have said the first and second principles were always planned to be sorted out by the interim council and put into the final constitution.

Also, one of the documents — an agreement of understanding set by the participating organisations — was appended to the interim constitution.

March with those born in June.
Picture: ROBERT BOTHA

Deadlock on community service for young doctors

Josey Ballenger (97)

THE SA Medical Association (Sama) would consider getting a court interdict to delay the implementation of community service for young doctors, it said last night.

Industrial relations head Peter Brewer said Sama declared a dispute with the health department yesterday in the public service's co-ordinating bargaining council after failure to resolve 15 issues.

Brewer said the dispute-resolution mechanism prescribed by the constitution and the Labour Relations Act "would take us beyond the implementation date, so we (Sama) will be getting legal advice as to whether there can be an interdict".

About 23 doctors are due to assume their community service posts from July 1.

Human resource development director Steven Hendriks, representing the department, could not be reached for comment last night.

Vice-chairman of the Junior Doctors' Association of SA, Anthony Levy, said Hendriks postponed a meeting between the two parties scheduled for tomorrow to June 30, one day before the implementation of the community service.

BD 23/6/98

Chemical warfare condemned

(93) BD 24/6/98

Josey Ballenger

THE newly formed SA Medical Association (Sama) council has condemned the apartheid-era chemical warfare programme, and mandated its ethics committee to investigate the involvement of medical practitioners, Sama's executive committee said yesterday.

The association also passed a resolution criticising the board of the newly established SA Health Professions Council, which has replaced the Interim National Medical and Dental Council, for not being representative. A third resolution called for transformation in the health profession.

Fazel Randera, chairman of Sama's legal, ethics and human rights committee, said the committee would consider and recommend a course of action to Sama's board of directors against doctors who were involved in the chemical warfare programme. The board would decide if the doctors should be able to continue as registered practitioners.

The matter would be on the agenda of the first committee meeting to be held in the next two months.

Randera, who is also a truth commissioner, emphasised that he was speaking in his capacity as a Sama councillor.

One possible outcome would be a request to the Health Professions Council to investigate individuals implicated by the truth commission or the courts. "It won't be swept under the carpet because we are dealing with people who were victims," said Percy Mahlati, Sama's unity co-ordinator.

Sama was formed last weekend out of the old, mostly white, 14 000-strong Medical Association of SA and the smaller, traditionally Indian and black, Progressive Doctors Group.

Mahlati said Sama was concerned about the composition of the Health Professions Council's board, which was "overwhelmingly white".

Two directors were coloured or Indian, but there were no Africans.

The resolution on transformation meant Sama was "conscious of the divisions (created) in the past". A task group elected last weekend would submit a transformation agenda to Sama's board of directors for adoption.

'Not enough posts' for community doctors (93)

BD 25/6/98

Josey Ballenger

PRELIMINARY information indicated there would not be enough posts for community service doctors to fill next year, as provinces did not seem to have the funds to accommodate 1 200 new medical officers, the Junior Doctors' Association (Judasa) said last night.

Association vice-chairman Anthony Levy said six provincial health departments, which handle the allocations, said 456 posts would be available next January, when the current set of interns will be due for community service.

Information was not yet available from KwaZulu-Natal, Eastern Cape and North West provinces. Levy said: "Even if they come up with another 400 (posts), we will still be 400 short." He said the national health department had not allocated any special funds for the implementation of community service. The provinces, which would pay the medical officers, were therefore strapped for cash.

Meanwhile, Peter Brewer, SA Medical Association (Sama) industrial relations head, said last-minute talks were being held between Sama's secretary-general, Hendrik Hanekom, and senior department officials on unresolved issues regarding the service's implementation. Medical groups want to resolve their concerns — such as conditions of service and dispute guidelines — prior to the scheduled start of community service from July 1 for 23 interns.

Interns also consolidated their opposition strategy yesterday, with the KwaZulu-Natal medical community planning a march through central Durban today.

King Edward Hospital intern Dr Devon Moodley said about 600 interns, medical students and senior hospital managers from throughout the province were expected to march to the regional health department in Durban to present a two-page memorandum.

He said the interns had the support of Prof James van Dellen, dean of the Natal University's medical school. The march will start at 1pm on the steps of Durban city hall and go to the health department's regional office at Old Fort Place.

Most interns were withholding application forms which should be given to the department tomorrow, Moodley said.

In Gauteng, Dr Anita Gildenhuys, a member of the National Interns' Alliance, said almost all interns at Helen Joseph, Chris Hani Baragwanath and Johannesburg hospitals had not returned their applications to the health department.

The alliance and Judasa have called for interns to withhold their applications from the department, pending negotiations between the parties.

Health department spokesmen were not available for comment.

'SIGN — AND SERVE — WITH A SMILE'

Doctors courting a new battle

CT (BR) 25/6/98 (93)

DOCTORS' GROUPS are threatening to take the government to court over its "high-handed" approach to community service for interns — which begins next week. Health Writer **JUDITH SOAL** reports.

TWENTY-TWO young doctors begin compulsory community service next week, and another 1 200 interns who start next year have until tomorrow to hand in forms saying where they want to do the service.

But the newly formed South African Medical Association (Sama), the Junior Doctors Association of SA (Judasa) and the National Interns' Alliance (NIA) have called on interns to hand their forms to Sama rather than the health department "until negotiations have been concluded".

While every one is cautious, saying they are not opposed to community service in principle, there is widespread agreement that the process has been badly handled. The doctors who start next week — those who finish their year's internship at the end of June because they had to repeat a subject or took time off from their studies — have been worst hit by the uncertainty.

"We heard about six weeks ago that we would definitely do community service, then we were given two days to fill in forms saying where we wanted to go," said Shareef Abrahams, who starts at Elsie's River Day Hospital on Wednesday.

"But no one — not even the national health department — could tell us what posts were available. I phoned all the provinces and all the hospitals trying to find out, but no one knew for sure.

"We were running around like mad people at Tygerberg trying to find out what's going on," he said.

Interns who have to apply for next year — by tomorrow — have not received much more information.

"There really is confusion. There are three different lists of hospitals floating around, and no one knows which is the right one," said Anthony Levy of Judasa.

"The lists don't say how many posts are available, what kind of work each entails, whether or not there is accommodation, if there will be senior doctors to supervise their work — it could be that you are the only doctor at the health facility. Doctors really need to know these things to make a choice. Can you imagine taking a job without knowing what it was about?"

Many interns fear they will be refused their first choices and sent to rural areas with few facilities and little supervision. Of course this is one of the reasons why community service was introduced — the health department wants doctors to be spread throughout health facilities, rather than concentrated in major cities.

"We understand that doctors are needed in rural areas, but we don't think it is fair to force people to go to places where they don't want to go," said Levy.

"We believe that there should be incentives, with doctors in rural areas getting more money than others."

The junior doctors' group was to meet the Health Department yesterday to discuss its objections, but the department cancelled the meeting.

"They have changed it to June 30 — the day before the first group have to report. We have tried to talk to them many times but they just ignore us," Levy said.

The groups say they may take the battle to court. "We are raising money for legal costs and asking all interns to contribute," said Alex Landau of the NIA.

The alliance has written to the Department of Health, demanding negotiation on the future of compulsory service. Landau says they will apply for an urgent interdict opposing community service if the demands are not met.

"We are asking interns to send their application forms to us in the meantime as a political strategy," said Landau. "We have about 500 already and more are coming in all the time."

Landau believes that the doctors who start community service next week have been given better posts to make the service more palatable.

"There's no doubt that they are trying to accommodate the early ones. They have all been offered posts in their own provinces. But it's one thing to try to accommodate 22 interns, 1 200 are a different matter. We know that in Gauteng there are 245 interns but only 125 posts, so where are they going to put the others, and who is going to fund those posts?"

The Health Department had not responded to questions from the *Cape Times* at the time of going to press.

CLASS OF '98: Carol Cowburn, Jan Kuehne, Shareef Abrahams and Peter Cronje are four of the 22 doctors to start community service next week. They are optimistic about the year ahead, but wish they had been given longer to plan for it. *PICTURE: GARTH STEAD*

Community service — not such a sacrifice

JUDITH SOAL

THE road to community service has been paved with confusion for the 22 doctors who start their year-long term next week. Despite this, a group of first-time servers told the *Cape Times* they were optimistic about the year ahead.

"I'm really looking forward to it," said Jan Kuehne, who begins work at Guguletu Day Hospital next week. "It's good experience and it's what I want to do, I'm glad it came through."

Carol Cowburn, who had to cancel an air ticket to London when she heard only two weeks ago that she was liable for service, is about to leave Cape Town for the first time for a year at George Hospital.

"I wanted a change of environment, I didn't really have George in mind but what can you do?" she asked pragmatically. "It will be good experience."

Shareef Abrahams, who will be going to Elsie's River Day Hospital, said he was glad to get the job. "I would have applied for a post, but there isn't one available in the Western Cape, except these community service ones."

"At least it will guarantee us jobs," agreed Peter Cronje, who has chosen to go to Elsie's River Day Hospital.

Despite all the fuss about community service, these doctors say that it isn't so different from what they would have done anyway.

"You are not experienced enough to work in private practice when you have just qualified," said Cowburn. "You can work at a hospital as a Medical Officer (MO), but there aren't that many posts available. People often have to move to places they don't want to go to find a job."

Community service doctors will be paid the same as MOs — about R6 400, which will go up to over R7 000 with overtime pay — and will fill many of the MO posts that have been frozen because of budget cuts. This will provide welcome relief for under-staffed health services.

What community service does do, of course, is stop doctors going overseas.

"Many of us choose to go to Europe when we qualify to do short-term work and get experience, and of course earn some money to pay off student loans," Cowburn said. "That's what I was going to do. Now I will just have to delay it for a year."

She and the others say they support the idea of community service, they just wish they had had longer to plan for it.

Doctors frustrated, unhappy about community service

(93)

ARG 25/6/98

'We want to do it, but we want details'

JENNY VIALL
HEALTH REPORTER

Doctors due to start compulsory community service next year are frustrated at the lack of information about service conditions and say the Department of Health is unprepared for implementation of the system.

Malikah van der Schyff, chairman of the Junior Doctors' Association, said doctors were unhappy about the way they were being treated.

Lists of health centres with community service posts had been revised three times. Provincial and national health departments did not know how many or which posts were available, how doctors would be rotated, what accommodation was available or what provision had been made for moving costs.

Even medical superintendents at hospitals did not know which posts would be available, he said.

Scheduled meetings between the association and the health department were frequently cancelled or delayed, and individual inquiries had been fruitless, doctors said.

"We are working on rumours only. There is a sense of uncertainty among doctors," said Dr Van der Schyff.

A group of young doctors at a Cape Town hospital took time from their schedules to talk about their frustrations about community service. No one wanted to be named in case they were prejudiced.

"The issue is not about whether we want to do community service. We want to do it, but we want details," said one.

Application forms for community service had to be in by Friday, yet many had not yet received forms. "We're being asked to give five preferences, but we don't know anything about the job."

Another doctor recently married a teacher and if he is posted out of Cape Town his wife will have to leave her job – and the chances are she will not get it back.

He said: "I have financial concerns. I have loans and bursaries to pay back. We've bought a house and, if my wife leaves her job, we'll have to sell it. That would be very unfair on her."

This was echoed by many doctors who said they had no idea whether personal circumstances would be considered when they were placed in community service posts.

"We want to know how jobs will be allocated. They don't have our CVs, there is no job description. All they know is our gender, race and marital status," said one.

"We operate on rumours and hearsay. We want information, but no one can give it to us. Doctors are people – we have feelings, relationships and we need to plan ahead."

If negotiations with the health department are not concluded satisfactorily, the association says it will consider legal action. A meeting scheduled for yesterday was postponed to June 30.

Doctors were urged to send application forms to the association rather than the Department of Health as a symbolic protest, said Dr Van der Schyff.

Dispute notice filed over doctors' service

BD 26/6/98 (93)

Josey Ballenger

THE SA Medical Association (Sama) filed a labour dispute notice with the Commission for Conciliation, Mediation and Arbitration regarding work conditions for community service doctors, the association said yesterday.

The move followed a meeting at the public service bargaining council on Monday, which resulted only in an agreement for Sama and the National Education, Health and Allied Workers' Union to meet with the health department on June 30, one day before the implementation of community service for 23 doctors nationwide.

Peter Brewer, Sama's industrial relations head, could not be reached for details, but the commission was expected to hold a hearing on Sama's notice in the next few weeks.

Meanwhile, the National Interns' Alliance and the Junior Doctors' Association of SA were last night counting application forms for community service posts from doctors due to start in January. The forms are due at the health department today.

Alliance member Dr Anita Gildenhuys said at least 500 forms had so far been turned in to the alliance. It was considering withholding the forms from the department but this would depend on whether it had a majority of the forms.

The alliance was concerned that if less than 70% of interns withheld their forms, they would be prejudiced later in getting their preferred posts.

Official health department spokesmen continued to be unavailable for comment. However, a senior department source said the provinces would probably come up with more posts prior to next January's implementation.

The junior doctors' association found out this week that seven provinces had so far a combined number of only 532 posts — far fewer than the more than 1 100 that was needed for January's group.

Vice-chairman Anthony Levy of the junior doctors' association emphasised the organisation fully supported the idea of community service but wanted its implementation to be sorted out before next week's group started.

Equal pay for traditional leaders

Pule Molebeledi

CABINET endorsed a decision on Wednesday allowing traditional leaders of the same ranks to receive equal remuneration in all the nine provinces, Pathekile Holomisa, president of the Congress of Traditional leaders of SA, said yesterday.

After meeting a government delegation led by Deputy President Thabo Mbeki in Pretoria, Holomisa said kings would be paid R300 000 annually, while SA's 800 chiefs would get R72 000.

Eastern Cape has six kings, Free State two, KwaZulu-Natal one and Mpumalanga two, while there is an ongoing dispute over the authenticity of the three Northern Province kings. The same applies to the Northern Cape, where the Griquas have not yet been recognised.

The question of headmen was not resolved as it was complex because some provinces paid them and others did not, Holomisa said.

He said the "equalisation" payment would be "very expensive" but that was the price civil society had to pay for peace and stability.

Stating that it was the responsibility of the provincial and national government to remunerate traditional leaders, Holomisa said eight provinces, with the exception of KwaZulu-Natal, would approach national government to ask it to assume this responsibility. " I don't know from which department the funds will come, but I would imagine that they would come from the Provincial Affairs and Constitutional Development."

Holomisa said the meeting with Mbeki also agreed in principle that traditional leaders would become ex-officio members of local government councils. They would participate in all council matters but would not be allowed to vote.

However, this arrangement would only be accepted provided all traditional authority was represented in all elected councils.

Holomisa said Mbeki would also intervene in a dispute with the Eastern Cape government over mooted legislation taking away land responsibilities from traditional leaders.

Axe hangs over 2 000 medical jobs

Linda Ensor

CAPE TOWN — A total of 2 148 medical personnel will lose their jobs in terms of the final rationalisation plan for the Western Cape health system adopted by the provincial cabinet this week.

Services at some hospitals would also be cut back, finance MEC Lampie Fick announced.

Academic hospitals would bear the brunt of the staff reductions, losing 1 600 employees, while the Somerset Hospital would lose 146 and other institutions 402. Fick said he realised these cuts would place an "enormous strain" on primary and secondary health care facilities that had seen an increase in patient numbers because of the free health service.

"But in view of fiscal realities, there is no other choice," he emphasised.

Other elements of the plan include the closure of the north block of Somerset Hospital and the rationalisation of the Valkenberg Hospital, whose psychiatric services would be scaled down.

The specialist orthopaedic and rheumatology services provided by Princess Alice Hospital would be moved to Groote Schuur.

This would involve a move of 60 beds and 98 staff. The services provided at DP Marais Hospital (260 beds) would be transferred to Princess Alice Hospital while those at Westlake Hospital (180 beds) would be moved to Conradie Hospital.

Fick said provided the rationalisation was successful, provision had been made for filling 721 key posts this year as well as for the commissioning of the Delft and Kraaifontein community health centres and a new ward at the Ceres hospital.

DP 'becomes right-wing'

Farouk Chothia

DURBAN — The Democratic Party's (DP) 11th consecutive local government by-election victory shows it has replaced the National Party (NP) as the party on the right of the political spectrum, the African National Congress (ANC) says.

The ANC was commenting after the DP won another ward, A13 in Maritzburg's city centre, from the NP in a by-election on Wednesday.

The DP's Radley Keys won 59% of the vote, the NP's Willem van den Berg 25%, and the ANC's

Amid dispute, doctors' community service begins with 23 candidates

Star 30/6/98 (93)

By Anso Thom
Health Reporter

Twenty three doctors will report for community service tomorrow amid accusations by interns and physicians that the Government is keeping them in the dark on how the system, which will see the intake of a further 1 200 doctors on January 1, will affect them.

Dr Malikah van der Schyff, chairwoman of the Junior Doctors' Association (Judasa), said the 1 200 interns had submitted their application forms on Friday although they were originally asked to hold them back.

"We will ask the Department of Health to extend the deadline for applications, allowing the doctors to resubmit once there is more clarity," she added.

The SA Medical Association was also considering obtaining a court interdict to delay the implementation of community service for young doctors. It declared a dispute with the Department of Health last week in the public service's co-ordinating bargaining council after failure to resolve 15 issues.

Judasa said the decision initially to hold the applications back was to ensure that all negotiations were completed satisfactorily and fully.

Van der Schyff's deputy, Anthony Levy, said the 23 doctors starting tomorrow were satisfied with their allocations as they had been sent to their first-choice hospitals.

A meeting had been scheduled to take place today between Judasa and Dr Steven Hendriks, human resource development director at the Department of Health.

Van der Schyff said the meeting would, among other things, focus on the conditions of service, confirmation of posts, rural allowances, post and hospital allocations, dispute resolution systems and the appointment of a community service ombudsman.

"We have been kept in the dark and we are only trying to get answers," said Van der Schyff, adding that Judasa supported the principle of community service.

Judasa had conducted a survey, asking provinces to reveal the number of community service posts that had been confirmed.

"We are still waiting for the Eastern Cape and KwaZulu Natal to respond, but so far seven provinces have supplied us with provisional figures, indicating that they have fewer than 500 confirmed posts," Van der Schyff said. "There are 1 200 interns – where are the remaining 700 posts going to come from?"

Van der Schyff said the application forms did not indicate where doctors would be working, whether they would be assigned to a hospital, or how the rotation system would be implemented. Interns were also concerned whether their property and marital status would be taken into consideration.

Judasa has indicated it would take legal action if talks failed.

Docs begin community service

93

ANSO THOM

CT 30/6/98

JOHANNESBURG: Twenty-three doctors are to report for community service tomorrow amid complaints by interns and physicians that the government is keeping them in the dark about how the system will affect them.

A further 1 200 doctors are to begin community service on January 1.

The South African Medical Association (Sama) is considering applying for a court order to delay the implementation of community service.

Sama declared a dispute with the Department of Health after failing to resolve 15 issues last week.

Malikah van der Schyff, chairperson of the Junior Doctors' Association (Judasa), said the 1 200 interns had submitted their applications on Friday.

"We will ask the Department of Health to extend the deadline for applications so the doctors can resubmit theirs once there is clarity," she said.

Her deputy, Anthony Levy, said the 23 doctors starting tomorrow were satisfied as they had been assigned to the hospitals that were their first choice.

Judasa is to meet Steven Hendriks, the Department of Health's director of human resources development, today to discuss conditions of service, confirmation of posts, rural allowances, post and hospital allocations, dispute resolution systems and the appointment of an ombudsman. Interns also want to know if their property and marital status will be taken into consideration.

"We have been kept in the dark and are trying to get answers," said Van der Schyff.

Judasa supported the principle of community service. It had asked provinces to disclose the number of community service posts that had been confirmed.

Seven provinces had responded, Van der Schyff said, and these had fewer than 500 confirmed posts.

"There are 1 200 interns — where are the other 700 posts going to come from?"

Black doctors rally for unity

JENNY VIALL
HEALTH REPORTER

ART 30/6/98
(93)

The newly unified professional association for doctors, the South African Medical Association, has been inundated with applications for membership, mostly from black doctors.

In the week since it was launched, about 150 doctors have applied for membership, two-thirds of them black.

The birth of the new association, which replaces the 14 000-strong Medical Association of SA, is a "miracle" says Zolile Mlisana, chairman of the new body.

"For the first time the doctors of the country have an opportunity for a representative association with which they can feel truly comfortable as their mouthpiece," he said.

"Few people realise how far apart, historically and ideologically, the two driving forces in the unification process were."

The old Medical Association was established in 1927 and consisted mainly of white doctors for many years. The other partner, the Progressive Doctors Group, came from the National Medical and Dental Association of South Africa, which was formed after dissatisfaction with the Medical Association's response to the death in detention of Steve Biko.

"Now after two decades we have succeeded in uniting the medical profession, offering immense leadership, integrity, vision, skills and experience. This bodes well for the future and our collective commitment to ensure the people of the country the best possible health care, and the maintenance of the highest ethical and clinical standards," said Dr Mlisana.

Doctors' groups and health department fail to agree

Josey Ballenger

THE Junior Doctors' Association of SA (Judasa) and the health department failed to resolve their differences yesterday on the eve of the implementation of compulsory community service, which started today, Judasa vice chairman Anthony Levy said last night.

This left the Commission for Conciliation, Mediation and Arbitration (CCMA) — where the SA Medical Association (Sama) has filed a dispute with the department — the only avenue for resolution apart from legal action, Levy said.

"There was nothing positive from the department of health.... There was a total lack of transparency," Levy said about the meeting between Judasa, Sama, the National Interns' Alliance and the department. "Our strategy now is to go to the CCMA, but I think it is going to end up in court."

Other contested issues concern conditions of service, incentives and a dispute resolution mechanism.

Alex Landau, co-chairman of the interns' alliance, said: "The vast majority object in one way or another to community service or its implementation. We are now thinking it was a big mistake to have turned in our applications." This had been done as a sign of good faith towards negotiations. Landau said the alliance was sticking to its policy of legal action on constitutional and labour grounds, but that it did not support a strike by doctors.

Steven Hendriks, the department's director of human resource development, who chaired the meeting in Pretoria yesterday, could not be reached for comment.

Meanwhile, a statement from acting director-general Ayanda Ntsaluba earlier in the day said the department would do its best to notify the 1 200 interns due to start community service in January where their posts would be by the end of September.

The department had received more than 90% of the applications for posts, which were due last Friday.

Ntsaluba said the 23 interns starting community service today marked "another step towards improved and accessible health care services for all South Africans".

He said the aim of community service was to give junior doctors "an opportunity to get hands-on experience (in) the SA reality as well as to be of service to the country".

The department would soon start discussions with other health professionals about extending community service to them, Ntsaluba said.

(93) BD 1/7/98

BD 21/7/98

Doctors seek court order against Zuma

(93)

PRETORIA — A long-standing dispute between health authorities and foreign doctors holding SA citizenship over regulations forcing them to work in state hospitals will come to a head in the Pretoria High Court on August 17.

Eleven doctors working in state hospitals and institutions across the country will seek an order to strike down as unconstitutional the regulations promulgated in terms of the Medical, Dental and Supplementary Health Service Professions Act.

They will also seek an order to force Health Minister Nkosazana Zuma and the National Interim Medical and Dental Council of SA to register them without any restriction so that they can practise privately.

They pointed out that Zuma and the Medical and Dental Council allowed SA citizens holding the same or similar foreign qualifications to register without any restriction, provided they were SA citizens prior to December 31 1991. The plaintiffs all became SA citizens by naturalisation after that date.

The matter was served before the Human Rights Commission in 1996, but the report eventually released by the commission did not finally resolve the issue, resulting in the doctors' decision to pursue the matter further in the high court. — Sapa.

Doctors take minister to court

(93) CT 2/7/98

OWN CORRESPONDENT

PRETORIA: Eleven foreign-trained doctors are to ask the High Court here for an order compelling Health Minister Nkosazana Zuma and the National Interim Medical and Dental Council of South Africa to register them as medical practitioners without restriction.

On August 17 the doctors will also ask the court to find regulations of the Medical, Dental and Supplementary Health Professions Act which does not allow them full registration, unconstitutional.

Among the doctors who will approach the court are Martin Tupy, the head of the urology department at the Helen Joseph Hospital in Johannesburg and Leonid Goldberg, a cardiologist at this hospital, and Jovan Milovic, the acting head of the X-Ray department of the Cecilia Makiwane Hospital in East London.

In papers before the court yesterday, the doctors said Zuma and the council refused to register them as medical practitioners without any restrictions despite the fact that each of them hold qualifications which are the equivalent, comparable or superior to South African qualifications.

According to the doctors, Zuma allowed South African citizens holding the same or similar foreign qualifications as them to register without any restriction, provided they were South African citizens before December 31, 1991.

The doctors are threatening to leave the country if the matter is not resolved soon in their favour. They said they became South African citizens after December 31, 1991, and claimed the regulations discriminating against them were unconstitutional.

They said the restrictions imposed on them forced them to work in state hospitals for renumeration which compared very unfavourably with private practitioners.

They added the regulations were aimed at restricting them to practise in the public health sector on grounds unrelated to their professional competence.

REGULATIONS: Nkosazana Zuma

According to the doctors, the regulations that discriminate between them and other South African doctors holding foreign qualifications were irrational and unfair.

In answer, Zuma said the regulations were reasonable and justifiable in a democratic society based on human dignity and equality to ensure those engaged in the practice of medicine were appropriately qualified.

She and the council, represented by advocate Wim Trengrove, SC, wanted the matter postponed for a further six months.

However, the doctors, represented by advocate Eberhardt Bertelsmann, SC, were adamant that the matter be resolved as soon as possible.

Mr Justice J Swart ordered yesterday that the matter be heard on August 17.

Star 4/7/98

'40 die' in hands of poor surgeons

(48) (93)

Allegations that numbers of patients have died at Chris Hani-Baragwanath Hospital in Soweto since 1996 due to lack of supervision during surgery will be investigated, Gauteng health department spokesman Popo Maja said yesterday.

A former principal surgeon and senior superintendent at the hospital, Dr Bokkie Rabinowitz, has claimed that since the end of 1996 more than 40 patients have died at the hospital during surgery that was performed by inexperienced surgeons without the proper supervision.

"I saw a number of deaths that should never have happened. It is a total abscess that needs to be opened," he said.

The incidents of negligence he allegedly unearthed include:

■ The death of a young girl after trainee doctors allegedly directed a breathing tube to her stomach instead of her lungs;

■ The death of an elderly woman who allegedly died after surgeons turned her away, on two separate occasions, without detecting a hip fracture.

■ A case involving a man who left the hospital a paraplegic after doctors allegedly manhandled him as they bandaged his fractured jaw.

On a number of occasions, Rabinowitz tried to persuade management at the hospital and Gauteng health department officials to probe the deaths, but his efforts were met with fear and hostility.

He also claimed this cost him his position at the hospital. He worked at the hospital's surgical department for 30 years and was a surgical superintendent before he was appointed senior superintendent in the administration department in 1993.

According to the department, Rabinowitz (68) was appointed on a two-year contract after reaching the retirement age of 65 in terms of public service regulations. At the end of last year his contract was renewed for another six months and had now expired.

Rabinowitz conceded this, but could not understand why other employees older than himself were still allowed to work at the hospital while he was not.

Maja admitted there had been delays in starting the investigation, which he said would begin on Monday next week.

Professor Taole Mokoena, head of surgery at Kalafong Hospital, would head the panel that would hear evidence on Monday and Tuesday. Johannesburg Hospital trauma unit head Dr Ken Boffard and acting academic head of surgery at the Wits Medical School, Professor Mike Davis, would be the other members, Maya said. – Sapa and Staff Reporter

Doctors unite ... 'and the patient is doing well'

Star 6/7/98 (93)

Health Reporter Anso Thom interviews Dr Zolile Mlisana, chairman of the new South African Medical Association

The birth of a miracle: that's how the chairman of the newly formed South African Medical Association (Sama), Dr Zolile Mlisana, describes the unification of the traditionally white and black medical organisations.

"Our coming together, as opposing sides for a long time, is a miracle," he said.

"We were not seeing eye to eye and there was a lot of bitterness, but Sama is proof that things can be worked out," said the 41-year-old doctor, who is regarded as one of the country's top paediatricians.

The unification process has seen the old Medical Association of South Africa (Masa), which was established in 1927 with mainly white members, amalgamate with the Progressive Doctors' Group (PDG).

The PDG came from the National Medical and Dental Association (Namda), which was formed after severe dissatisfaction with Masa's response to the death in detention of Steve Biko in 1977.

Mlisana is not keen to dwell on his past, but reveals that he had avoided leadership roles all along.

"I was an activist, but I preferred to take a backstage position," he said.

Mlisana said he realised at one stage that the chairmanship of the

> **"Not seeing eye to eye ... but things can still be worked out"**

new association was unavoidable.

"It got to a stage where I couldn't argue with the guys, but I see my role as identifying good leadership, putting it in place and letting the guys run with it," he said.

"These are intelligent people who are quite capable of taking it further.

"I was very cautious when I walked into Masa.

"I must admit I was surprised at the sound wisdom and good leadership I was faced with in the organisation.

"I am trying to understand why they made wrong decisions in the past. I am asking myself where their conscience was when Steve Biko and many others died.

"But even though I am still wondering what happened, I know we are going into a new association and that much will be cleared up through our interaction with each other," said Mlisana, emphasising that medical ethics would be taken seriously by the association.

He believes the unification process has brought doctors together, giving them hope for the future.

"It is a credible organisation and should be seen as a forum through which doctors can touch the nation with their skills.

"We have a wealth of wisdom and leadership that is well equipped to challenge the Government, but also help it," said Mlisana.

"For me personally, Government is not a strange animal. We know these people and have had a long association with many of them. They are people whom we wish to be in Government," he said.

Mlisana is a strong believer in graduated doctors doing community

> **"I know much will be cleared up through interaction"**

service, as this would give them invaluable experience, while at the same time uplifting disadvantaged communities.

He believes the young doctors are themselves committed to it, but are concerned about some issues that need clarification.

"My years of practical training in rural hospitals woke me up to the fact that I was not doing medicine for myself, but for the society.

"I learnt a lot about people and medicine during that time," he added.

Doctors who have been elected to join Mlisana in taking Sama forward include:

- Dr Tony Mbewu, who was elected executive chairman of the committee for science and education, and is executive director of research at the Medical Research Council.
- Dr Fazel Randera, member of the Truth and Reconciliation Commission, who was elected chairman of the committee for medical ethics and legal affairs.
- Professor Jerry Coovadia, was elected member of the board of directors. He is professor and head of paediatrics and maternal and child health at the University of Natal.
- Professor John Terblanche, past president of the College of Medicine, was elected vice-chairman.
- Dr Bernard Mandell, the new president, who is also outgoing president of the World Medical Association.

Optimistic ... Dr Zolile Mlisana, chairman of the new South African Medical Association, a coming together of the great medical divide.

LEON MULLER

First patient: Shareef Abrahams checks Alida Oilphant's blood pressure as part of the community service that has to be done by all newly qualified doctors

Reporting for duty: Peter Cronje and Share

Young doctors tackle first day of community service

Elsies River clinic welcomes extra help

ARG 8/7/98 (93)

It's cold, wet and barely light when doctors Shareef Abrahams and Peter Cronje leave home to do their first day of community service.

They're two of the first intake of 23 newly qualified doctors to do community service and have been placed at Elsies River Community Health Centre.

Both completed their internship at Tygerberg Hospital after studying at Stellenbosch University.

Shareef, who says he's a "small-town boy from Strand", is excited.

A friend works at the clinic so he knows more or less what to expect.

Peter, who lives in Ravensmead, spent a few days at the clinic during his training and "caught a baby or two".

"We drove past there two weeks ago. There was a Casspir standing outside," laughs Shareef.

The clinic at Elsies River is busy especially when trauma cases flood in at weekends, and they know they'll work hard.

The two young doctors are ready for the challenge. This is the first time they will work unsupervised.

"I've got that new job feeling," says Peter, but they say they're not nervous because their training has adequately prepared them for working at all levels of health care.

"Anyway, there will be support structures for us," says Shareef. "And we've worked in busy outpatient departments, we've seen many

JENNY VIALL

INTERVIEW

referrals from day hospitals."

They are happy to do community service.

"I would have ended up here anyway," says Shareef. "It's what I wanted to do after medical school."

Community service will give them valuable experience. It is 7.55am when we arrive at Elsies River clinic.

"Good, there's a Seven Eleven nearby," says Shareef. That's food sorted out for the next year.

The doctors have to report to sister-in-charge Bernice Swanlow.

A security guard shows them the way down corridors lined with benches and waiting patients.

It's a quiet Friday and the occasional cough is all that disturbs the silence.

We're at Office 12, it's 8am sharp, the doctors are on time. Sister Swanlow welcomes them and hands over two letters, one of which is a roster for July.

Shareef is on call the next day, Saturday, Peter on Sunday. That means a shift from 8am to 7pm. Dr Abdul Isaacs shows them the layout of the clinic. The staff are happy to see them, more hands to lighten the patient load. Elsies River health centre is short of doctors. At least six to eight doctors are needed, today there are two. The newcomers are welcome.

Shareef and Peter soon get a feel of what to expect. There is no physiotherapist at the clinic and hasn't been for three years. Her room now contains a table tennis table.

The social worker is on stress leave. John Oliphant, the only pharmacist, works under extreme pressure and at times has to close the service in the morning to catch up with the backlog of prescriptions.

There should be two pharmacists, but there's a severe shortage throughout the health service.

"We can't use an appointment system here," Dr Isaacs tells them, "because our doctors help out at other clinics when they're needed, so we don't know in advance who will be working."

'Doctors here can expect to see more serious cases than a general practitioner in private practice'

Sister Swanlow has to decide each day how many patients can be seen according to how many staff are on duty.

Each day the doctor on trauma duty sorts out the very sick from the not so sick, says Dr Isaacs, after he's seen to the trauma cases. Only serious cases are admitted. Minor ailments and "nonsense" like those wanting sick certificates when they're not really sick are turned away.

"We can't admit too many because then the nurses and pharmacist cannot cope with the load."

Dr Isaacs tells the young doctors they can expect to see more serious cases than a general practitioner in private practice.

"Manage those you can, refer those you can't. It's up to you to ask for help, no one is going to police you, no one is going to watch over you," says Dr Isaacs. "You must learn to pace yourself."

It's 8.50am, and they're shown their consulting rooms, tiny rooms with only the bare essentials - a bed, a chair, a small desk. Because it's their first day, Shareef and Peter are allocated only 15 patients each. By month's end that will increase to between 45 and 50.

"It's a nice gentle start," says Shareef, "the calm before the storm."

Sister Swanlow goes over the checklist.

"Have you got stethoscopes? Each doctor keeps their own stats pad (with patients' details). Blood is taken in Room 9, dressings in Room 10. You do your own POPs (plaster of Paris)."

Be stern, the new doctors are told, people see it's a new doctor and take advantage.

Both Shareef and Peter are a little anxious about which medicines are available at the pharmacy.

They're used to a large hospital where a wide range of drugs are available. Here they work with a limited essential drugs list.

Then it's tea-time and Dr Lisl Woolf chats to the newcomers. She promises to give them a drugs list. She's also pleased to have them working here.

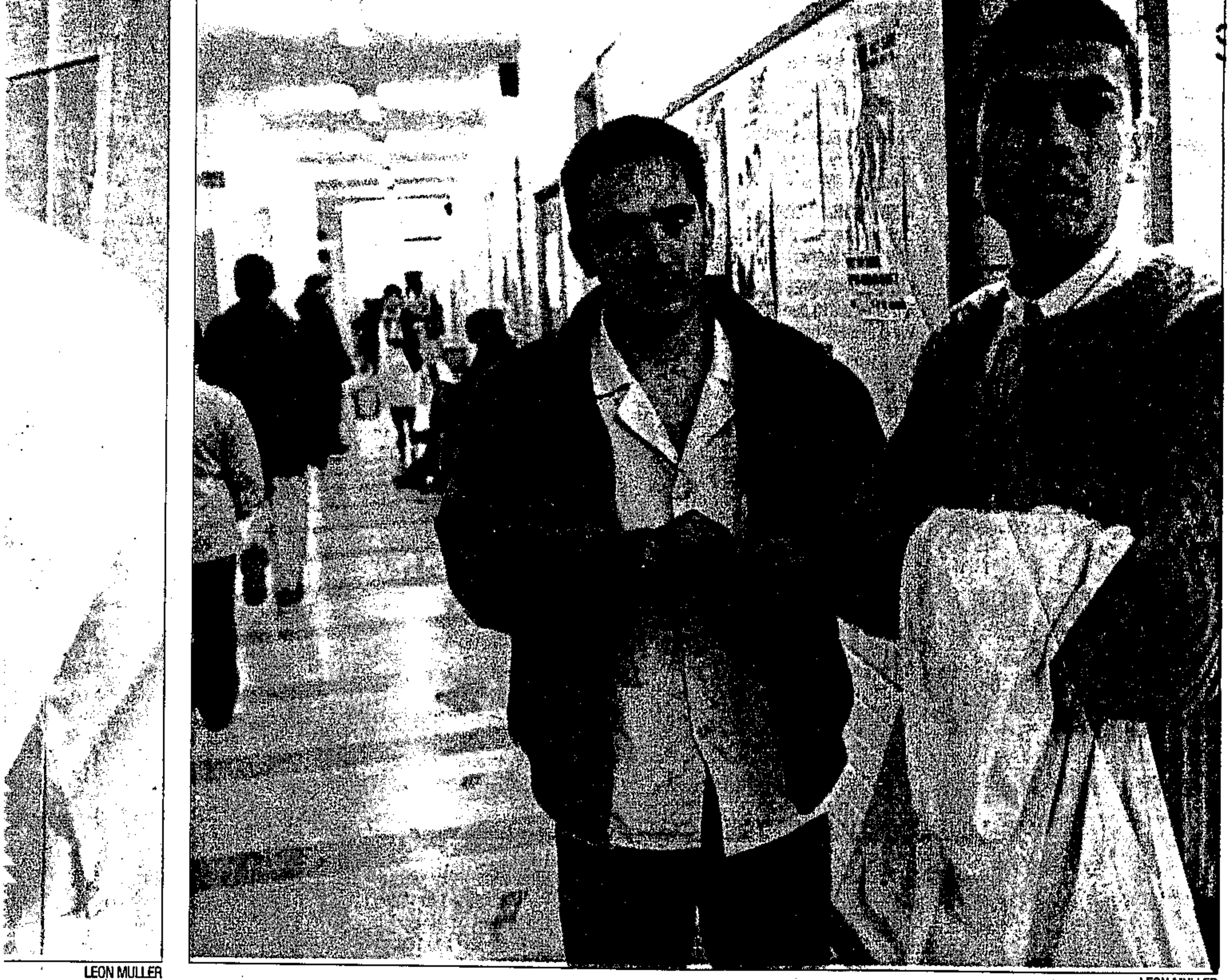
The morning is over, Peter and Shareef are almost through their load of patients.

Lunch is bought at a takeaway opposite the clinic. A few more patients and the work for the day is over. They're allowed to go home.

"It's been like all beginnings," says Shareef. "You have to learn. Both Pietie and I have worked in internal medicine, and that's mainly what we'll see here. I've seen a dog bite, diabetes, that sort of thing."

The procedures are mostly of the sort with which the two must become familiar - where to send patients for blood, for dressings. It won't take long.

"It's busy, it's buzzing, the staff are helpful. I like the vibe, it's friendly here. I'm going to enjoy this," says Shareef.



LEON MULLER

Reporting for duty: Peter Cronje and Shareef Abrahams looking a little apprehensive as they arrive at Elsies River Community Clinic

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LEON MULLER

Reassuring: New doctor Peter Cronje chats to patient Karel van Wyk at the Elsies River Clinic

Doctors get incentive to work in rural areas

BD 14/7/98 (93)

Josey Ballenger

THE Junior Doctors' Association of SA (Judasa) and the national health department have resolved their long-standing dispute over work conditions for community service medical officers, with the department agreeing to pay a R1 650 monthly incentive to those willing to work in "underserved" hospitals.

Judasa chairman Dr Malikah van der Schyff said yesterday the department agreed at a meeting facilitated by the Commission for Conciliation, Mediation and Arbitration (CCMA) last week to address the "critical issues".

Judasa and its parent, the SA Medical Association, declared a dispute in the CCMA following a failure to resolve issues in the public service co-ordinating bargaining council last month.

"We trust the agreement reached will form the basis of a positive working relationship with the department in the interests of both patients and the community service doctors," Van der Schyff said. Provided the agreement was adhered to, this would rule out Judasa's earlier threats of legal action.

The department agreed to pay a "recruitment" allowance, an extra R19 800 a year on top of a medical officer's salary, in response to Judasa's request for "incentives" to work in under-resourced rural areas.

The department has already made available the names of hospitals it considered to be underserviced.

They are predominantly in the Eastern Cape and Northern Province, and the approximately 1 200 interns who will take up their community service posts in January may resubmit their applications by July 20 if they are interested.

However, the allowance would not apply to the 23 doctors who started on July 1 as they had been posted to peri-urban hospitals.

Other points of the agreement were the department's promise to establish a special dispute-resolution mechanism for community service doctors, who feared the normal public servants' channels would be inadequate, and that at least one, more experienced doctor would be available for advice at each hospital.

The department also agreed to cover doctors' relocation costs, provide continued medical education and acknowledge time served in cases of "unforeseen disruption of service", such as sick and maternity leave. It would provide housing for those doctors who indicated they needed it on their application forms.

Lulu Sebake, the health department's communications director, said the department agreed with Judasa's statements and did not need to add comment.

The Star ... Tuesday July 14 1998

State and doctors agree on community service

Star 14/7/98 (93)

Payment of monthly allowance among disputes resolved

By Anso Thom
Health Reporter

Doctors' community service is back on track after the Government agreed, among other measures, to pay a recruitment allowance to junior doctors working in underserved hospitals, mostly in the Eastern Cape and Northern Province.

About 1 200 doctors are set to start community service across the country on January 1, after 23 doctors started on July 1.

The Department of Health agreed to address the most critical issues of dispute, declared by the Junior Doctors Association (Judasa) and its parent body the South African Medical Association (Sama), after a meeting last week facilitated by the Commission for Conciliation, Mediation and Arbitration.

The issues were raised by Judasa and Sama in the Public Service Co-ordinating Bargaining Council, after an initial threat by both parties to take legal action unless the issues were resolved.

In terms of the latest agreement, the department made available the names of hospitals rated as underserved that would pay a recruitment allowance of R1 650 a month to doctors opting to work there.

This allowance was intended to compensate them for the more "strenuous conditions in rural areas", Judasa said in a statement yesterday.

Applications would reopen until July 20 to give doctors wishing to work in one of these hospitals the opportunity to amend their applications.

The department also agreed to the establishment of a special problem-solving mechanism for community service doctors in accordance with mutually agreed to guidelines.

"Judasa was further assured that there would be at least one other doctor at each hospital to support a community service doctor," the association said.

Other conditions agreed to included the acknowledgement of time served in the case of unforeseen disruption of service (sick and maternity leave), payment of doctors' relocation costs and the opportunity for continued medical education.

Judasa chairwoman Dr Malikah van der Schyff said the organisation welcomed the clarification of its members' working conditions.

Optimism over doctors' unity

(93)

Josey Ballenger

BD 4/8/98

THE five medical groups which stayed away from the launch last month of the SA Medical Association (Sama) — meant to unify doctors previously divided along racial lines — were optimistic the unity process would soon be back on track, their leaders said.

Dr Lasie Mogudi, chairman of the SA Medical and Dental Practitioners' (SAMDP's) unity subcommittee, said the five organisations would formally form a National Medical Alliance on August 15, but this would not preclude their joining Sama.

"We believe we can put the unity process back on track," said Dr Gwen Ramokgopa, SAMDP's past convenor of talks between the seven organisations.

"Fresh attempts are being made at resolving the stalemate," Dr Percy Mahlati, Sama's unity co-ordinator, said.

Ramokgopa said the alliance and Sama would commence negotiations next Monday.

Sama's launch in June was limited to the mostly white Medical Association and the Indian and black Progressive Doctors Group, and was described by Sama as only a "partial success" due to a last-minute collapse in the three-year unification process.

SAMDP, Eastern Cape Medical Group, — Society for Dispensing Family Practitioners, Dispensing Family Practitioners' Association and the Natal-based Family Practitioners' Association — which have a combined 7 000 members — stayed away from the event, over what they said were three "principles" omitted from Sama's interim constitution.

The Star ... Thursday August 6 1998

Medics criticise way that scheme was implemented

Having grown up in a rural area, Dr Makhora Sekgobela (28) realises the need for community doctors in such places.

Sekgobela, part of the first intake of 23 community service doctors last month, considers himself lucky to have been allocated a post at Chris Hani Baragwanath Hospital in Soweto.

"I hope people in rural areas, where a doctor might visit only once a month, will now get access to doctors.

"Chris Hani Baragwanath needs me, but I think I can be put to better use in a rural hospital," said Sekgobela, who was working in the gynaecological and obstetrics section.

Sekgobela, however, criticised the Department of Health for rushing the implementation of community service.

"I never really knew how I would be affected before receiving letters three weeks before I started," Sekgobela said.

University of Cape Town graduate Dr Pumla Lupondwana (28) considers community service "a good thing" but said it was unfortunate she was being forced to do it.

"It has been so disorganised. I still don't have a letter of appointment and I'm curious to know what I'll be paid at the end of the month," she said.

Lupondwana also ended up at her first-choice hospital, Coronationville, which caters for women and children.

"There is a shortage of doctors at this hospital, so I'm busy. I'm fortunate to have ended up here as I wanted to specialise in obstetrics and gynaecology."

– Health Reporter

Community doctor plan falters

6/8/98 93.

No new posts to be created, so service will not be done at rural hospitals after all

By Anso Thom
Health Reporter

Most of the 1 200 doctors starting community service on January 1 will not be sent to rural hospitals, where they are needed most.

Instead, the Health Department has admitted, the doctors will be placed in existing medical officer posts – and no new posts will be created.

The admission follows accusations by junior doctors and interns that the Department of Health is failing to create posts for community-service doctors, and is opting to place them in positions currently filled by medical officers and foreign doctors.

The positions, mainly in urban hospitals, become vacant as medical officers' and foreign doctors' contracts expire.

The Junior Doctors' Association (Judasa) and National Interns Alliance (NIA) said this week that no more than 500 posts were available for community-service doctors.

Alex Landau, vice-chairperson of the NIA, said rural hospitals and poorer provinces such as the Eastern Cape and KwaZulu Natal could not afford enough doctors. "Each province has to pay for the doctors, and if they don't have the money they won't get doctors."

Landau accused the department of being high-handed and less than honest in dealing with the community-doctors issue.

The Government did not classify "underserved" hospitals as rural hospitals, and these marginalised hospitals would not receive any help "as the Government tries to rush community service before the elections".

Anthony Levy, vice-chairperson of Judasa, said another huge problem was creating posts for people who had completed community service. "There won't be medical officer posts, so you're in trouble if you want to specialise."

Sapa reports that Dr Keith Wimble, director of the Valley Trust, said yesterday that the compulsory community-service programme for graduates was in danger of being derailed through poor planning.

"The period of service could be less than the 12 months originally expected. And many inexperienced young doctors may be facing community service without supervision."

In addition to inadequate financial planning, there was a shortage of community-service posts (particularly in Gauteng, Western Cape and KwaZulu Natal) and of supervision for the graduates. In KwaZulu Natal there were only 50 community service posts for 230 interns.

Cuban doctors 'can stay indefinitely'

ARG 11/8/98 (93)

ARGUS CORRESPONDENT

Durban – Cuban doctors working in the country would remain here as along as the South Africans still needed them, Cuban Public Health Minister Carlos Dotres said in Durban yesterday.

He said there were 402 Cuban doctors and 24 medical professors working in South Africa.

Dr Dotres arrived in KwaZulu Natal yesterday to visit Cuban doctors who are working in the far-flung corners of the province.

At least 64 Cuban doctors are deployed in KwaZulu Natal.

Dr Dotres was received at Durban Airport by his South African counterpart Nkosazana Zuma, who was accompanied by provincial MEC for Health Zweli Mkhize.

Dr Zuma described the programme of Cuban doctors as "very successful" given that it had been undertaken in a short space of time. She said the Cubans were initially scheduled to be in the country for only three years – but it was clear now that this programme would have to be extended.

Dr Dotres said his country was in a position to keep its doctors here longer that initially intended.

"There is no time limit but we hope that in the process South Africans will be able to develop their own health system to the stage that it trains its own doctors," he said.

Dr Mkhize said the programme had immensely improved the staffing in KwaZulu Natal hospitals. He said the death rate in some of the hospitals where the Cuban doctors were deployed had dropped by 50%.

Dr Zuma said Cuba had also made available to South Africa 24 medical experts who were lecturing medical students at the University of Transkei.

She said the Cubans had also made space for 48 South Africans to study medicine in Cuba.

Flying doctors take off for rural areas

CLIVE SAWYER
POLITICAL CORRESPONDENT

(93)
ARG 11/8/98

A flying doctor programme has been launched by the Department of Health with the Red Cross Society, Health Minister Nkosazana Zuma has announced.

The programme was inaugurated at Manguzi Hospital, outside Jozini, in northern KwaZulu Natal.

Dr Zuma, briefing journalists and diplomats in Cape Town, said the project would follow similar efforts in other remote parts of the country and Australia.

Benefits of the flying doctor programme would include savings on cars, which "didn't last" when health authorities tried to use them to reach remote areas.

There would also be savings on hospital beds, because health workers would go where people were, rather than patients spending time in hospital awaiting diagnosis and treatment.

The flying doctor programme would involve not only general practice but also specialised treatment such as optometry.

Also modelled on the Australian system was the telemedicine system – giving access via computer networks – which would mean health care, education and "telecare" services for South Africans in areas where the need was greatest.

The system would be used to set up a network of South African medical schools to provide cost-effective medical education throughout the country.

The system would also assist recruitment and retention of health-care providers in rural communities.

Key aspects of the system would include clinic services to remote rural communities; medical research, education and training.

Foreign doctors take Zuma to court

BD 18/8/98 (93)

Stephané Bothma

PRETORIA — Health Minister Nkosazana Zuma and the Medical and Dental Council were hiding behind discriminatory regulations to ensure that the services of highly qualified and competent foreign-trained doctors be restricted to the public health sector, the high court was told yesterday.

The claim was made by 11 medical practitioners, all naturalised SA citizens who had obtained their medical qualifications in Poland, Russia, Slovakia and Hungary, in a court battle in which the doctors are asking for an order that will compel the minister and the council to register them without any restrictions.

Among the doctors who approached the high court are Martin Tupy, head of the urology department at the Helen Joseph Hospital in Johannesburg, Leonid Goldberg, a cardiologist, and Jovan Milovic, the acting head of the X-ray department of the Cecilia Makiwane Hospital in East London.

Although these doctors had qualifications equivalent, comparable and in some cases even superior to SA-trained medical practitioners, the Medical, Dental and Supplementary Health Professions Act prohibited full registration which prevented them from entering into private practice, even on a part-time basis, Eberhardt Bertelsmannm, SC, argued before Judge David McArthur.

In terms of the act foreign-trained doctors, regardless of their experience and qualifications, had to write a full medical examination, similar to that written by final-year medical students in SA, Bertelsmann said.

He said the doctors were being discriminated against, arguing that in 1991 government allowed returning exiles with foreign qualifications — many obtained in former communist countries — to be registered fully after working under supervision in approved medical facilities for one year.

"It is fundamentally unfair to expect them to rewrite examinations.... They are competent, dedicated professionals called in to alleviate the dire need for medical staff in the public health sector," Bertelsmann said, adding that many of the doctors worked in rural hospitals.

Bertelsmann said the doctors had even given the state an undertaking that they would stay in their current positions for three years should they be registered for full practice.

In papers before court the doctors threatened to leave SA if the matter was not resolved in their favour soon.

The trial continues today.

Oppenheimers in new tussle with Russians

BD 18/8/98

LONDON — Diamond industry doyen Harry Oppenheimer and his family are again at loggerheads with the Russians, this time over a discovery that might be worth almost $4bn.

The dispute does not involve De Beers but a small Vancouver exploration company called Archangel Diamond Corporation.

The Oppenheimer family has a firm grip on Archangel through one of its private investment companies, Task Holdings, which owns 41%, a stake that could rise to 50% next year.

Archangel is accusing its Russian partner in the Verkhotina project in the north of the federation of withholding a crucial mining licence and has filed a request for arbitration with the Arbitration Institute of the Stockholm Chamber of Commerce.

Archangel president Tim Haddon said the company had already spent $10m on the Verkhotina project and was planning to spend another $8m. But further work has been put on hold until the licence issue is resolved.

As recently as May the Oppenheimers, via Task, invested another $10m in Archangel. This came after a De Beers team finished an evaluation of one of the diamond-bearing pipes and estimated that it contained 51-million carats of diamonds worth $72 a carat. If this is confirmed, the pipe could become one of the world's richest diamond mines.

Analysts suggest that, after seeing the report, Archangel's partner might now be having second thoughts about transferring the mining licence to the joint company, Almazny Bereg (AB).

Archangel owns 40% of AB and the Russian partner, Arkangelskgeoldobycha (AGD), 50%. Archangel is claiming that AGD agreed to transfer the licence for Verkhotina to the joint company after Archangel had spent a specified sum on the project. This spending requirement was met in late March.

Matters came to a head when Almazny Bereg's annual meeting on June 30 was abandoned because no representative from AGD turned up. — Financial Times.

Russian-De Beers deal: Page 18

Doctors fight restrictions

(93) Star 18/8/98

Eleven foreign-trained doctors have asked the Pretoria High Court for an order compelling the minister of health and the National Interim Medical and Dental Council of South Africa to register them as medical practitioners without restriction.

The doctors, all of eastern European origin, and who qualified there, were naturalised as South African citizens after December 31 1991.

Eberhardt Bertelsmann SC, counsel for the doctors, told Mr Justice N M MacArthur yesterday that all the doctors had limited registration with the National Interim Medical and Dental Council and were employed in government hospitals. In terms of the limitation, they are not entitled to practise privately.

Existing statutes require the doctors, who de facto practise as if they were already fully registered, to complete the full South African sixth-year medical examination if they want to register without limitation.

Bertelsmann said the regulations, which restricted his clients and differentiated them from other SA citizens who studied at local universities, were discriminatory, unfair, irrational and unconstitutional. – Pretoria Correspondent

VS

Doctors: 'Register us'

CT 19/8/98 (93)

PRETORIA: The Human Rights Commission's rejection in 1996 of a complaint by foreign doctors that they were being discriminated against has been criticised by one of the commissioners, former Democratic Party parliamentarian Helen Suzman.

Suzman's comment on the commission's decision, from which she disassociated herself, was handed in yesterday as an exhibit in a Pretoria High Court application by 11 foreign doctors seeking immediate unlimited registration that would allow them to go into private practice without having to write final-year medical exams.

Suzman recommended the foreign doctors should be exempted from the examination and other conditions, except for an assessment of their clinical competence, and that they be fully registered after approval of such assessment.

The doctors obtained their qualifications in former Eastern Bloc countries. Most are working in rural state hospitals.

They have asked the court to strike down as unconstitutional regulations in the Medical, Dental and Supplementary Health Service Professions Act that force them to work in state hospitals.

The doctors claim their qualifications are equivalent or superior to any comparable South African qualifications, yet they are not entitled to unrestricted registration.

They have pointed out that Health Minister Nkosazana Zuma and the Medical and Dental Council had allowed South African citizens holding the same or similar foreign qualifications to register without any restriction, provided that they were South African citizens prior to December 31, 1991. The plaintiffs all became South African citizens after that date.

The commission's report found that although the doctors had proved unfair discrimination, the limitation placed on their rights was reasonable and justifiable.

One of the doctors, Polish-born and trained internist Dr Jan Hendrik Szczyielski, testified that he had 20 years' experience — eight of them in South African hospitals — and regarded the examination requirement as an insult.

The case continues. — Sapa

Suzman slams rights ruling

Stephané Bothma

PRETORIA — A ruling by the SA Human Rights commission stating that it was reasonable and justifiable that foreign-trained doctors practising locally should be extended only limited rights, was slammed by commission member Helen Suzman in the Pretoria High Court yesterday.

The former Democratic Party parliamentarian and veteran human rights activist handed a document to Judge David McArthur in which she dissociated herself from the HRC's report.

Suzman's assistance was called in by 11 doctors, all naturalised SA citizens who completed their medical training in former eastern bloc countries, who are challenging the regulations of the Medical, Dental and Supplementary Health Professions Act that deny them full registration, thereby preventing them from entering into private practice.

The doctors claim they are being unfairly discriminated against.

In the document handed to court, Suzman said the HRC found that the foreign doctors had established a prima facie case of unfair discrimination based on the grounds listed in the equality clause of the constitution.

"However, the HRC judgment further contended that the limitations clause established that the limitation on the rights of the doctors was reasonable and justifiable."

She said the HRC panel had not been quorate.

"The panel, which should have consisted of three commissioners and two advisers, in fact consisted of four commissioners and no advisers."

She said the panel gave no consideration to the infringement of the constitution, which guarantees the right to engage freely in economic activity.

The trial continues today.

BD 19/8/98 (93)

Regulations unfair, court hears

Stephané Bothma

(93)

PRETORIA — It was humiliating, depressing and extremely unfair that SA medical students, trained by foreign-educated doctors in state hospitals, were allowed to enter private practice while their teachers were compelled to work at state hospitals for unfavourable remuneration, the High Court heard yesterday.

Marian Tupy, head of the urology department at the Helen Joseph Hospital in Johannesburg, passed a local urology specialist examination in February this year, but was not allowed by the National Interim Medical and Dental Council of SA to enter into private practice, not even on a part-time basis, the Slovak-trained doctor told the court yesterday. He has more than 20 years of experience.

He is one of 11 medical practitioners, all foreign-trained but naturalised South Africans, who are challenging the regulations of the Medical, Dental and Supplementary Health Professions Act, which denies doctors with medical qualifications from eastern Europe the right to full registration and prohibits them from entering into private practice.

The doctors argue that in 1991, the council granted full registration to returning exiles, many of them with similar and lesser qualifications from former communist countries.

The court heard earlier that a principal medical officer at a state hospital — the position many of the foreign-educated doctors hold — earned R123 000 a year compared with between the R30 000 and R70 000 a month earned by a doctor in private practice.

Tupy said he had been appointed by the Helen Joseph hospital in 1991 after contacting a Prof Naude at Wits university. "He recommended me for the position based only on my CV and certificates of my qualifications." Tupy said that from the start he had worked at the hospital without any supervision.

At Helen Joseph, an approved learning hospital for SA students, he trained interns every month.

"I find it very humiliating that they expect me to write the examination my interns have to write," he said.

Medical and Dental Council registrar Marthinus Prinsloo told the court yesterday that it was financially impossible for the council to send panels of experts over to every medical school in the world to assess the standard of training.

"Therefore the council decided it was more viable to require an examination for foreign-trained doctors before granting them full registration," he said.

Prinsloo said there were about 3 000 limited registered doctors in SA out of 29 000 medical practitioners.

The trial continues today, with Prinsloo being cross-examined by the doctors' counsel, Eberhardt Bertelsmann SC.

BD 20/8/98

'Foreign doctors were needed'

BD 21/8/98 (93)

Stephané Bothma

PRETORIA — Foreign-educated doctors were registered in SA because their services were needed in the critically understaffed public health sector and the health authority had to retain as many of them as possible, the High Court was told yesterday.

"If enough SA-trained doctors worked in state hospitals, the need to register foreigners would fall away," said Nico Prinsloo, the registrar of the National Interim Medical and Dental Council of SA.

Prinsloo was testifying in the case of 11 doctors, educated in former communist countries, who are challenging the council's regulations prohibiting the full registration of foreign-educated medical practitioners without a complete final-year medical student examination. Limited registration restricts foreign doctors to occupying posts only in state hospitals and denies them the right to enter into private practice.

The doctors hold senior positions in the public health system and graduated in countries such as Poland, Hungary, Russia and Slovakia.

They claim they are being unfairly discriminated against by the council and base their case on a special dispensation by the council in 1991 which allowed all foreign-educated doctors with SA citizenship to receive full registration without having to write any examination.

The council's move was aimed at accommodating returning exiles.

Prinsloo told the court that the once-off concession had not lowered the standard of public health services in the country.

He admitted during cross-examination that the foreigners were accepted by their peers as experienced professionals and were given the task of training SA interns.

"There is no question over their competence," Prinsloo said.

He admitted that the public health sector was understaffed and that in 1990, part of the country's health policy had been to actively employ as many foreign doctors as possible from countries behind the iron curtain.

The hearing continues today.

Council's demand on foreign doctors 'absurd'

Stephané Bothma BD 25/8/1984 (93)

PRETORIA — The "absurd" demand by the National Interim Medical and Dental Council that experienced, well-qualified foreign-educated doctors write a student examination before being allowed to enter private practice was to ensure they remained in the public health sector, the high court heard yesterday.

"Without the foreign doctors, the system would break down completely," Eberhardt Bertelsmann SC argued in a court battle between 11 foreign-educated doctors, and Health Minister Nkozasana Zuma and the council.

The doctors, all naturalised SA citizens, obtained their medical qualifications in Poland, Russia, Slovakia and Hungary and are currently employed in government hospitals around the country.

They are challenging the Medical, Dental and Supplementary Health Professions Act, which denies them full registration, thereby preventing them from entering into private health care.

The week-long court case came to an end yesterday, with judge David McArthur reserving judgment in the matter.

Bertelsmann said that the qualifications of the doctors and their practical experience — between 10 and 20 years — was of the same standard as that of a medical practitioner who had studied in SA and had been admitted to unlimited practice.

The court earlier heard that of the about 10 000 doctors in state hospitals, 3 000 held foreign degrees.

"The council also did not dispute the fact that the foreign doctors in state hospitals perform work which was more challenging, more varied, more intricate and performed under much higher stress levels than those which confront private practitioners."

He said the council's reliance on the foreign doctors' alleged lack of general ability was nothing more than a cynical attempt to justify an utterly unjustifiable practice — refusing to grant them full registration.

AB Semenya, for the council, argued that each country trained its doctors according to the requirements and patient profile of that specific country.

The majority of countries in the world required foreign doctors to complete an examination before being allowed to practise medicine in those countries.

He said the doctors had a choice — they could write the exam.

'Humiliating' restrictions on foreign doctors slammed

The condition that they write a final-year examination before being granted unrestricted registration was humiliating and ridiculous, foreign medical doctors restricted by Medical Council regulations to working in state hospitals told the Pretoria High Court yesterday.

The doctors have asked the court for an order to strike down the regulations as unconstitutional and to force Health Minister Dr Nkosazana Zuma and the council to grant them unrestricted registration.

Three foreign doctors yesterday told the court their qualifications were comparable or superior to South African qualifications.

They said the requirement that they write a sixth-year medical examination – the same one written by the interns they trained – was ridiculous.

Polish specialist in internal medicine Dr Andrzej Maliszewski said the restrictions on foreign doctors who became SA citizens was a political matter.

"Other countries have limited registration, but it's limited to specialisation and certain hospitals.

"Nowhere else are doctors restricted to treating 90% of the population, but are not allowed to touch the rest. It's discrimination, and the council, which is forcing me to stay where I am, is defending it."

He said the fact that the council was revising regulations for the registration of medical practitioners, and was inviting representations, had nothing to do with the case.

Polish-born Dr Ryszard Gorbaszewicz, who helped to establish a surgical department at a Lebowa hospital, said the restrictions were discriminatory

Dr M Tupy, a Czechoslovakian-trained urologist, said his qualifications had never been questioned. He had passed a specialist exam in February but was still not allowed unlimited registration because he had not written the final-year exam required by the council.

"I qualified in 1977 and have been doing urology for 20 years. I will never go for such an exam, it's ridiculous," he said.

Tupy expressed concern that doctors had to apply for limited registration every three years, which meant the Professional Provident Society covered one for only three years. This resulted in such doctors not being fully covered if something happened to them.

The case continues. – Sapa

Star 20/8/98

Doctor exodus

Uproar at private work ban for hospital

SHARKEY ISAACS
STAFF REPORTER

There were warnings today that the exodus of doctors and dentists from South Africa could accelerate with the ban on state doctors and dentists from practising privately to supplement their incomes.

The ban is due to come into effect on September 1 next year.

Dave Morrell, chairman of the Fulltime Practice committee of the South African Medical Association, said the abolition of limited private practice would be a disaster for some faculties of medicine, because many doctors and dentists would probably leave State health.

Limited private practice was introduced in state hospitals in the early 90s in a bid to give doctors and dentists a chance to boost their incomes. In terms of the scheme, state practitioners were allowed a limited number of private patients in state hospitals.

The department of health said the privilege had been abused, with some doctors and dentists neglecting their responsibilities towards state patients.

"This situation had an adverse effect on teaching and research, while medical and dental students, interns and registrars felt their education and training was being compromised, given the absence of supervisors when they were needed."

Professor Morrell said alternatives should be found rather than banning the practice completely.

Limited private practice could work under proper control, for example in faculty group practices.

He acknowleged that limited private practice had been abused at times but said the majority of doctors were honourable.

The phased step by the Department of Health gives doctors, dentists and specialists in the public sector a year to wind up their limited private practices.

No new authorisations for limited private will be granted by any of the the provincials head of health from beginning of the month.

Inkatha Freedom Party's health spokeswoman, Ruth Rabinowitz, said the move would drive doctorst out the already short-staffed public health service.

Dr Rabinowitz said: "It's not necessary to have an all-or-nothing situation.

"We're already short of doctors in the public service, why now give them an incentive to leave."

AALT 4/9/98

medic (93)

warning

Private practice ban will lose the state doctors, warns dean

Primarashni Pillay

A BAN on private practice by public sector doctors and dentists would lead to an exodus to the private sector unless government introduced new salary structures and faculty practices for such doctors, the Committee of Medical Deans warned yesterday.

Committee chairman Max Price was responding to an announcement by the health department last week that doctors, dentists and specialists employed in the public sector who were involved in limited private practice, would have to phase out their private practice activities before September 1 next year.

A departmental spokesman confirmed that the public service and administration department was discussing offering public sector doctors and dentists packages that befitted the skills and responsibilities of professionals.

Doctors employed in the public sector have been allowed to participate in limited private practice since 1991 as a means of supplementing their income. However, some doctors abused this and neglected their state patients. This had an adverse effect on teaching and research, the spokesman said.

Price said if limited private practice was abolished without a "significant" increase in remuneration of academic doctors, this would result in an exodus of doctors from the public sector which would have adverse consequences for the health care of the public. It would also destroy academic medicine.

He said the health department agreed in July that the phasing out of limited private practice in its present form would be linked to a consideration of a new, profession-specific remuneration package.

Price said it was also agreed that the deans would provide a consolidated proposal for the replacement of limited private practice with a tightly managed, faculty-based private practice in which doctors in faculties would be allowed to engage in private practice in groups.

The income generated would be distributed to the university faculty, the hospital and the group.

Price said faculty private practices would allow for the private work of doctors to be monitored and would reduce abuse of the system.

The Star ... Wednesday September 9 1998

Doctors threaten to 'pack up and go'

(93) Star 9/9/98

PRETORIA CORRESPONDENT

Ga-Rankuwa Hospital is facing a crisis as most of the seven specialists in the department of anaesthetics are threatening to resign over the Government's decision to stop state doctors from practising privately.

Head of the department, Dr Arthur Rantloane, said he would quit if the Government put a ban on dual practice.

"I count myself among the people who will leave. I am able to supplement my salary by 20% through limited private practice which I do over the weekend and after hours. I need to pay my bills ..."

"This (the resignation of anaesthetists) will bring about a total collapse of the hospital's core service," Rantloane said.

The Cabinet took a decision last week that all doctors/dentists/specialists employed by the state would have to stop practising privately from September 1 1999.

Another anaesthetist at the hospital, who did not want to be named, said: "Look, I am earning R8 000 a month at the hospital. When I was running my private practice fulltime I was earning something like R40 000 a month.

"Most of us are here for the love of the profession and to save lives, but if we are treated like this we have no choice but to go for a lucrative private practice," he said.

He said six of his colleagues had indicated they intended to leave because they need private patients to supplement their incomes.

But, Dr Reg Broekmann, chief medical superintendent at the hospital, said the decision was "a necessary evil".

"This will be a relief in the sense that you have some doctors and specialists who are supposed to work at the hospital from 8am to 4pm, but they get calls from private patients and drop their service at the hospital.

"But at the same time I think some doctors will opt to leave the public sector which will impact on patients, Broekmann said, adding that at his hospital about a quarter of the doctors would be affected by the decision.

The health department said the decision was taken to protect the interests of the patients and ensure service delivery.

There were instances where doctors would refer patients deliberately to private practitioners because they would benefit, creating a conflict of interest, the department's Dr Stephen Hendriks said.

Asked if the department was considering incentives for doctors who would be earning less, Hendriks said there had been some negotiations to increase doctors' salaries.

"We are working on a remuneration policy, but this is for all public servants," he said.

The South African Medical Association (Sama) has warned that medical schools would also feel the pinch.

Sama acknowledged that there had been abuse of the system and said there should be other alternatives.

Professor Mpumelelo Bomela, dean of the medical faculty at Medunsa, said the decision would prompt a diaspora of specialists from hospitals where they were needed most. Many specialists who stay at hospitals at great sacrifice are needed in the private sector, he said.

MAIL & GUARDIAN
September 11 to 17 1998

Dirty district surgeon re-used syringes

(93) MG 11-17/9/98

Peter Dickson

Eastern Cape district surgeon Glen du Preez lost his appeal this week against a conviction for theft and fraud as Judge Willem Heath's special investigative unit continued to probe allegations of rampant corruption among district surgeons in the province.

The former Komga district surgeon and his wife and former co-worker, Elsie du Preez, had been sentenced to five years on 34 charges of submitting inflated patient claims, claiming fake levies from needy patients and fraudulently selling government drugs supplied free of charge.

In the course of the appeal, former employee Princess Tshemese dropped a bombshell: she claimed that Du Preez had routinely allowed black patients to be injected with used syringes — and that although she had no medical training or qualifications, he had allowed her to dispense medicine and treat patients.

The Interim Medical and Dental Council has announced it will relaunch an official inquiry into allegations of misconduct against Du Preez, the first of more than a dozen Eastern Cape district surgeons under investigation by the Heath investigative unit.

Swamped by tons of documents and statements by hundreds of witnesses, the Heath unit is investigating 14 other Eastern Cape district surgeons for allegedly defrauding the Department of Health.

The district surgeons operate from practices across the province and are employed full-time or part-time by Bisho to render primary health care in needy communities. Paid proportionally to patient numbers — and also given free drugs for those patients — the 14 are accused of having systematically boosted district surgery claims by submitting "vastly unrealistic" patient records.

'Investigating all the alleged abuses is going to be a mammoth task'

In some areas, because of the drastic shortage of doctors in the Eastern Cape, police are said to be reluctant to investigate corruption claims.

Said Heath unit investigator Mike Campbell this week: "Investigating all the alleged abuses is going to be a mammoth task.

"Most of these cases involve several hundred witnesses and massive loads of documentation. In one case alone, we have received 10 files, which have to be carefully examined and followed up."

But the Heath unit, already nicknamed "The Untouchables" in the province for its investigators' effectiveness in recovering stolen state assets and funds, is forcing the medicine train to a shuddering halt.

In the first of a series of similar raids, the unit recently swooped on the practice of Willowmore district surgeon Dr Jacobus van Ravesteyn, who has been accused of defrauding the Department of Health of more than half-a-million rand over 12 months.

Van Ravesteyn, along with Du Preez, was one of 14 district surgeons identified for special attention after a Deloitte & Touche audit of all district surgery claims submitted to the Eastern Cape Department of Health in the 1995/96 financial year.

The accounting firm, which also produced a detailed report on the holes in the system, was appointed by the auditor general in 1996 to expose widespread abuses.

Du Preez and Van Ravesteyn were among the largest claimants. In fact, Van Ravesteyn's claims were more than twice the provincial average. He is alleged to have submitted a claim, and was paid, for R1 075 176 for the 1995/96 financial year. And that was for treating a staggering 40 596 government patients in the Willowmore district.

Commented one Eastern Cape health worker, shocked by the revelations in court this week: "When the pocket becomes more important than the patient, everything goes out the window."

Limited options trouble trainee medical specialists

Government slashes posts at state hospitals to make way for community service doctors

By Anso Thom
Health Reporter

Medical officers wanting to specialise are being forced either to enter into private practice or leave the country as the Government slashes posts at state hospitals to make way for community service doctors.

Alex Landau, vice-chairperson of the National Interns Alliance, said that of the 20 medical officer posts available at Chris Hani Baragwanath Hospital's paediatric section, 15 had been set aside for community service doctors.

Medical officers are doctors working in specific sections at state hospitals, such as paediatrics or obstetrics, with the intention of specialising.

He said most medical officer posts had been replaced with community service posts, except for Pretoria, where hospitals had entered into a written contract with medical officers.

"As a medical officer you don't know whether you will have a job the following year, as contracts are renewed on an annual basis," he said.

Dr Norman Kernes, director for the Central Wits region at the Gauteng health department, said no additional posts had been created for community service. He confirmed that those doctors who had been employed in a rotational medical officer post would not have their contracts renewed.

Kernes could not give exact figures of how many medical officers would be affected, but said there were "quite a few" in GaRankuwa and Johannesburg.

Anthony Levy, vice-chairperson of the Junior Doctors' Association of SA, said it did not make sense to replace medical officers, who were fulfilling a vital role, with inexperienced doctors. "Why change a system that is working? It is clear that the provinces just don't have the money to implement community service."

A medical officer at a Johannesburg hospital said she had been informed last week that her contract would not be renewed.

"I now have a choice. I either go into private practice or I leave the country," said the doctor, who was planning to specialise in paediatrics.

Another medical officer who had been working in the obstetrics department of a state hospital was told that her contract could not be renewed, but that she would be placed on a waiting list. "This doctor has way more experience than myself or any other doctor who starts community service next year," said Landau.

He said the 220 doctors who were unsuccessful in applying to do their community service at Gauteng hospitals had not been informed by the department of health, but by the National Interns Alliance.

"I was told by the hospital that these doctors had been unsuccessful and that the NIA should contact them and tell them to reapply," Landau said.

"We have noticed that none of the doctors who had applied to the smaller hospitals in Gauteng were successful. One can't help asking whether there had been a community service post from the start," he said.

The junior doctors' association and the NIA warned last month that community service doctors would be placed in positions currently filled by medical officers and foreign doctors.

Dr Steven Hendriks of the national health department was unavailable for comment.

Practise privately or leave the country, medical officers informed

By Anso Thom
Health Reporter

Medical officers wanting to specialise in paediatrics at Chris Hani Baragwanath Hospital have been told either to leave the country or go into private practice, because their posts are to be filled by community service doctors.

Dr Shameena Mahomed (24), who did her internship last year, said all 20 medical officers were informed by their professor last week that the province had declined to renew their contracts.

"I find this astounding after President Mandela's remarks about people leaving the country. We were told that the province said we could either leave the country or go into private practice," said Mahomed.

"I don't want to go into private practice and I don't want to leave the country, but now I am being forced by the Government."

A medical officer needed to work in a specialised section for a year before joining a registrar circle and specialising. Mahomed, who needed to work another six months in paediatrics before she could become a registrar, said all medical officers in paediatrics were in the same boat, and the same would probably happen to obstetrics and medicine.

(93)

A colleague, Dr Jacqui Stow (26), said she had no other option but to leave the country. "I have applied for a registrar post, but if I am unsuccessful I will have to go overseas.

"The Government has been shortsighted by failing to create posts for community service doctors with no alternatives for those who want to specialise," she said.

Dr Pieter van den Berg, director of health services in the Gauteng health department, agreed that there would be no jobs available next year for doctors who were currently "junior" medical officers.

He said most of the medical officers whose contracts expired at the end of the year would have left anyway.

"It would be wrong to keep junior posts vacant for junior doctors while community service doctors are denied a post," Van den Berg said.

Star 17/9/98

Court overturns restrictions on foreign doctors

PRETORIA CORRESPONDENT

The minister of health and the National Interim Medical and Dental Council of SA have been ordered by the Pretoria High Court to register 11 foreign doctors as medical practitioners – without restrictions.

The former East bloc-qualified doctors were seeking full medical registration, enabling them to practise anywhere in SA in the private sector. They had been limited to working only in the public health sector.

The minister and the council argued that the doctors could acquire full registration if they wrote an exam laid down by the council. The doctors said the conditions were unwarranted as their qualifications were equivalent or superior to the SA qualification.

And the regulations on the registration of medical practitioners with foreign qualifications were "arbitrary, capricious and unconstitutional".

Mr Justice NM MacArthur said it was clear that the council exercised wide powers in maintaining standards required of medical practitioners.

It had no control over the standards of training offered in other countries. In spite of that difficulty and for historical reasons, the UK, Belgium and Ireland had reciprocity arrangements with SA.

Practitioners who qualified there were accredited with being on a par with SA's qualifications. Those who qualified in other countries had to be assessed by and satisfy the council they were capable of meeting SA's standards.

The judge added that it was decided in 1990 to temporarily suspend the exam for limited registration, because of a shortage of practitioners in the public sector. In its place, an analysis was made of academic qualifications and a comparison was made with degrees, which had in the past proved of sufficient quality to enable the holder to pass the exam for limited registration.

In 1992 the exam for limited registration was dropped. A dispensation was also granted in 1991 to alleviate the shortage of public sector doctors and to benefit citizens who wished to return and practise in SA.

This dispensation also altered the position of foreign doctors who had become SA citizens while working in the public sector at approved facilities for more than a year.

Apart from the fact that the 11 applicants considered the need to undergo the examination as unnecessary and as a reflection on their abilities, they also claimed that they had been unfairly treated by the council.

This could never be a criterion for assessing an individual's competence. It bore no relationship to a person's ability to practise medicine. If he carried out his duties responsibly, it was because he was a good doctor and had nothing to do with being a SA citizen.

Evidence showed that out of some 30 000 doctors registered with the council, about one-third were involved with the public sector, which catered for at least 75% of SA's population.

The judge concluded that the applicants were entitled to full registration. Fears that this would open the floodgates for other foreign doctors were without foundation.

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Court orders Zuma to free foreign doctors to enter private practice

(93)

Stephané Bothma

PRETORIA — The High Court has ordered Health Minister Nkosazana Zuma to lift all restrictions on 11 foreign-trained doctors within seven days so that they can enter private practice.

The doctors, all trained in former eastern bloc countries such as Russia, Hungary, Slovakia and Poland, are working without supervision in state hospitals, but the health ministry and the National Interim Medical and Dental Council of SA have barred them from private practice because they have not written a local exam.

The doctors asked the court to overrule these restrictions on the grounds they were unfair and unreasonable. They argued that their qualifications were equal if not superior to those of locally qualified medical practitioners.

Judge Neil McArthur said his ruling applied only to the 11 applicants, and there should be no fear it would "open the floodgates" and cause all foreign-qualified doctors to be registered without foundation. But observers predicted the ruling could cause problems for Zuma, who recently suggested all doctors employed at state hospitals be prohibited from also being in private practice, even on a part-time basis.

McArthur dealt with a claim by the foreign-trained doctors that the interim council's motive in restricting their practice to state hospitals was to have a captive personnel base for the public health sector: "I do not think the evidence establishes an improper motive on the part of the council, but I have no doubt any medical practitioner lost to the private sector would present problems," he said.

This could never be a reason for preventing the 11 plaintiffs from being granted full registration if their qualifications met the required standard. "The council's powers do not include measures that there is a sufficient number of medical practitioners to meet the demands of the public sector."

The judge said it was common cause that the council's required exam for foreign-trained doctors was the equivalent of the final year exam taken by 6th-year SA medical students.

"The fact is that some of the SA students, in doing their internship, do so under the tutelage and guidance of the plaintiffs in their particular field of specialisation," the judge said. He said the council acknowledged that these doctors were all experienced and competent and would have been weeded out years ago if this was not the case.

The judge said the applicants' case was strengthened by the fact that in

Continued on Page 2

Doctors

(93)

BD 7/10/98

Continued from Page 1

1991 the council accommodated returning exiles by granting unrestricted registration to SA-born but foreign-educated doctors. Even medically trained spouses of exiles were granted a similar dispensation without having to write any examination.

Jonny Steinberg reports that Democratic Party spokesman Mike Ellis welcomed the judgment, saying it would probably precipitate an inflow of much-needed medical skills into SA.

"Many highly qualified foreign doctors have stayed away from SA because of the ridiculous hurdles they must climb to get registered in this country," Ellis said. "Given the severe shortage of medical skills in SA, Dr Zuma's policy on foreign doctors is sheer madness. The court has done health care in this country a great service."

Health department spokesman Vincent Hlongwane said it would be inappropriate for the ministry to comment on the judgment, since the regulations under judicial review were established by the Interim Medical and Dental Council, not by the ministry.

The council could not be contacted for comment yesterday.

African National Congress spokesman Confidence Moloko said the organisation would release a statement on the ruling once it had examined the judgment.

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'CITIZENSHIP NOT KEY TO COMPETENCE'

Victory for foreign doctors over Zuma

CT 7/10/98 (93)

PRETORIA: The Health Minister and National Interim Medical and Dental Council have been ordered to register 11 foreign doctors as medical practitioners without restrictions.

THE Pretoria High Court ruled yesterday in favour of 11 doctors who, having originally qualified in the former Eastern Bloc, sought full medical registration to enable them to enter private practice anywhere in South Africa.

The limited registration they were originally granted confined them to working in the public health sector.

The Minister of Health and the National Interim Medical and Dental Council argued in court that the doctors could acquire full registration if they submitted to writing an examination laid down by the council.

The doctors, however, took the view that the conditions set by the council were unwarranted, because their qualifications were equivalent or superior to the South African qualification.

The doctors argued that the regulations relating to the registration of medical practitioners with foreign qualifications were "arbitrary, capricious and unconstitutional".

Judge N M MacArthur said in his ruling that the council exercised wide powers in maintaining standards required of medical practitioners in the country.

With institutions in foreign countries the council had no control over the standards of training offered.

In spite of that difficulty, and for historical reasons, there were certain countries that enjoyed a reciprocity arrangement with SA.

These were the United Kingdom, Belgium and Ireland. Practitioners who qualified as doctors in those countries were accredited with being on a par with the SA medical qualification.

Practitioners from other countries had to be assessed by and satisfy the council that they were capable of meeting the required standards of this country, he said.

The judge pointed out that by the end of the 1980s, there had been a shortage of doctors in the public sector.

A decision had been taken in 1990 to temporarily suspend the examination for limited registration. In its place an analysis had been made of the academic qualifications and a comparison made with those degrees that had in the past proved of sufficient quality to enable the holder to pass the examination for limited registration.

The situation had prevailed until January 1992 when it was decided to reintroduce the examination for limited registration.

A special dispensation had also also been granted in 1991 to alleviate the shortage of doctors in the public sector and to benefit those citizens who wished to return and practise medicine in SA.

This dispensation had also altered the position of foreign doctors in the country who had become SA citizens while working in the public sector at approved facilities for more than a year.

Apart from the fact that the 11 applicants considered the need to undergo the examination to be unnecessary and a reflection on their abilities, they also claimed that they had been unfairly treated by the council.

MUST ACT: Nkosazana Zuma, Minister of Health.

Dealing with the question of citizenship, the judge said this could never be a criterion for assessing the professional competence of an individual.

It bore no relationship to a person's ability to practise medicine. If he carried out his duties in a responsible manner it was because he was a good doctor and had nothing to do with that individual's citizenship.

He pointed out that evidence showed that out of some 30 000 doctors registered with the council, about one-third were involved with the public sector, which catered for at least 75% of the total population.

Judge MacArthur concluded that the applicants were entitled to full registration and that any fears that this would open the floodgates for other foreign doctors was without foundation. He said this case was concerned solely with the plaintiffs and the conclusion reached was based on their circumstances. — Own Correspondent

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Zuma told to register doctors

(93)

Sowetan. 7/11/98

THE Pretoria High Court yesterday ordered Health Minister Nkosazana Zuma and the National Interim Medical and Dental Council to register 11 foreign trained doctors "without restrictions" within the next seven days.

The ruling, by Judge NM MacArthur, will allow the doctors, who were confined to work in the public health sector, freedom to work anywhere in South Africa – including the private sector.

The council had refused them full registration unless they wrote a final-year medical examination with the interns they had been training at various hospitals.

The doctors argued that the conditions set by the council were unwarranted as their qualifications were either equivalent or superior to the South African qualification.

They said the council's failure to afford them full registration was unfair, unjustifiable, discriminatory and contrary to the provisions of the Constitution.

The doctors also felt aggrieved by the fact that some of their colleagues, who had become South African citizens prior to December 31 1991, had been registered without having to write the exam.

The 11 doctors had since 1991 became South African citizens.

MacArthur said in his judgment it had been clear from evidence before the court that while a dispensation had been in the first instance created to assist political exiles to return and practice medicine in their own country, it ended up not being confined to them.

He said the evidence of the 11 doctors showed that they held foreign academic qualifications which were in the same category as the South African MB ChB.

One of the doctors, Jan Szczygielski, a specialist in internal medicine and the principal medical officer at Germiston Hospital, served a population of 250 000 with no consultants in his department. MacArthur said it was clear that all of the plaintiffs had performed work not only in the area of their speciality, but also in other branches of medicine. – *Sapa.*

Medical body to challenge doctor ruling

(93)

Jonny Steinberg

PD 8/10/98

THE Interim Medical and Dental Council of SA said yesterday it would appeal against this week's High Court ruling instructing it to lift all restrictions on 11 foreign-trained doctors so that they could enter private practice.

The council said the court ruling pertained only to the 11 doctors concerned and not to any other foreign-qualified doctors who had been granted limited registration with the council.

"This is borne out by the fact that the judge stated that any fears that the decision would open the floodgates to full registration for all doctors with foreign qualifications were without foundation."

Health Minister Nkosazana Zuma and the council were ordered on Tuesday by High Court Judge NM MacArthur to register 11 foreign doctors without any restrictions within seven days.

This would allow the doctors, who were restricted to working in the public sector, to practise anywhere they wished without having to write a final-year medical exam.

Council spokesman Louise Emerton said the ruling could result in thousands of other doctors with foreign qualifications seeking full registration, leading to an exodus of doctors from state hospitals. The appeal would be lodged within the next few days.

Comment: Page 15

Medical council set to appeal

(93)

Sowetan 8/10/98

THE interim national Medical and Dental Council will appeal against this week's Pretoria High Court ruling that 11 foreign doctors be allowed to practice in the private sector.

Council president Dr Soromini Kallichurum said in Pretoria yesterday the ruling held far-reaching consequences for the council, the medical profession and the South African health system.

Health Minister Nkosazana Zuma and the council were ordered by Pretoria High Court Judge NM MacArthur to register 11 foreign doctors without any restrictions within seven days.

This would allow the doctors, who were restricted to working in the public sector, to practise anywhere they wished without having to write a final-year medical examination.

Council spokeswoman Ms Louise Emerton said the ruling could result in thousands of other doctors with foreign qualifications seeking full registration, leading to an exodus of doctors from the country's state hospitals.

She said the appeal would be lodged within the next few days.

Kallichurum stressed that the ruling pertained only to the 11 doctors in question, and not to other foreign-qualified doctors who had been granted limited registration with the council.

In his judgment, MacArthur said his conclusion was based on the evidence and circumstances surrounding the 11 doctors, and that his judgment would not open the floodgates for all doctors with foreign qualifications to be registered without restriction.

"In view of the intended appeal, I wish to emphasise that the council will not deviate from its registration policy as it currently stands," Kallichurum said. – *Sapa.*

Resignation of Suzman another blow for HRC

(93)
(2003)
MG 9-15/10/98

David Beresford

The Human Rights Commission (HRC) has suffered another body blow with the resignation of Helen Suzman, the fourth commissioner to walk out of the prestigious body headed by the controversial lawyer and theologian, Dr Barney Pityana.

Suzman said on Thursday that her resignation would take effect at the end of the year. "I don't feel I'm serving any purpose," she said. "They need somebody younger and possibly less cynical."

Her resignation comes in a week when the commission — already subject to attack as a waste of taxpayers' money — has been laid open to further criticism by a high court judgment supporting the rights of 11 immigrant doctors to practise in the private sector.

Earlier this year the HRC supported the government and the National Interim Medical and Dental Council against the doctors, ruling that — although they were being discriminated against — such discrimination was justifiable under the Constitution.

This week Pretoria High Court Judge NM McArthur dismissed the restrictions as entirely arbitrary. He painted a picture of extraordinarily blatant discrimination against the doctors, some of whom appear to have been making a major contribution towards the shoring-up of the public health sector.

When the HRC made its original finding it was embarrassed by a statement of dissent issued by Suzman.

In a bizarre development this week, the commission refused to release the text of Suzman's statement, saying that the finding had been made unanimously by the panel which heard the complaint and as such was binding on the commission.

The HRC, under the chair of Pityana, has been the subject of long-standing rumours of unhappiness among staff which have been fuelled by a number of resignations.

The case bought by the 11 doctors against the Minister of Health, Dr Nkosasana Zuma, and the medical council, was fought around a requirement that doctors from most foreign countries have to practise for a period in the public sector — supposedly under South African supervision — and then pass an examination before they are allowed into the private sector.

The doctors, pointing out that their medical qualifications abroad were comparable or superior to the South African qualifications, complained that these requirements were "both professionally and morally unjustifiable".

In coming down on the side of the doctors Judge McArthur cited the example of one of them, Dr Jan Szczygielski, who had qualified in Poland in 1976 and had specialised in internal medicine. He came to South Africa in 1990.

He now works at Germiston hospital which caters for a population of 250 000 people. There he runs the department of internal medicine. The hospital superintendent is a Bulgarian, who is also limited to public sector work as an immigrant.

"Only one South African qualified doctor comes a few days in the week as a consultant in the paediatric department," notes the judge. In their capacity as specialists, Szczygielski and the other plaintiffs have to teach South African interns and then they have to sit the same examination as their pupils to qualify for private practice.

Statement of dissent: HRC member Helen Suzman

The doctors argued that their treatment was clearly discrimination, because — in an attempt to accommodate returning political exiles who had qualified in medicine abroad — the medical council had granted exemptions to South African citizens who registered before the end of 1991.

The judge noted that "citizenship can never be a criterion for assessing the professional competence of an individual.

"It bears no relationship to a person's ability to practise medicine and if he carries out his duties in a responsible manner it is because he is a good doctor and has nothing to do with being a South African citizen."

Lawyers submitted the requirements for the foreign doctors were "cynical" and designed to discourage them from leaving the private sector. The judge said the evidence did not show an "improper motive" on the part of the medical council, but he noted that out of about 30 000 doctors registered with it, about one-third were involved in the public sector, which catered for at least 75% of the country.

Doctors see end to years of 'slavery'

The ruling in favour of the foreign-trained doctors in Pretoria this week could set a precedent for others in the same situation. Pretoria bureau chief Stephané Bothma looks at the case

(93) BD 9/10/98

MORE than six years of "slavery" in the SA public health sector — sometimes at remote rural hospitals — will come to an end for 11 eastern European and Russian trained medical practitioners later this month after the Pretoria High Court ordered they must be allowed to enter into private practice without any restrictions.

In ordering Health Minister Nkosazana Zuma to grant them full medical registration, Judge Neil McArthur said the insistence that these doctors, with experience ranging from 10 to 20 years, sit an examination before being allowed to enter into private practice was based on an "entirely arbitrary" decision by the National Interim Medical and Dental Council of SA.

"Justice has finally been served. These highly skilled and motivated doctors were kept in state hospitals because the health department is unable to attract a sufficient number of locally-trained medical practitioners to serve the public health sector," said attorney Piet Koze, who represented the doctors during their High Court battle against Zuma and the council. "All they wanted was to supplement their incomes with private work."

The doctors, who took a six-year medical degree with one year internship in Russia, Poland, Slovakia and Hungary and who received specialist training in fields such as cardiology and internal medicine before being invited by the SA government to practice in the country, earn an average of R123 000 a year. They work at state hospitals, where many head departments. Their private practice counterparts earn between R30 000 and R70 000 a month.

The doctors, all naturalised SA citizens, gave the Interim Medical and Dental Council an undertaking that should they be granted permission to enter into private practice on a part-time basis, they would remain in the public health sector for at least three years.

However, the council vigorously defended its regulations which stipulate that former east bloc-trained doctors must complete an examination similar to that taken by local final-year medical students despite the fact that most of these students do their internship under the tutelage of the foreign-educated doctors.

To add insult to injury, in 1991 the council declared a special dispensation for SA-born returning exiles with foreign medical qualifications to enter into private practice without having to write the exam. This privilege was extended to spouses of exiles and to doctors trained in eastern Europe who had become SA citizens by 1991.

Not once during the court case did council officials question or criticise the competence of the 11 doctors. On the contrary, the council said that if they were not competent, they would have been weeded out of the public health sector a long time ago.

However not one of the council officials called to testify would admit, as was claimed by the 11 doctors, that their qualifications were similar, if not superior to, the South African MB ChB.

"We only accept Belgian, Irish and British qualifications unconditionally — it is a historic matter," council registrar Nico Prinsloo said.

He said it was financially impossible for the council to send panels of experts to every medical school in the world to assess the standard of training.

The state employs about 3 000 foreig educated doctors in the public health sect

Jan Szczygielski, a principal medical ficer at the Germiston hospital whi serves about 250 000 people, said the were no locally-educated consultants in h department and he had no supervisor. T superintendent of the hospital is a Bulga ian doctor, also with limited registratio "All the doctors in the hospital are forei trained and only one SA-qualified doct comes a few days a week as a consultant the paediatric department."

Eberhardt Bertelsmann SC, who argu the doctors' case, made much of the fact th the public health system would complete collapse should government lose the se vices of foreign-educated doctors given th one third of the 10 000 medical officers state hospitals were educated outside SA.

McArthur said the evidence before hi did not establish an improper motive on t part of the council.

"But I have no doubt that any medic practitioner lost to the private sector wou present problems," he said.

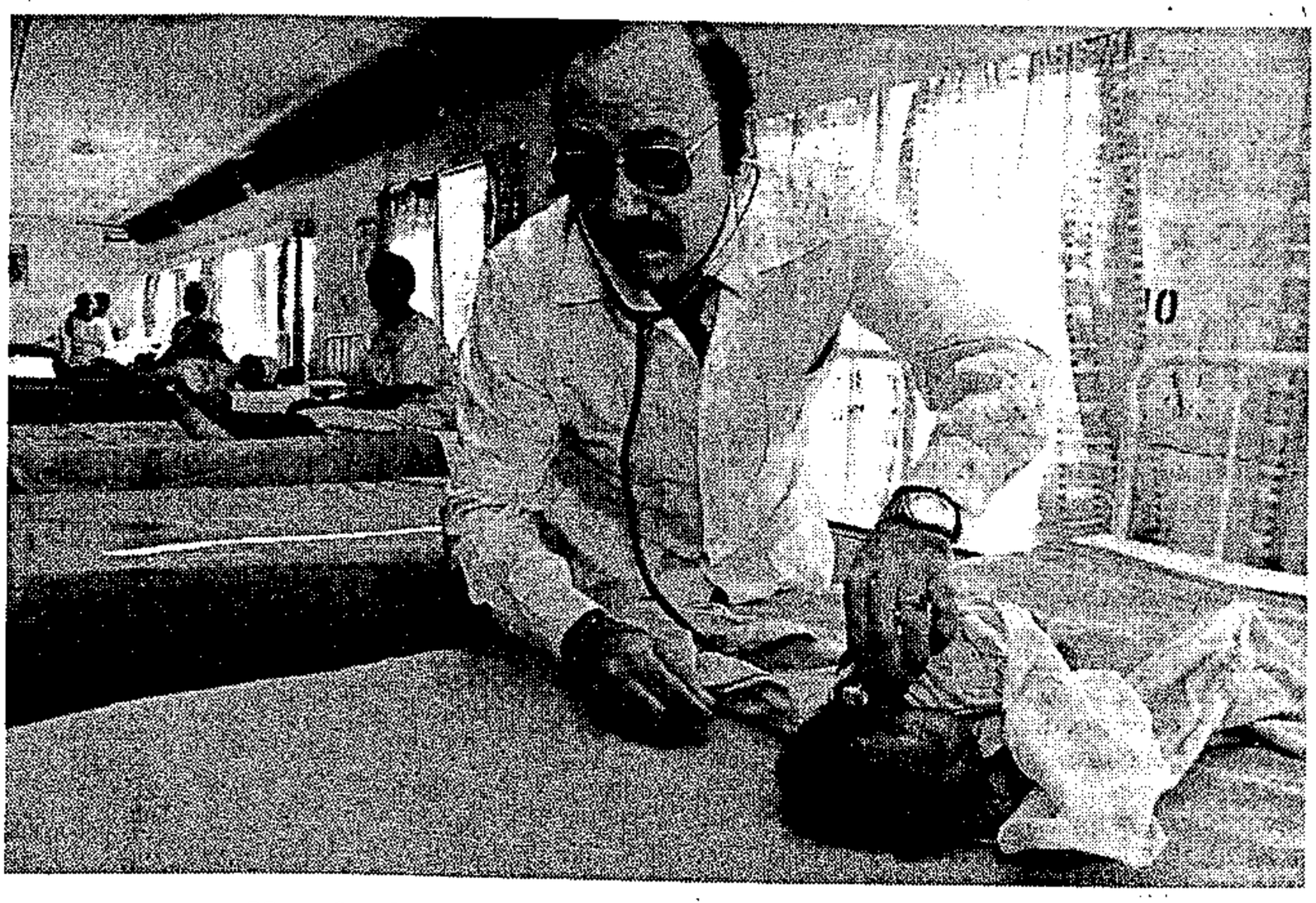
The evidence showed that out of abo 30 000 doctors registered with the counc about one-third are involved with the publ health sector which caters for at least 75 of the population.

The judge said the council's powers d not include enforcing measures to ensu there was a sufficient number of doctors meet the demands of the public sector.

Ordering Zuma to grant them full re istration within a week of his judgment, d livered on Tuesday, McArthur, referring the 1991 dispensation, said that "but for th fact that their SA citizenship dates afte December 1991, they would have qualifie for the dispensation and all other facts b ing equal, they would have been entitled full registration".

He ruled that the doctors had been u fairly discriminated against. "This follov because their professional ability has n been challenged. They have performe their duties for a number of years wit nothing but approval and the council ha always extended their registration whene er called upon to do so."

Although the judge said there should h no fear that his ruling would open the floo gates for full registration of all doctors wit foreign qualifications, industry observe said the far-reaching decision had set precedent for a large number of medic practitioners in state hospitals who fin themselves in similar circumstances.



Many foreign doctors head departments in state hospitals.

Zuma's secret plan for doctors

Star 10/10/98 (93)

BY CHARLENE SMITH

Our state health system, already in dire straits, has been further jeopardised: it was discovered this week that Health Minister Nkosazana Zuma had plans to get rid of about half the foreign-doctor contingent from state hospitals.

And as a result, about 1 300 foreign doctors – backbone of SA's government hospitals – are to bring an action against Dr Zuma following a Department of Health instruction to the Department of Home Affairs not to renew their work permits.

And, despite Zuma's denial that she issued any such instruction, the Interim National Medical and Dental Council, the Department of Home Affairs and the SA Foreign Qualified Doctors' Association not only said they had been informed of this, but some doctors had already been told that work permits would not be renewed, and that they faced expulsion from SA by the end of this year.

State hospitals rely heavily on foreign doctors – in some hospitals 80% of the doctors are expatriates. The plan, if successful, would [illegible] several Gauteng hospital[s] almost no medical practition[ers].

Hospitals in Gauteng that [will be] badly hit, if not paralysed, [by the] move by Zuma [against foreign] tors include Johannesburg [General], bisa, Natalspruit, Chris[topher] Memorial in Boksburg, Ge[orge] Hospital and Chris Hani-Baragwanath, where, as an example, half of the 31 registrars in the medical (non-surgical) section will be lost.

Vincent Hlongwane, Zuma's media liaison officer, initially said the decision to expel the doctors was made by the Interim National Medical and Dental Council.

Louise Emerton of the council said they had no power to make such a decision; they merely regulated the profession and registered doctors in consultation with the minister. She said decisions about work permits were made by the Department of Home Affairs.

Ruth Makiwane, media relations officer for Minister of Home Affairs Mangosuthu Buthelezi, responded: "They must not play that game. If the minister says she needs the services of those doctors, we will renew their permits. If she says they are no longer needed, we don't. And that is what has happened."

Next Saturday, the Foreign Doctors' Association (SAFQDA) will meet to discuss their plight. Dr S R Malick, their chairperson said: "We have met on several occasions with representatives from the Department of Health, the Department of Home Affairs, the Interim National Medical and Dental Council and the Public Service Department."

■ TO PAGE 2

Zuma's secret plan for our foreign doctors

From Page 1

"The outcome of the recent foreign-teachers case gave us hope that doctors would also be eligible for permanent positions in the public service. The opportunity for permanent residence was almost in our grasp. It was too good to be true.

"But what promised to be an opportunity to allow foreign-qualified doctors to obtain job security and turn their attention to medicine has turned into a nightmare."

Most of the foreign-qualified doctors in SA come from Britain (1 654), India (1 280) and eastern Europe (760). There are around 200 Cuban doctors in SA and the same number of German medics.

One foreign doctor said: "South Africa's health depends on us. The government feels that if any of the foreign doctors go into private practice too, the health system will collapse. But why should we stay and be humiliated all the time?

"I have been here for 10 years and am now a South African citizen, but it seems I cannot be given equal treatment with other South Africans."

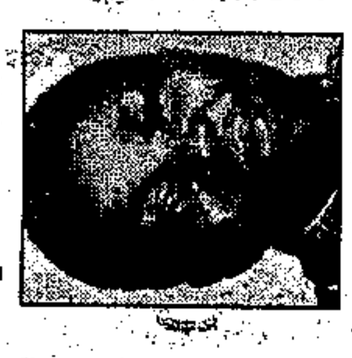
Confronted with allegations that she was trying to get rid of foreign doctors, Zuma said: "Our attitude is that foreign doctors are providing a valuable service and we appreciate the contribution they make. There are no plans to bundle them on the next aircraft."

Foreign doctors make up a fifth of all practising doctors in South Africa – and the real figure may be higher. Foreign-trained doctors, unless they are returned exiles, may not practise as specialists.

Because of funding cuts and a shortage of doctors and nurses, many medical posts in state hospitals have already been frozen.

Earlier this week, Zuma and the Medical and Dental Council lost another case brought by 11 foreign doctors (all naturalised SA citizens). The doctors were prohibited from practising anywhere besides government hospitals (where they earn as little as R6 000 a month).

The reason given for not allowing foreign doctors to practise privately is that they need to be supervised. But many of our hospitals are staffed entirely by foreign doctors. And in some they are training their bosses and interns in specialities.



CONTROVERSY: Minister Zuma

(93) Star 10/10/98

Foreign doctors square up to Zuma

(93)

ARG 10/10/98

CHARLENE SMITH

South Africa's health system, already in dire straits, has been further jeopardised by the discovery that Health Minister Nkosazana Zuma plans to get rid of about half the foreign doctors in government hospitals.

About 1 300 foreign doctors, the backbone of South Africa's state hospitals, are to bring a court action against Dr Zuma following the Health Department's instruction to Home Affairs Department not to renew their work permits.

And, despite Dr Zuma's denial that she issued the instruction, the Interim National Medical and Dental Council, Home Affairs and the SA Foreign Qualified Doctors Association say they were informed of the decision.

Some doctors have already been told their work permits will not be renewed, and that they face expulsion from South Africa in December.

State hospitals rely heavily on foreign doctors – in some hospitals 80% of the doctors are expatriates.

Vincent Hlongwane, speaking for Dr Zuma, said the decision to expel the doctors was made by the Interim National Medical and Dental Council. But the council's Louise Emerton said the council did not have the power to make such a decision; it merely regulated the profession and registered doctors in consultation with the minister. She said decisions about work permits were made by the Department of Home Affairs.

Ruth Makiwane, speaking for Home Affairs Minister Mangosuthu Buthelezi, said: "They must not play that game. If the minister says she needs those doctors we will renew their permits. If she says they are no longer needed we do not. And that is what has happened."

The Foreign Doctors' Association will meet in Johannesburg next Saturday to discuss their plight.

Dr S R Malick, the chairman of the association, said: "We have met representatives of the Health Department, Home Affairs, the Interim National Medical and Dental Council and the Public Service several times."

The association believes the Health Department, faced with a cash squeeze, is trying to replace foreign qualified doctors with government-to-government contracts – such as those with Cuba and Germany which allow foreign doctors to work in South Africa and get benefits such as housing – and community service doctors.

But only 200 doctors in South Africa come from Cuba and 203 from Germany. Most foreign doctors come from Britain (1 654), India (1 280) and Eastern Europe (760).

One foreign doctor said: "South African health depends on us. The Government feels if any of the foreign doctors go into private practice too the health system will collapse.

"But why should we stay and be humiliated all the time? I have been here for 10 years and am a South African citizen, but it seems I cannot be given equal treatment with other South Africans."

Dr Zuma said: "Our attitude is that foreign doctors are providing a valuable service. We appreciate the contribution they make. There are no plans to bundle them on the next aircraft."

Dr Zuma and foreign doctors have been at loggerheads for three years. This week a court ruled in favour 11 doctors who claimed Dr Zuma had discriminated against them. The Medical Council said it would appeal against the decision.

Foreign doctors make up a fifth of all practising doctors in South Africa. There are fears that a loss of the foreign doctors, who have not been allowed to take out permanent residence or citizenship since 1993 and may only work on a permit, could have dire consequences for health care, particularly for poorer patients.

Foreign doctors get the needle

(97) (98) Star 17/10/98

They're doing a great job but get little recognition or reward

By CHARLENE SMITH

When is a South African not a full South African? When he or she is a doctor who qualified abroad, emigrated to this country and became a citizen.

While their SA-born counterparts leave the country in droves for hospitals or private practices overseas, foreign-born and trained doctors who live in South Africa, even if they are citizens, are forced to work the rest of their lives in under-resourced, poorly paid, overloaded government hospitals.

At Germiston Hospital (formerly known as Willem Cruywagen Hospital), all the doctors are foreign. The superintendent is a Bulgarian, and all the remaining staff are foreign trained (although most have taken out South African citizenship). A single South African paediatrics consultant comes in two to three times a week to help an overstaffed woman doctor who is in charge of the paediatrics, gynaecological and obstetrics wards.

No unions

A look at her case load gives an idea of what foreign doctors do for this country. She is a Bulgarian who qualified in 1990. She came to SA in 1992, sat South African exams and completed a year of internship here (despite having already done all that in Bulgaria).

In her typical 8am to 4pm working day she cares for an average of 15 patients in the paediatrics ward, 30 antenatal patients and 10 patients in the gynaecological ward, monitors about 10 women in labour, delivers at least 10 babies and performs two to five caesareans.

A doctor like her earns, after tax, around R4 000 a month. Senior doctors in South African hospitals gross R6 000 a month. Nearly all work overtime to increase their earnings, and earn around R30 an hour for overtime work.

There is probably not a union in the country that would accept such rates, but doctors are not allowed to be unionised.

There is a furore in medical circles at present because foreign doctors, the Department of Home Affairs, the SA Interim Medical and Dental Council, and even, initially, Dr Nkosazana Zuma's own Health Department claimed she had instructed Home Affairs not to renew the work and residence permits of about 1 300 foreign doctors. However, after persistent *Saturday Star* inquiries, Zuma denied this.

If foreign doctors leave, in their place will be community service doctors – who have just qualified or are about to qualify. But even with those doctors, SA's understaffed, under-resourced hospital system cannot cope, as Mpumalanga Premier Mathews Phosa found after being involved in a car accident.

Phosa said that when he arrived at a government hospital after the accident, "There was not even a stretcher to carry me. Many hospitals don't have enough staff or medical equipment."

But while the system may be inadequate, the doctors are not. Mark Joubert, who was shot in his lower back, was taken to Germiston Hospital. Dr Valentin Iordanov, the hospital's acting superintendent, and who was a specialist general and thoracic surgeon in Bulgaria, operated on him. Joubert believes he would have died if not for the help of Iordanov and his team.

PHOSA: Had first-hand experience of SA's ailing heath system

Iordanov wrote to President Nelson Mandela in July this year querying legislation that would not allow him full registration (which would put him on a higher-paying specialist scale at his hospital). His letter was referred to the minister of health who referred it to her director-general, who wrote back a letter headed Application for Employment, essentially saying his failure to adopt a new regulation to write a South African exam for final0year medical students excluded him from full registration.

However, Dr Vesselin Milkov, who was a specialist nephrologist in Bulgaria with 22 years' experience, has applied to write the exam. He is one of two qualified nephrologists at Chris Hani Baragwanath Hospital; the other is Cypriot. But with a month to go, Medunsa has failed to send him details of the exam.

The situation is rendered ridiculous because Milkov, an SA citizen, trains South African students and registrars. Many of those he has trained have left the country. But present regulations mean he cannot legally write prescriptions, he has to ask SA-born junior doctors to do that for him. "I love South Africa and this hospital, but because I am foreign trained, I will never rise higher, I can never be a specialist and get the pay benefits of that."

Dr Marietjie du Plooy, a registrar at Chris Hani Baragwanath, and a South African-born doctor, says: "In South Africa we come from a background of discrimination and yet we are continuing that with foreign-trained doctors. Health services have dropped. There are two to four sisters per ward caring for 60 patients. The more patients you deal with, the more likely it is that mistakes will be made."

Solution

But Milkov, who was part of a delegation of foreign doctors to the Human Rights Commission last year with their plea for equality, has a possible solution. "If doctors come to this country there is no reason why they should not work in government hospitals for two or three years. But, if they make a commitment to this country and become citizens, they should have the rights of citizens. There is no reason why the government should not have categories of doctors who are only contract workers and who may have contracts for no more than, say, four years, with an option to extend for two or three years."

Members of the SA Foreign Qualified Doctors Association are so incensed that they have established a "fighting fund" to pay for their legal battles against the minister of health. They plan to meet next weekend to discuss strategies.

One doctor said: "I am getting tired of this humiliation. Maybe I should do what the South African-born doctors do and just leave the country too."

Foreign doctors enlist diplomats to oppose Zuma (93)

By CHARLENE SMITH

Ambassadors and diplomats from at least seven countries in Africa and Europe will attend a mass meeting of foreign doctors in Johannesburg tomorrow to discuss the possibility of bringing a legal action against Minister of Health Dr Nkosazana Zuma.

Foreign-qualified doctors, many of whom have South African citizenship, have complained that they are subject to discriminatory treatment in SA – they may not work as specialists in local hospitals or work in private practice.

One surgeon, the spouse of a South African, has been given permission only to work as a nurse. Others have been denied permanent residence, with their work permits being reviewed each year.

Foreign doctors are also complaining about their poor salaries in hospitals, where they clear only around R6 000 a month.

Other gripes involve their heavy work burdens and the fact that their place in society is tenuous.

Zuma has denied allegations that she has issued instructions to the Department of Home Affairs to terminate the work permits of about 1 300 foreign doctors in SA.

Helen Suzman, who recently resigned from the Human Rights Commission, which earlier this year ruled against foreign doctors, will be at the meeting at the Medical School in Parktown, as will the Public Protector, Dr Selby Baqwa.

Ambassadors and diplomatic representatives from the Democratic Republic of Congo, Bulgaria, Ghana, Nigeria, the United Nations, the International Labour Organisation and other embassies and organisations are also expected to attend and voice their opposition.

■ SEE PAGE 9

Sowetan 17/10/98

Doctors to discuss battle strategy against Zuma

(93) ARG 17/10/98

OWN CORRESPONDENT

Johannesburg – Ambassadors and diplomats from at least seven countries in Africa and Europe will attend a mass meeting of foreign doctors in Johannesburg tomorrow to discuss the possibility of taking legal action against the Minister of Health, Dr Nkosazana Zuma.

Foreign doctors, many of whom have South African citizenship, have complained that they are subject to discriminatory treatment in South Africa: they may not work as specialists in South African hospitals or work in private practices.

One surgeon, who is married to a South African, has been given permission to work only as a nurse. Others have been denied permanent residence and their work permits are reviewed each year.

The doctors are complaining about poor salaries, heavy work loads and the fact that their place in South African society is tenuous.

Dr Zuma has denied allegations that she issued instructions to the Department of Home Affairs to terminate the work permits of about 1 300 foreign doctors in South Africa.

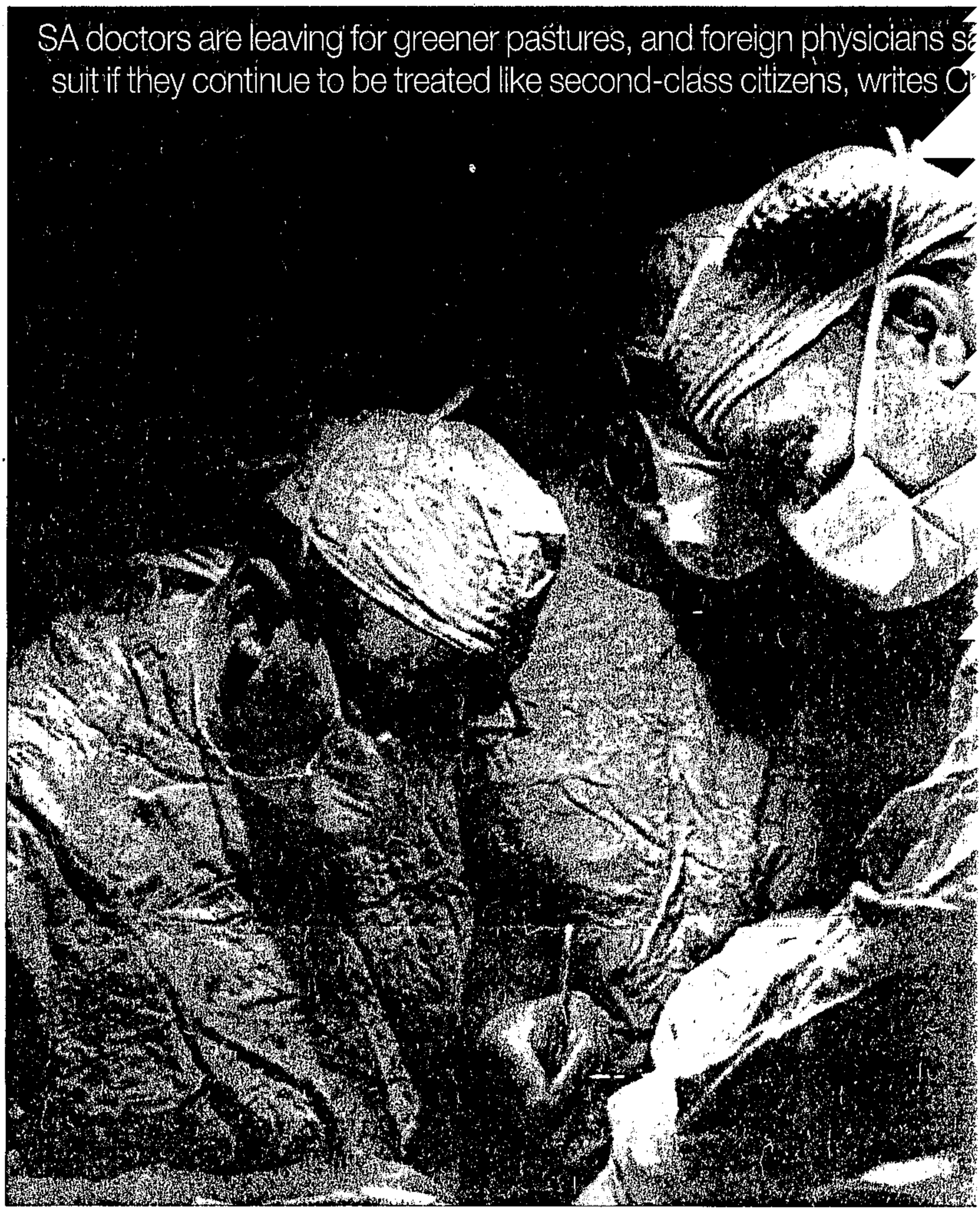
Veteran politician Helen Suzman, who recently resigned from the Human Rights Commission which earlier this year ruled against the foreign doctors, will attend the meeting at the Medical School in Parktown.

Others present will include the Public Protector, Dr Selby Baqwa, ambassadors and diplomatic representatives from the Democratic Republic of Congo, Bulgaria, Ghana, Nigeria, the United Nations, the International Labour Organisation and other embassies and organisations.

A bitter pill, page 23

Bitter pill for foreign

SA doctors are leaving for greener pastures, and foreign physicians sa
suit if they continue to be treated like second-class citizens, writes C



When is a South African not a South African? When he or she is a doctor who qualified abroad, immigrated to this country and subsequently became a citizen.

While their South African-born counterparts leave the country in their droves for hospitals or private practice in Australia, Canada, Europe and the United States, foreign-born and trained doctors who live in South Africa, even if they are citizens, are forced to work in under-resourced, poorly paid, overloaded government hospitals.

All the doctors at Germiston hospital on the East Rand in Gauteng are foreign. The superintendent is Bulgarian. The other staff are foreign trained – although most have taken up South African citizenship – including a Croatian refugee.

A South African paediatrics consultant comes in two to three times a week to help the overburdened doctor who is in charge of the paediatrics, gynaecological and obstetrics wards.

A glance at the doctor's case load gives one an idea of the contribution of foreign doctors to South Africa. A Bulgarian, she came to South Africa in 1992, two years after qualifying in her home country. Once here, she had to write South African exams and do a year of internship, despite having done so in Bulgaria.

She has deep rings of exhaustion under her eyes.

In a typical working day, from 8am to 4pm, she cares for 15 patients in the paediatrics ward, 30 antenatal patients and an average of 10 patients in the gynaecological ward. She will monitor 10 women in labour, deliver 10 babies or more, and perform two to five caesareans a day. A doctor like her earns about R4 000 a month after tax.

Senior doctors in South African hospitals gross R6 000 a month. Waving his pay slip, a harassed Pakistani doctor at Chris Hani Baragwanath hospital near Soweto asked: "Is it right that we should work as hard as we do, and earn this?"

Nearly all the doctors work overtime to supplement their salaries, earning about R30 an hour. Other unions would probably find those rates unacceptable, but doctors are not allowed to be unionised.

A furore broke out in medical circles recently because foreign doctors, the Department of Home Affairs, the South African Interim Medical and Dental Council, and even initially Nkosazana Zuma's own Health Department claimed she had instructed Home Affairs not to renew the work and residence permits of about 1 300 foreign doctors, or 5% of all doctors working in South Africa.

However, the minister denied she had said any such thing.

If foreign doctors leave, they will be replaced by community service doctors, those who have just qualified or are about to qualify. But, even with these doctors, South Africa's understaffed, under-resourced hospital system cannot cope, as Mpumalanga Premier Mathews Phosa discovered after he was injured in a serious car accident three months ago.

Mr Phosa said when he arrived at a government hospital after a private citizen had come to his aid, "there was not even a stretcher to carry me into the hospital".

Usually cabinet ministers, premiers and parliamentarians don't have to experience the inadequacies of the public health system as they are all medical aid members.

Although the system may be inadequate, the doctors are certainly not.

Mark Joubert of Bertsham, who was shot at point-blank range in his lower back, arrived at Germiston hospital with a hole in the middle of his torso.

Dr Valentin Iordanov, who is Germiston's acting superintendent and who practised as a specialist general and thoracic surgeon in Bulgaria for 10 years, operated. He removed Mr Joubert's left kidney, his spleen and half of his pancreas and repaired his stomach and liver. Mr Joubert says he believes he would have died if Dr Iordanov and his team had not operated on him.

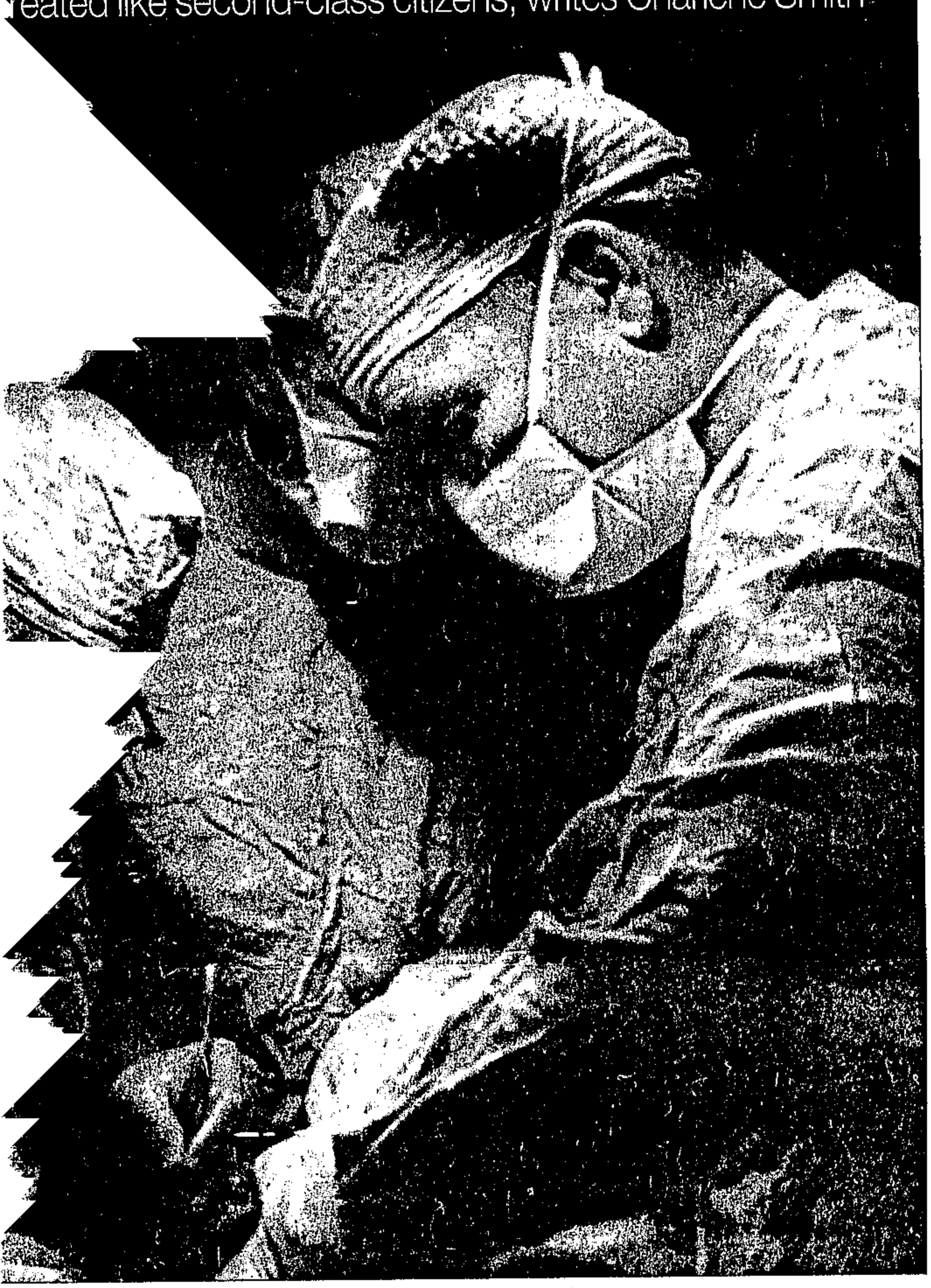
Dr Iordanov wrote to President Nelson Mandela in July, querying the legislation that would not allow him full registration, which would put him on a higher-paying specialist scale at his hospital.

"It seems as if our new democracy is after all not so democratic and that equality does not really exist. I

(93) ARG 17/10/98

'or foreign doctors

greener pastures, and foreign physicians say they'll follow
reated like second-class citizens, writes Charlene Smith



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"It seems as if our new democracy is after all not so democratic and that equality does not really exist. I feel (like) a second-class citizen. You will know how it feels," he wrote to Mr Mandela.

His letter was referred to Dr Zuma, who referred it to her director-general, who sent Dr Iordanov a letter headed "Application for Employment", essentially saying that his failure to write a South African exam for final-year medical students excluded him from full registration.

Dr Vesselin Milkov, who was a nephrologist, or kidney specialist, in Bulgaria with 22 years' experience, has applied to write the exam. He is one of two qualified kidney specialists at Chris Hani Baragwanath hospital; the other is a Cypriot. But with only a month to go, the Medical University of South Africa (Medunsa) has failed to send him details of the exam.

The situation is rendered ridiculous as Dr Milkov, a South African citizen, trains South African students and registrars. Many of his students have already left the country.

The regulations mean he cannot legally write a prescription for his wife; he has to ask South African-born junior doctors to do that for him.

"I love South Africa and this hospital, but because I am foreign-trained I will never rise higher. I can never be a specialist and get the pay benefits of that. I would rather be a specialist in a hospital than in private practice, but at present I cannot be that, and my salary is low."

The acting superintendent of Chris Hani Baragwanath, Dr Fred Benganga, formerly of the Democratic Republic of Congo, but now a South African citizen, failed to comment on Dr Milkov's plight.

Dr Marietjie du Plooy, a registrar at the hospital and a South African-born doctor, has worked in Zambia. "I know what it feels like to be a foreign doctor. In South Africa we come from a background of discrimination and yet we are continuing that with foreign trained doctors.

"Health services have dropped. The average intake is up to 60 patients a day in the medical admission ward. There are two to four sisters a ward caring for 60 patients. The more patients you deal with the more likely it is that mistakes will be made."

Dr Milkov, who was part of a delegation of foreign doctors who took their plea for equality to the Human Rights Commission last year, has a possible solution.

"If doctors come to this country there is no reason why they should not work in government hospitals for two or three years, but if they make a commitment to this country and become citizens they should have the rights of citizens.

"There is no reason, however, why the Government should not have categories of doctors who are only contract workers and who may have contracts for no more than say, four years, with an option to extend for two or three years."

The South African Foreign Qualified Doctors Association is so incensed that they have established a "fighting fund" to pay for their legal battles against the Minister of Health.

Next weekend they meet to discuss their strategy. But as one doctor said: "I am getting tired of this humiliation. I don't know if it is worth fighting this all the time. Maybe I should do what the South African born doctors do and just leave the country too."

(93) ARG 17/10/98

Shake-up for medical school curriculum

(93)

CT 19/10/98

JUDITH SOAL
HEALTH WRITER

FORGET Anatomy 101. No more physiology or pathology lectures. Medical curricula are about to change dramatically. Doctors may soon need to specialise before they can open a private practice; medical degrees will be restructured and some medical schools will only accept graduates, health educationists said yesterday.

Max Price, the dean of Wits Medical School and Duma Baqwa, a member of the Family Medicine Consortium set up by South Africa's academic hospitals to investigate the structure of medical training, were addressing a meeting of Medical Education for South African Blacks (Mesab). Mesab is a US-initiated group that has donated R25 million in bursaries and support for black medical students. They said medical training was about to change substantially.

"Subjects that are broken up at the moment will all be taught together. Instead of separate courses on anatomy, pathology and physiology students will do an introduction to medicine which includes all of these components," Price said.

For example, when learning about the heart, students will be taught its structure, together with what can go wrong, what should be done to prevent heart problems, and so on.

They will also start to work with patients from early on in their training.

"The way things are at the moment, students only see a patient in their fourth year. By their sixth year they only see patients and aren't taught any theory. This will change. They will be put in wards in their first year and still be taught theory in their sixth."

Price said that Wits was considering making its medical school a graduate school, along the lines of the US-model.

"We want to make it a shorter course, maybe four-year degree, for graduates who already have another degree."

The emphasis of the training would be more community orientated. "It is inappropriate for students to assist in a lung operation when they will only ever do this if they specialise in that area. It would be better for them to spend more time in the community where they will practice," Price said.

There will also be a new emphasis on communication skills.

"At the moment we assume students will acquire these skills by watching role models, which they probably do, but they probably aren't learning model ways of communicating. In future we will teach them how to tell some one they are HIV-positive. Not only will we teach it we will examine students on theses things."

Baqwa told the gathering that medical graduates would be required to do at least two years of further training after graduating before going into private practice.

"We recommend reducing the duration of the medical degree to five core years, and say that no graduate should be able to leave medical school and go straight into private practice. We suggest two years further training, after which they can drop out and go private or continue for two more years to specialise in family medicine."

Nosisa Matsiliza, deputy dean of UCT medical school, said she was to present a formal proposal on the new teaching style to the university this month.

"It will be a dramatic change. But it is the only logical way to go, it is in line with international trends, national policy and university policy."

Matsiliza said UCT had not yet finalised its plans, but she did not believe the university would adopt the graduate model being proposed by Wits.

The universities hope the changes will attract more black and rural students to medicine.

Foreign doctors out of line, says medical chief

(93)

10/12/98

The railing of foreign doctors in South Africa against the health minister's policy of regulating their entry was unacceptable, the chairperson of the SA Medical and Dental Practitioner, Dr M Mabasa, said yesterday.

"This military convention of foreign doctors against our ministry of health is completely despicable and, at worst, opportunistic," he said. "Their influx cannot be unregulated."

The SAMDP agreed with Health Minister Nkosazana Zuma that foreign doctors should enter the country only on a government-to-government contractual basis, and that work permits should not be automatically renewable.

This was because no country would be seen to be acting responsibly if it did not have a policy regulating the influx of foreign nationals, professional or otherwise, he said.

Since the Pretoria High Court ruled against foreign doctors having to write an entrance exam before being employed in private practice, they had extended their demands to include automatic renewal of work permits.

Foreign doctors could not claim the same constitutional rights as South African citizens, said Mabasa.

The doctors who contested the regulations in court all had SA citizenship and worked in state hospitals.

They were prohibited from entering private practice without writing a final-year exam. – Sapa

SA doctors support Zuma's stand

(93) BD 22/10/98

Stephané Bothma

PRETORIA — The SA Medical and Dental Practitioners came out in support of Health Minister Nkosazana Zuma's strict regulation of foreign-qualified doctors yesterday, saying the country could not have an "uncontrolled invasion" of local institutions by foreign nationals.

"There are many unemployed doctors who are citizens of this country, one of the reasons why community service could not take place in time is exactly because of a lack of posts," chairman Norman Mabasa said.

Mabasa's comments follow a successful court application earlier this month by 11 east European and Russian-qualified doctors which will allow them to obtain full registration to enter into private practice. Zuma has given notice that an appeal will be launched against the ruling.

Mabasa said his organisation was "completely amazed" at the foreign doctors wanting to "engrave themselves in SA unconditionally. No country would be seen to be acting responsibly if they were to have no policy on how to regulate the influx of foreign nationals, be they professionals or other experts", he said.

He agreed with Zuma that the entry into SA of foreign doctors should be regulated on a government-to-government contractual basis.

Meanwhile, members of the SA Foreign Qualified Doctors Association said this weekend they had contacted a firm of attorneys to fight the discrimination against about 850 doctors.

Sally.

for

SALDRU

Scrap paper

Foreign doctors slammed

(93)

COMPLAINTS by foreign doctors in South Africa against the Health Minister's policy of regulating their entry is unacceptable, South African Medical and Dental Practitioners chairman Dr M Mabasa said yesterday.

"This military convention of foreign doctors against our Ministry of Health is completely despicable and, at worst, opportunistic," Mabasa said. "Their influx cannot be unregulated."

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This was because no country could be seen to be acting responsibly if it did not have a policy regulating the influx of foreign nationals.

But since the Pretoria High Court ruled against foreign doctors writing an entrance examination before being employed in private practice, they had extended their demands to include automatic renewal of work permits, he said.

"Foreign doctors cannot come and claim to have the same constitutional rights as the citizens of this country," said Mabasa.

The doctors who contested the regulations all received South African citizenship and worked in state hospitals.

They were prohibited from entering private practice without writing a final-year medical exam, but claimed this was against their constitutional rights. Their case was upheld by the court. – *Sapa.*

Sowetan 22/10/98

Bitter pill may be terminal

(93) Star 24/10/98

New directive from Health Minister Zuma will put intolerable strains on an already creaking system

BY CHARLENE SMITH

Armour-plated against criticism Health Minister Dr Nkosazana Zuma may well be, but the bitter pill she has quietly slipped South Africa's already overburdened healthcare system may be terminal, a worried medical community warned this week.

Not only is Zuma aiming to rid SA of substantial numbers of foreign doctors, but she has decreed that many South African doctors must also face the chop, so that largely inexperienced community service doctors can take over.

The bitter-tasting "remedy" is seen by many in the profession as the death knell for many patients.

Local and foreign-qualified doctors stand to lose their jobs by December to newly qualified community service doctors. Hospital superintendents warn this could hamper health services.

RISKY PATH: Dr Zuma at odds with anxious medical community

Chris Hani Baragwanath Hospital in Soweto revealed it has to ask 42 foreign doctors to go. And 15 to 20 SA-born paediatric specialist hopefuls are to lose their jobs at Jo'burg Hospital, Coronation Hospital and Bara; Port Elizabeth Hospital is to shed four foreign doctors; and Northern Province, where clinics and hospitals are run almost entirely by foreign doctors, is to lose a significant number.

Groote Schuur in Cape Town said 14 house doctors on one-year contracts would lose their posts to make way for community service doctors.

All hospitals report that big funding cuts are forcing them to freeze or scrap many posts. Those left are working exhausting hours. The appointment of community service doctors will add to the workload, doctors say, because the inexperienced doctors will need to be closely supervised.

All doctors interviewed were in favour of community service doctors but said implementation has not been considered carefully.

And several interns have said that, until the chaos and uncertainty have been sorted out, they will go overseas rather than do community service. The impact of this could be devastating because, if Zuma's plans to kick out all the other doctors succeeds and too few community service doctors register next year, health services will be in chaos.

■ **See Page 7**

It's an emergency call

Zuma's amputation of doctors could bring about collapse of services

(93)

Shaw 24/10/98

By CHARLENE SMITH

South Africa's medical community has warned of a collapse in health services after revelations that Health Minister Dr Nkosazana Zuma is set to rid certain major hospitals of SA-trained doctors, as well as scores of foreign doctors.

South African- and foreign-qualified doctors stand to lose their jobs by December to newly qualified community service doctors. Hospital superintendents warn this could hamper health services.

Chris Hani Baragwanath Hospital (Bara) in Soweto revealed it has to ask 42 foreign doctors to go. And 15 to 20 SA-born paediatric specialist hopefuls are to lose their jobs at Johannesburg Hospital, Coronation Hospital and Bara; Port Elizabeth Hospital is to shed four foreign doctors; and Northern Province, where clinics and hospitals are run almost entirely by foreign doctors, is to lose a significant number.

Groote Schuur Hospital in Cape Town said 14 house doctors on one-year contracts would lose their posts to make way for community service doctors. Public relations officer Philippa Johnson said she was uncertain if the doctors who would lose their positions were South Africans or foreigners.

Left exhausted

All hospitals report that big funding cuts are forcing them freeze or scrap many posts. Those left are working exhausting hours. The appointment of community service doctors will add to the workload, doctors say, because the inexperienced doctors will need to be supervised. Many hospitals say that not even this will be possible.

All doctors interviewed were in favour of community service doctors but say implementation has not been considered carefully.

Professor John Pettifor, head of the paediatrics department at Wits University and its three teaching hospitals – Johannesburg, Bara and Coronation – said these hospitals had 40 medical officer posts available to give junior doctors opportunities to develop more skills in paediatrics before applying for registrar positions.

Pettifor said: "This makes it difficult because, although they will not necessarily have had adequate training in paediatrics, they will be expected to teach paediatrics and supervise community service doctors.

"The 15 to 20 South African-born doctors cannot be retained, despite representations to the department. They have to leave the civil service and go into private practice as GPs or go overseas.

"We will not be able to be as selective in our choice of registrars, and a returning South African, as an example, will not be able to obtain a job in paediatrics in a government hospital. We have a very unhappy bunch of medical officers being pushed out of paediatric jobs in the public service. I hope this is a temporary blip."

GETTING STUCK IN: Doctors in hospitals are already being overworked, it is claimed

However, Professor K D Bolton of the paediatrics department at Coronation believes that, in the long term, the situation will become more critical and specialisation will suffer.

Some SA doctors are approaching lawyers as they believe the department is acting contrary to labour law.

The SA Medical Association reports more and more calls from those designated to do community service in hospitals next year asking which foreign countries they can do internship in.

Pettifor said: "I know of a number of interns who are saying they will go overseas rather than do community service, until the chaos and uncertainty have been sorted out.

"These doctors are not unhappy about community service. Many would like to return and do service once the problems are resolved. They have jobs abroad already.

"The impact of this could be devastating because, if we have kicked out all the other people and get too few community service doctors next year, we will have a major problem."

Pretoria Academic Hospital reports that, in the past year, it has scrapped 45 doctors' posts, mostly for specialists, and 19 for medical officers. It has been told to make six posts available for community service doctors, but it has none free.

Superintendent Steve Johnson said they had 76 medical officers and 153 registrars to treat 700 to 800 outpatients a day and 1 000 inpatients. "I need at least 46 interns but we have only 30. Everyone is working more hours than they should. We can't appoint foreign doctors because we have written instructions not to do so," he said.

The *Saturday Star* is in possession of some of these letters between provincial health departments, contradicting claims from Zuma that she has given no such instruction about foreign doctors.

More than 600 foreign-qualified doctors, some of whom are SA citizens, are to bring Zuma to court, protesting at discriminatory working conditions and moves to oust them from SA.

A senior superintendent at Bara said the loss of 42 of its foreign doctors by December, to make way for community service doctors, would affect the quality of medical care.

"Some foreign doctors are very good and they will be replaced with people who have just finished internships. Although the new doctors are supposed to be supervised, there are not enough doctors to do this."

There were 560 doctors in all at Bara, of whom 124 were foreign qualified. "Many have been on six-month permits, and 42 won't be reappointed in December. It will be very painful."

Dr Trudy Thomas, MEC for Health in the Eastern Cape, said more than 80% of doctors in Eastern Cape clinics were foreign and were the backbone of the services, willing to work under the most difficult conditions.

In a letter to the Department of Health, Dr Vincent Shaw, acting director of hospital services in the Eastern Cape, said: "We are totally dependent on foreign-qualified doctors and cannot afford to have bureaucracy negatively affecting our staff situation."

According to Peter Grealey of the Webber, Wentzel, Bowens law firm, which represents the SA Foreign Qualified Doctors Association (SAFQDA), foreign doctors will contest Zuma on five interlinked issues.

Against constitution

Grealey said many of the conditions of employment of foreign doctors were unlawful in terms of the Labour Relations Act and other laws.

He intends approaching Minister of Home Affairs Mangosuthu Buthelezi to remove certain provisions of the Aliens Control Act in favour of doctors.

There were a number of provisions that were also in contravention of the constitution.

Actions by the more than 600 members of the SAFQDA will affect most of the more than 6 000 foreign-born doctors working in SA, many of whom have SA citizenship and a third of whom are from other African countries.

Entire hospitals and clinics are run by foreign doctors, particularly in Gauteng, Northern Province, KwaZulu Natal and Eastern Cape.

Doctors set to fight bill on dispensing

Ready to do battle

ARG 26/10/98

SHARKEY ISAACS
STAFF REPORTER

Doctors will lock horns with the Parliamentary Portfolio Committee on Health today to fight the final passage of controversial legislation to stop general practitioners dispensing medicine.

Dispensing Family Practitioners' Association chairwoman Elaine Clarke will join Lasi Mogudi, chairman of the National Medical Alliance, in leading a delegation to give oral evidence to the committee.

Dr Clarke, of Cape Town, was re-elected chairwoman of the association at its annual meeting held at the Waterfront this weekend.

She said: "It appears the Government is determined to go ahead with its intention of ultimately stopping us giving medicines to our patients. Should the bill become law we are ready to take the battle to court."

Dr Clarke, Dr Mogudi, Ahmed Suliman of Natal's Family Practitioners Association, Mohamed Adam of the Society of Dispensing Family Practitioners in Gauteng and Sam Motumi of the Eastern Cape Medical Guild have prepared a joint brief for dispensing doctors.

Dr Clarke carved a niche for herself in the 1980s. As the co-ordinator of the Concerned Doctors' Action Committee, she was among the doctors who volunteered to treat school pupils and university students injured in unrest in Cape Town.

Dr Clarke got her medical degrees at the University of Cape Town and trained as an anaesthetist.

But before she could do clinical work in the wards at Groote Schuur and Red Cross Children's hospitals she had to consult the white porters to see whether they objected.

"Fortunately nobody did and I qualified as an anaesthetist in 1974," she said.

This opened the doors for many other doctors in other fields of medicine, she said.

Dr Clarke practised as an anaesthetist for eight years and later went into private practice. In 1991 the British Council awarded her a scholarship that allowed her to get her MSc in public health in London.

Discussing the general practitioners' battle to continue dispensing medicines, Dr Clarke said: "Contrary to Minister of Health Nkosazana Zuma's belief, township doctors are in the vanguard of health teams treating the poor."

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Mesab benefits 800 local medics

(93)

Sowetan 26/10/98

By Mokgadi Pela

MORE than 800 graduates working in South Africa have received partial or full funding from Medical Education for South African Blacks (Mesab).

This was revealed at a Mesab meeting attended by its American and South African representatives in Johannesburg on Thursday night.

Chairman of Mesab's South African council Dr Nthato Motlana said: "Funding is being given to transform the health of South Africans for the better. This has made a difference between success and failure among our students."

Infant mortality

Mesab executive director Dr Yusuf Dinath said one of their achievements was in the area of perinatal education to reduce maternal deaths and infant mortality.

"Perinatal education provides the kind of training that improves the quality of service. This is probably the most cost-effective programme we have embarked on," Dinath said.

Already, Mesab has trained more than 450 midwives. It has pledged to ensure that such training is provided in every province.

Former US secretary of health and human services Professor Louis Sullivan was happy to "see young students having benefited from Mesab".

Black majority

"We want to help develop a strong middle-class in South Africa who will contribute their talents to the success of the country," Sullivan said.

Mesab was set up in 1985 as a collaborative American and South African effort to improve the health of South Africa's black majority by training health workers.

Already, Mesab has provided bursaries to over 4 200 students at universities and technikons.

The organisation has also supported an extensive mentoring programme on nine local campuses since 1990.

SA graduates set to replace intake of foreign doctors

LAURICE TAITZ (93) ST 8/11/98

FOREIGN doctors planning to work in South Africa are in for a shock. There are no longer jobs for them after it was decided to fill posts with new graduates doing a year's community service.

Dr Ayanda Ntsaluba, the Director-General of the Department of Health, said plans to employ another 266 Cuban doctors on contract over the next few years had been frozen. But the jobs of the 404 Cubans already in South Africa were safe for now, he said.

"We won't be taking any more for now," said Ntsaluba. "We are scaling down, but those doctors already in the health service will not be affected in an arbitrary way."

The government had the option of deciding whether to renew their three-year contracts. But, he said: "It is realistic that we will require their services for the next seven to 10 years."

He said foreign doctors had served a short-term objective. In the long term the department wants to place South African doctors in rural areas.

"It is an indictment of our society that our professionals, who have benefited from the taxpayers' money, see no need to plough it back into the country."

The department denied that Dr Nkosazana Zuma, the Minister of Health, had a secret plan to expel foreign doctors and that she had issued instructions to the Department of Home Affairs not to renew their work permits.

Under the previous government, the South African Medical and Dental Council helped recruit foreign doctors for rural areas, which traditionally suffered shortages.

Most of these doctors came from India, Pakistan and East Africa.

The need to fill posts in rural areas became even more acute under the new government, said Ntsaluba.

"It was part of our political mandate. The Constitution is explicit about healthcare being a basic right."

Ntsaluba estimated there were 2 200 foreign doctors in South Africa, making up 23 percent of the state sector.

He said a key problem after 1994 was that many of these doctors moved to the cities as the political situation became more fluid. This affected the availability of services in rural areas when the pressure was on to provide better care.

SHORT-TERM SOLUTION: The government has frozen plans to employ another 266 Cuban doctors, on top of the more than 400 already here

He said the department had decided to recruit on a government-to-government basis, rather than taking on individual doctors. These agreements, with Cuba, Germany and the UN Volunteer Corps, specify the length of contract and conditions of employment.

"In the case of Cuba we said we would review our decision after three years. If we find that we have more South African doctors we will scale down our intake; if not we will extend contracts beyond three years," he said.

"We have experienced the pain of training doctors then losing them to Canada and Australia. We cannot replicate that," he said.

"We are grateful for the contribution foreign doctors have made. We couldn't provide a service to the more rural provinces without them. They have assisted our country."

Brains 'cooked' by cellphones

Industry acknowledges health hazards

LAURICE TAITZ

CELLPHONE companies could be held liable for any damage to health caused by their products, according to a Johannesburg attorney.

Peter Soller issued this warning after six cellphone manufacturers conceded in patent applications that they were seeking to reduce the health risks that accompanied the use of their products.

Soller said the time was near when cellphone companies could be taken to court.

"Up to now they have been negligent in not warning users of possible health risks," he said.

Soller said he had been closely following scientific research on the use of cellphones.

"It's a fact that continued exposure [to cellphones] is dangerous. The problem is that the effects only start to show after a number of years. We need a test case that will avert these problems," he said.

According to a report in the UK newspaper, The Independent on Sunday, six cellphone manufacturers — including Alcatel, Ericsson and Hitachi — have stated in patent applications for new phone components that the products are aimed at reducing health risks.

The applications mention maintaining "safe distances" between the user's body and the products.

Some of the applications date back more than five years, which suggests that the companies have long known that mobile phones pose a health risk.

Up to now, the cellphone industry has been emphatic in denying that its products may be harmful, despite numerous reports and research findings to the contrary.

Attorney Ron Wheeldon, who specialises in intellectual property, trademark and copyright law, said that under South African law a person would have to prove a company had deliberately misrepresented the dangers of cellphones and that there was a causal link between the product and damage to a person's health.

"It's a difficult case to prove," he added.

In one recent study, scientists found that up to 70 percent of the

Scientists found that up to 70 percent of the radiation emitted by cellphones could be absorbed by the head, creating 'hot spots' in the brain

radiation emitted by cellphones could be absorbed by the head, creating "hot spots" in the brain.

UK biologist Roger Coghill — who is pursuing a test case in London against a shop for failing to warn its customers of the potential risks of exposure to cellphone radiation — published research this month on damage to the immune system caused by mobile phones.

Coghill found that after exposure to the microwave radiation from mobile handsets for three hours, only one-third of white blood cells were able to carry out their role defending the body against infe tious diseases and tumours.

His research follows that of t UK Ministry of Defence, whose s entists found in experiments rats that signals similar to tho emitted from mobile phones cou disrupt the parts of the bra involved in memory and learnin

A similar study by Bristol Roy Infirmary appeared to confir these results in humans.

Other studies in mice have su gested a link between cellphon and some brain tumours.

A cellphone is the only radiatio emitting consumer product th people intentionally hold again their heads. The electromagnet energy emitted is microwave rad ation similar to the type that cook food in a microwave.

Scientists say the brain may al sorb up to 60 percent of the energ emitted from a cellphone's ante na, and although some researcher say those levels are not hazardous they are near the top end of inter national safety recommendations

At a major conference in Londo last month, a representative of a international insurance compan told delegates that mobile-phon companies could be held respon sible for any damage to the health of members of the public resultin from the use of their phones.

The patent applications are con sidered integral to future court actions against the cellphone industry, as they provide evidence it knew about the health risks.

Repeated attempts to get com ment from Ericsson SA and the South African representatives o French-based mobile-phone com pany Alcatel were unsuccessful.

'Draconian' new plan for doctors

Practitioners could lose their jobs if they don't keep up with advances in medicine

(93)
ARG 14/11/98

ADELE BALETA

Doctors and dentists will be barred from practising if they fail to keep up with medical advances, to ensure better trained medical practitioners in South Africa.

But some doctors have warned that this ruling, by the Interim Medical and Dental Council, could hamper rural health care.

While some doctors have applauded the decree, several rural doctors have labelled the move "draconian" and have warned that their ability to deliver crucial services will be compromised.

The council has announced that from January 1, doctors will be forced to keep abreast of developments in their field by acquiring points in a reward system.

A total of 250 points (or an average of 50 a year over five years) attained for accredited activities including attending conferences, workshops, lectures, seminars and refresher courses over this period will ensure their re-registration. Other activities include departmental meetings, small group activities, small group discussions, skills training and short-term studies at universities.

Next year is being regarded as a dry run and doctors are required to earn a minimum of 25 points and a maximum of 75 in one year, but 250 in total over five years. Professionals have to get a certain percentage of points in each category.

The ruling affects all levels of specialisation of state doctors and those in private practice in cities and in rural areas. Foreign doctors registered with the council are included.

The council's guidelines are that a point will be awarded for every hour spent on educational activity.

Accrediting and reviewing these development activities will be done by medical faculties, associations and professional medical associations, said the guidelines.

Doctors who do not comply may be registered in a category which will provide for "appropriate" supervision. They may not be able to register and practise as doctors.

Mark Ferreira, director of the rural health initiative of the South African Academy of Family Practice, said doctors needed to be better educated and trained.

"City doctors have easy access to conferences and the like but it's different for a physician working alone in a remote area."

A major concern was that the system rewarded attendance and not learning, and that rural doctors would have a problem.

It was onerous for rural doctors to give up their time to attend workshops and lectures in city centres. Rural doctors who were in government service had to take leave to attend courses.

To date there did not seem to be clarity on how the council would evaluate the doctors. There was no way of ensuring that doctors read journals. In addition, doctors who claimed points for attending conferences could just as well spend time on the golf course instead of attending the lectures.

Dr William Harvey, who works in the Mosvold rural hospital in Ingwavuma in northern KwaZulu-Natal, agreed that doctors should keep up to date but felt it was "draconian" to link this to their jobs.

He said it would lead to huge bureaucracy and add to the monumental paperwork doctors already dealt with.

He believed that doctors and dentists should not be the only ones targeted and that lawyers, teachers and other professionals should be required to do the same.

Dr Julia Blitz of the Academy of Family Practice heads a task team on continuing professional education. She said the academy had been involved for the past 18 years with helping doctors to further their own education voluntarily and was in favour of the council ruling. But she foresaw problems with implementing it.

Implementation, he said, was a problem but at a recent meeting the medical council said it was prepared to be flexible.

"If credit is given to us for peer review and for the regular meetings we hold in our hospitals then there should be no problem," Dr Couper said.

"We are mostly concerned about individual members who are in solo practice and who are the only doctors in the town or areas".

Although the association provided continued education for its members it would not be an accrediting body. Louise Emerton, the medical council's spokeswoman, said doctors and dentists soon would be given the information on the ruling and how it would be implemented.

There was a misconception among some that the measure was punitive but it was not designed to be so. The idea was to have better doctors.

The academy had been canvassing rural doctors to see how best the system could be applied to them, and an evaluation system had to be ironed out.

Dr Ian Couper, chairman of the Rural Doctors Association of Southern Africa, said members were already involved in continuing education, which they supported.

Star 21/11/98 (93)

Doctors fired to make way for Zuma's interns

In 1994 Health Minister Nkosazana Zuma introduced some of the best legislation of the new government: free healthcare for children under the age of 6 and free maternal care. Why, then, are paediatric departments being closed around the country and why are South African-born paediatricians working in hospitals soon to be jobless? CHARLENE SMITH reports

Four-year-old Chantelle Daniels (not her real name) greets visitors to the paediatric ward with a sweet smile. She should be on oxygen permanently – the palms of her hands are blue – but paediatric staff at Coronation Hospital also know the little girl needs to play.

Her mother died of Aids in March. Chantelle is HIV positive and has a limited life expectancy. A third of all children admitted to Coronation – and other government hospitals around Gauteng – are Aids babies.

But she will still be in the ward after the two paediatricians caring for her have lost their jobs at Coronation next month. They are two of 25 South African-born paediatricians drawn from Coronation, Johannesburg and Chris Hani Baragwanath hospitals – some with up to eight years' experience – who will lose their jobs next week, to make way for newly qualified community-service doctors, who don't even want to work in paediatric departments and have no experience.

Hospital superintendents say the 150 community-service doctors earmarked for Gauteng are not sufficient to fill all the necessary posts. In addition to the paediatricians, there are 1300 foreign doctors whose work permits have been withdrawn and who will have to leave South Africa by the end of December to make way for community-service doctors.

No appointment

Mondli Gungubele, MEC for Health in Gauteng, cancelled an appointment on Tuesday with superintendents from the hospitals protesting against the directive; his office told the superintendents he had to fly to Cape Town to see Health Minister Nkosazana Zuma.

Dr Lindiwe Nyathi opens an incubator in the Coronation prem unit where a tiny baby with arms as thin as a pinky is crying. As she holds the baby (born after 26 weeks) against her chest, it stops crying. She qualified four years ago and is a paediatric registrar.

"I only want to work in public hospitals, but at the end of the year I will have no job, and the hospitals I and my colleagues have applied to have no posts because the Health Department has frozen them all," she says. "Community-service doctors are going to have to come and look after these very sick babies – when they have no experience, and none will have chosen to work in paediatrics. In the long term, specialisation will disappear because experienced teaching doctors like ourselves will have been forced out of hospitals."

Dr Ashraf Coovadia (33) is married with children and has eight years' paediatric experience in state hospitals; he specialises in children with Aids and diabetes. At the end of next month he will be without work. "I feel betrayed by the system. I feel totally embittered. I don't want to work in the private

IT MAKES YOU SICK: A child waits – and waits – to be seen by a doctor at Chris Hani Baragwanath Hospital

my calling to help kids from less privileged environments. I love the research and the teaching. I don't want to emigrate."

Dr Joanne Babska (26), a paediatrician at Coronation, battles not to cry as she explains: "I've never wanted to do anything else, but I'm losing my job. I don't want to go into private practice and don't want to leave South Africa: this is my home. I applied for a post at a rural hospital in KwaZulu Natal and the superintendent said that although he is desperate for more doctors, he can't employ any because posts have been frozen."

Dr Linda Doedens, a paediatric consultant, says: "I wish I had the cellphone numbers of some of the people in the health departments so that I could phone them at night when we don't have ventilators for babies and say 'Come you make the decision about this baby's life'. Last nig' t a doctor hand-ventilated a baby for four hours until we could

day we have to tell mothers: 'I am sorry, but your baby is only 900g and not the 1kg minimum; we cannot put it on a ventilator, your baby is going to have to die.' In the prem and paediatric intensive care units, there are four nursing sisters to look after 37 babies. It's a crime."

Sister Alice Ditseko of Coronation's paediatric ICU says they should have only four babies in their care, but they have six – "and instead of a nurse per patient, there are only two trained nurses and two nurse aides. We become exhausted."

And the situation is set to worsen. Dr Arthur Manning, superintendent of Coronation and Helen Joseph hospitals, says: "At the end of this year there will be 600 nurses finishing training, 200 radiologists, and some physiotherapists – perhaps 1000 people for whom the taxpayer has paid for their training. There are no jobs for them. Community service is only for medical interns; all other posts are frozen. In a country where we don't have enough skills, we are saying goodbye to our medical staff and leaving them no option but to go overseas.

"We are going to suffer a critical shortage of specialists in two to three years if this continues – the public and private sectors will be affected. It will then take us five or six years to retrain staff to get beyond this crisis.

Shortages

"In my two hospitals our x-ray units have collapsed; in fact, the whole province is experiencing a 50% shortage of radiographers, but none of us can employ any because posts are frozen. We cannot provide night service in CAT scanning and angiography, so we outsource to the private sector. It costs about R60 000 a month, whereas the salary for one radiographer for a year would be R45 000. We are asking to employ seven radiographers but are being denied the opportunity.

"Some areas of administrative work have collapsed, records are not functioning, and we let patients take files home because there are insufficient clerks. Doctors don't have forms, and we can't keep statistics.

"The same person requests, authorises and uses equipment and medicine. Of course, it opens the scope for theft and fraud, but who is going to audit for me so that I will know? We have been operating as hospitals in a crisis situation for a year now, and it cannot continue."

Dr Eric Buch, deputy director-general in the Gauteng health department, says there is an excess of 500 doctors in Gauteng and a shortage of 1 000 nurses. Hospital superintendents scoff at his figures.

He says that, in part, budgets have been crippled as a result of agreements reached at the Central Bargaining Chamber. He says the budget of his – and other – health departments have been put into the red by an agreement reached at the Central Bargaining Chamber earlier this year, called rank-and-leg promotions. This added R175-million to Gauteng's budget last year;

Medics slam state healthcare policy

(93) Saweran 8/12/98

THE Government's plan to make healthcare accessible to all South Africans was noble – but its implementation lacked vision, the Gauteng Doctors Action Group said yesterday.

The closure of certain provincial hospitals, the acceptance of voluntary retirement packages and the moratorium on the appointment of all categories of staff had led to enormous staff shortages, GDAG spokesman Dr Sanjay Lala said.

"Doctors who have committed themselves to serving the community through the public health service are frustrated by the manner in which restructuring is taking place."

Lala said in the midst of the present crisis, the moratorium placed on the filling of existing vacant posts made no sense and would contribute to the irreversible disintegration of health service provision.

"The poor and disadvantaged communities, who ironically were intended to receive the maximal benefit from the restructuring process, will bear the brunt of the human suffering following this erosion of services."

If existing plans were implemented, essential medical services — including emergency after-hour care — would be forced to close, compromising patient care even further, Lala said.

"Confusion clouds the future of medical officers, registrars and specialists working at state institutions ... an absurd situation has arisen where training posts have been reallocated to accommodate doctors completing their community service."

Departments with a high turnover of medical staff were the worst affected by this move, he said.

"Doctors seeking training as specialists and newly qualified specialists committed to working in public sector hospitals are forced to emigrate or to work in the private sector."

Lala said attempts to clarify aspects of the moratorium with the Gauteng health department had so far been unsuccessful.

Departmental spokesman Popo Maja said his department had never heard of the GDAC.

"We don't have the ideal number of doctors at Chris Hani Baragwanath but that is due to budgetary constraints," he said.

The department had an open-door policy and officials would be happy to discuss the concerns of the doctors. – *Sapa*.

The Star ... Monday December 14 1998

Apartheid era's doctors slammed

(93)

US report accuses profession of neglect, abuse

Star 14/12/98

By Rachel Benn
Sapa

An American report on apartheid health practices, prepared for the Truth and Reconciliation Commission, has slammed white South African health organisations and professionals for supporting apartheid and contributing to human rights abuses.

The report, Health and Human Rights: The Legacy of Apartheid, released in Washington on Friday, said white South African health professionals were deeply implicated in human rights violations during apartheid.

"The large majority benefited from a discriminatory system and either embraced the values and practices of apartheid or went along with them."

The American Association for the Advancement of Science and Physicians for Human Rights prepared the report for South Africa's TRC.

Information was gathered from TRC hearings, publications, and interviews with more than 100 health, government, academic and community representatives.

Their report said regulatory bodies such as the SA Medical and Dental Council and other health professional organisations shielded their members from accountability, and the conduct of the heads of these organisations was probably the worst.

"These individuals occupied positions of power and prestige and could more safely speak out in support of medical ethics and human rights."

But Physicians for Human Rights (PHR) said the report noted the courage of the National Medical and Dental Association in South Africa and individuals, such as Dr Wendy Orr, who spoke out against the abuses.

White health professionals also ignored internationally recognised standards for medical staff to support apartheid policies, PHR said in a statement. They engaged in abuses, such as denying medical treatment to people who had been shot in political demonstrations, and instead discharged and turned these people over to police.

Medical staff falsified forensic evaluations to protect police against charges of human rights violations, and physicians working as district surgeons in detention facilities wrote false medical records to cover up the existence of torture.

Physicians also testified falsely against political opponents in support of security forces.

PHR said the report revealed how two separate healthcare systems operated in South Africa during its apartheid era. One was a world-class system for whites and the other a system of "filth and degradation" which deprived many black people of all human dignity.

This was done through grossly disproportionate spending on whites compared with blacks.

Dr Audrey Chapman, co-editor of the report, said the racism that so deeply infected the health system would continue to cause pain and injury to South Africans unless changes were made. – Sapa

Polish doctor was 'harassed into suicide'

(93) (86) Star 15/12/98

Association accuses Home Affairs and hospital managements of pressure and unfair treatment

BY ANSO THOM
Health Reporter

Foreign doctors have accused the Department of Home Affairs of harassing a Polish doctor to the point where he committed suicide in a Johannesburg hospital.

Dr Chris Zaposki's body was found in an operating theatre at South Rand Hospital on Tuesday. Dr Safdar Malick, chairperson of the Foreign Qualified Doctors' Association, said Zaposki had inhaled Halothane, a gas used for anaesthetic.

"He has been under mental stress for quite some time, primarily due to treatment handed out by Home Affairs," Malick claimed.

Zaposki, a Polish doctor who has been practising in the country for six years, was allegedly arrested last year after being called out of theatre where he was operating.

"He was held for three days and deported," said Malick.

Zaposki later returned when his wife, a South African, arranged "temporary papers".

Malick demanded an end "to the persistent attitude of torture" towards foreign doctors.

"A doctor phoned me this morning and told me he had applied for an extension on his work permit 11 months ago in January. He is still waiting for a reply."

Malick said most foreign doctors were being harassed and treated unfairly by hospital management and the Department of Home Affairs.

'Held for three days and then deported ...'

"Chris's death was an expression of helplessness and frustration, a feeling shared by many doctors," Malick added.

He said he failed to understand the attitude in the light of the fact that "we are helping to alleviate this disaster in the health sector".

Hennie Mayer, Home Affairs spokesperson, denied that they treated foreign doctors any different to other foreigners.

"We are guided by the Department of Health on the issuing of work permits to doctors," he said.

Meyer said the Home Affairs department would determine whether there were any South Africans available to do the job or whether South Africans could be trained to do it, before issuing a work permit.

"We don't harass foreign doctors," he added.

Zaposki was working in the obstetrics and gynaecology section at the time of his death.

Louise Emerton, spokesperson for the Interim Medical and Dental Council, said they used to register foreign doctors for one year, and for another three years when they reapplied.

"There has been a moratorium on the registration of foreign doctors since 1995," she added.

Emerton said the council registered foreign doctors from all parts of the world, except those qualified in the Dominican Republic.

Doctors were expected to pass a medical council exam before registration.

SA's foreign doctors on the way out

(93)

Sowetan 15/12/98

By Charlene Smith

AT WILLEM Cruywagen Hospital in Germiston all the doctors are foreign. The superintendent is Bulgarian, and all the remaining staff are foreign- trained, although most have taken out South African citizenship.

One overworked doctor, assisted two or three times a week by a single South African paediatrics consultant, is in charge of the paediatrics, gynaecology and obstetrics wards.

She is also Bulgarian, qualified in 1990 and came to South Africa in 1992, taking South African exams and a year's internship.

Her case load is interesting. In her typical working day she cares for 15 patients in the paediatrics ward, 30 antenatal patients and an average of 10 patients in the gynaecology ward.

She will monitor an average of 10 women in labour, deliver 10 babies and perform two to five caesareans. She has deep rings under her eyes. She earns, after tax, around R4 000 a month.

Senior doctors in local hospitals gross R6 000 a month. As one Pakistani doctor at Soweto's Chris Hani Baragwanath Hospital asked, waving his pay slip: "Is it right that we should work as hard as we do and earn this?"

He may not be earning it for much longer. Health Minister Dr Nkosazana Zuma has told the country's 1 300 foreign doctors – the backbone of South Africa's Government hospitals – that they must leave at the end of December.

Some have worked in the country for two decades. They are to make way for new community service interns, a compulsory one-year service in Government hospitals for newly qualified doctors.

That, in the eyes of Dr Lindiwe Nyathi, would be a disaster.

She works at Coronation Hospital, in a low-income part of Johannesburg. She qualified four years ago as a paediatric registrar.

"I only want to work in public hospitals," she says. "But at the end of the year, I will have no job and the hospitals I and my colleagues have applied to have no posts because the Health Ministry has frozen them all.

"Community service doctors are going to have to come and look after these very sick babies – when they have no experience, and none will have chosen to work in paediatrics.

"Over the long term, specialisation will disappear because experienced teaching doctors like ourselves will have been forced out of hospitals."

Hospital managers and senior doctors back her up. Warning that they are already battling with critical shortages of doctors and nurses, they say the health system is close to "irreversible collapse" and patients' lives are in danger.

At Chris Hani Baragwanath Hospital, four premature babies died in one week in November after contracting klebsiela, a bacteria associated with poor hygiene.

The doctor in charge of the neonatal unit said adequate staffing would have saved the babies. On the night the babies displayed symptoms, only one paediatrician and five nurses were working to deal with 38 babies in intensive care.

"I know what it feels like to be a foreign doctor," said Dr Marietjie du Plooy, a South Africa-born registrar at Bara who has worked in Zambia.

"In South Africa we come from a background of discrimination and yet we continue that with foreign-trained doctors."

Since 1993, doctors arriving in South Africa have not been allowed permanent residence or citizenship. They may only work in the Government sector and have only been allowed six-month permits.

Patients waiting for medicine at a crowded dispensary in Johannesburg General Hospital. For budgetary reasons, the Department of Health has forced hospitals to cut back on staff.

PIC: WATSON MCOTELI

Cash squeeze

Most are drawn from other parts of Africa, Europe, India and Pakistan.

Some hospitals are staffed entirely by foreign doctors; others rely on foreign doctors for 80 percent of staffing.

The Interim National Medical and Dental Council says 6 642 foreign doctors are practising in South Africa. They are not allowed to practise as specialists.

The Foreign Qualified Doctors Association believes the ministry, faced with a cash squeeze, is attempting to replace foreign-qualified doctors with community service doctors and, Government-to-Government contracts (such as those between Cuba and Germany, where foreign doctors are allowed to stay in the country and receive benefits such as housing).

Currently only 400 of the country's foreign doctors are German or Cuban.

The irony underlying Zuma's latest decision is that within months of her appointment in 1994, she moved fast to introduce some of the new Government's best legislation, including free healthcare for children under six, free maternal care and polio immunisations.

But, for budgetary reasons, she has also forced hospitals to cut back on South African staff, particularly specialists.

Warnings from hospital superintendents of the 18 largest hospitals in Gauteng that standards are already dangerously low have been met by a stony silence from Government.

Dr Linda Doedens, a paediatric consultant, said: "Every day we have to tell mothers that we're sorry, but since their babies are only 900g and not the one kilogram minimum, we cannot put it on a ventilator. We have to tell them their babies are going to have to die."

Hospital managers are also concerned because Aids is growing rapidly in South Africa. Five people contract HIV every minute and at least a third of all babies and children admitted to hospitals have HIV or Aids.

But the situation is set to worsen.

"At the end of this year there will be 600 nurses finishing training, 200 radiologists and a number of physiotherapists – perhaps 1 000 people for whose training the taxpayer has paid," says Dr Arthur Manning, superintendent of Coronation and Helen Joseph hospitals in Johannesburg.

"There are no jobs for them. Community service is only for medical interns; all other posts are frozen. In a country where we don't have enough skills, we are saying goodbye to our doctors and leaving them no option but to go overseas." – *Gemini News.*

HEALTH & DISEASE

—DOCTORS—

1999

118 doctors begin community service in W Cape

THE Western Cape will receive 118 new young doctors today, as they embark on 12 months of community service, a compulsory requirement before they can register.

Over 80% of the 1 126 doctors beginning their service around the country have been placed at hospitals of their choice.

Although the doctors initially resisted the scheme and predicted that its implementation would be chaotic, Health Ministry spokesperson Khangelani Hlongwane said no major problems were anticipated.

Junior Doctors Association of SA spokesperson Malikah van der Schyff said they supported community service, but were initially opposed to the huge intake. She said they would strive to improve working conditions, and would use official channels.

ET 4/11/99

In terms of the Medical, Dental and Supplementary Health Services Professional Act, which came into effect earlier this year, all medical graduates will have to do 12 months' community service after finishing their studies, and a year internship.

After completing their community service, the doctors will be allowed to enter private practice. — Staff Writer

(93)

Interns predict scheme will fail

(93) Star 4/11/99

By Prince Hamnca

Medical interns starting their compulsory community service today believe the scheme will collapse because of shoddy planning.

Doctors who spoke to *The Star* said they supported community service – but were not "properly" consulted about their placements. The graduates said they believed the scheme would collapse if the health ministry did not correct the situation.

Health ministry spokesperson Khangelani Hlongwane said they did not anticipate massive problems. He said he believed problems which were encountered by the graduates could be addressed. "We welcome the batch of new doctors and believe they are going to benefit from this process."

At least 1 126 young doctors are expected to begin their internships at various hospitals in the country from today.

A graduate who is expected to start his internship at Chris Hani-Baragwanath Hospital today said he was still waiting for a letter of appointment.

"I don't know what to expect when I arrive at Bara," the angry graduate said yesterday. Most graduates complained about accommodation, saying they had to make their own arrangements.

Department of Health spokesperson Lulu Sebake said KwaZulu Natal would receive the largest number of doctors (234), followed by Gauteng (169), Eastern Cape (145), Northern Province (143), Western Cape (118), Free State (102), Mpumalanga (80), North West (79) and the Northern Cape (19).

Thirty-seven of the graduates will do their community service at the SA Military Health Service.

New docs opt for jobs overseas

10% fail to register for their community service

(93) ARLT 5/11/99

More than 10% of newly-qualified doctors have not registered for community service in 1999, the first year there has been a full intake since legislation was passed.

Of the 1 182 doctors who completed their internships last year, 140 have not registered for their compulsory year of community service.

While the whereabouts of these doctors is unknown, it is likely they have left South Africa to practise overseas.

JENNY VIALL

HEALTH REPORTER

Malikah van der Schyff, spokeswoman for the Junior Doctors Association of SA, said the situation was "quite tragic".

South Africa, already short of doctors, was losing more because they had lost faith in the system, she said.

The number of doctors who had failed to report for community service may be even higher, said Dr Van Der Schyff.

"We have yet to do an audit of doctors who pitched up," she said.

Some young doctors had accepted community service posts but were also waiting to hear whether they had been given jobs overseas.

Doctors who want to practise in South Africa have to do community service before they can be registered.

Dr Van Der Schyff said it was too early to say whether doctors were experiencing difficulties in their community service postings. No problems had been reported yet.

Some doctors began work on Friday, but most of them started yesterday.

A dispute resolution committee, with members from the association and the nine provincial health departments, has been set up to iron out any problems with community service, Dr Van Der Schyff said.

The association was concerned that newly-qualified doctors got adequate supervision from senior doctors. It would also gauge working and living conditions, she said.

Hassle-free start to programme

Stephané Bothma

PRETORIA — More than 1 100 medical interns started their compulsory community service yesterday at 90 hospitals around the country, without any major problems reported to the health department.

Some of the young doctors expressed fear that the placing scheme would collapse because of the department's bad planning.

However, Steven Hendricks, who is in charge of the programme, said he had received no complaints.

Hospitals were drafting full reports on the programme which would be passed on to the health department by the provinces.

KwaZulu-Natal received the largest number of young doctors (234), followed by Gauteng with 169, Eastern Cape with 145, Western Cape with 118, the Free State 102, Mpumalanga 80, North West 79 and the Northern Cape 19.

A spokesman for the Junior Doctors Association of SA said the organisation supported community service and would try to help improve the working conditions of doctors involved.

(93) BD 5/11/99

New doctors ease into their service jobs

(93) Star 5/11/99

Most interns pitch for community service

By Vivian Warby

The majority of the 1 040 medical interns expected to start their compulsory community service at hospitals countrywide, had arrived at their allocated posts by yesterday.

Those who did not show up were mostly interns who had accepted community posts, but later opted for posts overseas, said Dr Malikah van der Schyff, chairperson of the Junior Doctors' Association of South Africa (Judasa).

The interns will earn about R6 800 a month, based on a 40-hour working week with a 16-hour commuted rate for overtime.

"Unfortunately, the reality is that they will end up working an 80 to 100-hour week instead of a 56-hour week, so their remuneration will in effect work out to only about R20 an hour," said Dr Mark Cresswell, secretary of the association.

Both the Department of Health and Judasa said that despite some minor hitches, the scheme had started smoothly.

But no feedback had been received from doctors who started their community service in rural institutions, where the majority of problems are expected to be encountered.

"While it is still early days, there do not seem to be any major problems, and those who got the placements they wanted are very happy," said Van der Schyff, talking from Mowbray Maternity Hospital in the Cape, where three community doctors are based as part of the Groote Schuur Hospital's rotation plan.

Gauteng had a good turnout with few problems, said Dr Norman Kernes, deputy acting chief director of the Gauteng Health Department.

There were some medical interns who were unhappy with their placements, as they had been allocated posts outside Gauteng. This was also a problem in the Western Cape, where a number of medical interns were placed outside that province.

At the Chris Hani-Baragwanath Hospital, 41 of the 42 expected interns started their service yesterday. About 60% of them had already been interns at the hospital last year, and they would all be working under senior doctors.

In KwaZulu Natal, health authorities dismissed criticisms that most doctors had been allocated to city hospitals rather than to rural areas where the need was greater.

New docs opt for jobs overseas

10% fail to register for their community service

ARG 6/11/99 (93)

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The association was concerned that newly-qualified doctors got adequate supervision from senior doctors. It would also gauge working and living conditions, she said.

"I will have to make the best of my stay and change the little things that I can," he said. "I would have chosen to be a doctor even if community service was required at the outset. It's just that the implementation here does not fulfil the ideals.

"In a way, I'm better off than some of my colleagues who are not fortunate enough to work under the supervision of skilled doctors. I have friends who have been placed with absolutely no supervision."

Kruger said the expected standard of care at Ngwelezana was seriously compromised by its outdated conditions.

"One of the problems I have encountered in the few days I've been here is that the patients' test results are getting lost because of the manual system. Here one has to wait 24 hours before being able to have the patient's blood results. At Livingstone, these results are available within an hour.

"Another problem here is that there are no curtains in the wards and the windows. It is impossible to examine patients without exposing them to the rest of the world."

Kruger said his safety was another concern.

"Zuma chose to implement the new policy and post doctors around the country but she cannot guarantee our safety. I've heard about the crime and violence in this area and it frightens me. Even doctors have been attacked here.

"My fiancée cannot walk or even drive at night. It's not at all safe here. This is not what we're used to back home."

SA losing 100 doctors a year to emigration

By Mokgadi Pela

BETWEEN 70 and 100 doctors emigrate from South Africa every year as the country's brain drain continues.

According to Statistics South Africa, 369 general practitioners and specialists have left since 1994.

An article in the latest issue of the *South African Medical Journal* shows that these figures are based on departures recorded at the country's three international airports. The figure is widely acknowledged to be an underestimate as many emigrate "unofficially".

Director of the Science and Technology Policy Research Centre at the University of Cape Town Professor David Kaplan, who has looked at the immigration records of Britain and Canada, estimates that the real figures are probably double the official ones.

According to the *South African Journal of Science*, a recent study of the whereabouts of Wits medical graduates by Dr Renay Weiner, professors Graham Mitchell and Mr Max Price, found that in the past 35 years, just over 2 000 Wits-trained doctors had left the country.

There is also evidence that the number has increased significantly since the 1970s. It peaked with 57 percent of graduates of that decade now living overseas, compared with 45 percent of graduates from the 1960s.

In another study, Kaplan found that 43 percent of the University of Cape Town's contactable graduates in medicine are overseas.

Professor Dave Morell, chairman of South African Medical Association's full time practice committee, describes the loss of expertise to migration as "tragic" – not only because the resources invested in training are benefiting someone else but also because of the doctors' familiarity with local conditions.

Meanwhile, the Foundation for Research Development Directorate for Science and Technology Policy estimates that more than 570 000 people have left the country since 1945.

Training of black doctors slipping, says medical review

(93)

More produced at Wits and Natal universities before the end of apartheid

Star 29/1/99

By Anso Thom
Health Reporter

The universities of the Witwatersrand and of Natal are now training fewer black doctors than before the end of apartheid, the *SA Health Review* has found.

The annual review of the the state of SA's health system found that, although both Natal and Wits now had a higher proportion of black students – including Indians and coloureds – the actual number of African students at both institutions had dropped since 1994.

However, both universities still trained far more black doctors than other historically white institutions.

Wits registered 149 medical doctors in 1997, of whom almost 60% were black. At Natal, only 5% of the 89 medical graduates in 1997 were white.

Dr Peter Barron, author of the *SA Health Review*, said he could not understand why enrolment of African students at Wits medical faculty had decreased.

It was deplorable that things had gone backward at a university at the centre of the country's economic hub.

Professor Max Price, dean of the Wits Medical School, said the school was currently selecting first-year students and he was confident the trend had changed.

The fact that Wits started sharing the pool of prospective medical students with other universities in 1993 had played a role in the decline.

There had also been a 25% decrease in matric exemption in the past eight years, shrinking the pool. Students were also put off by factors such as the length of time needed to acquire a degree, community service and vocational training.

Price said his school was actively recruiting future graduates in Northern Province in an effort to reach the largely untapped pool in the rural areas.

Although the traditionally Afrikaans universities all have more black medical students, they still lag behind Wits, Natal and Cape Town.

The University of the Free State has 19% black students, up from only 5% in 1994. The University of Pretoria has 15% black students, against 5% in 1994.

SA has eight medical schools and produces around 1 000 graduates each year.

The report in the *SA Health Review* said the total number of medical practitioners practising in SA had increased and appeared to be sufficient to meet the health system's needs.

The highest number of medical practitioners were produced in 1997 at Pretoria University's Medical School (171), while the fledgling University of Transkei had produced 13.

Medunsa's capacity soared, from a total number of medical students since its inception in 1983 of 347, to 1 657 last year. Wits registered 149 doctors and Stellenbosch 158. Natal and Free State registered 89 each.

The review said the increase at Stellenbosch was "pitiful".

Call for review of entry criteria for medical schools

(93) BD 4/2/99

Stephané Bothma

PRETORIA — Admission criteria for SA's medical schools should be designed to redress the significant racial imbalances in the production of doctors, the SA Health Review 1998 has recommended.

At the same time, medical curricula needed to be assessed to ensure that the doctors produced by local medical schools had skills appropriate to the public health system and were not groomed for emigration.

Although the past practice of a rigid quota system and the apartheid requirement that ministerial permission be sought for universities to admit black medical students had been scrapped, more was needed to redress the situation, the review said.

The review is published annually by the Health Systems Trust, a nongovernmental organisation.

All medical universities had affirmative action policies in place, but the previously white universities such as Wits, Pretoria, Stellenbosch, Free State and Cape Town were still predominately white. "Of most concern is the access to medical schools by black, African youth," the review stated. The number of black students admitted to Wits and Natal universities had decreased between 1994 and 1998.

"Even though the actual number of black students has decreased, the historically black medical schools, Medunsa, Natal and Unitra remain the domain of black and Indian students."

Deans of the predominantly white universities said reasons for the continuing racial inequity in enrolment included the legacy of the former black education and training department under which all disadvantaged potential medical students had been schooled, poor matriculation results, withdrawals due to financial reasons and an increasing preference for careers in engineering and other sciences.

The review said the large number of foreign doctors practising in SA — more than 3 000 — implied that the production of SA doctors was insufficient to meet the needs of the health system in the country.

However, even if the approximately 1 000 medical graduates produced annually by the country's eight medical schools were sufficient, the inequality of their distribution between levels of care, between the public and private sector and between rural and urban areas was of great concern.

The review recommended that human resource policy makers in the health system needed to concentrate on ways to ensure that these doctors were used efficiently and equitably.

"This includes finding ways, possibly through medical education, which attract medical practitioners to disadvantaged areas and discourage them from joining the private sector. What is still not known is whether recruiting a higher proportion of students from underprivileged rural areas of SA will increase the number of graduates who wish to work in rural areas."

Statistics published in the review showed that only 42% of the 27 354 doctors and specialists were located in the public health sector, with the greatest proportion located in Gauteng (41%) and the Western Cape (22%).

At the same time, only 11% of dentists and 6% of pharmacists worked in the public health sector. The review concluded that an analysis of health care human resource distribution and ratios of personnel to population densities, comparing the situation in 1994/95 with 1998, had revealed a small, if any, shift towards the establishment of an equitable distribution of human resources in the SA public health sector.

"Inequitable distribution of health care human resources is a major constraint in the transformation and development of the health sector in SA. While it may be possible that there is a need for more trained professions in the years to come, it is important to acknowledge current realities.

"Simply producing more health care professionals will not on its own lead to more appropriate distribution."

DOCTORS & DRUG SAMPLES

(93) PM 5/2/99

MDs SEND A MESSAGE: NOTHING IN LIFE IS FREE

Impending legislation would stop doctors getting free samples

Two platteland doctors' organisations have angered the medical fraternity by demanding payment from drug companies to see their sales representatives.

"Nothing in life is free" — *Niks in die lewe is verniet nie* — exclaims the Bosveld Independent Practitioners' Association (IPA) of Brits, in a letter to pharmaceutical manufacturers. IPA chairman Dr Hendrik Theron asks for an annual "sponsorship" from pharmaceutical companies. Contributions over R5 000 would secure the company an advertisement in the IPA's monthly newsletter "to give further prominence to your product".

The SA Medical Association retorts: "We don't support a charge for reps to see doctors." And the Interim National Medical & Dental Council of SA, which represents doctors, says it is "unacceptable" for doctors to charge for reps' visits.

SA doctors regularly receive free samples from pharmaceutical firms. Many use them for clinical trials, emergencies and poor patients. But some treat samples as a source of extra income. One pharmaceutical company head, speaking on condition of anonymity, claims some doctors earn up to R10 000/month by selling samples.

The issue has surfaced on the eve of legislation by Health Minister Nkosazana Zuma that would prohibit drug companies from giving samples to doctors. The Medical and Related Substances Control Amendment Act has been signed by the President, but is on hold pending a court challenge by the Pharmaceutical Manufacturers' Association (PMA) on the issues of parallel imports and intellectual property rights.

Theron says he cannot comment on the issue without consulting his committee, though he denied the sponsorship idea was prompted by the impending legislation. In his original letter to the pharmaceutical firms, Theron wrote that the reason for suggesting sponsorship is because doctors waste valuable time seeing drug company reps.

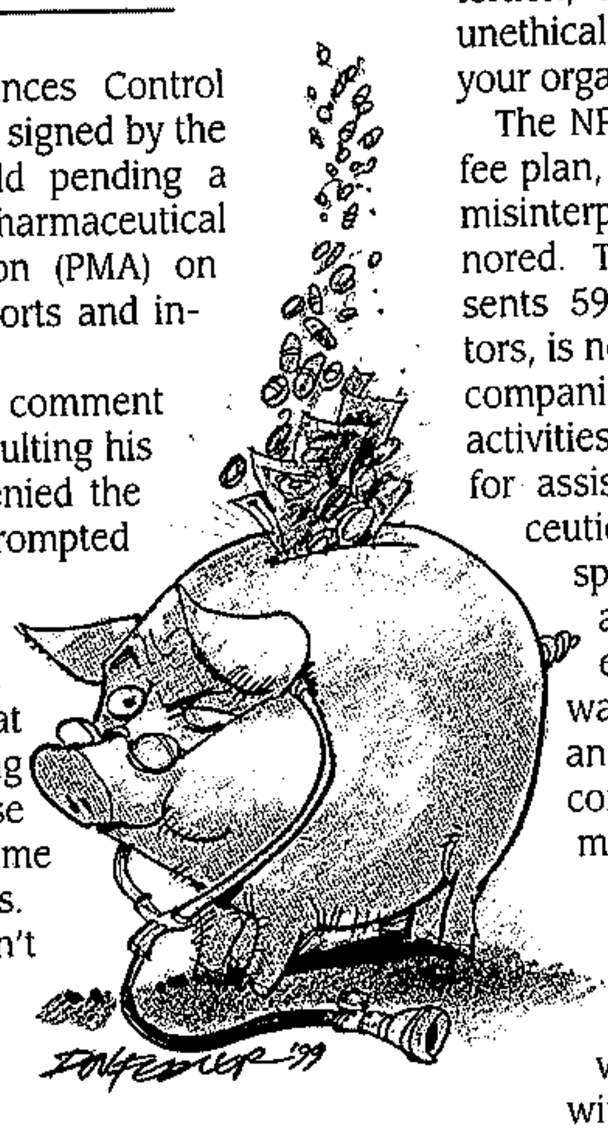
He said the IPA didn't want to impose a charge for reps' visits as he was "not convinced of the ethics of such a move."

A second doctors' grouping, the Pietersburg-based Northern Province Practitioners Forum (NPPF), has also written to pharmaceutical firms proposing a levy of R65 every time its doctors saw drug reps.

"Because doctors will no longer receive any samples from reps of medical firms, a fee which is payable to the NPPF must be recovered from the specific company whose reps visit the members of the NPPF," wrote the forum's manager Jan Siertsema.

The PMA's head of scientific and regulatory affairs Maureen Kirkman angrily replied that she regarded the payment request as "a form of extortion, as well as amounting to unethical behaviour on the part of your organisation and members."

The NPPF has since retracted its fee plan, saying its letter had been misinterpreted and should be ignored. The forum, which represents 59 Northern Province doctors, is now asking pharmaceutical companies to "get involved in our activities". "We are now looking for assistance from the pharmaceutical companies and need sponsors for a function or annual meeting or whatever," says Siertsema. "We want companies to phone us and ask what we need — a computer, a fax machine, maybe. R1 000 contributions from these people are nothing."



Johannesburg GP Stephen Toovey, meanwhile, finds nothing wrong with charging for reps' visits, which he describes as "an irritant".

"Essentially, doctors earn their living by selling time," he says. "My time is valuable and I wouldn't have a problem charging for that. I think that's a transparent process. If you want, you can see three or four reps a day. I used to restrict it to one but now I've just stopped seeing them."

Jack Lundin

Medics threaten go-slow out in the sticks

(93) Sun 20/2/99

BY THEMBISILE MAKGALEMELE

The government is facing a revolt by junior doctors undergoing their year of community service because they haven't been paid overtime or their "rural allowances" promised to them.

In some cases, the young medics have had to wait more than two weeks for their January salaries.

The administrative mess is not confined to Gauteng, but affects all provinces.

In Gauteng, doctors at Sebokeng Hospital threatened to work only normal hours and down tools if overtime salaries were not paid. Some doctors in the Free State were so angry that they said they would protest in Pretoria if nothing was done.

The national Department of Health is not involved in the crisis, although the community service regime – where young doctors have to serve a year in needy communities – was introduced by Health Minister Dr Nkosazana Zuma.

Prejudiced

Her spokesperson, Khangelani Hlongwane, told the *Saturday Star* that the provinces had been allocated their health budgets and if they needed more money they would have to apply through the normal channels.

Angry Sebokeng doctors said they were prejudiced because their hospital was the only one which operated on a 24-hour basis.

"I cannot work extra hours and not be paid," said a community doctor who did not want to be named.

"I worked an extra 180 hours in January. I haven't been paid for the extra hours I worked in December and January," he said.

Dr Eric Buch, deputy director-general of health in Gauteng, said the department needed to establish whether the problem regarding payments was the result of hospital inefficiency or because doctors had not applied for overtime.

■ To Page 2

Community doctors complain of raw deal

Sun 20/2/99 (93)

■ From Page 1

"There is an amount of overtime which is allocated to various hospitals. After doctors have worked overtime they need to submit an application, which the department approves, then pays," he said.

In the Free State, community service doctor Dinke Moeti said she fought until mid-February to receive her basic salary for the month of January. But she was still short-changed by the system.

"I received a crossed cheque only yesterday (Tuesday). Now the bank has told me I must wait for seven to 14 days before I can get the money," said Moeti.

"We were also promised a rural bonus, and have only received the interns' salary. I survived on tea and bread. When I asked the superintendent to lend me money which I promised to pay back after I had received my salary, he told me it wasn't his problem."

Moeti said that when the doctors ask why they haven't been paid, no one seems to know what is happening.

the rural allowance. Nomsa Matshingana of the Eastern Cape government said the money would be paid at the end of this month and would be backdated to January.

Nombulelo Legalatladi of the North West administration said the only areas which had experienced problems were Lichtenburg and Delareyville, "because of administrative problems caused by computer systems".

However, Dr Wandile Kwazi, at Christiana Hospital, complained bitterly. "They have messed me around, they can't bring me here and not pay me," she said.

Although Gauteng health spokesperson Popo Maja wasn't aware of the problem affecting these doctors, he appealed to them to continue working. "We will try to solve the problem," he said.

Dr Pieter van den Berg of the Gauteng health department said the problem affected all provinces. "We agree there have been a few administrative problems, which will be sorted out shortly," he said.

soap for a week. You work with sick patients and you have to wash your hands with your own soap and bring a toilet roll."

"I still sleep on the floor," said Dr William Maphanga in Mpumalanga. "I didn't receive my salary on time, and when I asked about my accommodation, rural allowance and overtime money, nobody could explain the situation."

Doctors in this province suspect that the health budget is exhausted by the many foreigners who come to the hospital.

In Northern Province, North West and the Eastern Cape, community service doctors also said they had not been paid their overtime and rural allowances. Doctors said it seemed as though provincial departments were not ready for them.

A Mpumalanga health spokesperson claimed there had been problems with the salary payment of only one community service doctor.

The Eastern Cape and North West health departments confirmed they hadn't paid

Dr Tshepo Kamolane, also in the Free State, is one of the lucky doctors who received his salary on time. But, he said, he still had not been paid his rural bonus or overtime.

Dr Singeziwe Sibeko of Benedictine Hospital in Nongoma said: "Our biggest problem is accommodation. They promised to organise accommodation before we came here. We are living in flats and were told that new medical officers will occupy them. They told us they would bring us caravans, but we don't want those caravans – if they can afford caravans, they can afford proper accommodation."

A doctor from Pretoria, who did not want to be named, also complained about the rural allowance and overtime not being paid. He said he travels every day from Pretoria to KwaMhlanga in Mpumalanga, a round trip of 100km.

He added: "I wouldn't want to live there because conditions are bad. We haven't had Panado for a month and there has been no

Medical body to change its name

By Bhungani Mzolo
Health Reporter

THE Interim National Medical and Dental Association, which controls the registration of doctors and dentists in South Africa, is to change its name to the Health Professions Council of South Africa (HPCSA) later this year.

This follows the completion of countrywide elections by doctors and dentists for their representatives to join the 12 professional boards, INMDA public relations officer Louisa Emerton said yesterday.

The representatives include people nominated by Minister of Health Dr Nkosasana Zuma.

Emerton said the next step was for the professional boards to elect members to serve on the HPCSA, as well as electing chairpersons and vice chairpersons.

"At the constituent meeting of the HPCSA, which will take place on May 10 and 11, the president and vice president of the council will be elected and the HPCSA will start immediately with its tasks and functions," she said.

Meanwhile, the INMDC has warned doctors to ensure that educational activities they intend to pursue for continuing professional development were accredited with the council.

Emerton said there were institutions that claimed the medical council had appointed them as accreditors, while that was not the case.

"Therefore the council appeals to all practitioners to ensure that institutions claiming to be accreditors, as well as activities advertised as being accredited, are indeed legitimate according to the rules of the council."

Sowetan 24/3/99

Criticism on quotas misplaced

CP 11/4/99 (93)

FOUGHT RACISM ALL HER LIFE ...
Health Minister Nkosazana Zuma

ASSERTIONS of racism in the admission policy of medical schools were misplaced, the Department of Health said on Friday.

It rejected opposition criticism on Health Minister Nkosazana Zuma for the exclusion of an Indian student from the medical school of Natal University, apparently on racial grounds.

"Dr Zuma has fought against racism all her life," the department said in a statement in Pretoria. "It is unfortunate that these parties recognise racism in our society only on the eve of the election."

The New National Party on Thursday said the student, Pravini Reddy, was rejected by the medical school because its "Indian quota" had already been filled.

"This is yet another example of the unfair and racist quota system in South Africa," NNP executive director Renier Schoeman said.

Democratic Party health spokesman Mike Ellis also attacked the admission policy of medical schools, saying it resulted in the loss of students of a high calibre.

The department said Zuma had consistently advocated an admission policy that would reflect the spread of the different population groups, with a strong bias in favour of disadvantaged communities.

Large discrepancies still existed in the admission policies of medical schools. At the University of Pretoria, for example, 797 of the 1 025 medical students enrolled this year are white.

"The minister has had numerous discussions with deans of medical schools in this regard," the department said. "To pretend that the issue is without precedent is opportunistic."

Zuma welcomed all efforts to redress historical imbalances inherited from previous governments.

"We only hope the DP and the NNP were not part of governments which were silent when racist policies were allowed to determine our way of life," the department said.– Sapa

Doctors unite in a single body

DI CAELERS
HEALTH WRITER

(93)
ARG 6/5/99

After five years of protracted negotiations and transformation, the medical profession finally has a single official mouthpiece.

The National Medical Alliance has formally taken its place on the board of directors of the SA Medical Association. The official unification took place last Friday. This is a professional association of doctors, as opposed to the statutory Interim Medical and Dental Council which regulates the medical profession.

The SA Medical Association was formed last June when the Medical Association of SA and the Progressive Doctors' Group disbanded. But the National Medical Alliance did not join them because of differences over constitutional and transformation issues.

The Alliance represents the SA Medical and Dental Practitioners, Society of Dispensing Family Practitioners, Family Practitioners' Association and the Eastern Cape Medical Guild.

Medical Association board chairman Zolile Mlisana said: "Unification bodes well for growth and for our commitment to high ethical and clinical standards in serving the people of the country."

The Association has more than 15 000 members.

SA doctors 'safe from poachers' after EU vote

CT 26/5/99 (93)

BRUSSELS: EU employment ministers yesterday voted for a long delay in implementing restrictions on the working hours of trainee doctors, lifting a threat that Europe would be forced to poach more doctors from South Africa and elsewhere.

The 15 EU ministers agreed unanimously on a 13-year phase-in for extending an existing working time law to the medical profession. Many trainee doctors work horrendously long hours, putting not only their own health but also the lives of their patients at risk.

EU employment commissioner Padraig Flynn had proposed extending Europe's 48-hour maximum working week law to cover the medical profession as well.

The European parliament suggested there should be a four-year phasing-in period — but this was judged too short by EU governments, who voted for the 13-year transition period.

British officials warned before the meeting that a speedy implementation of the new rules would have meant that an extra 6 000 doctors would be needed in the UK alone.

There would not have been time to train the new doctors.

"We would have had to poach them from South Africa and Eastern Europe — and that would not have been in the interests of those countries," said a UK official. — IFS

C

UCT medical students to start in clinics

First year of study will include hands-on experience of working with patients

(93) ARG 27/5/99

DI CAELERS
HEALTH WRITER

Sweeping changes for University of Cape Town medical students will see them in the field working with patients from their first year of study, helping boost primary health care hospitals and clinics.

The shift, that will bring UCT in line with worldwide trends, has been mooted by Nicky Padayachee, new dean of the university's health sciences faculty, whose final reorganisation plans will be submitted for approval on Monday.

Professor Padayachee, the first black medical officer of health, town clerk and chief executive of the City of Johannesburg, took over the reins at UCT's medical school at the beginning of the year.

Extensive consultation during the past few months has resulted in a plan to take the faculty into the next millennium.

For Professor Padayachee, coming back to UCT has brought him full circle to where he earned his medical degree 20 years ago – when he was one of only five coloured or Indian medical students out of 172.

This year, for the first time since 1912, the majority of first-year medical students are Africans; 70% are students of colour and most are women.

It is Professor Padayachee's leadership, management and administrative skills, in conjunction with his medical expertise, that won him his new post.

He believes these skills will stand him in good stead as he prepares to meet the challenge of living up to higher expectations of students, with much less money.

The challenge extends to academics, too, whom Professor Padayachee says need to be outstanding not only in terms of research and clinical work, but also professional teachers.

His new strategy addresses three major areas, the first of which will effectively take teaching out of the teaching hospitals and into day hospitals and community clinics.

"Within the next 18 months we will transform the curriculum, moving away from lectures to a hundred students, to small group-teaching out in the communities.

"Most patients are in the communities, not in the teaching hospitals. We want to make sure the students see conditions they are going to be required to treat when they qualify."

In addition, he sees the shift as a way of helping upgrade services at primary care level in line with his vision of the medical school playing a more consultative role, contributing to the health service.

"Traditionally, medical students have spent their first three years studying basic sciences and have waited till their fourth year to even see a patient. What we want to do is integrate basic sciences and clinical medicine teaching right from year one."

His second major focus area is to streamline the faculty from 42 departments into 10 organisational units, each with directors that are outstanding academics and researchers, with exceptional leadership qualities.

Research is the third major focus area for change and Professor Padayachee, who started the first AIDS prevention unit in Johannesburg in the late 1980s and studied AIDS at the Centres for Disease Control in Atlanta in the United States, says all research needs to be "cutting edge".

"We have to look at new sources of income throughout the world, at those that are more sustainable as we continue to do more with less.

"Take HIV/AIDS research, for example. There is a lot of money available internationally for research in this field and this may be an area on which to concentrate."

In the next five years, he wants to double the yearly R47-million research money the faculty has to spend.

He intends "professionalising the management of research" at UCT, appointing a full-time research manager to look for gaps in the faculty's research and improve the quality of research applications.

On the question of admission requirements, Professor Padayachee says that last year every final-year black student passed, and that standards at the university are incredibly high.

"To all those doctors who complain about falling standards here, I challenge them to sit the entrance exam and get in – and then to pass."

ROY WIGLEY

New strategy: UCT health sciences faculty dean Nicky Padayachee

Lack of funds makes medical ombudsman ill

DI CAELERS
HEALTH WRITER

(89) (93) ARG 11/6/99

The Medical Ombudsman project, which ensured patients got prompt and personal attention to problems raised during the past three years, will be suspended from today.

The South African Medical Association said it had been unable to secure funding to continue the service, introduced by the medical profession as a pilot project three years ago.

Ombudsman Olliver Ransome's mandate was to impartially investigate complaints about doctors and to try to bridge communication gaps that could strain relationships between doctors and patients.

During the pilot project, about 80% of doctor-related cases were satisfactorily resolved.

The association said it would continue to try to find funding to reinstate the service and would consult further with the Public Protector, the Registrar of the Health Professions Council and Minister of Health Nkosazana Zuma.

Meanwhile, complaints should be directed to the legal department of the Health Professions Council of South Africa, (012) 328 6680 (phone) or (012) 328 5120 (fax).

Medical training the SA way (93)

SHARDA NAIDOO ART 5/6/99

A new curriculum to be introduced at the University of Natal Medical School in 2001 will concentrate on medicine relevant to South Africa.

The medical school's Curriculum Development Task Force has worked for two years to devise a suitable curriculum.

If the new curriculum is approved by the Health Professionals Council (previously the South African Medical and Dental Council), the medical degree will be reduced from six to five years and will be more focused on the patient, said Professor Fritz Guldner, chairman of the task force.

"New learning techniques have been added to the curriculum, making learning medicine much more interesting and enjoyable," said Professor Guldner.

He said the task force wanted to produce doctors who could become primary health care general practitioners, with the emphasis on community and family medicine, but who would also be able to specialise in different fields of medicine.

"Presently, student learning is often about tertiary care, and they have to cope with an overload of facts. But that knowledge is often not integrated. The new curriculum will focus on problems and illnesses experienced in the South African environment and society," said Professor Guldner.

Professor Peter Olmesdahl, director of medical educational development at the medical school, said the curriculum was largely based on the most common diseases in the country, making it more relevant to the South African context.

"Students will be exposed to cases, simulated patients and real patients in their first-year of study. This involves, among other things, taking down the patient's history and putting them at ease. All years will involve contact of students with patients in the wards under the supervision of a doctor," said Professor Olmesdahl.

Also planned is a skills training centre, where students will practise on mannequins and models. For example, they will learn how to give injections and draw blood.

Professor Olmesdahl said the number of lectures would be reduced and students would be able to learn theory and practice at the same time.

"In this way, students will see the relevance of what they have to learn and build their knowledge on what they see and read, making it an integrated form of study."

South African medical graduates are already in big demand overseas because of their practical training in state hospitals. The new curriculum is expected to boost their skills and hands-on experience even further.

"Compared with countries such as Australia, Thailand, Hong Kong and Germany, our graduates are better equipped to deal with patients when they qualify," said Professor Guldner, who is also the head of human anatomy department at the medical school.

"With their present training, our students start going to hospitals in their fourth year. This enables them to familiarise themselves with different aspects of medicine on a practical level," he said.

South African medical students had much more exposure to patients than students overseas, he said.

"Our students have an advantage as they have a much larger pool of patients to examine at hospitals. This prepares them to understand the patient and they know what to expect when they graduate. Students here are better equipped, for example, to deliver babies than their European counterparts.

"For this reason, our graduates are highly regarded internationally."

APE ARGUS, **MONDAY**, JUNE 7, 1999

Medical schools set to fight state intervention

DI CAELERS
HEALTH WRITER

(93)
ARG 7/6/99

The Department of Health's controversial plan to establish an office to centralise all applications to medical schools is "a level of government interference" universities are unlikely to accept.

That is the view of South African Medical Journal editor Daniel Ncayiyana, commenting in the May edition on an article examining the issue.

The article says the Committee of Medical Deans has been discussing the idea for more than a year, but that the department announced in March its intention to open such an office, "apparently wanting to go it alone".

Dr Ncayiyana said deans had considered a central office both as a convenience to applicants and to stop the uncertainties caused by people applying to many medical schools, and accepting a place at more than one institution.

The department, however, saw its ultimate use as a way to regulate racial quotas in the student profile of medical schools. Dr Ncayiyana suggested it was more likely the profile would be achieved by "a carrot-and-stick approach in the funding formula".

The article quotes medical deans committee chairman Max Price, dean of the health sciences faculty at the University of the Witwatersrand, as saying that students accepting places at more than one institution meant many "no-shows" at the start of academic years.

A centralised application office would allow health science faculties to plan their intakes better and mean applicants, particularly those from disadvantaged backgrounds, would bear the cost of only one application. Applicants could also be matched up with unfilled places around the country.

Professor Price is quoted as saying his committee is also examining a non-governmental system in the making among the KwaZulu Natal universities that could be adapted to serve medical schools nationwide.

He said the state Health Department had been kept fully informed of their discussions. But requests for nearly a year for a meeting had not borne fruit.

The department's human resources development director, Stephen Hendricks, is quoted as saying deans of medical and dental schools were "not averse" to the concept and that the department had been "tasked" to take the process further. The office was expected to be operational for the 2000 intake.

JUDGED NOT UNHAPPY: Dr Daniël Knobel has been prevented from sitting in judgment of his peers Picture: KAREL PRINSLOO

Apartheid past costs doctor his standing

LAURICE TAITZ (93) ST 13/6/99

FORMER defence force surgeon general Dr Daniël Knobel was on Friday forced to step down as chairman of a committee that investigates doctors' professional conduct.

Knobel's appointment sparked controversy after he was implicated in the truth commission's findings on the former government's chemical and biological warfare programme.

As head of the defence force's medical services, Knobel was the project manager in charge of Dr Wouter Basson — who is to stand trial in October on 64 charges which include conspiracy to murder, fraud and theft. Knobel will testify for the state in the trial.

Last year Knobel was elected onto the statutory professional body the Medical and Dental Board. Colleagues from the board then nominated him for the Health Professions Council and as chairman of a preliminary investigation committee. The council, which replaced the Interim Medical and Dental Council, controls the education and registration of health professionals, determines policy and decides on matters of ethics and conduct, among other things.

Dr Len Becker, chairman of the Medical and Dental Board, said concerns had been raised with the executive committee about Knobel's position on the investigation committee. "We approached Dr Knobel and asked him to consider withdrawing from the committee but he declined. This matter was then presented to the board. There are allegations against him but no formal charges have been laid. He has not been found guilty of anything but because of perceptions we decided to discontinue his membership of the committee."

Speaking from his Pretoria home yesterday, Knobel said he was not unhappy with the council's decision but he felt victimised and maligned by the truth commission's final report.

He compared his position with that of doctors who are investigated by the preliminary investigation committee — "the poor doctor who has to sit with a sword over his head".

Knobel said: "The executive committee was approached by someone who indicated that they found it very strange that a person who had been slammed by the truth commission could not only serve on the professional board, but on the Health Professions Council and, on top of it, on the investigation committee . . . After all, they said, how could such a person who has made himself guilty of human rights abuses . . . sit in judgment over others."

He said he had made it clear to the truth commission that he rejected its finding . These included that Knobel knew of the production of murder weapons but failed to address concerns raised with him on the grounds that they did not fall under his authority.

● The full report is on www.suntimes.co.za/online/trcreport

Clamp on Govt doctors' private work

(#5) (93) Sowetan 5/8/99

By Bhungani Mzolo
Health Reporter

DOCTORS employed by the Government but who do private work in their consulting rooms during working hours will soon face disciplinary action, the Gauteng health department announced this week.

Superintendent-general Dr Ralph Mgijima said more effective controls would apply to doctors, dentists and specialists who want to continue to supplement their income by means of private sector work.

"From September 1 the extremely flexible system of 'limited private practice' will be abolished and doctors, like other public servants, will have to apply for permission to perform paid work outside the public service," he said

Limited practice was introduced in 1991 to allow doctors and dentists to supplement their salaries by doing private work such as opening a surgery or working in private hospitals.

Mgijima said the action by the health department was prompted by difficulties in monitoring and controlling the system of limited private practice.

Doctors will also be required to apply annually in advance for permission to pursue private practice and they must indicate quite clearly what this work will constitute.

The proposed private work must in no way pose a conflict of interests with the applicant's responsibilities as a public servant.

The applicants' private work must be organised in a way that will ensure that the needs of private patients continue to be met – even when the individual doctor is not available due to his/her public sector commitments.

Permission to perform remunerative work outside the public service may be withdrawn if a practitioner fails to comply with the policy.

Mgijima said that the aim of the exercise is to ensure that every doctor performs the service he or she was contracted to provide by the Government and that private work is arranged around this requirement.

According to the new policy, doctors will have to meet their private practice commitments outside core working hours of 7am and 3,30pm or 8am to 6,30pm.

"Our aim, as a department, has been to create a policy which allows medical practitioners scope for non-government work, but which safeguards our services, is capable of effective monitoring and is fully in line with public service codes and regulations." Mgijima said.

Discipline on medicos to resume

(93) Sowetan 17/8/99

By Bhungani Mzolo
Health Reporter

AMIDST recent media reports of doctors having to face disciplinary action for misconduct and other cases from the Health Professions Council (HPC), its own disciplinary process is said to be in disarray.

According to a report in the latest issue of the *SA Medical Journal*, not less than 400 disciplinary cases, some dating back as far as 1987, have still to be heard.

The report says in some cases the plaintiffs are dead or have disappeared, witnesses have moved and defendants have retired, died or emigrated. "The whole disciplinary process has slowly ground to a halt over the past five years and longer," it says.

The HPC, which was launched this year to replace the SA Medical and Dental Council, is responsible for the registering of doctors and other health professionals, as well as for taking disciplinary action against them.

Soon after appointing a new executive officer, Dr Ashley Memela, the council suspended him after allegations of fraud pending an investigation into his case.

The journal says the reason for the backlog is that legal preparations for preliminary investigations take too long and also that the defence unions are in London and can take up to two months to respond.

Advocate Rachele van der Walt, the senior manager of the council's legal services, said they have established a new legal division comprising four legal advisers and four legal officers to tackle the problem.

The department has booked disciplinary cases for every week of the remainder of the year, starting with the old cases.

Head of communications at the South African Medical Association (Sama) Marileen van Wyk welcomed the new system that has been introduced by the HPC.

ART 25/8/99

Med school quota plan

HEALTH WRITER (93)

The Health Minister took a swipe at training institutions for medical staff, calling black students in post-graduate programmes "window dressing" and warning that quota systems might be necessary.

"If you look at the auditorium and see the black students in post-grad programmes, it looks like we're moving in the right direction. But these students are not South African, they're just window dressing," Manto Tshabalala-Msimang said yesterday.

Universities and colleges had to make space for students from historically-disadvantaged backgrounds.

Dr Tshabalala-Msimang said that in spite of the fact that it was five years since "democratic victory", she detected hesitation around the need to speed up change.

Women and students from rural areas were most excluded and black post-graduate students were often foreigners.

"Training institutions need to review their selection criteria and the content of their curricula. If it becomes necessary to put some measures like quotas in place, we will do so," she said.

Ban on private work by State doctors delayed

ARG 26/8/99 (93)

DI CAELERS
HEALTH WRITER

The end to limited private practice for state doctors has been postponed to October 7, but the Western Cape is standing firm on its decision to allow the practice until January 1 next year.

The South African Medical Association, which wants the original termination date of September 1 extended for another year, this week announced the postponement to October 7.

The association and the national health department have been deadlocked in negotiations on the issue, and the new date follows the postponement of arbitration of the dispute as a result of Tuesday's national strike.

An association spokesman said health department officials asked for a new date because the strike prevented them calling necessary witnesses.

Dave Morrell, chairman of the association's committee for public service doctors, said he hoped the department would use the delay to reconsider its decision to stop limited private practice.

"I am confident that it is possible to come to an agreement on an alternative system that will benefit the department as employer, doctors as employees and, most important, patients who ultimately depend on the service," Professor Morrell said.

Yesterday, Western Cape health minister Nick Koornhof confirmed his decision to defy the national health department's stance.

Mr Koornhof wants an alternative system to be in place before limited private practice is scrapped, in an effort to avoid any mass resignation of doctors.

ARG 20/9/99

Call-up blow for young Cape doctors

(93)

DI CAELERS
HEALTH WRITER

With just over three months to go before they are expected to report at their community service posts on January 1, many young Western Cape doctors have not yet been posted, or have postings they are not prepared to accept.

The Junior Doctors' Association of SA says there are about 81 posts short for the total number of interns nationally who need to do community service next year.

Now junior doctors across the Peninsula are furious and frustrated at the posts allocation, which will effectively split many from their families next year.

Others fear they will be sent to areas where their safety cannot be guaranteed, or where they are forced to work without supervision or resources, so they cannot guarantee the safety of their patients.

While the national Health Department says 73% of interns got their first choice of posting, Western Cape doctors appear to have had especially bad luck.

Norman Maharaj, senior medical superintendent at GF Jooste Hospital – who is charged with community service postings in the Western Cape – says the problem has arisen because the province trains one-third of the country's doctors but cannot accommodate them all in community service posts.

BRENTON GEACH

No posting: intern Stuart Macdonald, his wife Bronwyn with their children Andrew, 6, and Danielle, five months. He says he has no intention of uprooting his family **Cape Points, page 11**

An agreement reached in February stated that personal circumstances – marriage, ownership of fixed property or children at school – would be taken into account, but would not be "a priority".

Stuart Macdonald's six-year-old son Andrew is due to start school next year. He has not been given a posting but says there is no way he will move away from his wife Bronwyn, son Andrew and baby Danielle.

In the first round doctors were required to apply for five posts. If unsuccessful, they had to apply for left-over posts in the second and third round. But Dr Maharaj said only their first choices were considered.

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The desperate plight of young doctors faced with posts far from their families

From page 1

"This meant that if four doctors with special circumstances applied for only two community service posts at, say, Karl Bremer, two fell out of the process.

"It is this flaw in the system that resulted in their still not being posted locally when it came to the second round when no local openings were left," Dr Maharaj said.

Paul van Heerden's wife is an advocate and cannot relocate to join him in Kimberley. He says he is simply not prepared to move away and is considering legal steps to resolve the issue.

Sunelle Strydom is married and has been posted to a hospital in the Eastern Cape. She is appalled that she is expected to leave her husband for a year, and stay in a place that might not be safe.

Tamlyn McKeag, who does not have a posting, says another concern is for the safety of the patients. "Here there is always someone to ask if you need help. I don't want to start off my career with a patient who dies on the table because I am not experienced enough," she said.

Ultimately, their biggest fear is that if they do not do their year of community service they will never be allowed to practice medicine in South Africa. While they could immediately work overseas, all the interns who spoke to Cape Argus said they did not want to leave the country.

But there are simply not enough community service posts. Malikah van der Schyff, co-chair of the Junior Doctors' Association, said 67 doctors did not take part in the second round of choosing postings, so remained unplaced. In addition, they had been told by the Health Department that they were 14 posts short.

The department's director of human resource development, Stephen Hendricks, told the Cape Argus "steps are being taken to ensure there are sufficient posts for all the interns".

The doctors accused the department of making promises that were not kept, giving them contradictory information, and not having the infrastructure to ensure the success of community service.

Dr Maharaj said he was was still trying to sort out those who were married and had children at school. This could mean that single people who had been posted locally could be shifted.

Provincial health minister Nick Koornhof said he would ask his department to ensure families weren't split up.

Unhappy doctors slam posting setup

The posting of doctors has created much controversy. These are the comments of some:

■ Tamlyn McKeag (no posting): "It is not just about my own safety if I end up in the middle of nowhere. I am not prepared to end up with a patient dying on the table because lack of supervision in a rural area forces me to take on responsibilities for which I'm not ready."

■ Mark Wadley (posted to Manguzi, northern KwaZulu-Natal): "Communication has been non-existent and the whole thing has been handled badly. If people aren't placed for community service this year, the whole problem will be compounded next time round."

■ Sunelle Strydom (posted to an unnamed destination in the Eastern Cape's Region B): "I am married, we have a nice home here and they're trying to force me to leave my husband for a year and pay for myself to move hundreds of kilometres away. I don't even know the name of the hospital, never mind whether there will be somewhere safe for me to live."

■ Gabriel Doucas (posted to Holy Cross hospital in Transkei): "When I asked about the post itself there was just no information.

"I have no idea where it is to start with, and no clue to the size of the hospital."

■ Roger de Andrade (no posting): "I didn't even apply for a posting on the third round because they gave me 15 minutes in which to do so – without even sending me a list of what was left. I got notification at 3.45pm on the last day and my third-round choices had to be in by 4pm."

■ Morgan Toerien (posted to the North-West province): "I was notified that I had to apply for the second round but when I finally got my posting, it was to one of my first-round choices."

■ Nommso Stubbs (posted to Grahamstown): "I am married and would like to stay married. As an intern you get no time to yourself at all, my husband and I pass each other like ships in the night.

"Now I have to pay to move myself to the Eastern Cape for a year."

No posting: Tamlyn McKeag

To Kimberley: Paul van Heerden

HANNES THIART

To Manguzi, KZN: Mark Wadley

Stuart has no plans to leave the W Cape ...

DI CAELERS
HEALTH WRITER

Stuart Macdonald is not a happy doctor.

After a year as an intern working 30-hour shifts and 300 hours every month, he simply will not consider uprooting his wife Bronwyn and their two children, Andrew, 6, and Danielle, 5 months, to complete a year of community service outside the Western Cape.

Neither will he consider moving away from his family for the year.

"When I applied in the first round I attached all the relevant documentation filling them in on my personal circumstances. But everything was ignored and they told me I had to apply again. I didn't, because I don't plan to leave the Western Cape," he said.

He likened the community service process to conscription. While he could see the aim of redistributing doctors around the country, "the way in which it is being done is unacceptable".

"Without the interns there is just no way the hospitals would be operating. And now we are having to cope with another whole year of insecurity."

Dr Macdonald was concerned that the long-term effect of the system would be to drive doctors overseas.

"If they don't give us posts now it means we will not be licensed to practice – even though we could quite legitimately leave at the end of the year and practise in Britain. But I don't think anyone here wants to have to go overseas. I certainly don't, but neither am I prepared to uproot my family nor to leave them here," he said.

'Foreign doctors should be treated equally'

(93)

INKATHA Freedom Party parliamentary health spokeswoman Dr Ruth Rabinowitz MP has called on Health Minister Dr Manto Tshabalala-Msimang to show equality in her treatment of foreign doctors.

In a statement following a debate on the issue before health portfolio committee yesterday, Rabinowitz said: "There are serious inconsistencies in the department's policies with regard to foreign doctors and the training of South African students in foreign countries.

"Foreign doctors who won their case against the old interim Medical and Dental Council remain in limbo while the new Health Professions Council repeatedly gets extensions for the appeal against those doctors," the IFP spokeswoman said.

She said "the contract arrangements for new foreign doctors would not assist those who won their case, have served the country for more than 10 years, trained South African students and hold recognised specialist qualifications from other countries.

"Government-to-government agreements are often politically manipulated and exclude many philanthropic doctors from Ireland and Europe who have hitherto provided an excellent service in rural hospitals."

Rabinowitz asked why Cuba should be arbitrarily approved as a training base for South African students while other "world-class countries" like Britain, Germany and Israel were excluded.

"The department should adopt more objective criteria and a consistent approach. They should offer existing foreign doctors the same full registration criteria that were granted to exiles," she said.

● Sapa reports that the department of health is considering introducing community service for more "scarce skills" groups, including occupational and speech therapists, physiotherapists and psychologists.

The department's director of human resources, Mr Stephen Hendricks, made this announcement at a meeting of Parliament's health portfolio committee yesterday.

He said afterwards that the department hoped to have meetings with therapists towards the end of the year about the idea.

Sapa reported 20/10/99

Council gives medics the boot

(93) Sowetan 22/10/96

By Bhungani Mzolo
Health Reporter

AT least 6 000 health practitioners, including doctors, psychologists and dentists, have been taken off the register by the South African Medical Council because they have failed to pay their fees.

This is according to a statement by the controlling body, the Health Professions Council (HPC).

"About 6 000 health professionals were removed from the register during this year because they had not paid their annual fees on time," Ms Louise Emerton of the HPC said.

"This, unfortunately, is a yearly occurrence due to the fact that registered people neglect to pay their annual fees."

The HPC has about 29 500 doctors who are registered with it and the law requires that they and other health practitioners pay an annual fee of R480 to the council.

Those who fail to do so by the end of January are given a grace period of two months to make the payment of R528, and if they still fail to comply they are then taken off the register.

Emerton said they had sent repeated reminders to the doctors but to no avail. Should any doctor or dentist who has been deregistered be found to be practising, an inquiry would be held or their cases would be handed to the police.

Emerton said it was a criminal offence for any doctor who had been taken off the register to practice. The council has already written to all provincial governments not to employ anyone who is not registered.

The South African Medical Association (Sama), which represents the majority of doctors, said the big problem with the registration was that people deposited money in the council's account without giving sufficient details of themselves.

Sama's health, law and ethics committee director, Mr Braam Volschenk, said the other problem was that of doctors who did not want to pay the annual fee.

"In the past the council used to give us a list of names of people who have not paid so that we could remind them to do so," he said.

A recent report by the South African Medical Journal (SAMJ) said there was a backlog of 400 cases of doctors who are to face disciplinary action, with some dating as far back as 1987.

The report said in many of these cases the plaintiffs were either dead or had gone overseas; witnesses had moved and defendants had retired, emigrated or died.

Kickbacks: medics to face council's wrath

(93) Sowetan 28/10/99

By Bhungani Mzolo
Health Reporter

HEALTH professionals, including doctors, dentists, pharmacists and nurses, who take kickbacks will soon face the wrath of the authorities.

This is according to a proposed policy statement regarding perverse incentives by the Forum of Statutory Health Council, which is made up of nurses, doctors, chiropractors, homeopaths, social workers and veterinary councils.

The policy document will form the basis for all statutory councils to formulate ethical rules that will restrict perverse incentives or kickbacks, for both those in the public and private sector.

Several patients have alleged that some private doctors asked them to sign blanks forms after they had been examined, without offering an explanation. Some of the doctors, who are working parttime at state hospitals, have also been accused of referring patients to themselves.

The policy statements defined by the forum include manufacturing, advertising, preferential usage or prescription, referrals which include self-referrals, shareholding, rentals, accepting and paying commission and charging and receiving fees for referring patients.

It also includes charging for seeing representatives and for services not personally rendered and the sharing of fees. "It should also be noted that in terms of this policy statement, it would be an offence either to offer an incentive or to accept one," the forum said.

It also said a healthcare professional should always try to avoid a potential conflict of interests and maintain professional autonomy, independence and commitment to the appropriate professional and ethical norms.

"Any conflict of interests or incentives that threaten such an autonomy, independence, commitment or ethical norms, or which do not accord first priority to the clinical need of a patient, are unacceptable," the forum said.

It said these guidelines had been submitted to the various trade union organisations and the appropriate parliamentary and provincial health portfolio committees for consideration and input. The public is also encouraged to offer input and comments.

These must be submitted to Mr. Frikkie Olivier at PO Box 205, Pretoria, 0001. The closing date is December 31 1999.

Private doctors fight bid to tell them where they may work (93)

ST 7/11/99

LAURICE TAITZ

DOCTORS are challenging a government plan to tell them where they may work.

They are opposing proposals that could squeeze them out of private practices in cities and towns and force them to work in "under-serviced" areas.

Members of the 15 000-strong South African Medical Association said the plan, contained in a discussion document drafted by a Department of Health task team, will:

- Force private doctors to apply for a limited number of licences to work in an area of their choice;
- Allow the government to review licences every two years; and
- Allow the government to determine what services are needed in an area.

Dr Ivan McCusker, co-chairman of the association's health policy committee, said: "Many factors have to be taken into account. Otherwise, instead of redistributing doctors from Cape Town to Khayelitsha, you will be sending them from Cape Town to Canada."

The document on "Certificates of Need" says services must be regulated as they do not exist in a "perfect market".

"Market failures result in needless duplication of services and consequent excess capacity in some locations and underprovision in others," it says.

Officials say that while it could be argued that the regulations are unconstitutional and not operating on free market principles, the government believes it has the right to regulate in the public interest because "health care is a social service, unlike a business".

But yesterday Dr Tim Wilson, chairman of the task team, denied the government was serious about the plan.

"I wouldn't pretend we haven't thought about it, but it's not something we are actively pursuing. It may well come up for debate at a later stage and it's feasible that a province could go ahead with it."

According to a survey, 70 percent of medical association members are opposed to any form of licensing. Sixty-three percent favour negotiation with the government, while 89 percent would support an incentive-based scheme to attract them to rural areas.

McCusker said: "It is not enough to license doctors on the basis of an area's demography. One needs information. It is easy to say a town has 10 000 people and no doctor. But what if 9 000 are unemployed. A doctor in private practice wouldn't last."

The document is part of a national drive to redistribute health services.

The National Health Bill and supporting provincial laws are being drafted to enable further regulation of services. A draft Bill is expected to come before the KwaZulu-Natal legislature before the end of the year.

McCusker said the association would meet KwaZulu-Natal health authorities this month — before meeting national officials — because the province was the most advanced with its Bill.

"By interacting we hope we can produce something constructive and rational, not autocratic and bureaucratic. A lot hinges on what we'll be able to achieve in KwaZulu-Natal."

Dr Ronald Green-Thompson, the superintendent-general of health in KwaZulu-Natal, said: "We've been discussing these issues widely and this process is marked by transparency."

Green-Thompson said he could not comment on the details of the proposals as these would be finalised only once legislation was passed.

Dr Donald Paterson, of Kimberley, said: "The government's management of state facilities has been a dismal failure. Now it proposes controlling the one sector of the medical world that still has decent standards of management and health care."

"If an incentive-driven scheme is proposed which includes a safe environment, good conditions and equipment, and high standards of health management, then all doctors will be willing to participate."

Fake death certificates being seen

Fake-death doctors

(93) CP 7/11/99

By PHALANE MOTALE

GREEDY doctors in Gauteng are colluding with undertakers and government mortuary attendants to issue unverified death certificates for up-front payment.

City Press has established some doctors in Johannesburg, Pretoria and on the West Rand will accept from R50 to R500 for issuing a death certificate – without having to see any dead person.

The ease with which these death certificates are obtained has sparked fears that illegally issued death certificates could land in the hands of insurance fraudsters, who defraud the industry of millions annually.

The guilty doctors contravene the Births and Deaths Registration Act, which stipulates that the last doctor to attend the deceased should issue a medical certificate stating the cause of death.

Where he is unable to issue one because he has no medical history, or the deceased was not previously treated by him but died suddenly or unexpectedly, the matter should be reported to a magistrate for a decision.

Depending on the outcome of any preliminary investigation, the magistrate will decide whether a post-mortem or inquest or further action is needed.

City Press has discovered that people who were having difficulty in obtaining death certificates from hospitals, due to various reasons, approach certain doctors, whose fee for issuing a death certificate can range from R50 to as much as R600.

These certificates are issued by the doctors which give a false impression to Home Affairs officials that the doctor who signed the certificate attended to the person at the time of their death.

The doctor certifies the person has died of natural causes and that he had attended the deceased, when in fact the doctor had no medical record of the dead person and never examined the patient or corpse at any stage.

In one incident, two doctors – one in Hillbrow, Johannesburg and the other in Randfontein, West Rand – issued medical certificates for 49-year-old Dumisani Sam Sizani, who died in strange circumstances at Johannesburg General Hospital on October 25.

Sizani, a security guard, was taken to the hospital by his employer, Douglas Ngwenya, after complaining of swollen feet.

When Sizani failed to report for duty two days later, Ngwenya went to investigate and was told his employee died on the Monday at 6 pm. He apparently died before he could be attended to.

"The hospital refused to issue a death certificate, saying he was not treated by them before his death, and that the cause of death was therefore unknown to them," Ngwenya said.

After several frustrating attempts by Ngwenya and Sizani's family to obtain a death certificate from the hospital, a Mohlakeng, Randfontein undertaker, who is known to City Press, introduced them to a local doctor.

This doctor issued a medical certificate dated October 27 stating the cause of death was pneumonia.

The family was told this service would cost R560, payable to the funeral undertaker.

Ngwenya and members of the Sizani family were accompanied by City Press when they returned to the Johannesburg Hospital to plead for a death certificate on Wednesday this week. The family said they could not afford to pay for the medical certificate issued by the Mohlakeng doctor. At the hospital, a mortuary attendant referred them to a Hillbrow doctor who would issue a certificate for R50.

The doctor asked if Sizani had ever coughed and if they had the R50 in cash.

"The next minute we were leaving his consulting rooms in possession of two death notification certificates."

Jo-Ann Collinge of the Gauteng health department said it was normal practice for hospitals not to issue death certificates for patients who died on arrival.

She said an autopsy was later done on Sizani, and the results were expected this week.

City Press spoke to medical practitioners and funeral undertakers in Soweto, Johannesburg, Pretoria and the East Rand, and most admitted this malpractice was common.

However, most also said they had acted in good faith and were showing *ubuntu* by helping distressed families in times of bereavement.

Home Affairs spokesman Manas Makwela said some of the actions of the doctors have resulted in insurance fraud in which people were

■ Turn to Page 2

FOCUS

Hostility to hospitality for Cubans

BD 10/11/99 (93)

Critics of foreign doctors are now swallowing their words, writes **Jean-Jacques Cornish**

FROM the medical staff at the Philadelphia hospital in Dennilton, Mpumalanga, the only complaint one hears about their Cuban colleagues relates to their noisy parties.

Gynaecologist and obstetrician Jorge Zugueira, who acts as the Cuban doctors' provincial leader, acknowledges this with a smile. "That is our lifestyle," he says. "We are party animals. We celebrate anything. And we always invite everyone."

The Cubans, whose deployment to rural medical facilities was initially criticised by local doctors, have become very much a part of the hospital and the healthcare system in the region. Regional health manager Zandi Mabindisa says they would not be able to proceed with plans to upgrade the 600-bed hospital in the Groblersdal region without the Cubans.

In fact, the regional health care network would not be able to operate without its 22 foreign doctors. Ten Cubans make up largest slice.

"The Cuban specialist presence is a big asset for us. I do not see in the short term how they could be replaced," says Mabindisa. "Doctors in Groblersdal, 32kms away, have started referring patients to them here at Philadelphia.

"When the district surgeon services were cut for budgetary reasons, the Cubans stepped in to fill that gap as well. And when the Termination of Pregnancy Service was introduced, it was a Cuban who was first to do the necessary training.

"We know them here as very eager and committed doctors. They often do ward rounds even when they are not on call. They are always prepared to do that little bit extra and we never have any problems with them."

There are now seven SA doctors in the regional health authority. Zugueira notes that this is seven times more than when he first arrived three-and-half years ago. "There has been a great improvement since national service was introduced. We used to have a similar problem in Cuba. Doctors were reluctant to work in the countryside. We solved it in a similar way."

Cubans have a strong tradition of serving abroad. Within two years of the 1959 revolution, half of Cuba's 6 000 doctors had fled. The country was forced to rely on doctors from Latin America and eastern Europe. Yet even though the country could not meet its own medical needs, in 1963 it sent doctors to assist Algerians fighting France.

"Sometimes its not enough to donate from a surplus. There must also be sacrifice," says Dr Jaime Davis, a Cuban employed as a consultant by the health department to supervise the 400 Cuban doctors practising in eight of SA's nine provinces. New National Party-ruled Western Cape prefers not to have them.

About 5 000 Cuban doctors and another 10 000 medical personnel have served abroad since the programme started 36 years ago.

Among the misconceptions about the Cuban doctors in an initially hostile climate was that they were unable to communicate. In fact, every one to come to SA has spoken English. In each case their linguistic ability, along with their qualifications, has been scrutinised by the Medical and Dental Council and its successor, the Health Professions Council of SA. Many of the Cuban doctors now speak also enough of the local languages in the districts where they operate to conduct relatively uncomplicated examinations and treatments without an interpreter.

Another misconception was their supposed lack of training. Cuban doctors spend as much time at university — six years — as their local counterparts. Those selected for overseas service will have done a further two to four years of specialisation.

The first 96 doctors came on three-year contracts. Things changed following Fidel Castro's state visit last year, when he agreed to allow them to remain on open contracts.

Most Cuban doctors in SA are primary health care specialists. At Ekombi in KwaZulu-Natal, four serve a community of about 150 000 people which had been without a doctor since 1993.

Gynaecologist and obstetrician Dr Jorge Zugueira in the intensive care unit at Philadelphia hospital.

They emphasise hygiene and preventive care and brought in an ultrasound machine for an antenatal clinic.

This basic health care means 75% of illnesses in Ekombi can be prevented.

The enhanced health care provided by the Cubans is visible in many communities. Chongue in Mpumalanga, like Philadelphia, had only one doctor. Now there is a full team. Butterworth in the Eastern Cape had one medical practitioner for 3 000 patients. Now there are four Cubans, a South African and two other foreign doctors.

The Cecelia Makiwane Hospital in East London could not perform surgery because it had no anaesthetists. Now it has four Cubans. Nevertheless, Davis explains, the proviso remains that any Cuban doctor in a post desired by an SA doctor would immediately make way.

Equally any doctors would return home should they be required there. All the Cubans — 308 men and 92 women — have their jobs guaranteed back home. About ten of them have married local women.

Davis believes that even those initially hostile to the Cuban doctors are now more favourable. He tells of a hospital superintendent in Volksrust who was openly hostile, having faced Cubans in Angola where he served in the SA Medical Service in the seventies. "Two months after we arrived, he told me he had changed his mind completely. They had become the best of friends and he was actually asking for more Cubans to be posted to his hospital."

The Cubans are paid a salary of about R130 000 a year plus overtime — less than their specialisation would earn them were they ever to be recognised by the Health Professions Council. Nevertheless it is more than they would earn in Cuba and they are able to take home some savings at the end of their term.

Orthopaedic surgeon Otelo Oramas and his wife Hermy became the proud parents of a son, Otelo jnr, in September. They came to SA two years ago after spending two years in Livingstone, Zambia. "I would like to stay here as long as SA needs me — four or five years probably. Many of us feel we are paying back a historical debt to Africa from where our grandparents came as slaves. The people here need a lot of help. It is a wonderful country — a real rainbow nation. I believe it makes me a better doctor having been here," says Oramas.

The other Cuban doctors at Philadelphia also insist they are here as part of their internationalist commitment rather than money. Each doctor donates 30% of earnings to the overseas service scheme.

Davis dismisses the notion that his compatriots are here for the money. "How can you compensate someone for living in the bush and being away from family, home and culture for years on end?" He points out that at least one Cuban doctor has died violently in SA, shot by a robber in the Free State.

"How do you compensate his family?" he asks.

Heath unit closes in on 'doctor scam'

(93)

By MKULULI BOLO and CHIARA CARTER

THE Heath unit is poised to swoop on 41 Eastern Cape doctors suspected of defrauding government of as much as R10 million in one year.

Cases under investigation include one where a doctor listed a single address for 193 families whom he claimed to have treated and one where a doctor allegedly saw 570 patients with the same address and surname but different initials.

Last Tuesday Cape Town High Court Acting Judge Dumisa Ntsebeza granted the unit permission to conduct search and seizure raids at the consulting rooms of the practitioners, most of whom are white, who served as part-time district doctors in 14 Eastern Cape districts.

The unit brought an urgent application on the grounds that investigators needed to prevent possible evidence from disappearing.

At the request of the unit, City Press is withholding the names of the doctors and regions they served.

The unit's probe comes after a forensic audit conducted by Deloitte and Touche at the request of the department of health.

The investigation into payments made to district surgeons between March 1995 and April 1996 found that doctors in 14 districts in the region submitted excessive claims.

Although less than a quarter of the region's population lived in these districts, claims by doctors working there made up just under two thirds of the provincial bill for part-time district surgeons.

Out of a total expenditure of R16,6 million, more than R10,2 million went to these doctors who received salaries, medicine handling fees and travel allowances.

The report recommended that government institute civil proceedings to recover irregular payments and criminal action.

Doctors in the other 28 districts in the region were found to have made "reasonable claims" and there was no need for further investigation.

Other cases under investigation include:

- ☐ A doctor who claimed to have seen 134 patients in a day;
- ☐ A doctor who listed the same person as a patient three times each month; and
- ☐ A doctor who is alleged to have been unavailable to see State patients although he had been appointed to serve the district and whose partner allegedly refused to treat black patients.

CP 21/11/99

Task unit to monitor district surgeons

(93)

ART 3/12/99

MYOLISI GOPHE
STAFF REPORTER

Eldrid Rasper's half-naked body was found under a bridge, but there were no signs of how he died.

In accordance with the policy in small towns that do not have a state mortuary and a forensic pathologist, a district surgeon conducted a post-mortem examination but couldn't determine the cause of his death. Mr Raspers was duly buried.

But it emerged that before his death in December 1997 he had been arrested by police for being drunk and behaving in a disorderly way in public. The Independent Complaints Directorate was approached to investigate.

Nine months after his funeral his body was exhumed by the directorate and re-examined in George.

Now it has been alleged he was hanged by three policemen from Nelspoort, near Beaufort West, where he was living.

The investigation against the three police has been completed with recommendations sent to the provincial director of prosecutions for a decision on whether to prosecute.

Two of the policemen have been suspended while the third has resigned from the police.

If it is found that Mr Rasper was hanged by police, he will be one of 2 500 people to die in police custody in South Africa since 1994.

A spokeswoman for the directorate said rural district surgeons did not always examine bodies properly.

"Sometimes they say the victim died of head injuries and they do not explain whether he was hit against the wall or what happened."

She was speaking at a conference on health care and law enforcement in South Africa, to examine the future role of the district surgeons. Delegates included police, members of the departments of correctional services and health, Rape Crisis, doctors and others.

The conference was organised by the directorate because it said many of its investigations would falter if forensic evidence was not captured immediately and properly.

Commenting on service delivery by district surgeons, Dr Laurie Durand of the Rural District Surgeons said some had been guilty of injustice and malpractices "which has led to deaths in custody, perpetuation of torture and dehumanising behaviour by police and desire to punish offenders".

She said: "We need to move on and get beyond the past, but we do need to guard against the mistakes of the past."

The chairman of the Wynberg and Athlone District Surgeon's Association, Dr Paul Theron, said surgeons were doing a "difficult, traumatic and demanding job".

A task unit, co-ordinated by Cape Town's Medical Officer of Health, Dr Ivan Toms, to monitor the quality of service by the district surgeons and to keep them accountable has been set up.

SA facing shortage of engineers and doctors

Managers also in short supply

ADRIAN HADLAND
POLITICAL EDITOR

The Government anticipates that a serious shortage of engineers, doctors and business managers in South Africa is likely if the current trends in the tertiary education sector continue.

The consequence of such a shortage will further stifle already weak levels of research and development, impact negatively on the country's international competitiveness and will fail significantly to alter racial imbalances, particularly among research scientists.

These findings and conclusions were outlined in the department of arts, culture, science and technology's Five Year Review, published this week.

"If one assumes that the present output trend in the higher education sector persists, there will be a significant shortfall in engineering and related categories, and in medical and management science," the review says.

It adds that according to the same trends, South Africa is likely to be oversupplied by almost five times with art, sport and entertainment industry graduates.

The review says that a big improvement in the numbers of pupils receiving university exemptions in matric maths and science is an essential requirement if the country is to buck the trend.

The impact of low numbers of science and maths-trained graduates was already being felt in business where research and development was being consistently undervalued, the review said.

The estimated expenditure on research and development in South Africa was expected to be less than half that of technology leaders such as the United States, Korea and Japan, while the number of science and technology staff, per million of the population, "is far below that of comparable countries".

The review said that though South Africa's science and technology system was well endowed with a well-developed infrastructure of institutions with good potential and a core of skilled and knowledgeable people, there remained "structural, organisational and societal weaknesses".

"A noticeable feature ... was the number of countries which have an aligning vision or a target set of objectives. Where a similar strategic approach could be discerned in South Africa, it was more typically focused around the objectives of the previous government, eg defence."

The review noted that an especially worrying feature of its analysis of the situation was that few companies really appreciated the value of research and development.

The review said the major problem in South Africa was the shortage of skills. "There are, however, high expectations that this situation can be reversed with clear direction and priorities being established, especially in areas where South Africa is able to compete internationally".

Private doctors to assist state

Pat Sidley (93)

DOCTORS and hospitals in the private sector have agreed to help state health facilities over the new year period should there be any Y2K-related problems — or if the state's facilities become overloaded.

The Hospitals Association of SA has an agreement with the national health department which provides for the placing of public sector patients in private hospitals (or vice versa) if equipment should fail over that period and for a few days into the new year. The state has undertaken to pay for any referrals.

Doctors in the private sector who belong to the Medical Association of SA (Masa) will be reimbursed at medical aid rates.

According to Dr Ray Dawson, who chairs the Masa private practice committee, all disciplines of doctors (general practitioners, specialists and so on) have agreed to take part.

The agreement between the state and the doctors covers the period between midnight on December 31 and the end of January next year, and is part of the department's plan to deal with Y2K-related problems.

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