



## Out of the mouths of babes – innocent reporting of harmful labour ward practices

**To the Editor:** The article by Farrell and Pattinson<sup>1</sup> contains some very disconcerting reports on harmful practices observed by medical students during their community obstetric rotation, which they have to go through in *university-approved* institutions (my italics). The authors state that this is prescribed under the new curriculum at the University of Pretoria, where they themselves are employed or serve as consultants. However, it struck me forcibly that the survey covers 5 000 cases, spread over 17 non-academic hospitals, all 'university-approved', over a period of 24 months!

By virtue of their involvement with this rotation, I find it surprising that the authors nowhere mention that they have acted on the reports of these practices received over a period of 2 years!

One would have expected that as educators involved with this aspect of the curriculum, they would have been quick to request the Faculty to review the 'approval' granted to those institutions from which harmful practices were reported. They do mention that some of the less ideal alternatives 'are receiving attention', but what this means is not clear.

Surely fairly urgent intervention was indicated in the interests of the students and of the women subjected to the recorded harmful practices?

It seems to me that this is an issue of medical education, and that publishing an article is not the appropriate way to deal with this problem. It is to be hoped that the authors have made their recommendations as published in their paper, but in a more concrete form, to the Faculty of Health Sciences at the University of Pretoria.

It also struck me that there was no comment in the Editor's Choice section of that issue of the *Journal* on the aspects I have highlighted above.

### D J Mets

Vergenoeg  
44 Upper Primrose Avenue  
Bishops court  
7708

1. Farrell E, Pattinson RC. Out of the mouths of babes – innocent reporting of harmful labour ward practices. *S Afr Med J* 2004; 94: 896 - 897.

**Drs Farrell and Pattinson reply:** We would like to thank Dr Mets for his response to our article, since this shows that the purpose of the publication is being fulfilled, that is to create a debate on the subject of problems experienced in student training. We are confident that every university will find the same problems of poor standard of care when they send

students to non-academic settings. The findings reported are not unexpected, as they have been found by others previously.<sup>1,2</sup>

We want to assure Dr Mets and other readers that writing the article was not the primary action we took with regard to this matter. The first step was to ascertain whether the statements were indeed true and to determine the extent of the problem. After confirming the facts, we went in search of a solution.

Discussions were held with representatives from all these sites. It should be remembered that sites selected for training had been through a selection process and are better than most other hospitals. Before submission for publication the facts were also presented to many authorities, including the Dean of the Faculty of Health Sciences at the University of Pretoria and the Curriculum Committee of the School of Medicine, the Midwifery Society of South Africa, the National Department of Health (including the Directorate of Maternal and Child Health) and the Health Professions Council of South Africa.

An intense debate was stirred up in the University about the appropriateness of teaching students in these facilities. The solution that was proposed is for an active outreach programme to these sites, but this will need funding on a scale that the University itself cannot afford. It speaks for itself that all role players (not only those responsible for teaching, but also for patient care) need to get involved in improving care, and this is the aim we are working towards.

1. Fonn S, Boikanyo E, Philpott H, Quality of care, what do women think? Fourteenth Proceedings of Priorities in Perinatal Care Conference, Golden Gate Nature Reserve, 7 - 9 March 1995: 126-129.
2. Jewkes R, Abrahams N, Mvo Z. *Midwives' Perceptions of Their Working Environment: Groote Schuur Hospital and Khayelitsha & Retreat MOU's. Study of Health Care Seeking Practices of Pregnant Women in Cape Town.* Cape Town: Medical Research Council, 1997.

## Doctors and sexuality

**To the Editor:** Your editorial 'Sexuality and SAMA'<sup>1</sup> is helpful, as far as it goes. I am curious, though, why our discussions on this subject so often stop short of the obvious.

For instance, the medical evidence for a greatly increased burden of disease associated with a promiscuous lifestyle is overwhelming, yet as a profession we have still to come out and say that premarital chastity and marital faithfulness are essential to physical and emotional sexual health.

The evidence for a very large disease burden associated with male penetrative homosexual activity as a result of the unsuitability of the anal canal and its contents for sexual intercourse constitutes very strong medical evidence for discouraging a homosexual lifestyle. The high incidence of suicide and psychological illness associated with that lifestyle seems to make the same point. Yet, as a profession, we have done little to ensure that these issues are properly aired in the